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Dear Colleagues,

The COVID-19 pandemic has made this year especially challenging for all healthcare providers. PAs have great respect for the breadth and depth of physician training and are proud to practice medicine alongside physicians every day in emergency departments (EDs) and in other settings and specialties across this country. However, we are growing increasingly concerned with your organizations' physician-centric mindset, which is a distraction from what our goal as healthcare providers should be: improving patient care.

As you know, evidence suggests that the most successful clinical teams are those that utilize the skills and abilities of each team member most fully, and a team approach supports efficient patient-centered healthcare.¹⁻³ Your recent "[Joint Statement Regarding Post-Graduate Training and for Nurse Practitioners and Physician Assistants](#)" reinforces the antiquated concept of "physician-led patient care and training," which is not only out of touch with what evidence demonstrates is best for patients but also with how medicine is practiced today. The most up-to-date practice laws allow healthcare teams to decide at the practice level how they will collaborate to best meet the needs of patients.

Furthermore, a 2020 study in the Academic Emergency Medicine Journal examined the productivity of advanced practice providers (APPs)—specifically PAs and NPs—in EDs. The study looked at 94 EDs between 2014 to 2018, which included 13.02 million patient visits in 105,863 ED days. The study found that NPs and PAs managed 5.4 and 18.6% respectively of those patient visits independently. Emergency physicians managed 74.6% alone, and just 1.4% were managed jointly. Essentially, each member of the team was fully utilized where appropriate and in the best interests of the patients. Additionally, the study found that "there were no adverse observed effects of APP coverage on ED flow, clinical safety, or patient experience, suggesting little risk of increased APP coverage on clinical care delivery."⁴

We are also concerned with your efforts, per your recent statement, to implement measures that would restrict the ability of PAs and NPs to obtain post-graduate training. How does denying access to additional training help patient care?

Post-graduate programs provide one avenue for PAs to gain expertise in specialties that would otherwise require on-the-job training. It is important to note that research finds PAs provide similar quality patient care to that of physicians.⁵⁻⁸

We also strongly believe that your efforts to restrict the terms “resident,” “residency,” “fellow,” and “fellowship” to physicians are unnecessary, as these terms are commonly used in the professions of podiatry, dentistry, and veterinary medicine. Physicians do not own these terms. Additionally, post-graduate education programs are typically identified by referring to the type of provider they are intended for, e.g. physicians or PAs, etc.

In summary, AAPA joins our colleagues at the [Society of Emergency Medicine Physician Assistants](#) in expressing our desire for collaboration among organizations “where the contributions of all members are respected and valued.” We implore you to stop your efforts to undermine the perception of PA care among patients, to cease all efforts to restrict PAs from participating in post-graduate training opportunities, and to refocus your priorities on patients rather than physicians.

On behalf of AAPA’s Board of Directors, we are open to further discussions to find solutions, and the PA profession looks forward to further discussions on this and all topics. I ask you to put patients first, as they should be your primary concern.



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¹ Mitchell PM, Wynia R, Golden B, et al. Institute of Medicine. Core principles and values of effective team-based health care. <https://nam.edu/perspectives-2012-core-principles-values-of-effective-team-based-health-care>. October 2012. Accessed March 5, 2019.

² Doherty RB, Crowley RA; Health and Public Policy Committee of the American College of Physicians. Principles supporting dynamic clinical care teams: an American College of Physicians position paper. *Ann Intern Med*. 2013;5;159(9):620-6.

³ Jabbarpour Y, DeMarchis E, Bazemore A, Grundy P. The impact of primary care practice transformation on cost, quality, and utilization: A systematic review of research published in 2016. Washington, DC: Patient Centered Primary Care Collaborative, 2017. https://www.pccpc.org/sites/default/files/resources/pcmh_evidence_report_08-1-17%20FINAL.pdf

⁴ Pines JM, Zocchi MS, Ritsema T, et al. The Impact of Advanced Practice Provider Staffing on Emergency Department Care: Productivity, Flow, Safety, and Experience [published online ahead of print, 2020 Jul 7]. *Acad Emerg Med*. 2020;10.1111/acem.14077. doi:10.1111/acem.14077

⁵ Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.

⁶ Rymer, J.A., et al. (2018). Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *Journal of the American Heart Association*, 7(17): e008481.

⁷ Yang, Y., Long, Q., et. al (2017). Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes. *The American Journal of Medicine*.

⁸ Kurtzman, E.T., Barnow, B.S. (2017). A comparison of nurse practitioners, physician assistants, and primary care physicians' patterns of practice and quality of care in health centers. *Medical Care*