

Electronic Health Records and PAs: A White Paper

Executive Summary

The integration and inclusion of PAs (physician assistants/associates) in electronic health record (EHR) implementation and functionality is essential to achieve comprehensive care for individuals, better health for populations, and reduced healthcare costs. This can be achieved by addressing the EHR needs of PAs in the design and development of EHR software and during the readiness planning and implementation of EHR systems in all healthcare settings.

EHRs should be designed to contribute to transparency and measure the contribution of patient care provided by PAs. Methods of measuring the contribution of services provided by PAs should be incorporated into the functionality of EHRs. This identification of professional work is important for clinical assessment, practice improvement, measuring productivity and care contribution, and management of population health.

EHRs must be functional and have efficient workflows to gain provider acceptance and promote optimal patient care. Design-inefficiency for PAs and other healthcare practitioners may inhibit acceptance and adoption of EHRs, lead to noncompliance with regulations and institutional policies, and adversely affect patient care and health promotion.

EHRs and PAs

The EHR is transforming healthcare with the goals of achieving optimal, coordinated care for individuals and better health for populations. When appropriately designed and implemented, the value of EHRs has been demonstrated to improve quality, increase patient safety, improve operational efficiencies, provide cost savings, and improve patient experience and satisfaction.^{1,2}

To achieve these benefits, EHRs must be fully functional and operational for all healthcare professionals, including PAs, who are integral members of the healthcare team. PAs provide care that would otherwise be delivered by physicians or nurse practitioners. There are PA-specific EHR needs in the areas of functionality, care attribution, transparency, and regulatory compliance. Currently accounting for about 10 percent of the healthcare provider workforce, the Bureau of Labor and Statistics projects a 27 percent increase in employment of PAs from 2022 to 2032.³ Due to the contribution of PAs to the provision of high-quality healthcare and the need to ensure efficient team practice, EHRs should be designed with specific functionality considerations for PAs. Optimal EHR functionality is essential for quality improvement, enhanced patient outcomes, accurate medical and legal documentation, compliance, transparency, research, and incentive-based payment programs.²

To accomplish these goals, EHR developers must consider the needs of PAs from the inception of software design. EHR vendors have historically focused on physician and nursing end-users when designing systems. Many vendors employ physicians and/or nurses to provide subject matter expertise at the front-end of development. Key PA attributes and functionality considerations might be overlooked by non-PA practitioners. This is problematic because development flaws and oversights are often difficult to correct once a system is fully designed and implemented. The needs of all end users of EHRs should be contemplated and reflected in system design and implementation to mitigate safety risks, achieve full functionality, and realize maximum benefits of use.^{2,4} PAs should be included as part of the team that is assembled to guide design, build, test, implement, and support EHRs.

Integrity and Transparency

Documentation integrity and the accurate attribution of contributions to the medical record are critical to ensure data accuracy, healthcare quality, and compliance. When there are multiple contributors to a document or medical record, all data entries should be clearly attributed to the individual who recorded the information, and all signatures and timestamps should be retained. If an EHR does not maintain data integrity or it lacks functionality to appropriately attribute the work of multiple providers, it may be impossible to verify the accuracy of data or the contributions of various practitioners.⁵

EHRs should be able to track the contribution of every clinician who provides professional services to patients. Because of “incident to”, split (or shared) billing, and different models of delivering team-based care, the contribution of a PA’s services may be unaccounted by traditional measures such as billing claims, relative value units (RVUs), or volume of services rendered. EHRs should design methods of measuring the contribution of services provided by PAs to ensure transparency in healthcare. This identification of professional work is important for clinical assessment, practice improvement, measuring productivity and care contribution, and management of population health.

Quality and Safety

Ensuring patient safety and healthcare quality is essential to improving individual and population health and reducing healthcare costs. Accurate attribution of patients, treatments, and diagnostic tests to a rendering provider is needed for self-assessment and quality improvement. In addition, to improve patient safety, the Office of the National Coordinator for Health Information Technology⁶ recommends that ordering providers be identified on all orders and diagnostic reports, be notified of results, and have result notifications remain in inboxes until addressed. Thus, to improve patient safety and quality outcomes, EHRs need to ensure that, when applicable, orders and test results are appropriately assigned to an ordering PA.

Resource Utilization and Reimbursement

An essential component of cost-effective care is accurate attribution of costs and the resources expended for treatment to the responsible clinician. Attribution is needed for accurate, actionable data to result in reduced spending and efficient use of resources. In addition, assignment of responsibility for cost is increasingly important as the Centers for Medicare and Medicaid Services and private payers reimburse based on quality, episode-based payment models, and cost-savings incentives. To achieve accurate reimbursement and promote cost containment measures, it is essential that EHRs:

- attribute costs to the health professional who rendered the service and/or an ordering professional,
- measure contribution to care delivery for non-reimbursed services (e.g. computerized order entry, patient care documentation, diagnostic review and follow-up, and patient communications), and
- identify care provided by PAs during “incident to” billing, shared visit billing, and billing under a collaborating physician for Medicare, Medicaid, and commercial insurers.

Compliance and Operability

EHRs should be capable of complying with federal, state, and facility laws, regulations, and policies, and be flexible to allow for differences among facilities and states. For example, an individual health system may require a physician cosign a hospital admission order given by a PA. Other health systems may not require such a physician cosignature, or the same health system may not require a cosignature on orders other than an admission order. An EHR system should be customizable and only apply limitations or requirements where specifically needed, and not across the board (e.g., a requirement for a cosignature on one type of order should not be applied to other orders where not required). Otherwise, a lack of adaptability can lead to compliance concerns and unintended consequences of unnecessary work, which can undermine provider acceptance of EHRs, increase work and costs, and potentially result in patient harm.⁷

EHR operability and functionality considerations for PAs are particularly important for avoidance of fraud and abuse. The Office of Inspector General⁸ recommends HER safeguards, including user logs and controls to validate claims submitted by rendering provider, to avoid fraud and the submission of false claims. EHRs also need to safeguard against the ability to change the authorship of a document to ensure an accurate medical-legal document and prohibit fraud, and a physician should not have the ability to edit a PA's note as they would be able to do for a resident or fellow.

Conclusion

PAs are a critically important component to the delivery of efficient, high quality healthcare services. There are PA-specific issues that should be acknowledged to ensure effective EHR functionality, attribution, transparency, and statutory/regulatory compliance. Addressing the EHR needs of PAs is important both in the design and development of EHR software, and during the readiness planning and implementation of EHR systems in all healthcare settings. The full integration and inclusion of PAs in EHR system useability is essential to achieve comprehensive care for individuals, better health for populations, and reduced healthcare costs.

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