Physician Assistants

Physician Assistant Utilization: Meeting Rural Healthcare Workforce Needs

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Utilization of physician assistants (PAs) in rural settings has been a growing workforce issue for Minnesota, especially with health care shortages. This brief presentation will discuss the role of PAs from their education and training background to their scope of practice and key employment facts.
Objectives

At the completion of the session, the participant will:

- Be able to describe the role and education of a physician assistant for clinical practice.
- Gain an understanding of how a physician assistant can improve health care delivery and access.
- Be able to articulate the role of rural health clinics in the clinical education of physician assistant students for their recruitment strategies.
- Be able to outline basic strategies for utilization of physician assistants in rural practice settings (e.g. Family Practice, Inpatient Services, and Emergency Settings).
Presentation Format

- History & Education
- Minnesota State Regulations
- PAs in Rural Practice
Physician Assistants

- History of the Physician Assistant
  - World War II
  - Viet Nam
  - Professional medical field 1972
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- Education of the Physician Assistant
  - 24-30 months equal to 6-8 semesters
  - Medical Model
  - Didactic Training
  - Clinical Training
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- Didactic training
  - Gross Anatomy
  - Physiology
  - Microbiology
  - Biochemistry
  - Pharmacology
  - Pathology
  - Law and Medicine
  - Clinical Medicine
  - Physical Exam
  - Diagnostic Processes
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- Clinical training
  - Internal Medicine
  - Family Practice
  - Pediatrics
  - OB/Gyn
  - Surgery
  - Psychiatry
  - Emergency
  - Electives
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- Continuing Medical Education
  - 100 hours per year (50 category I)
  - Boards every 6 years
  - Moving to every 10 years
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- Scope of Practice
  - Evaluate
  - Diagnose
  - Treat
  - Prescribe
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- Physician Assistant Scope of Practice
  - PA’s Education and Experience
  - State Law
  - Facility Policy
  - Supervising Physician Delegatory Decision
Physician Assistants

- PA’s Education and Experience
Physician Assistants

- PA’s Education and Experience
- State Law: 147A
  https://www.revisor.mn.gov/statutes/?id=147A
  - Scope of practice
  - Delegation
  - Supervision
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- Minnesota PA Practice Act
  - Notice of Intent to Practice: that documents the adoption of a physician-physician assistant delegation agreement and provides the names, addresses, and information required for each practice site.
  - Physician-PA Delegation Agreement: affirming the supervisory relationship and defining the physician assistant scope of practice. Alternate supervising must also be identified.
"Supervising physician" means a Minnesota licensed physician who accepts full medical responsibility for the performance, practice, and activities of a physician assistant under an agreement as described in section 147A. The supervising physician who completes and signs the delegation agreement may be referred to as the primary supervising physician. A supervising physician shall not supervise more than five full-time equivalent physician assistants simultaneously.
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- Patient service must be limited to:
  - services within the training and experience of the physician assistant;
  - services customary to the practice of the supervising physician or alternate supervising physician;
  - services delegated by the supervising physician or alternate supervising physician under the physician-physician assistant delegation agreement; and
  - services within the parameters of the laws, rules, and standards of the facilities in which the physician assistant practices.
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Delegation of patient services:
Orders of physician assistants shall be considered the orders of their supervising physicians in all practice-related activities.
- taking patient histories and developing medical status reports;
- performing physical examinations;
- interpreting and evaluating patient data;
- ordering or performing diagnostic procedures;
- ordering or performing therapeutic procedures.
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Delegation (cont)

- providing instructions regarding patient care, disease prevention, and health promotion;
- assisting the supervising physician in patient care in the home and in health care facilities;
- creating and maintaining appropriate patient records
- prescribing, administering, and dispensing drugs, controlled substances, and medical devices
- assisting at surgery
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- The physician-physician assistant delegation agreement outlines the role of the physician assistant in the practice, describes the means of supervision, and specifies the categories of drugs, controlled substances, and medical devices that the supervising physician delegates to the physician assistant to prescribe.
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- "Supervision" means overseeing the activities of, and accepting responsibility for, the medical services rendered by a physician assistant. The constant physical presence of the supervising physician is not required so long as the supervising physician and physician assistant are or can be easily in contact with one another by radio, telephone, or other telecommunication device. The scope and nature of the supervision shall be defined by the individual physician-physician assistant delegation agreement.
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- 147A.18 Subd. 1.(b) states: “Supervising physicians shall retrospectively review the prescribing, dispensing, and administering of legend and controlled drugs and medical devices by physician assistants, when this authority has been delegated to the physician assistant as part of the delegation agreement between the physician and the physician assistant. The process and schedule for the review must be outlined in the physician-physician assistant delegation agreement.”
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Review can be accomplished by:
___ Review a representative sample of patient care notes.
___ Audit of medical records.
___ Case discussion between supervising physician and physician assistant.

Indicate the schedule for review. (choose one)
___ daily  ___ weekly  ___ monthly  ___ quarterly
Physician Assistants

- PA’s Education and Experience
- State Law
- Facility Policy
  - Licensed health care facilities
  - Credentialed
  - Privileges per State law
Physician Assistants

- PA’s Education and Experience
- State Law
- Facility Policy
- Supervising Physician Delegatory Decision
  - Supervising Physician makes the delegatory decision
  - Physician observes PA’s ability
  - Physician plans for PA utilization
PA State Differences

- North Dakota
  - It is very similar to MN, but no specific PA practice act. Governed under the Medical Practice Act for MD/DO/PA.
  - Application defines the scope of practice

- South Dakota
  - Must be some element of direct contact, not just electronic/phone.
  - Otherwise very similar to MN.
PA State Differences (Con’t)

- Wisconsin
  - State governing board
  - Practice act very similar to MN
  - MD/DO supervise 2 PA at one time
  - Must have direct MD/DO contact 1 X per month
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- Reimbursement for Physician Services provided by PAs
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- Medicare Policy
- Responsibility of PA, Supervising Physician, Billing personnel
- Coverage has evolved
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- Current Policy
  - Fee Schedule
  - PAs are covered at 85% of the physician fee schedule for all services in all settings

- Review By Medicare
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- PA Enrollment
- NPI
- CMS Form 855
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- Insurance Credentialing (Impaneling)
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- Medicaid
- Worker’s Compensation
- PPO & PPOM
- Blue Care Network
- BCBS
- Priority Health
- Others
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- Scope of Practice
- PAs provide quality medical and surgical services
- PAs are authorized to provide services delegated by the supervising physician
Physician Assistants

- Hospitals
- Surgery
- Teaching Hospitals
- Nursing Facilities
- Patient’s Residence
- Rural Community Clinics
PA Demographics

The American Academy of Physician Assistants (AAPA), PA Census Survey 2010:

- 61% female
- 83% Caucasian
- Mean age is 38
- Average Salary: $93,105.00 (based upon avg. 5 yrs. Exp.)
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- Employers of PAs

- Primary Care, 31%
- Surgical Subspecialties, 23%
- Pediatric Subspecialties, 1%
- General Surgery, 3%
- Internal Medicine Subspecialties, 10%
- Emergency Medicine, 11%
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- Common Practice Settings of PAs
Minnesota Workforce

- Data from the MN Office of Rural Health & Primary Care, 2011
- Geographic distribution: 80% large urban, 10% lg rural, 10% sm rural.
- Practice setting: 54% clinic, 29% hospital, 6% urgent care, 5% retail clinic.
- Duties: 81% of time in patient care
Rural Practice

- Some Real Life Examples:
  - PA Graduates
  - PA Practice
Rural Health Clinics (RHC) National Designation

- An (RHC) is a clinic certified to receive special Medicare and Medicaid reimbursement.
- The purpose is to improve access to primary care in underserved rural areas.
- Are required to use a team approach of physicians and midlevel practitioners such as nurse practitioners, physician assistants, and certified nurse midwives to provide services.
- The clinic must be staffed at least 50% of the time with a midlevel practitioner.
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- Facilities Management
  - Employment Relationships
  - Assignments
  - Accurate Reimbursements
Minnesota PA Programs

- Augsburg College – Dawn Ludwig
  - 612-330-1331 or ludwig@augsburg.edu
  - http://www.augsburg.edu/pa/

- Bethel University – Wally Boeve
  - 651-635-1013 or w-boeve@bethel.edu
  - http://gs.bethel.edu/academics/masters/physician-assistant/

- St. Catherine University – Heather Bidinger
  - 651-690-7880 or hkbidinger@stkate.edu
  - https://www.stkate.edu/academic/mpas/
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- More info can be found at...
- Minnesota Academy of Physician Assistants
  - www.mnacadpa.org
- American Academy of Physician Assistants
  - www.aapa.org
- Physician Assistant Education Association
  - www.paeaonline.org
- Issue Briefs about PA Profession
  - www.aapa.org/the_pa_profession/federal_and_state_affairs/resources/item.aspx?id=2932
Questions

- Thank You!!