

“ Physician Assistant
Practice in Utah:
Issues, Facts, Solutions ”

Utah Academy of Physician Assistants





What is a PA?

PAAs are medical providers who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare professional.

With thousands of hours of medical training, PAs are versatile and collaborative.

PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

PAAs. Healthcare You Trust™

50
YEARS



Utah Medical
Education
Council:
PAs in Utah
2019

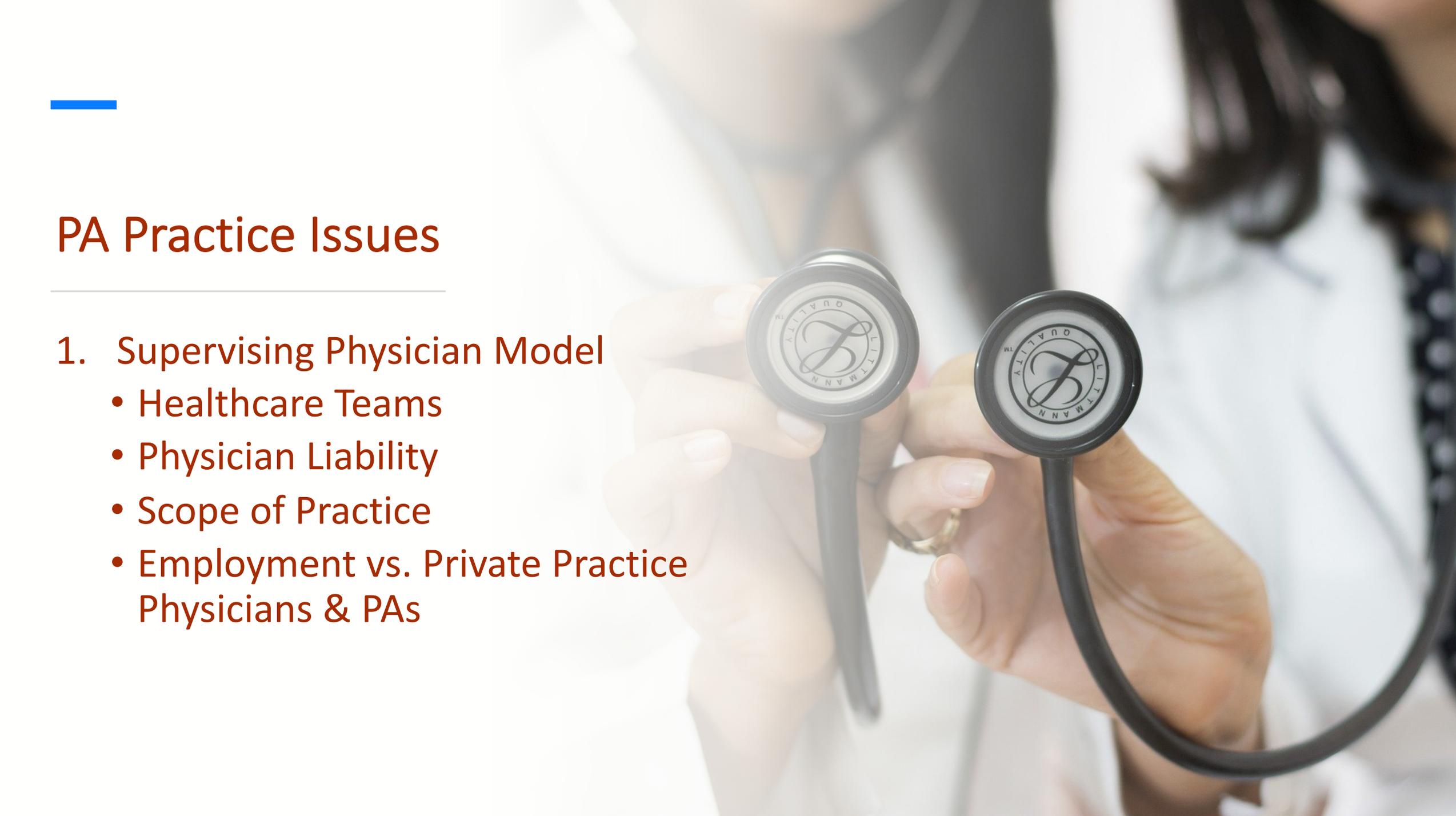
- PAs licensed in Utah = 1541
 - 1357 (89.4%) providing services in Utah
- Growth since 2014 = 32.1%
 - Annual growth = 8%
- Native Utahns = 62.1%

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Physician Assistant Practice: Issues

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PA Practice Issues

1. Supervising Physician Model
 - Healthcare Teams
 - Physician Liability
 - Scope of Practice
 - Employment vs. Private Practice Physicians & PAs



PA Practice Issues

2. Direct Billing

- PA Data
- PA Contracting
- Medicaid patient access

PA Practice Issues

3. Regulation

- PA Board of the Division of Occupational & Professional Licensing



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Physician Assistant Practice: Facts

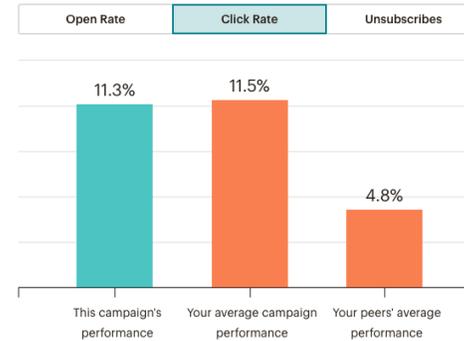
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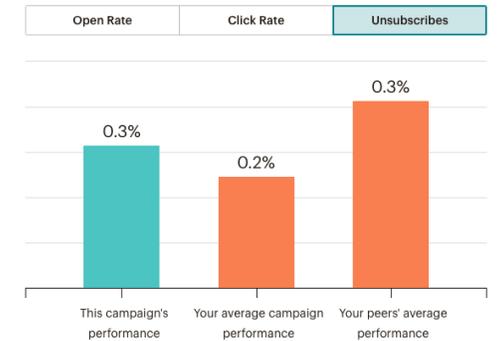
Survey Data Summary

- 8 Section Survey
- MailChimp
 - 3 emails sent to 1195 members of the American Academy of Physician Assistants living in Utah
 - November 6 – 19 2019
- 308/1195 responses – 26%
- Confidence level – 95%
- Margin of error – 5%
- Demographics match those of the Utah Medical Education Council for PAs in 2019

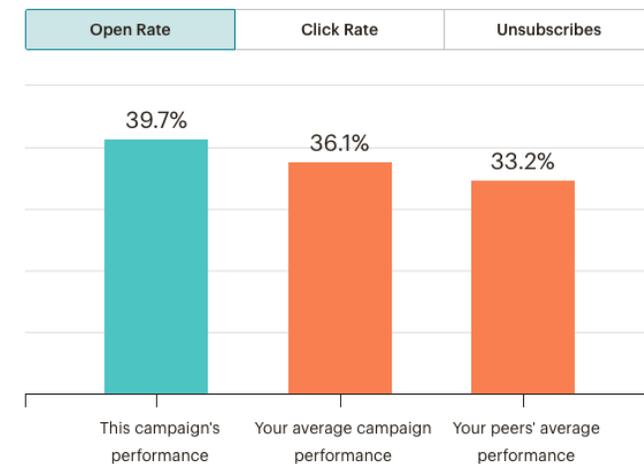
How your email campaign compares



How your email campaign compares



How your email campaign compares



“ Issue #1:
The Supervising
Physician Model ”



“ Many physicians and PAs work in group practices or hospital settings where laws that require PA-physician agreements interfere with their ability to make practice-level decisions about patient care teams. ”

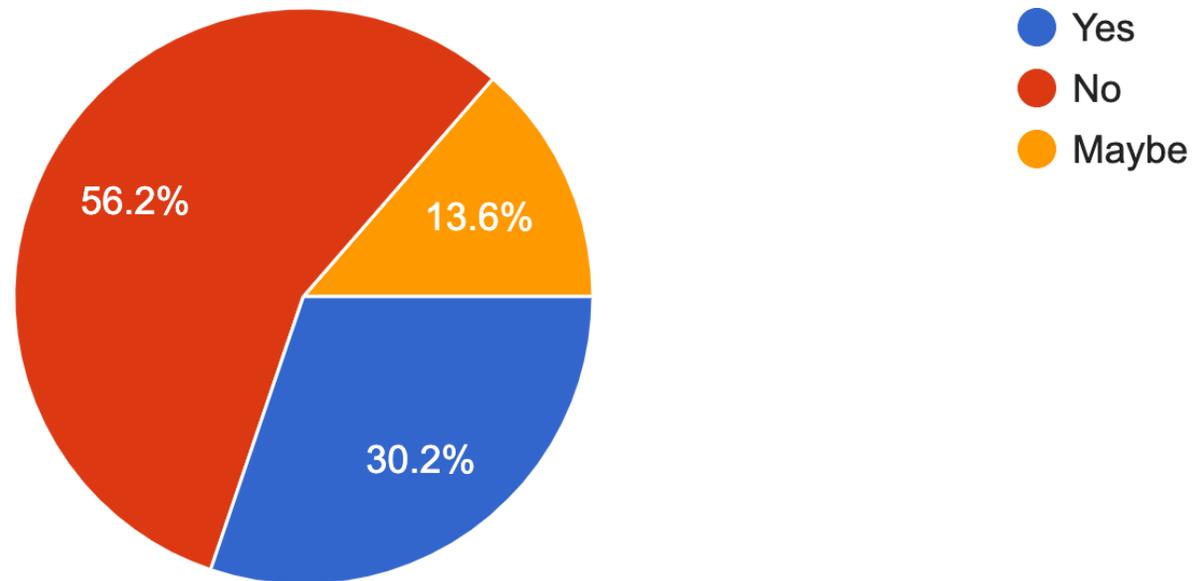
As a PA have you been personally affected by this issue?



Many physicians and PAs work in group practices or hospital settings where laws that require PA-physician agreements interfere with their ability to make practice-level decisions about patient care teams.

As a PA, have you been personally affected by this issue?

308 responses



“ Currently, the retirement, sudden relocation, disability, or death of a physician with whom a PA has a delegation of services agreement (DOSAs) may mean the PA can no longer provide healthcare services to patients, even if the PA has been their primary care provider. ”

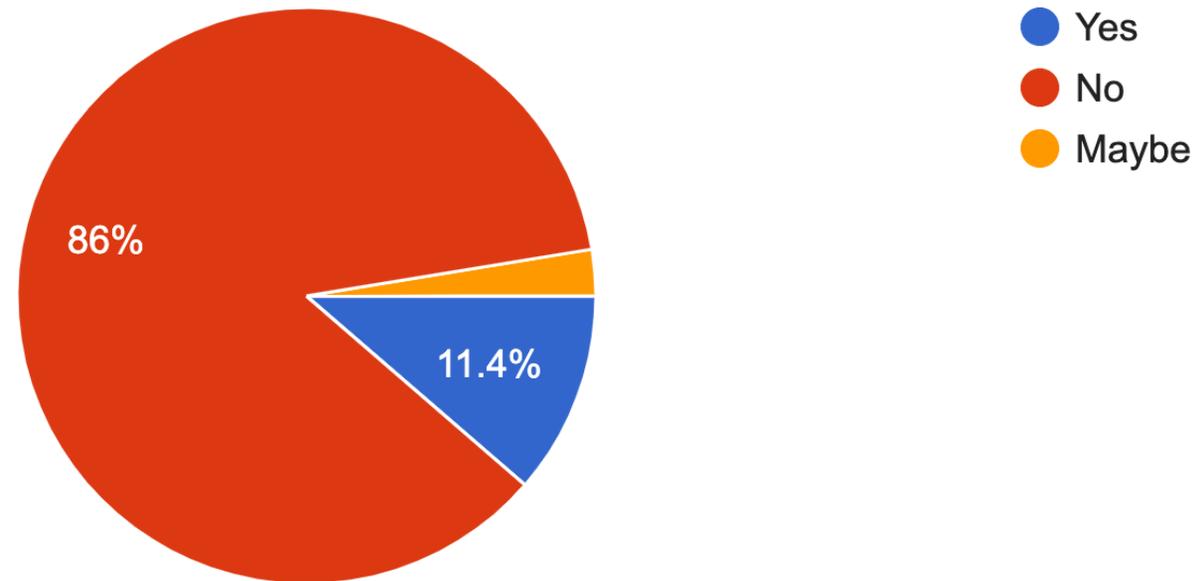
**As a PA have you been personally affected by this issue?
Do you worry about this issue?**



Currently, the retirement, sudden relocation, disability, or death of a physician with whom a PA has a delegation of services agreement (DOSA) may mean the PA can no longer provide healthcare services to patients, even if the PA has been their primary care provider.

As a PA, have you been personally affected by this issue?

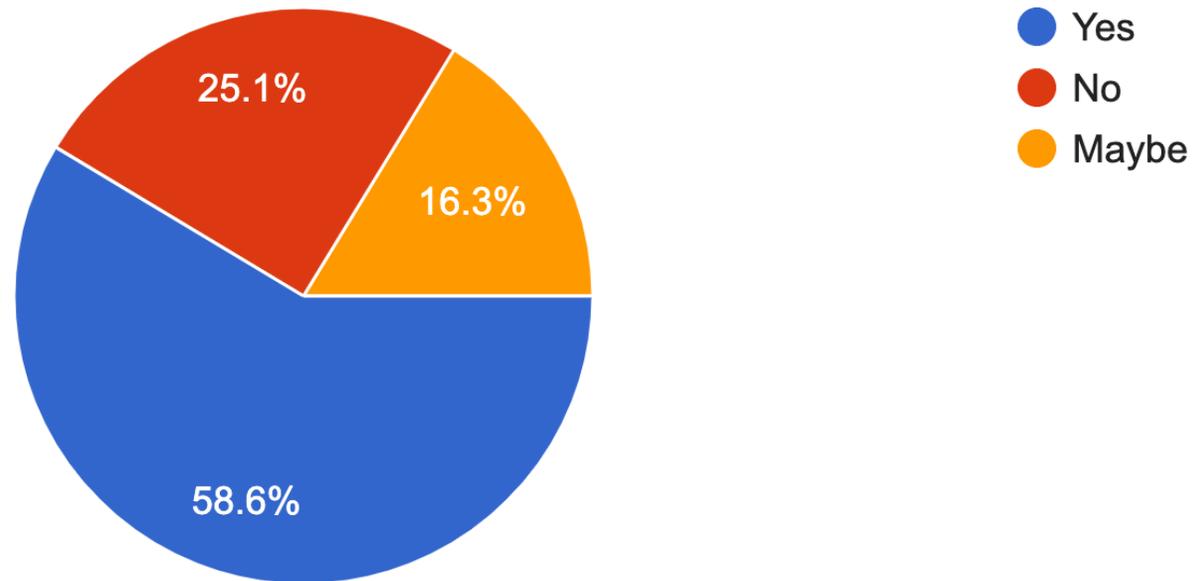
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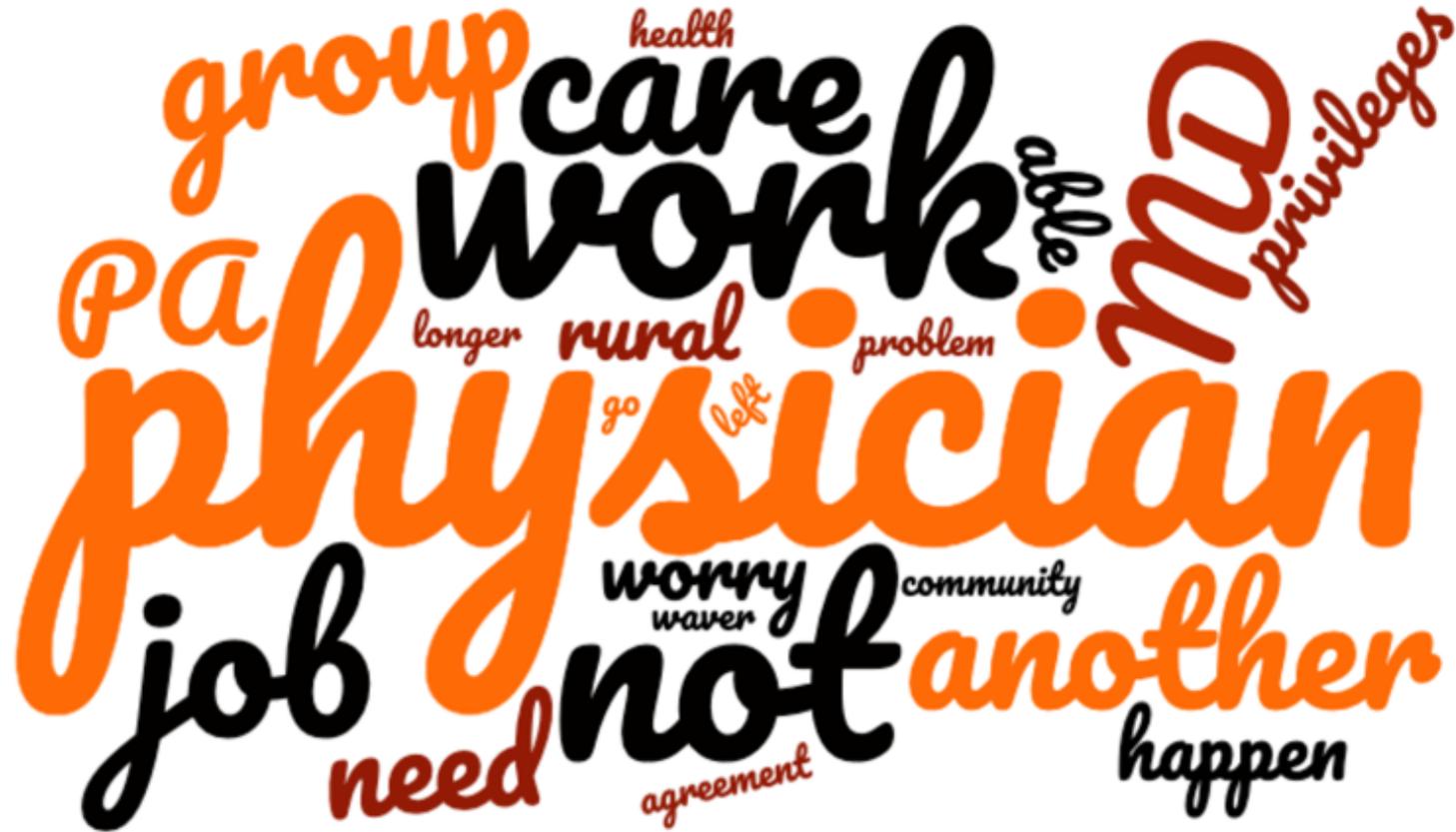
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Do you worry about this issue?

307 responses



Qualitative Themes - 79 Responses



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Issue #2:
Direct Payment

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“ PAs are not eligible for direct payment from Medicare and nearly all commercial insurance payers. Most payers require that payment be made to a PA’s employer, which can unintentionally limit PA employment opportunities. It also makes it nearly impossible to collect practice data for PAs because everything is linked to the physician. ”

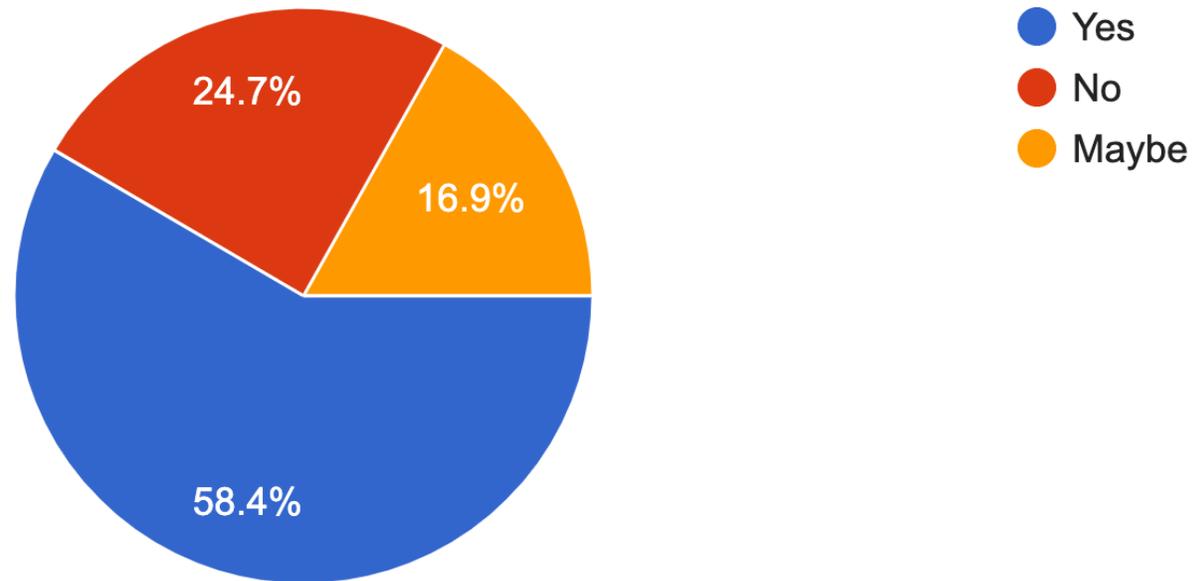
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As a PA, have you been personally affected by this issue?

308 responses



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Issue #3: Regulation

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“ In Utah, physicians are regulated by a medical board composed of physicians. Nurses are regulated by the nursing board made up of nurses. PAs are regulated by a board that has 3 physicians (only 2 of which are required to have experience working with PAs), 3 PAs, and a lay public member. Some argue only PAs or at least a PA majority should constitute the makeup of the PA regulatory board. ”

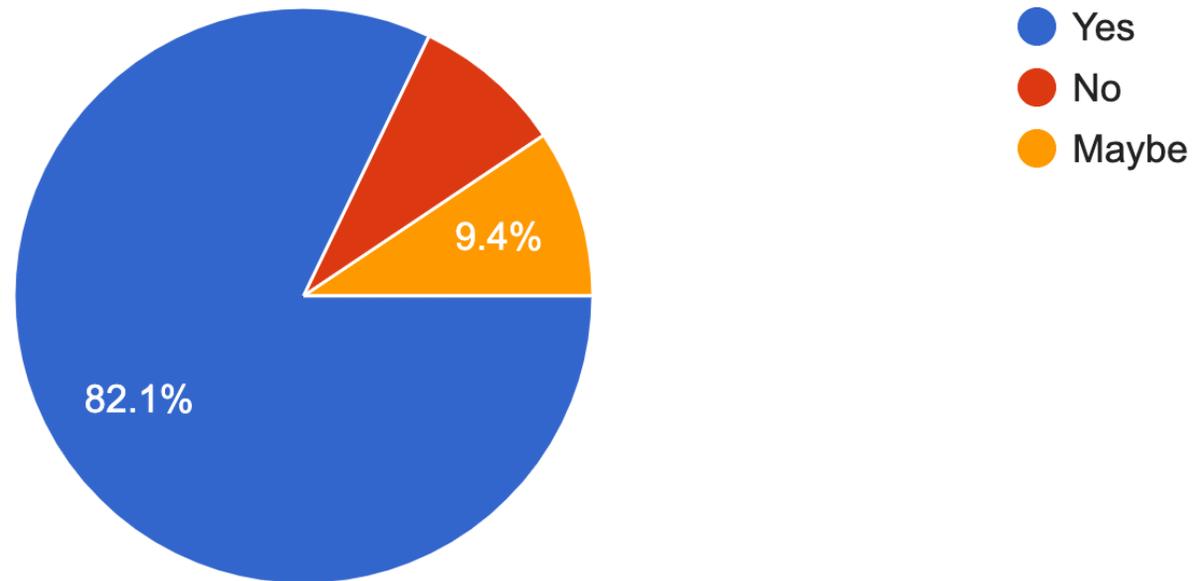
Do you agree with this statement?



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Do you agree with this statement?

308 responses



“ When PAs have a specific supervising physician by the delegation of services agreement (DOSAs), their employers may lack flexibility in creating healthcare teams. The agreement also allows for physician liability for the care that PAs provide when physicians are not involved, and increases physician and employer risk of disciplinary action for administrative reasons. ”

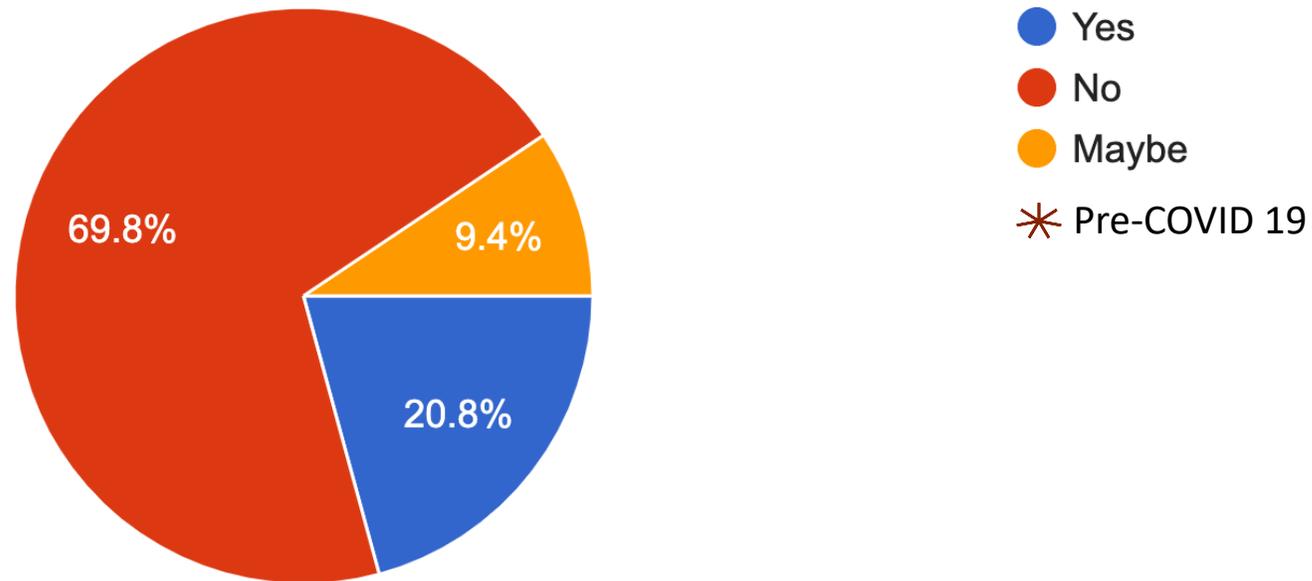
As a PA have you been personally affected by this issue?



When PAs have a specific supervising physician by the delegation of services agreement (DOSAs), their employers may lack flexibility in creating healthcare teams. The agreement also allows for physician liability for the care that PAs provide when physicians are not involved, and increases physician and employer risk of disciplinary action for administrative reasons.

As a PA, have you been personally affected by this issue? *

308 responses



Qualitative Themes – 50 Responses

A word cloud of qualitative themes from 50 responses. The words are arranged in a roughly circular shape. The most prominent words are 'supervising' (top, black), 'physician' (center, orange), and 'PA' (center, dark orange). Other words include 'need', 'think', 'directly', 'issue', 'team', 'group', 'work', 'care', 'limited', 'student', and 'DOSA'. The words are in various sizes and orientations, with some written in black and others in shades of orange.

supervising
need
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directly
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physician
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DOSA

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Solutions:
PA Practice Modernization

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PA Practice Modernization

- Eliminate the legal requirement for a *specific* relationship between a PA, physician, or any other healthcare provider in order for a PA to practice to the full extent of their education, training, and experience.

PA Practice Modernization

- PAs should be fully responsible for the care they provide.



PA Practice Modernization



- Adjust the PA regulatory board
 - 3 Physicians, 3 PAs, & 1 lay person
- ↓
- 2 Physicians, 4 PAs, & 1 lay person

PA Practice Modernization

- Authorize PAs to be eligible for direct payment by all public and private insurers.



PA Practice Modernization



PATIENTS

will have **greater access** to **high-quality healthcare**.



EMPLOYERS

will have **more flexibility** in determining **healthcare teams**.



LEGISLATORS

will see increased access and **lower Medicaid costs** in their states.



PHYSICIANS

will be **relieved of unnecessary** administrative and legal **burdens**.

Support of PA Practice Modernization

“The changes PAs are seeking represent a natural evolution of the PA profession. Patients, especially in rural and underserved areas, will benefit from greater access to the high-quality care that PAs provide.”

-Bill Finerfrock

Executive Director National Association of Rural Health Clinics



Support of PA Practice Modernization

“Removing unnecessary restrictions on PA practice, such as eliminating the requirement for PAs to have an agreement with a specific physician in order to practice, would help alleviate healthcare shortages and improve efficiency with no adverse effects on patient outcomes.”

-E. Kathleen Adams, Ph.D. and Sara Markowitz, Ph.D.

The Brookings’s Institution’s Hamilton Project



Support of PA Practice Modernization



“States should consider eliminating requirements for rigid collaborative practice and supervision agreements between physicians [...] and their care extenders (e.g., physician assistants [...]).”

U.S. Departments of Health and Human Services, Treasury, and Labor

- Secretary Alex M. Azar II
- Secretary Steven T. Mnuchin
- Secretary Alexander Acosta

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Thank You

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Utah Academy of Physician Assistants

