

Growth and Change in the U.S. Physician Assistant Workforce

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November 11, 2008



Outline

- Origins of the PA profession
- Growth of PA profession 1967-2005
- National PA workforce characteristics
- Issues in PA workforce research



What's a PA?

- A graduate of an accredited PA program authorized to practice medicine under the supervision of a licensed physician
- Physicians may delegate to PAs medical duties within the physician's scope of practice and the PA's training and experience, and in accordance with law

1967: Problems/Opportunities

- Rural Health Access
- Physician Burn-out
- Returning Military Medics

Founders of the PA Profession



Dr. Henry Silver
Child Health Associate



Dr. Eugene Stead, Jr
Physician Assistant



Dr. John Kirklin
Surgeon Assistant



Dr. Hu C. Myers
Baccalaureate Program



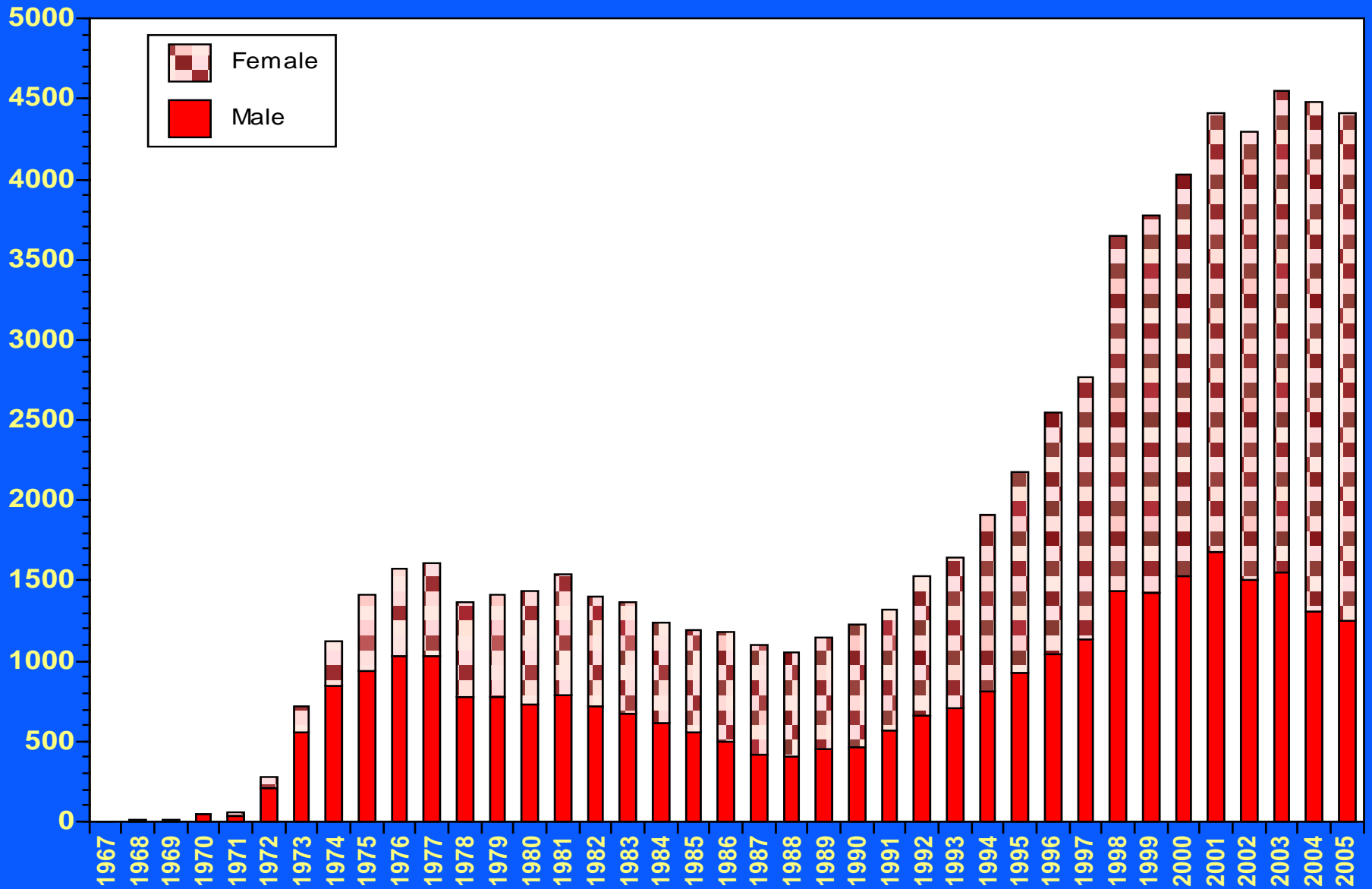
Dr. Richard Smith
MEDEX



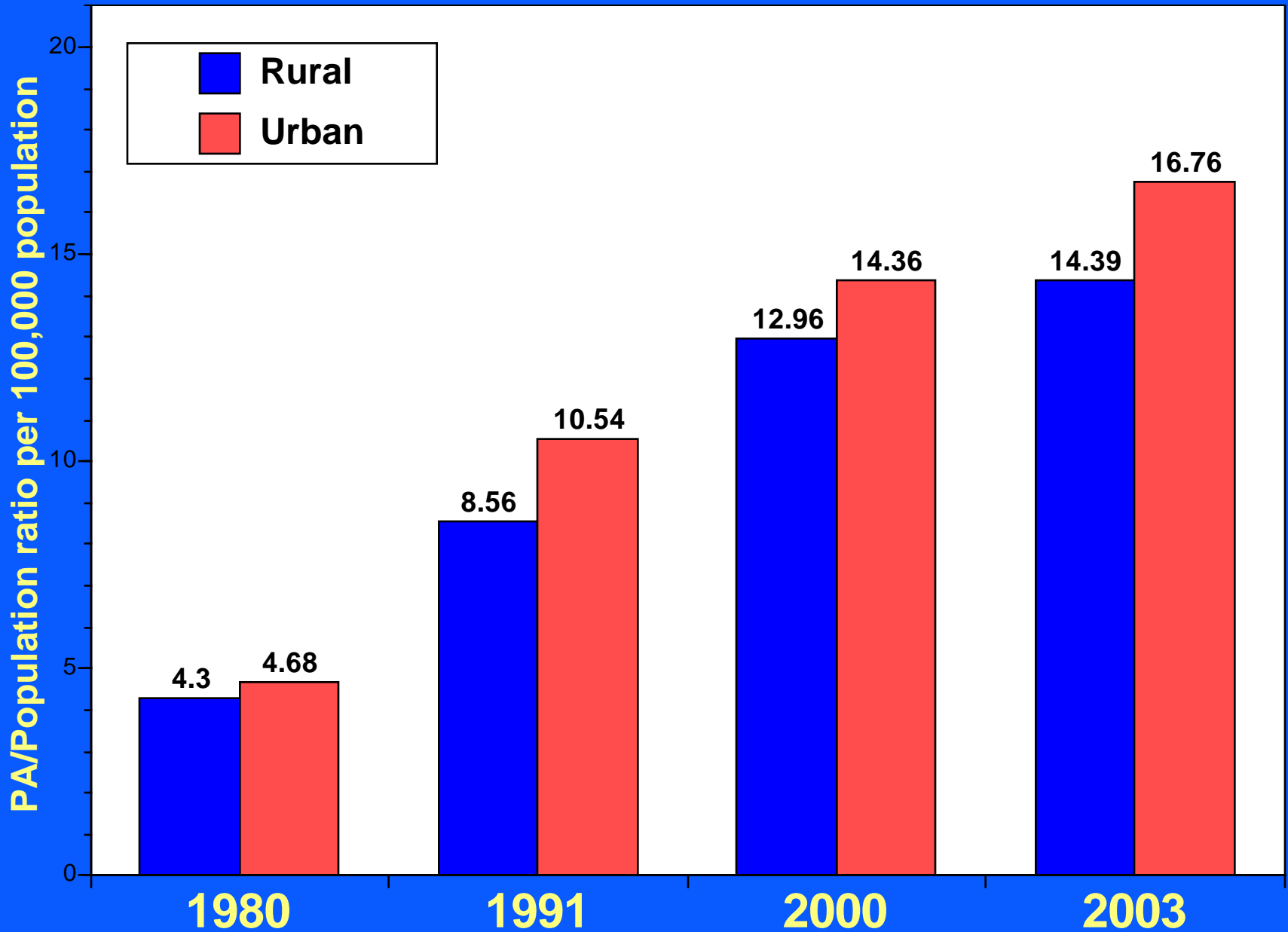
Growth of the PA profession

1967 - 2005

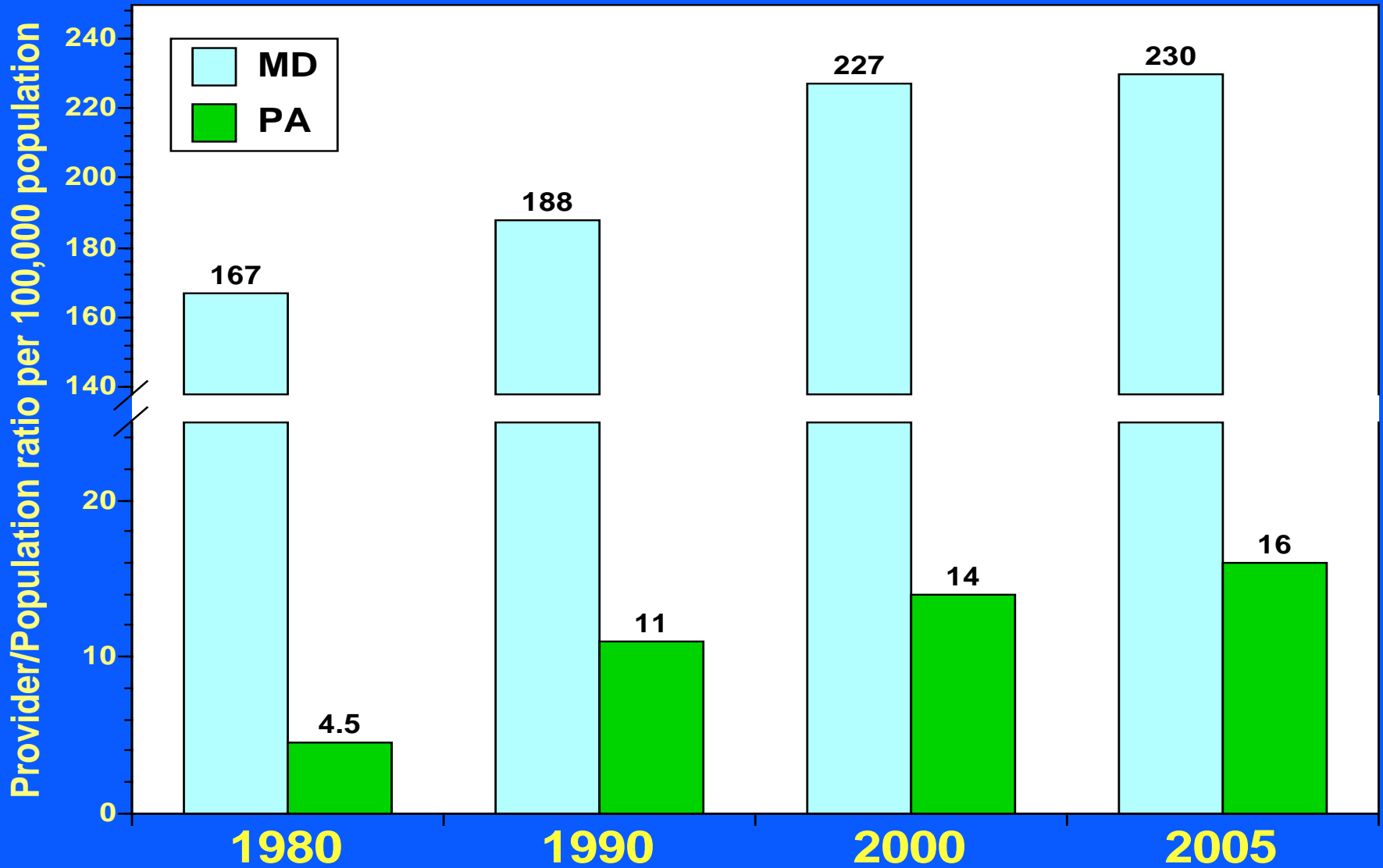
PA Graduates by gender 1967-2005



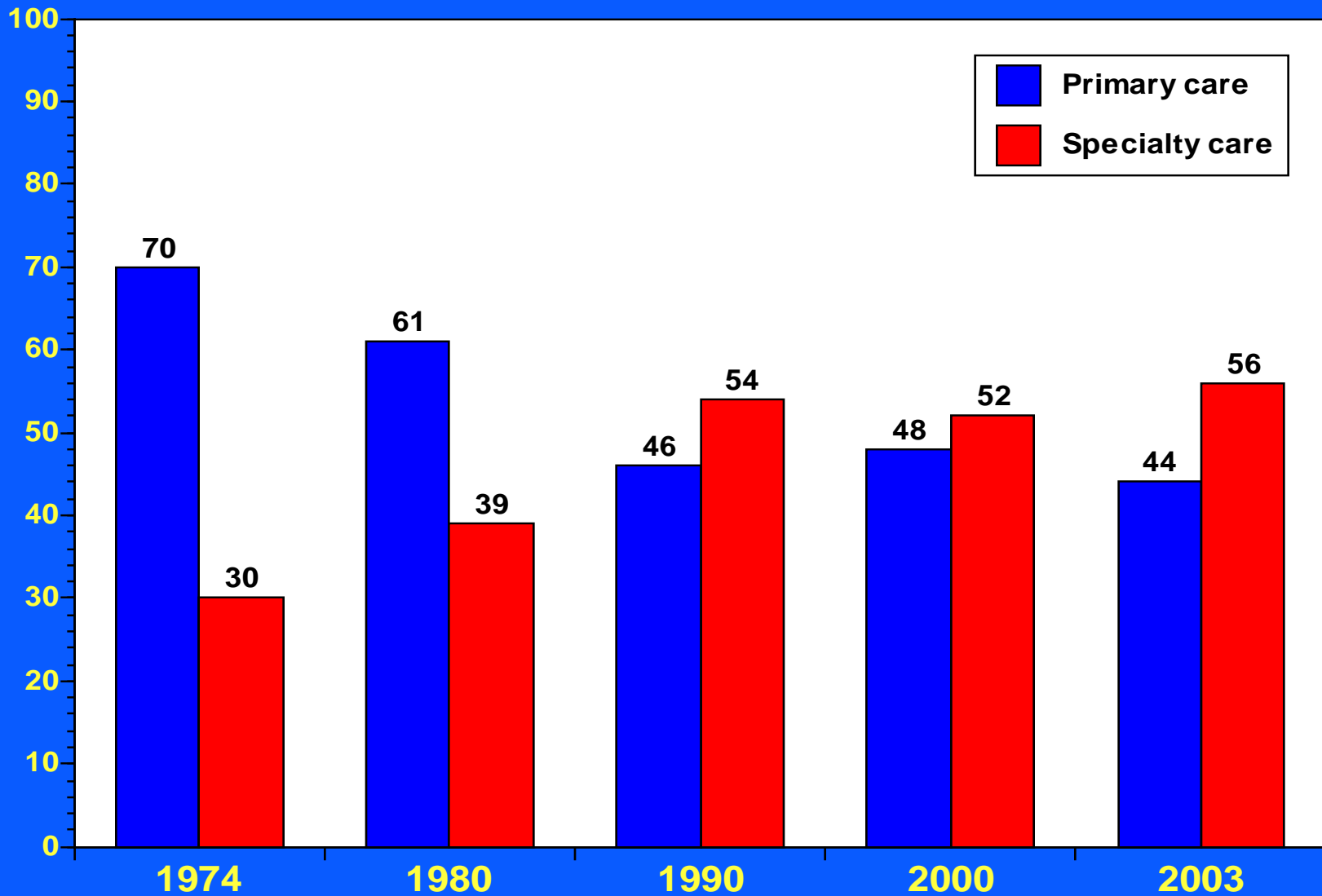
Rural-Urban PA/Population ratios 1980-2003



MD/PA Population Ratios 1980-2005



PA's in Primary/Specialty Care: 1974-2003



Source: AAPA, Pew Report

Highest degrees granted by PA programs 1987-2006

	1987	1990	1994	1998	2001	2006
% Masters	--	5.9	18.6	25.8	42.9	73.9
% BA/BS	71.4	64.7	61.0	52.8	42.9	18.7
% Assoc.	10.2	11.8	5.1	6.7	4.0	2.2
% Cert.	18.4	17.6	13.6	14.6	10.3	5.2
Number of programs	----- 49	----- 51	----- 59	----- 89	----- 126	----- 134

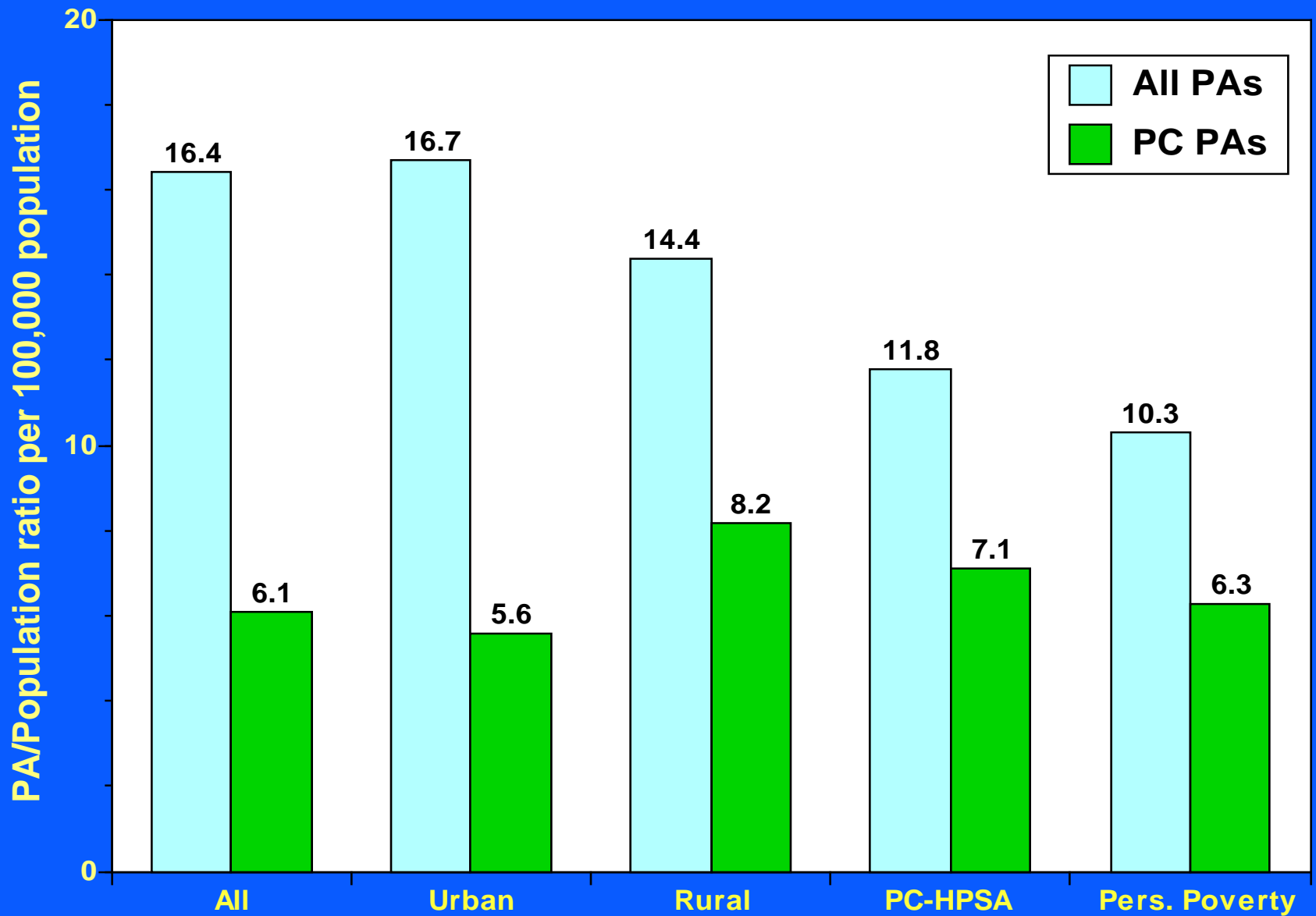
Selected Characteristics of the Current PA Workforce



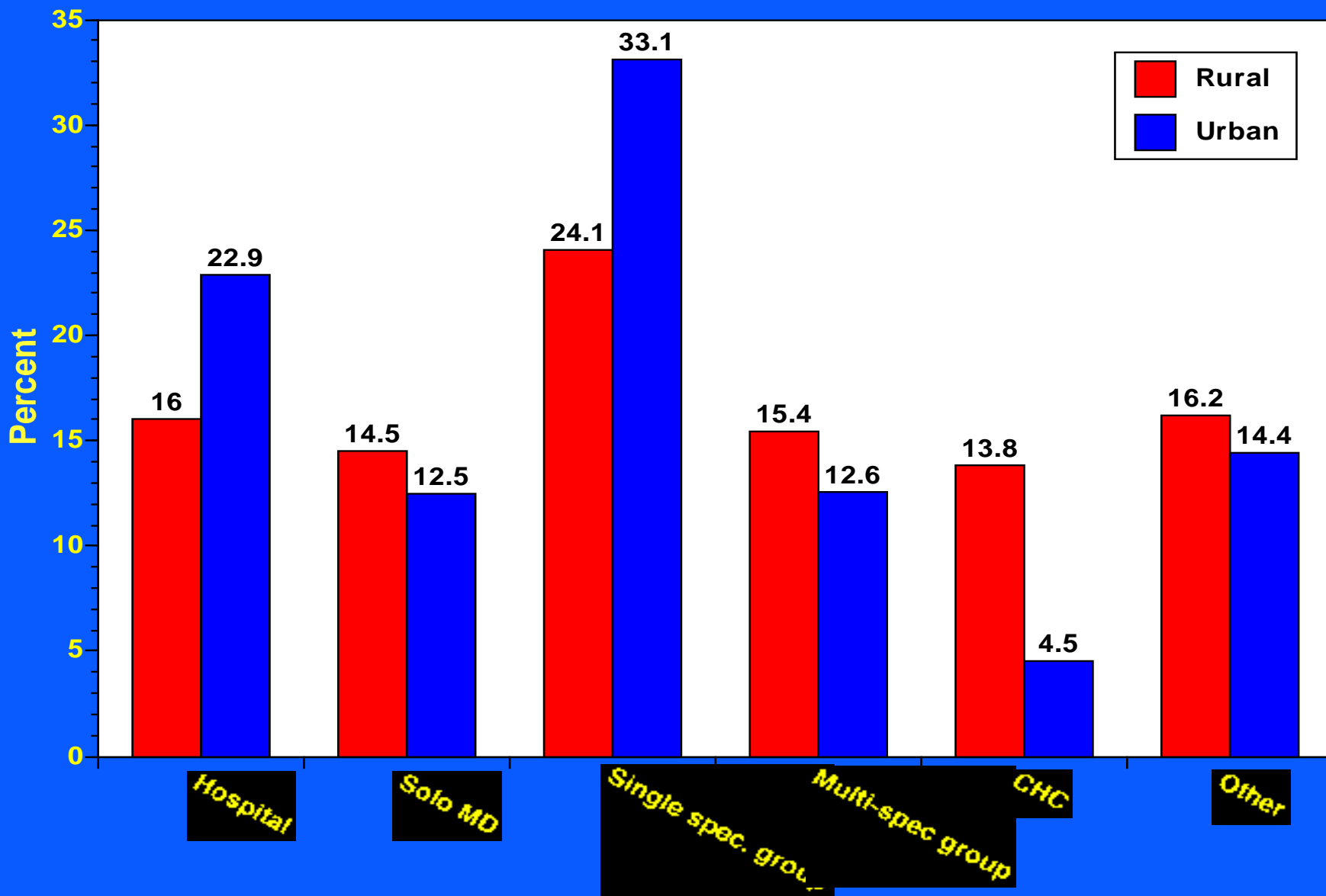
In 2005.....

- 71,216 PAs had been trained
- 58,665 PAs were in clinical practice
- 131 programs graduated 4,275 new PAs
- 72% of new students were women
- 22% of new students were non-white
- Mean age of active PAs was 41
- 28% practicing family practice (down from 40% in 1996)
- 25% worked in surgery
- PAs treated 221,000,000 patients
(AAPA, 2005)

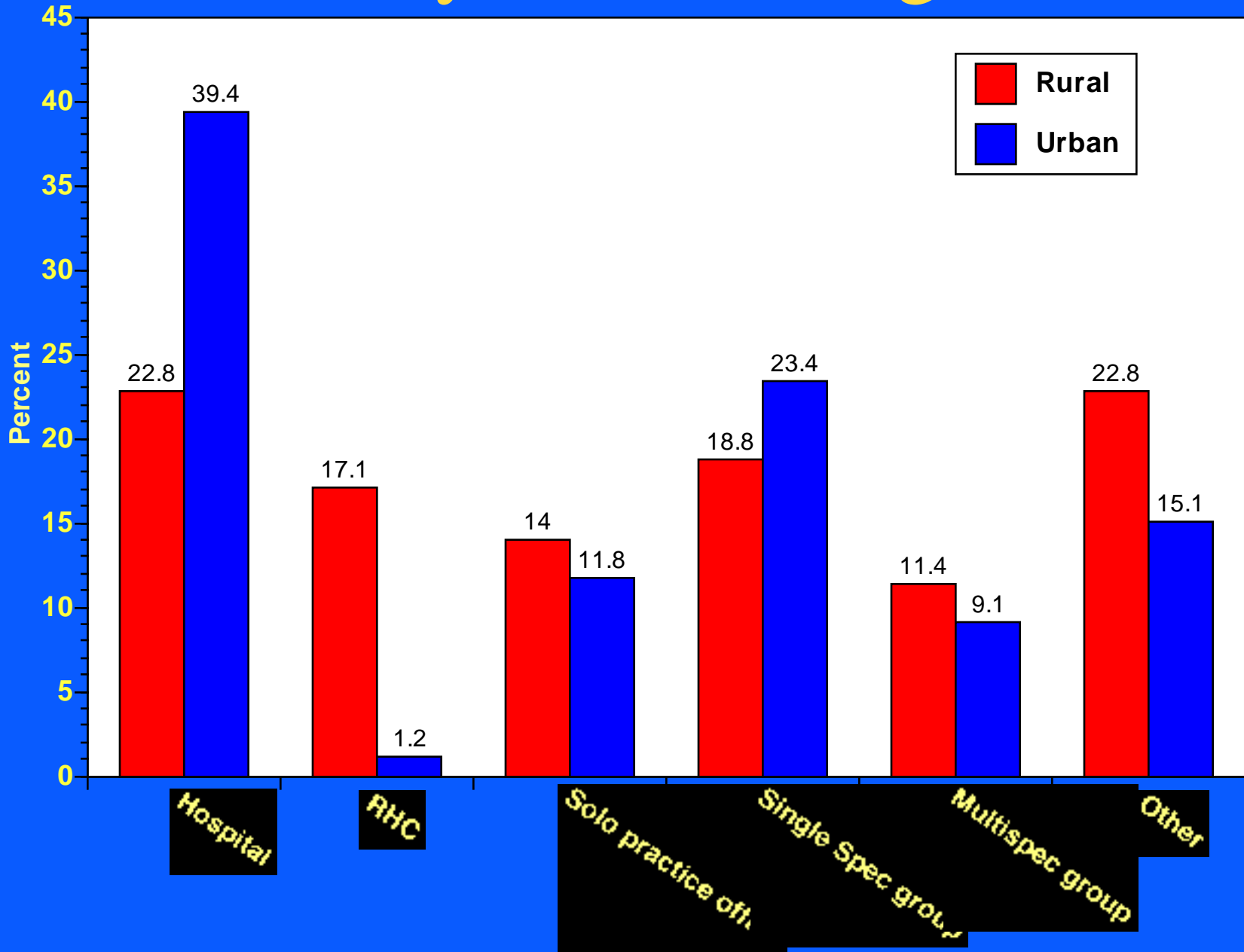
PA Pop. Ratios by area type, 2003



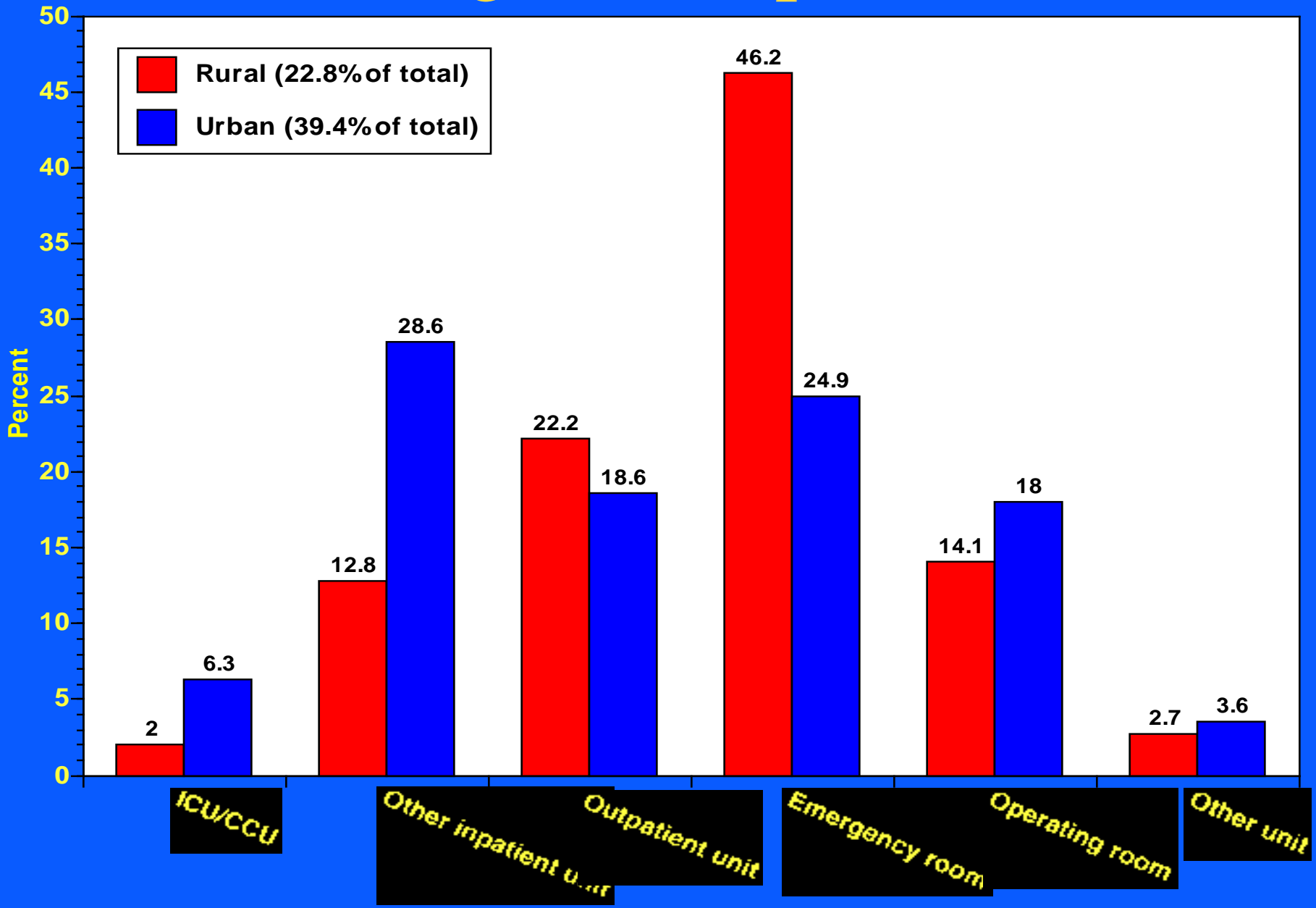
PA Employer Types, 2007



PA Primary work settings, 2007



Work settings of hospital-based PAs



Issues in PA Workforce Research



“Prediction is very difficult, especially about the future.” --Niels Bohr

Three Key Issues in PA Workforce Research

- Provider Supply & PA
Contribution to Care
- Geographic Distribution
- Specialization

Provider Supply

- Who gets counted?
 - Provider/population ratios
- How should we count?
 - Headcounts, FTEs, visits
- How much do PAs do?
 - Productivity and Contribution to care

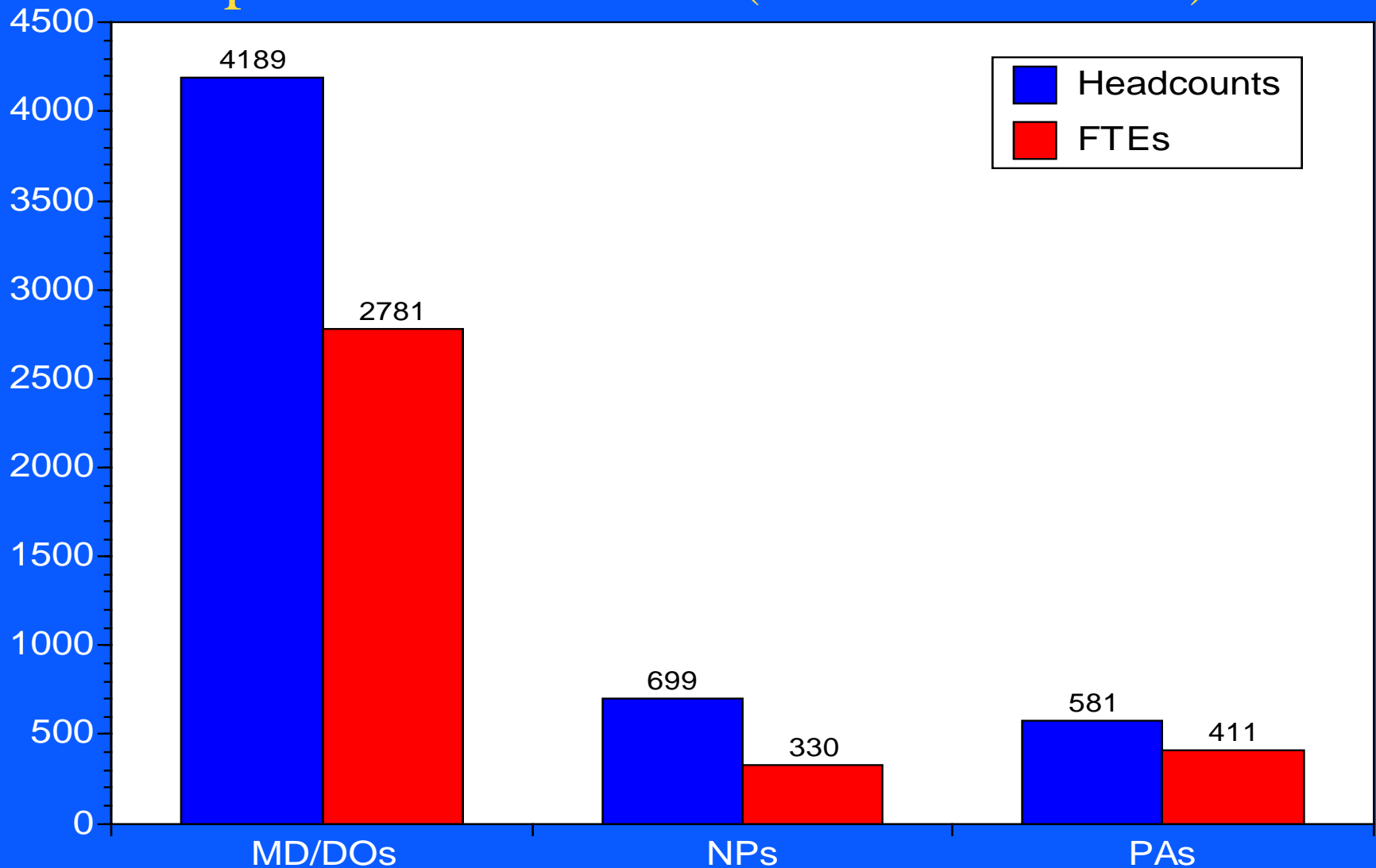
Productivity - how much do PAs do?

Nationally representative sample shows:

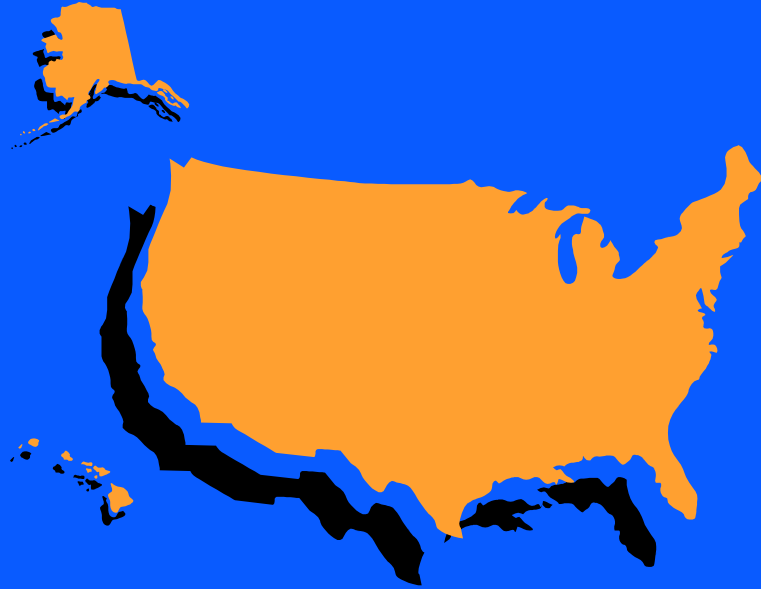
- Overall, 61 OP visits per week (74 for physicians)
- Specialty productivity is lower
- PC PAs compared to PC physicians = 81 visits vs 104 (FTE equivalent ~ .78)
- How you count providers matters (FTEs, not headcounts!)

(Larson, Hart, Ballweg 2001 Journal of Allied Health)

Headcount vs FTE - Washington generalist providers 1998-99 (1 FTE= 104 visits)

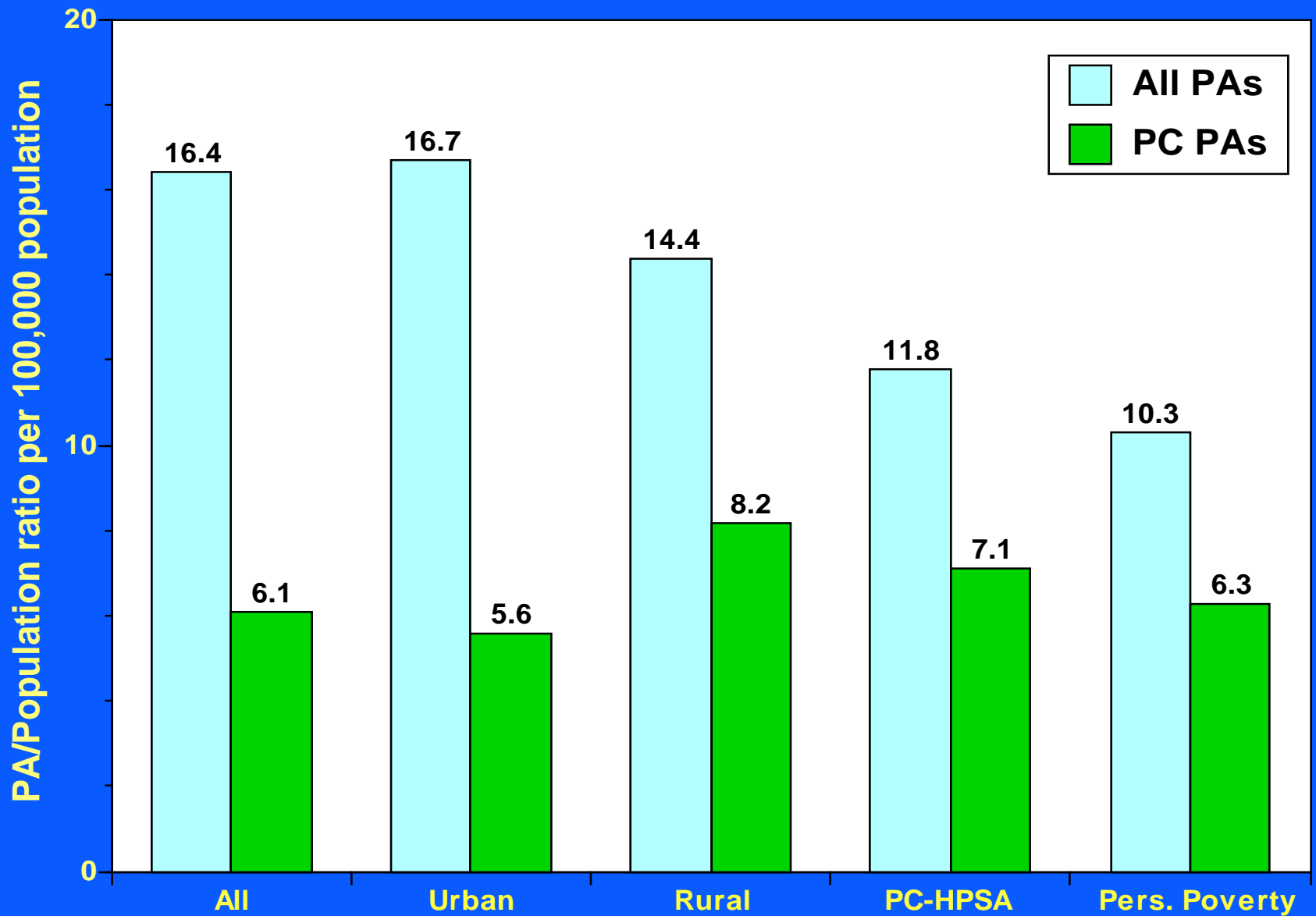


Geographic Distribution of PAs

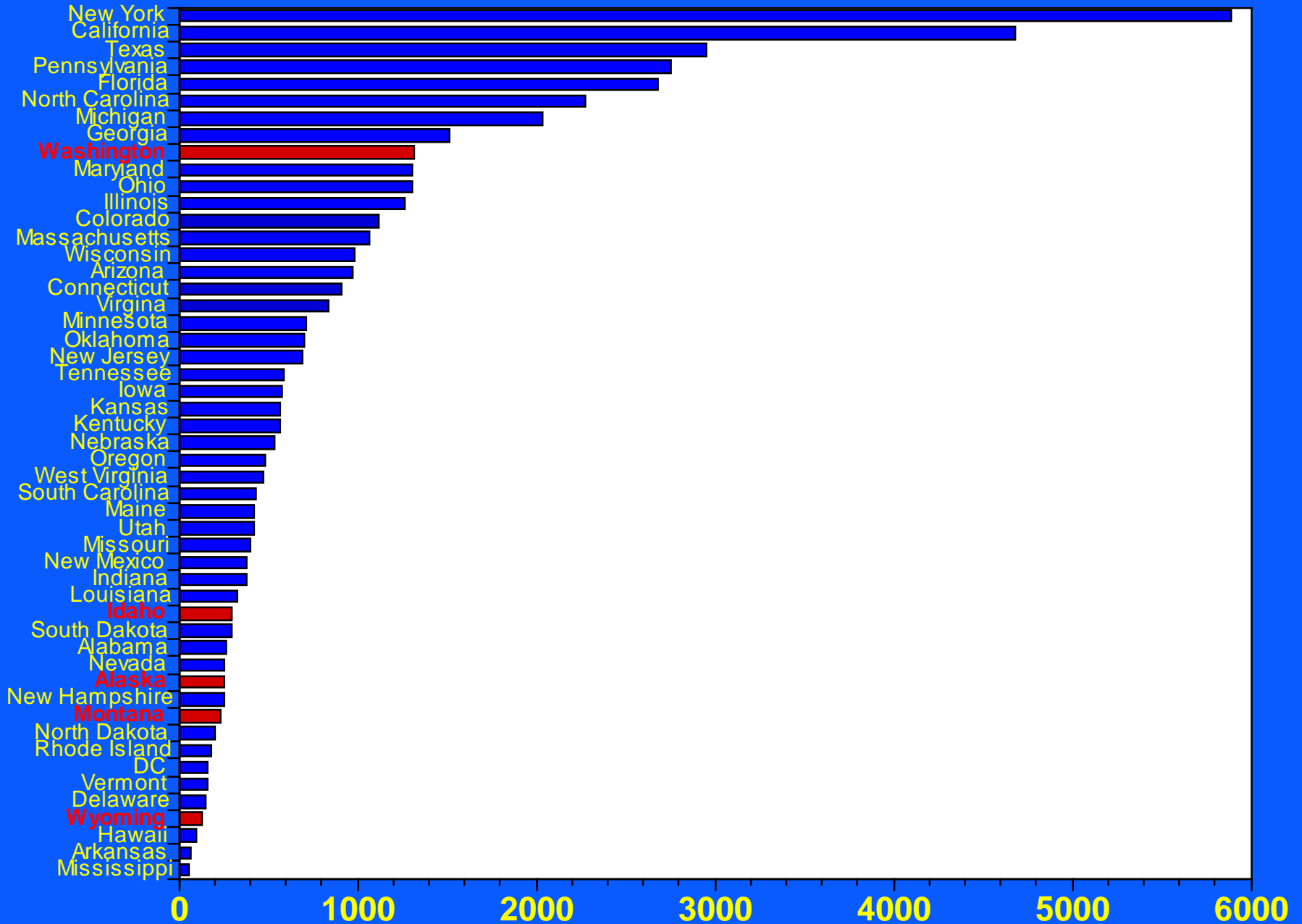


- Rural/Urban
- Underserved Areas
- Regions and States

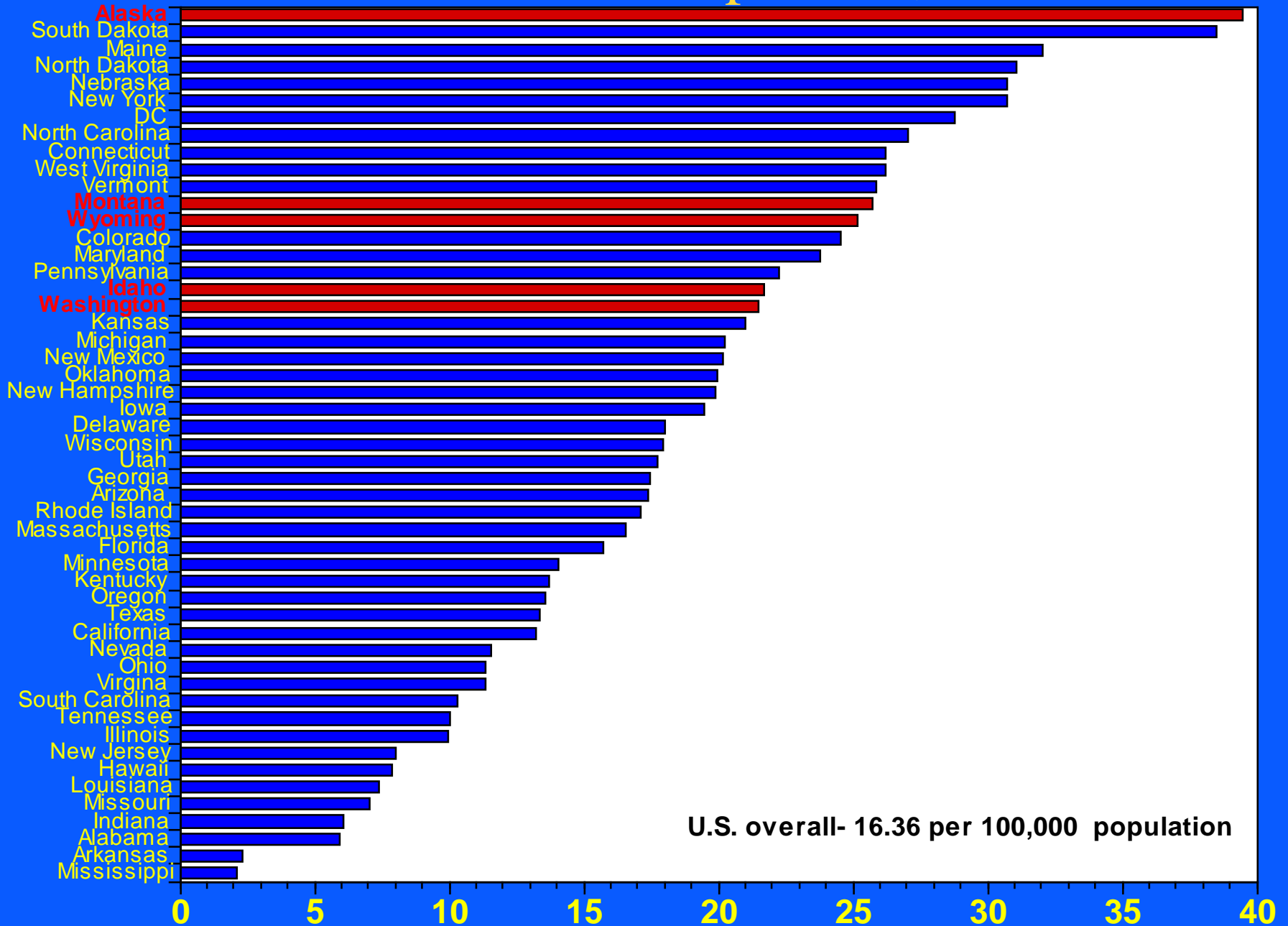
PA Pop. Ratios by area type, 2003



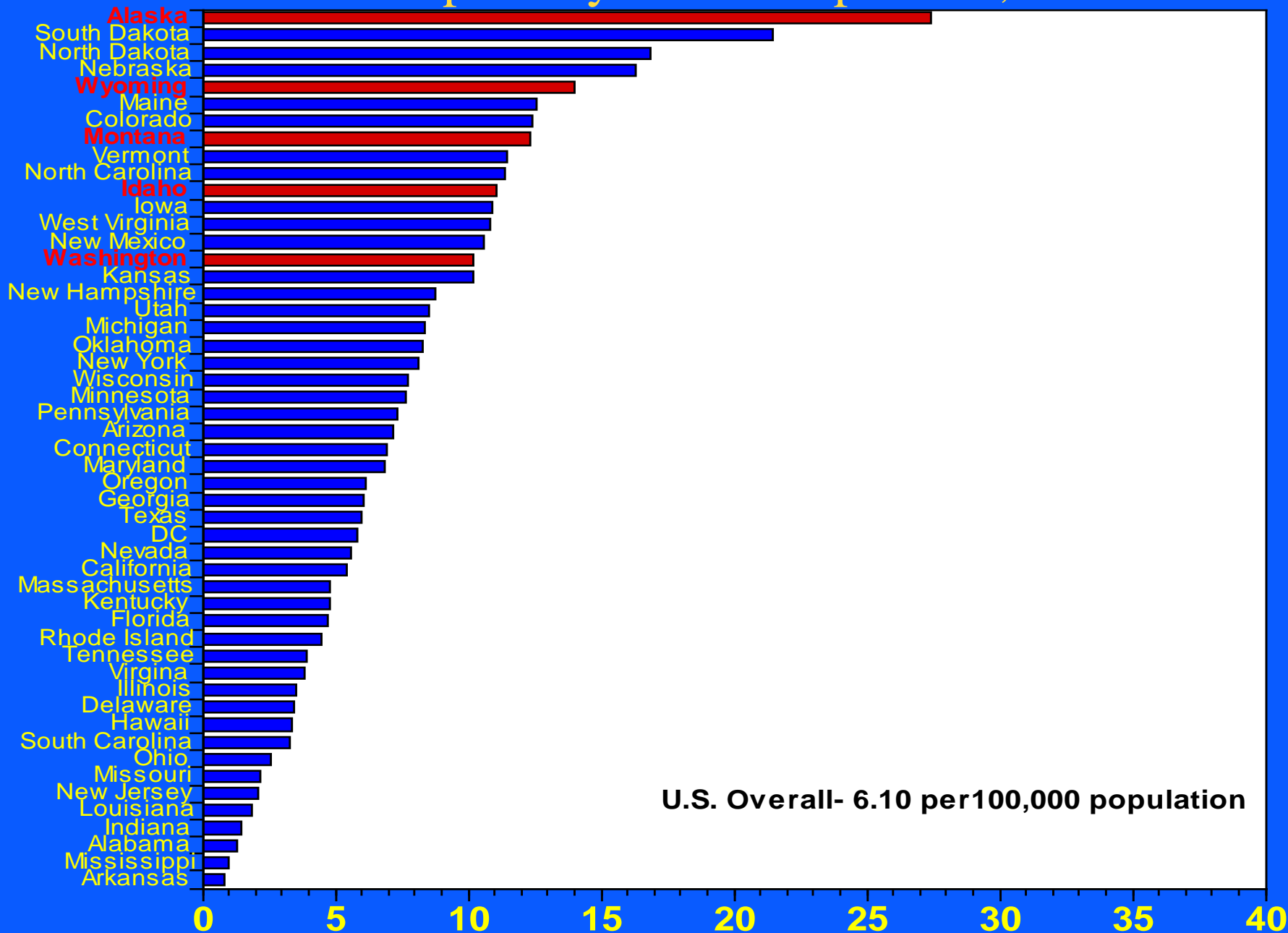
Number of active PAs - 2003



Number of active PAs per 100,000 - 2003



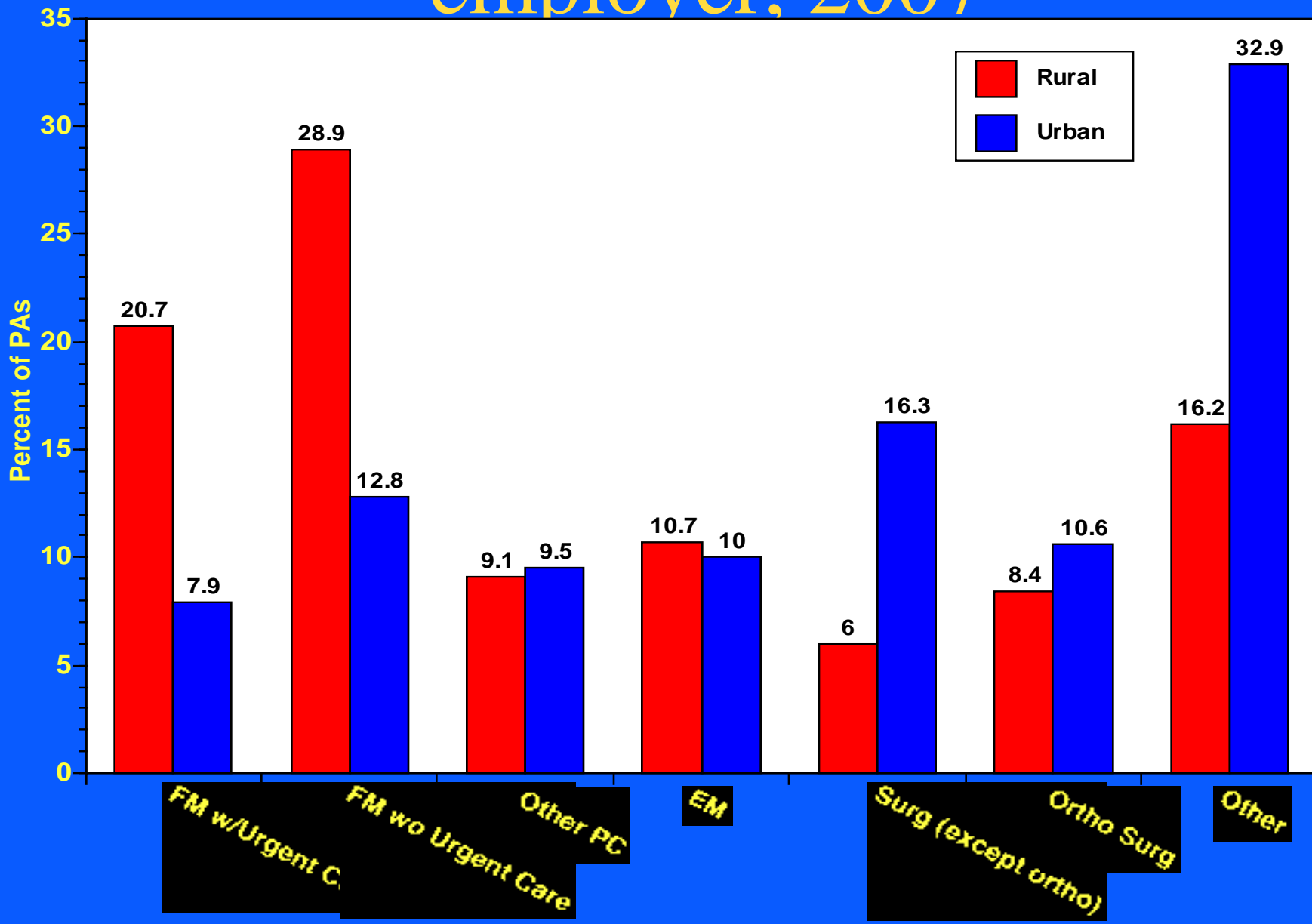
Number of active primary care PAs per 100,000 - 2003



Specialization

- The frontier of PA workforce research in the US
- What's the “correct” ratio of physicians and PAs/NPs? Depends on:
 - Scope of practice
 - Degree of autonomy
 - Effects of PA “residency” training
 - Emergence of roles in hospital and specialty practice
 - Organization & economics of medical practice

Specialty practiced for primary PA employer, 2007



PAAs in orthopedic practice: early results

- Employers
 - 58% Orthopedic group practices
 - 27% hospitals
- 42% take first call
- 74% first assist regularly
- 64% close independently
- Very strong feelings about post-grad training

Recent study of 400 rural hospital Emergency Depts.

- 33% staffed ED with PAs part of the time
- 26% staffed ED with NPs part of the time
- 14% staffed ED with both NPs and PAs
- About 59% of NP/PAs in ED employed by hospital
- About 20% of NP/PAs in ED employed by local physician group
- Physician was off-site in 68% of hospitals when ED staffed by NP/PA. (Casey et al, 2007)

More research themes

- Pedagogy
- Effects of increased PA use in teaching hospitals
- Effects of “degree creep” on the PA workforce and pipeline
- Feminization of the PA workforce
- PAs in the rural/underserved workforce
- Internationalization of the PA concept

Three Imponderables of Health Workforce Research or:

Why there will always be work for health workforce researchers

- New Diseases (e.g. HIV/AIDS)
- New Technologies (e.g. laparoscopic surgery)
- Policy and Politics (e.g. AAMC 2006, National Health Insurance, CHCs, NHSC, Medicaid/Medicare policy)

Questions?



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