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

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MEDEX Northwest
University of Washington
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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
Rural-Urban PA/Population ratios 1980-2003

- Rural
- Urban

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
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<tbody>
<tr>
<td>1980</td>
<td>4.3</td>
<td>4.68</td>
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<tr>
<td>1991</td>
<td>8.56</td>
<td>10.54</td>
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<tr>
<td>2000</td>
<td>12.96</td>
<td>14.36</td>
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<tr>
<td>2003</td>
<td>14.39</td>
<td>16.76</td>
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PAs in Primary/Specialty Care: 1974-2003

Source: AAPA, Pew Report
## Highest degrees granted by PA programs 1987-2006

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</thead>
<tbody>
<tr>
<td><strong>% Masters</strong></td>
<td>--</td>
<td>5.9</td>
<td>18.6</td>
<td>25.8</td>
<td>42.9</td>
<td>73.9</td>
</tr>
<tr>
<td><strong>% BA/BS</strong></td>
<td>71.4</td>
<td>64.7</td>
<td>61.0</td>
<td>52.8</td>
<td>42.9</td>
<td>18.7</td>
</tr>
<tr>
<td><strong>% Assoc.</strong></td>
<td>10.2</td>
<td>11.8</td>
<td>5.1</td>
<td>6.7</td>
<td>4.0</td>
<td>2.2</td>
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<tr>
<td><strong>% Cert.</strong></td>
<td>18.4</td>
<td>17.6</td>
<td>13.6</td>
<td>14.6</td>
<td>10.3</td>
<td>5.2</td>
</tr>
<tr>
<td><strong>Number of programs</strong></td>
<td>-----</td>
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<td>-----</td>
<td>-----</td>
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<td>51</td>
<td>59</td>
<td>89</td>
<td>126</td>
<td>134</td>
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</table>
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

- All Urban: 16.4
- Rural: 14.4
- PC-HPSA: 11.8
- Pers. Poverty: 10.3

PA/Population ratio per 100,000 population

Legend:
- All PAs
- PC PAs
PA Primary work settings, 2007

- **Hospital**: 39.4% Urban, 22.8% Rural
- **RHC**: 17.1% Urban, 11.8% Rural
- **Solo practice off**: 14% Urban, 18.8% Rural
- **Single Spec group**: 11.4% Urban, 23.4% Rural
- **Multispec group**: 9.1% Urban, 22.8% Rural
- **Other**: 15.1% Urban, 22.8% Rural
Work settings of hospital-based PAs

- Rural (22.8% of total)
- Urban (39.4% of total)
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)

Headcounts:
- MD/DOs: 4189
- NPs: 699
- PAs: 581

FTEs:
- MD/DOs: 2781
- NPs: 330
- PAs: 411
Geographic Distribution of PAs

- Rural/Urbam
- Underserved Areas
- Regions and States
PA Pop. Ratios by area type, 2003

PA/Population ratio per 100,000 population

- All PAs
- PC PAs

<table>
<thead>
<tr>
<th>Area Type</th>
<th>All PAs</th>
<th>PC PAs</th>
</tr>
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<tbody>
<tr>
<td>All</td>
<td>16.4</td>
<td></td>
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Number of active primary care PAs per 100,000 - 2003

U.S. Overall: 6.10 per 100,000 population
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

- **Rural**
  - FM w/Urgent Care: 20.7%
  - FM w/o Urgent Care: 28.9%
  - Other PC: 12.8%
  - EM: 10.7%
  - Surg (except ortho): 6%
  - Ortho Surg: 16.2%
  - Other: 32.9%

- **Urban**
  - FM w/Urgent Care: 7.9%
  - FM w/o Urgent Care: 9.1%
  - Other PC: 9.5%
  - EM: 10%
  - Surg (except ortho): 8.4%
  - Ortho Surg: 10.6%
  - Other: 16.2%
PAs 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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