

Physician Assistants in Primary Care

Regulatory and Licensure Updates

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The PA Profession

- Established in 1967
- 160,000 PAs in the US
 - 21% in Primary Care
- >500 million patient interactions per year
- State Licensed PAs must:
 - Graduate from an accredited PA program
 - Pass NCCPA certification exam
 - Maintain certification
 - 100 hours CME every 2 years
 - Recertification exam every 10 years



PA Profession in Pennsylvania

- >10,000 PAs in Pennsylvania
 - 13% practice in Family Medicine
 - 20% in primary care specialties
- 30 PA programs in Pennsylvania
- Licensed under the State Board of Medicine and the State Board of Osteopathic Medicine

Physician-PA Relationship Ideals

- Delegated autonomy
- PA an “agent” of the physician
- PAs can perform any and all duties and procedures customary to the practice of their supervising physician
- PAs cannot perform duties and procedures NOT customary to the practice of their supervising physician

The Problem - Primary Care

- AAFP: shortage of 48,000 primary care physicians by 2034
- Every 10 primary care physicians per 100,000 population extends life expectancy 51.5 days
- Pennsylvania #37 on number of primary care physicians per 100,000 residents

The Problem - Pennsylvania

- Cumbersome regulations impacts access to care
- Prior to PA Modernization Act 78/79 of 2021
 - 100% Countersignature rules
 - One physician could supervise 4 PAs
 - 100% review of supervising agreement by licensing board for each application

Practice Act Update

- Act 78 and 79 of 2021 made large strides
 - Increased Physician to PA supervision ratio to 1 physician to 6 PAs
 - 100% chart countersignature removed
 - 100% required for new grads and specialty change for 1 year
 - Written agreements are now active upon submission with 10% of all agreements being randomly reviewed
 - Added permanent PA seat to SBM and SBOM

Regulatory Changes in Practice

- When laws change, regulations also need to be updated through regulatory process
- Updated regulations are being promulgated
 - SBM - in committee
 - SBOM - regulations are being written
- Practice have been liberalized by board staff

PA Written Agreement Application

- Both PA and supervising physician must be first licensed under the same Board
- Proof of valid malpractice for both PA and supervising physician
- Specifics of written agreement included in application

Written Agreement Components

- It answers the following questions:
 - What tasks will the PA do?
 - What categories of medications will the PA not prescribe?
 - What categories of controlled substances will PA prescribe?
 - Where will the PA practice?
 - How will the PA be supervised? (time, place, manner of supervision)
 - Who will supervise the PA when the primary supervisor is away?

Specifics of Supervision

- Establishes the PA / supervising physician relationship
- Requested details include the following:
 - How often cases will be discussed
 - How often they will be in the same practice setting
 - What type of patients the PA may refer to the supervising physician
 - Based on practice specialty
 - Experience of the PA
 - Acuity of illness of the patient population

Specifics of Supervision

- Patient record review plan
- 100% countersignature required for new grads and specialty change for 1 year
 - Otherwise plan is up to physician-PA agreement

Improvements for the Future

- Limitations still exist around ratios and specifics of supervision
- Collaboration vs supervision
 - Modern description of team-based way care is delivered
- Practice level filing of agreements

Quality of Care

ORIGINAL RESEARCH ARTICLE | DECEMBER 12 2023

Medical Malpractice Payment Reports of Physician Assistants/Associates Related to State Practice Laws and Regulations

Sondra M. DePalma, DHSc, PA-C, CLS, CHC, FNLA, AACC ; Michael DePalma, DMSc, PA-C; Sean Kolhoff, PhD; Noël E. Smith, MA

Journal of Medical Regulation (2023) 109 (4): 27–37.

<https://meridian.allenpress.com/jmr/article/109/4/27/498933/Medical-Malpractice-Payment-Reports-of-Physician>

- States with permissive practice environments (with four or more permissive scope of practice reforms) compared to restrictive states (with three or fewer scope of practice reforms) had no increased risk of PA medical malpractice payment report occurrences
- The research also demonstrated that almost all PA practice reforms lead to a reduction in medical malpractice payment reports for PAs and physicians.

Practice, Physician, Patient Benefits

- Practice/Physician Benefits
 - Increased scheduling
 - Expansion of office hours
 - Split call time
 - Triage of phone calls/test results
- Patient Benefits
 - More time per patient encounter
 - Extended office hours
 - Potential for same day walk in care
 - Expanded access to a provider

Summary

- There is a shortage of PCPs in Pennsylvania
- PA advocates are working to remove unnecessary regulatory barriers
- Act 78/79 of 2021 made improvements
- Continued advocacy work can bring more access to patients in Pennsylvania

Websites

- State Board of Medicine
 - <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Pages/default.aspx#.Vs0Ip4-cFPY>
- State Board of Osteopathic Medicine
 - <http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/OsteopathicMedicine/Pages/default.aspx#.Vs0JKY-cFPY>
- American Academy of Physician Associates
 - <https://www.aapa.org/>
- Pennsylvania Society of Physician Associates
 - <https://pspa.net>