

Increasing Patient Access to Care by Empowering Physician Assistants

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About Physician Assistants (PA)

- ▶ **Physician assistants (PAs) are health professionals licensed to practice medicine with physician supervision.**
- ▶ **PAs perform a comprehensive range of patient care services from primary care to specialty procedures.**
- ▶ **The PA's responsibilities depend on the type of practice, experience, the working relationship with physicians and other health care providers, and state laws.**
- ▶ **In 2010, there were 95 thousand PAs working in the United States, of whom 83,466 PAs were clinically practicing. The number of PAs in the US doubles every 10 years.**

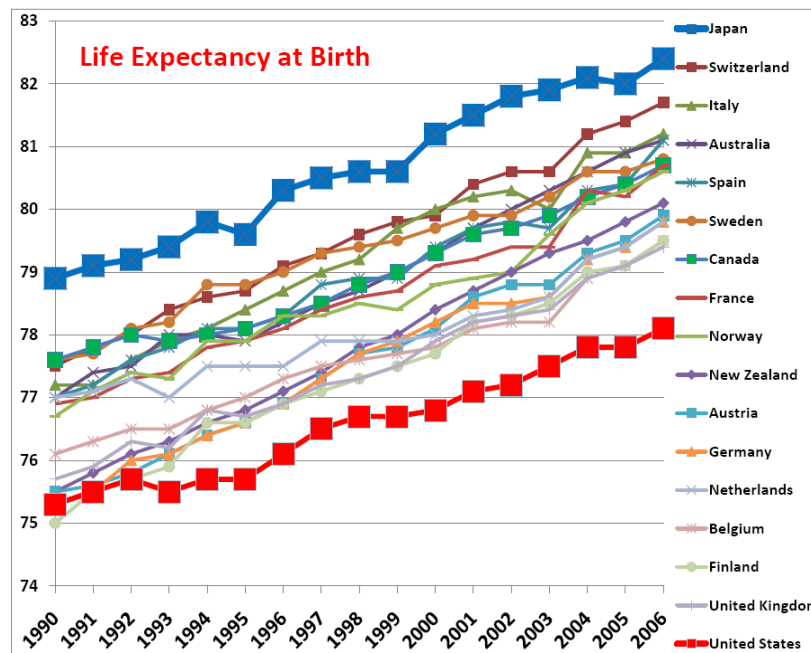
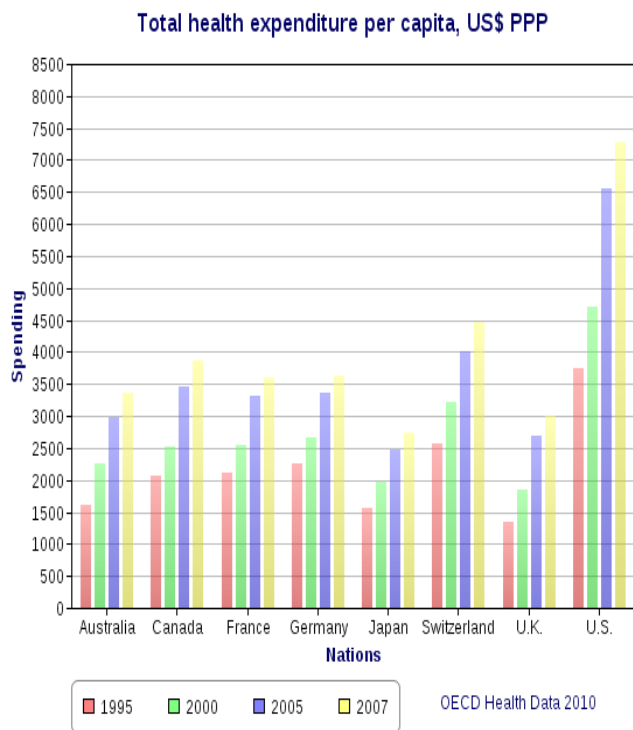
Health Care Workforce – A Mix of Insufficient Supply and Mal-distribution

- ▶ **High Demand on Physician Services:**
 - **Increasing Demand of Healthcare Services from the Patient Protection and Affordable Care Act**
 - **Predicted Physician Shortage from Aging and Growing U.S. Population.**

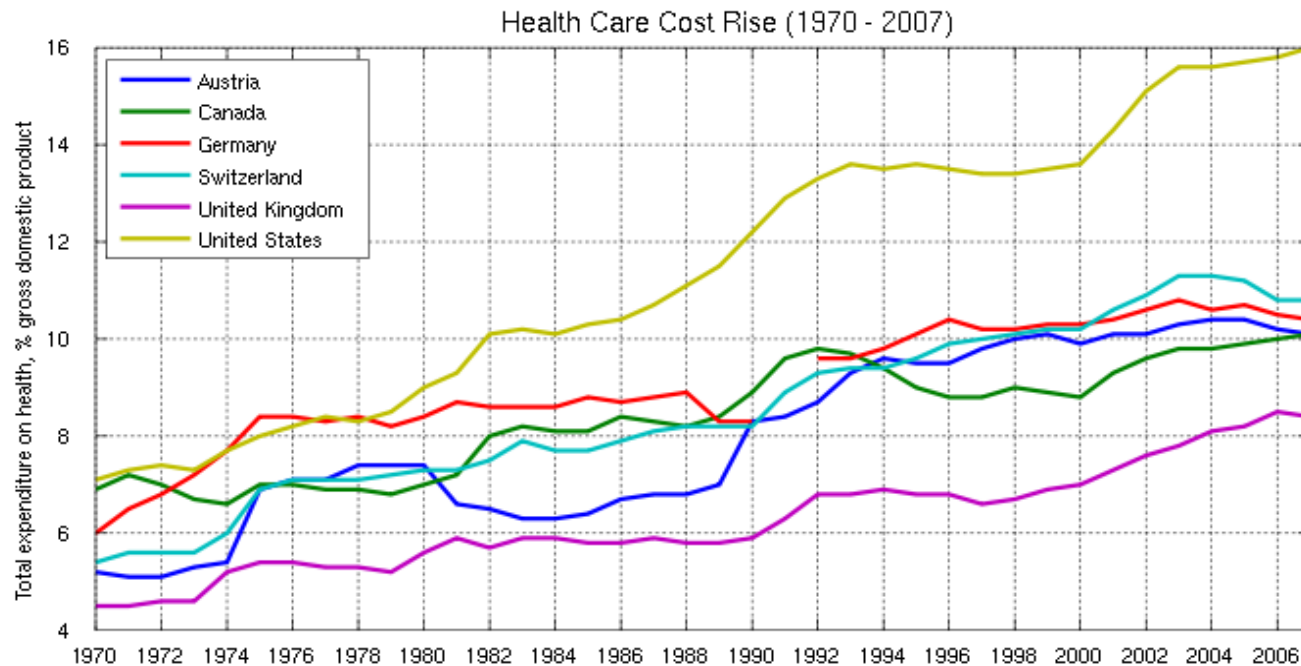
- ▶ **High Healthcare Costs**
 - **Healthcare Costs in 2010 is \$2.6 Trillion and 56% Consisted of Wages for Healthcare Providers)**

High Costs and Poor Health Outcome

The U.S. has the highest health expenditure per capita, yet attains the poorest health outcomes among the Western nations due to socio-economic inequities in health.



Health Care Costs Are Rocket High in the U.S. from Late 1970s



(Source: Wikipedia, the free encyclopedia, Health care cost rise based on total expenditure on health as % of [GDP](#). Countries are [USA](#), [Germany](#), [Austria](#), [Switzerland](#), [United Kingdom](#) and [Canada](#).)

U.S. Physicians Made the Highest Earning



(Source: Congressional Research Service (CRS) analysis of Remuneration of Health Professions, OECD Health Data 2006 (October 2006), available at [<http://www.ecosante.fr/OCDEENG/70.html>])

Health Care Accessibility

Care Needs Are Associated with Socio-economical, Socio-Geographical, and Socio-Ethnical Status

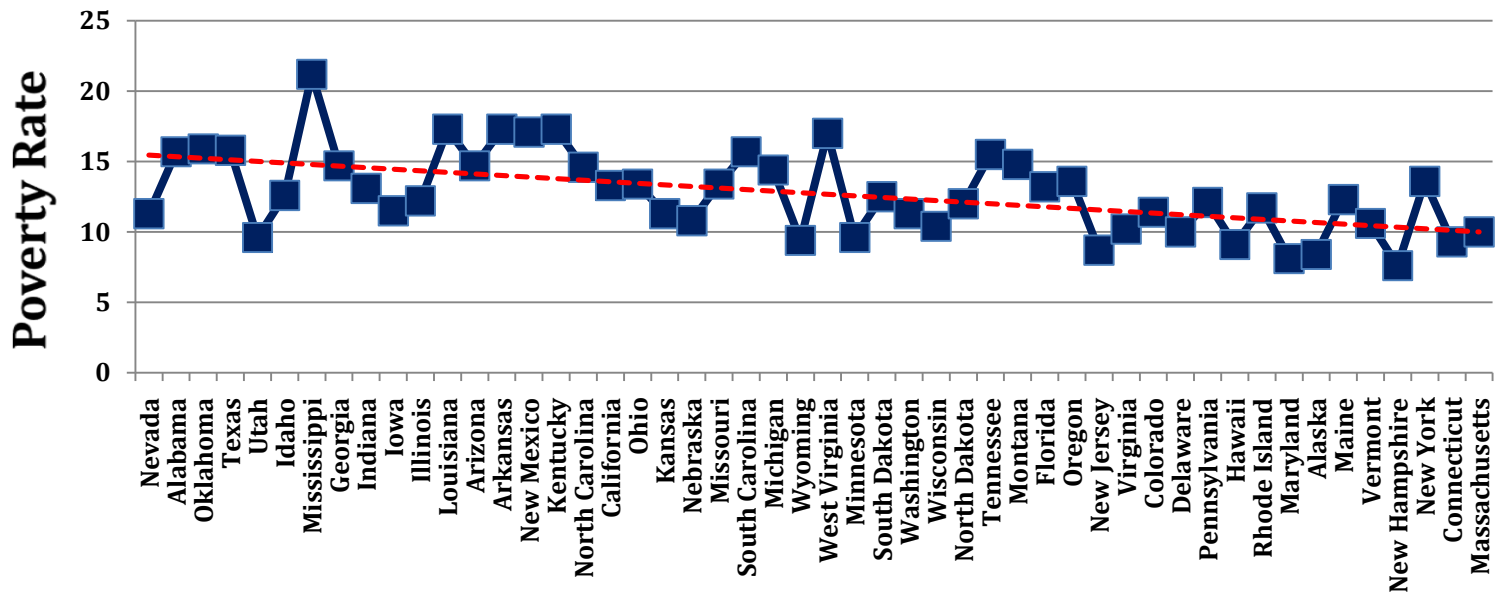
| Aged 20 and over between 2007-2009 | Percent of Population with Diabetes |
|--|--|
| <i>Non-Hispanic White Americans</i> | 7.1% |
| <i>Asian Americans</i> | 8.4% |
| <i>Hispanic/Latino Americans</i> | 11.8% |
| <i>African Americans</i> | 12.6% |
| <i>American Indians and Alaska Natives</i> | 16.1% |

(Data source: Age-adjusted population diabetes rates. Department of Health and Human Services, National Diabetes Clearinghouse, National Diabetes Statistics 2011 Available at <http://diabetes.niddk.nih.gov/DM/PUBS/statistics/#Racial>)

Clinicians away from Needs

Population density of total care clinicians is negatively associated with the **level of poverty- INEQUITY**

States are ranked from left (lowest clinician density) to right (highest)

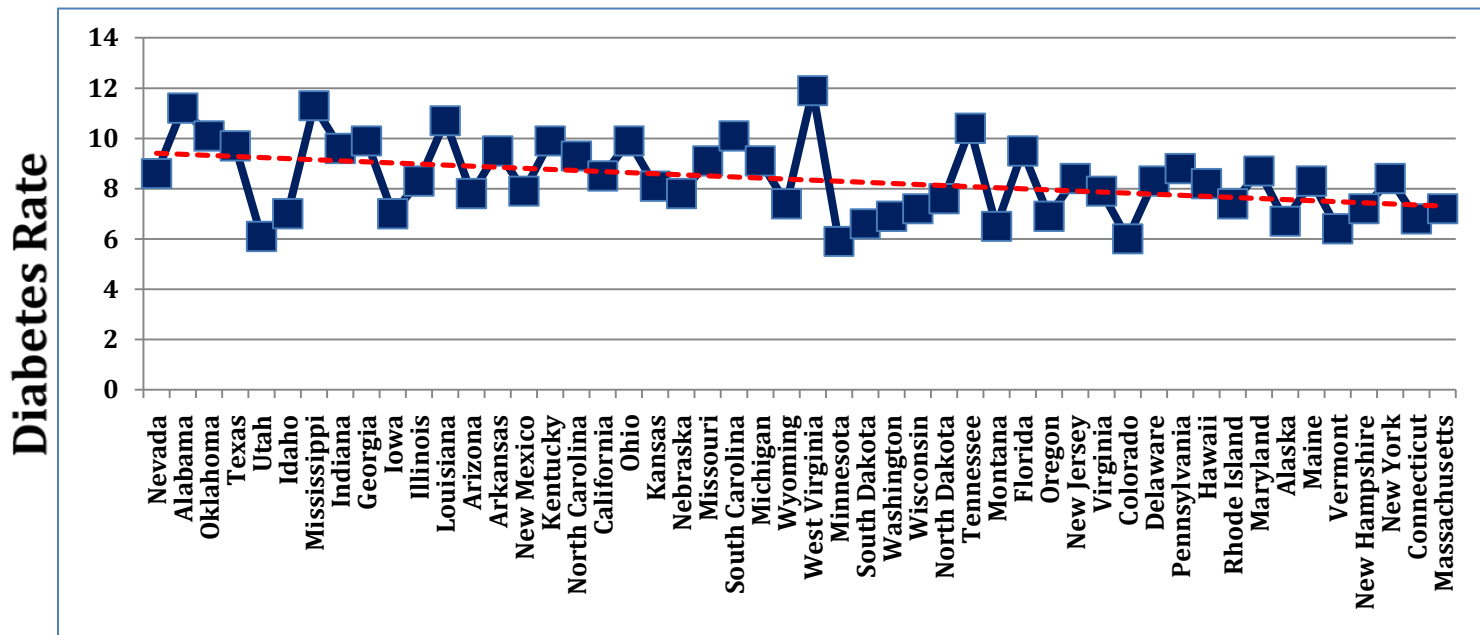


(Data source: American Academy of Physician Assistants 2009 census, American College of NP 2010 Report, 2011 State Physician Workforce Data Release, American Association of Medical Colleges, Center for Workforce Studies, March 2011 https://www.aamc.org/download/181238/data/state_databook_update.pdf, the American Human Development Project of the Social Science Research Council)

Clinicians away from Needs

Population density of total care clinicians is negatively associated with state **diabetes prevalence rates - NEEDS**

States are ranked from left (lowest clinician density) to right (highest)

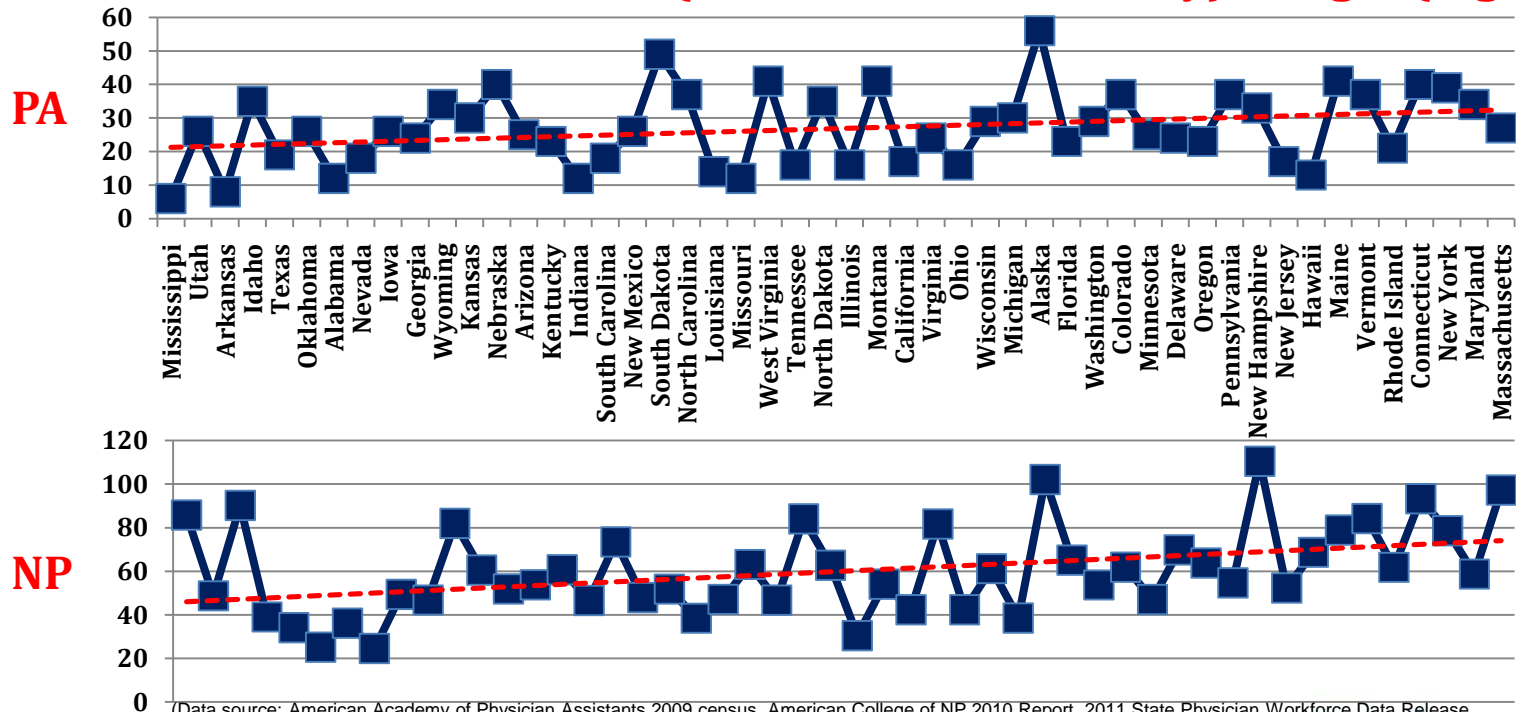


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Clinicians away from Needs

Physician assistants (PAs) and nurse practitioners (NPs) practice where physicians are rather than where healthcare needs are.

States are ranked from left (lowest clinician density) to right (highest)



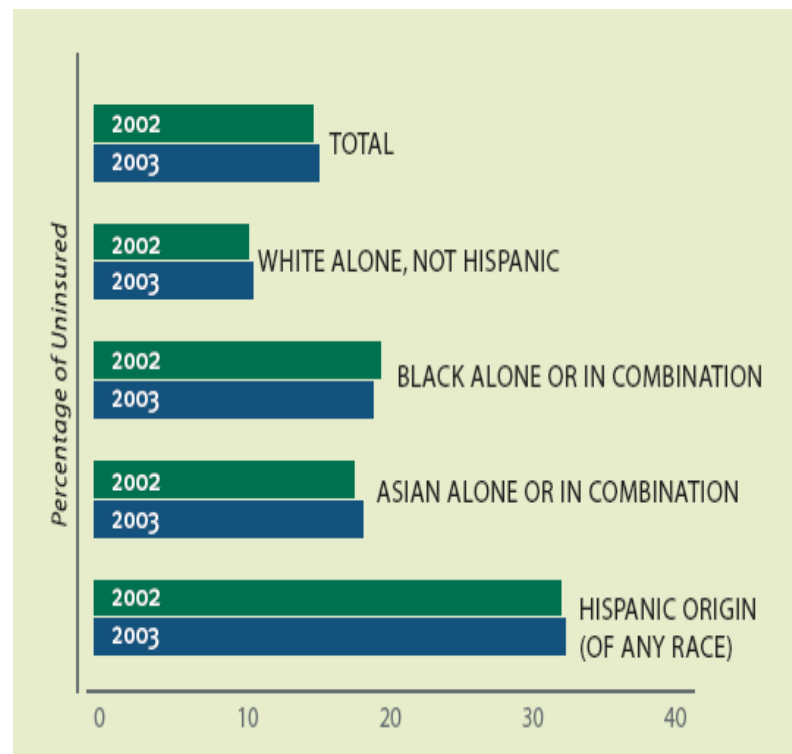
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Health Care Provider Affordability

Adequate Health Insurance Coverage Still a Luxury Term to Many Americans

Disparity in access to healthcare is a major contributing factor to disparities in health, with the lack of health insurance coverage having a strong negative cumulative impact on health

(Source: U.S. Census Bureau. 2004. Income, Poverty, and Health Insurance Coverage in the United States: 2003, P60-226, Table 5).



What a Health Insurance Policy Costs When Purchased by an Individual without Insurance?

On average, the annual premium was \$2,985 for a single person and \$6,328 for a family varied from Iowa (\$5,609) to New York (\$13,296), from a \$10,000 annual deductible (average premium of \$5,380) to no deductible (\$12,686)

(Source: America's Health Insurance Plans, Individual Health Insurance 2009: A Comprehensive Survey of Premiums, Availability, and Benefits)

2010 Median Salary

Median Compensation Level in 2010

| Type of Practice | *Physician | **Physician Assistants |
|------------------|------------------|------------------------|
| Primary Care | \$202,392 | \$85,000 |
| Specialty Care | \$356,885 | \$94,000 |

(Source:

*MGMA Physician Compensation and Production Survey: 2011 Report based on 2010 data

** American Academy of Physician Assistants Annual Census: 2011 Report Based on 2010 data)

What PA Do:

Percents of PA Duties in Patient Care

| Median Counts | Clinical Preventive Services | Acute Care Management | Chronic Disease Management | End of Life Care | Care Coordination | Consultation | Surgical Procedures | First Assisting at Surgery |
|--------------------------|------------------------------|-----------------------|----------------------------|------------------|-------------------|--------------|---------------------|----------------------------|
| Hospital Inpatient Care | 49.4% | 89.7% | 71.2% | 41.4% | 61.0% | 70.4% | 37.9% | 30.1% |
| Hospital Outpatient Care | 60.8% | 74.1% | 64.3% | 16.2% | 52.6% | 65.3% | 43.3% | 25.2% |
| Hospital Emergency Room | 30.2% | 92.6% | 39.1% | 15.2% | 33.0% | 30.7% | 71.4% | 2.1% |
| Health Center | 77.0% | 88.7% | 74.6% | 22.0% | 55.0% | 43.1% | 72.1% | 7.8% |
| Physician Office | 73.0% | 78.8% | 76.1% | 14.0% | 46.4% | 59.0% | 59.9% | 25.8% |

(Data source: AAPA 2010 PA Census Survey, AAPA Research and Statistics, September 2011)

Autonomous Health Care Services to Patients Provided by PAs

| During Patient Visits | Supervising Physician Is NOT Physically Present | No Consultation with Supervising Physician Required |
|---------------------------------|--|--|
| Hospital Inpatient Care | 82.5% | 45.4% |
| Hospital Outpatient Care | 81.7% | 66.0% |
| Hospital Emergency Room | 85.8% | 56.7% |
| Health Center | 97.0% | 88.7% |
| Physician Office | 87.5% | 75.8% |

(Data source: AAPA 2010 PA Census Survey, AAPA Research and Statistics, September 2011)

**The U.S. Healthcare System Has No
Choice But Adopting **A Patient-
Centered Medical Team Approach**
with Optimally-Organized Multi-level
Care Provider Teams including PAs**

Physician Assistants Serve More Underserved Populations

| Patient Group | Percent Among Patients Seen by PAs | Percent In US Population |
|------------------------|------------------------------------|--------------------------|
| Uninsured | 18.2% | 16.4% |
| Medicaid Beneficiaries | 29.0% | 18.1% |
| Rural Patients | 26.7% | 16.5% |

(Data source: AAPA 2010 PA Census Survey AAPA Research and Statistics, September 2011)

Discussions

- ▶ This study shows that the U.S. maintains a moderate national care provider level. However, care providers are mal-distributed, away from needs – higher in the economically better off states and lower in the high-poverty states.
- ▶ Merely expanding national health workforce supply may further widen currently existing health disparities in the country. Doubling physician supply to all states will result in physician to population gap between **Mississippi** and **Massachusetts** from 150 to 300 per 100,000 population
- ▶ To address **higher needs** in more vulnerable population and underserved areas, we recommend policy incentive to redistribute less-costly physician assistants in a patient-centered medical team approach to areas with high care needs and empower them with higher autonomy in medical practice.