

SPECIALTY PRACTICE

ISSUE BRIEF



PHYSICIAN ASSISTANTS IN OBSTETRICS AND GYNECOLOGY

This Issue Brief was produced jointly by the American Academy of Physician Assistants and the Association of Physician Assistants in Obstetrics and Gynecology.

Physician assistants (PAs) practice medicine as part of a physician-led team. PAs have a generalist medical background that prepares them to work in both outpatient and inpatient obstetrics and gynecology settings. PAs evaluate and manage common gynecological conditions, and they provide patient education and counseling on ob-gyn topics. Not only can PAs perform a range of diagnostic and therapeutic procedures, but they also enhance coordination of care and patient satisfaction.

PAs are health professionals licensed to practice medicine with physician supervision, and those who practice with obstetricians and gynecologists provide a broad range of ob-gyn services. PAs skillfully manage patient care issues in both inpatient and outpatient settings, and effectively bridge the two. In a specialty particularly affected by liability concerns, PAs provide patient-centered care that enhances patient satisfaction and ensures continuity of care.

As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive care, assist in surgery and write prescriptions. In a survey of the Association of Physician Assistants in Obstetrics and Gynecology, members reported that their most frequent patient encounters involve annual pap/pelvic and breast exams, gynecological complaints, family planning, menopause management

and prenatal care.¹ PAs are trained in intensive educational programs that are based on a medical model designed to complement physician training. All PA programs are accredited by the Accreditation Review Commission on Education for the Physician Assistant.

After graduation, PAs take a national certification examination administered by the National Commission on Certification of Physician Assistants. To maintain national certification, PAs must complete 100 hours of continuing medical education every two years and take a recertification examination every six years. Graduation from an accredited PA program and passage of the national certifying examination are required for state licensure.

According to the American Academy of Physician Assistants (AAPA), in 2008, 76,000 PAs were in clinical practice in virtually every medical and surgical specialty. Many PAs work in practices where women would be likely to receive obstetrical or gynecologic care. For instance, 2.3 percent (1,700 PAs) work in ob-gyn practices, 26 percent (19,700 PAs) are in family practice, 5 percent (3,800 PAs) are in general internal medicine and 1 percent (760 PAs) are in geriatrics.²

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PAS IN OUTPATIENT OBSTETRICS AND GYNECOLOGY

Most PAs who practice with obstetrician-gynecologists work primarily in outpatient settings. According to AAPA

census data for 2008, 88 percent of PAs in obstetrics and gynecology see outpatients, while 33 percent manage the care of inpatients.³ PAs in ob-gyn work in family planning centers, solo physician offices, group practices, rural clinics, urban clinics, community health centers, hospital outpatient clinics, urgent care centers, HMOs and other settings where care is delivered.

The work of PAs in outpatient ob-gyn settings is as diverse as the work of ob-gyn physicians. PAs provide both obstetrical and gynecological care, including comprehensive annual gynecological examinations. They evaluate and manage common gynecological conditions, including contraception, vaginal infections, sexually transmitted diseases and menopausal problems. PAs are commonly included on teams that evaluate and treat infertility. They also provide prenatal, intrapartum and postpartum care. In addition to direct patient examination and treatment, PAs also provide patient education and counseling on contraception, breast self-examination, prenatal care, childbirth, postnatal care, lactation and other ob-gyn topics.

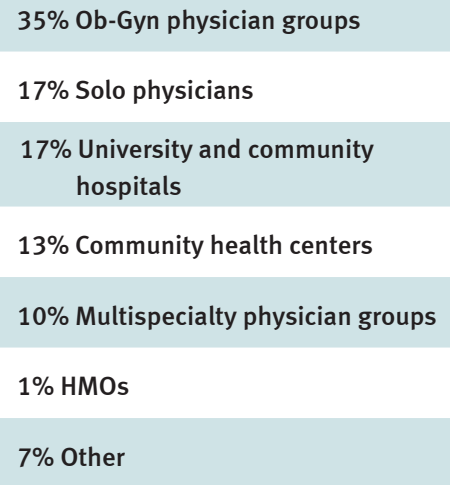
PAS IN ACTION

AAPA's Jennifer Anne Hohman had an opportunity to interview leading PAs in their specialties, and the following examples attest to their range of work.

VERSATILITY AND PATIENT RAPPORT AT PLANNED PARENTHOOD

A PA at a busy Planned Parenthood office in Chicago sees patients for essential gynecological services. She performs complete gynecological examinations for new and established

DISTRIBUTION OF PAs IN OB-GYN BY EMPLOYER



Source: 2008 AAPA Physician Assistant Census Report for Ob-Gyn⁴

patients, and performs pap smears and cervical cancer screenings. She also tests for sexually transmitted diseases and educates patients on effective STD prevention. This PA enjoys addressing patient concerns and providing both medical information and reassurance to her patients.

Family planning is a major concern for both patients and the clinic. With the support of her supervising physician, this PA has started a pilot program for the distribution of emergency contraception in the clinic. She frequently attends conferences and seminars on the latest developments in women's health, including new contraception options and hormone replacement therapy.

The PA's supervising physician reviews her charts once a month and is always available for consultation on complex issues. A monthly staff meeting that includes PAs, NPs, nurses and physicians helps keep the busy clinic well-coordinated and functioning efficiently.

PROMOTING FERTILITY AT A NEW HAMPSHIRE CLINIC

A PA employed by a clinic specializing in infertility plays important and diverse roles. She performs complete physicals for new patients, assesses for anovulation and other sources of infertility and orders lab tests. After the PA has presented her evaluation of the lab results to her supervising physician, the entire medical staff meets to jointly devise a comprehensive treatment plan. Patients are impressed and reassured by the efficient coordination of treatment that results from this team approach.

Treatments include in-office insemination, which either the PA or physician might perform. The PA is responsible for patient education about the process and closely monitors patient progress with ovulation and pregnancy tests. Women also appreciate the PA's patient and thorough guidance about at-home fertility treatments.

The PA also plays an important role in surgery. She first assists in laparoscopic surgery to identify undetermined sources of infertility. The PA then follows up on patients in recovery and coordinates their discharge. Her work ensures a smooth course of treatment and frees her supervising physician to see other patients. Her employer often delegates many of the more routine office procedures to the PA so that he can focus on complex and difficult cases that arise.

INTEGRATED CARE FOR WOMEN OVER 50 AT A CALIFORNIA CLINIC

A PA at a private physician's office specializes in the treatment of older women's gynecological and general health. A warm caregiver with a large group of established patients, she easily establishes dialogue and candid discussion between her and the

patients. Recognizing the reticence of many older patients, the PA created a detailed questionnaire to help them identify and discuss their concerns.

Patients appreciate the questionnaire because it provides an effective "ice breaker" for talking about their health. For example, the increased use of Viagra® has affected her older patients in unpredicted ways, and many come in search of support. The survey helps identify these issues for patients who might otherwise have difficulty discussing problems.



In conjunction with her supervising physician, this PA treats patients through menopause and post-menopause, and educates them about various treatment options. The practice emphasizes dietary and holistic approaches to these life changes, a philosophy reinforced by the coordinated and personalized care offered by the physician-PA team.

PAs IN HOSPITAL-BASED OBSTETRICS AND GYNECOLOGY

PAs in the inpatient setting typically fit one of two models — either they are

employed outside the hospital and have privileges to provide inpatient care or they are employed as house staff on an ob-gyn unit.

PAs perform many procedures in hospital-based obstetrics and gynecology, including amniotomies, placing internal monitors, interpreting fetal monitor strips, ultrasound, colposcopy, cryotherapy, intrauterine device insertion and removal, insemination, endometrial and vulvar biopsies and loop excision electrocoagulation procedure (LEEP). In addition, many PAs who are employed by private practices have hospital privileges to first assist in surgeries, including postpartum tubal ligations, hysterectomies and cesarean sections. PAs also assist in deliveries.

Utilization of PAs in obstetrical practices also can be an effective way to keep the appointments on track when deliveries would otherwise disrupt the schedule. PAs often share night and weekend call for deliveries, particularly in rural practices where there may be only one physician to serve an entire community.

DIVERSE ROLES AT NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS

New York Hospital Medical Center of Queens, a 500-bed inner-city hospital, has employed PAs for 20 years. Coverage includes an outpatient clinic and testing unit for pregnant women, inpatient obstetrics and gynecology services and the emergency department. At night, a team of three providers — a resident, a PA and a board-certified attending physician — cover all obstetrical beds. Experienced PAs are teamed with less experienced residents, and experienced residents are teamed with less experienced PAs. These teams handle all labor and delivery, all gynecology and postpartum

care and the ob-gyn patients who present in the emergency department.

The teams also serve as preceptors to medical students and PA students and cover private patients until their physicians arrive. After three months of the hospital's training and orientation, the PAs provide initial evaluation of labor patients; initial evaluation of gynecologic consultations in the emergency department; obstetrics and gynecology clinic coverage; attendance at normal deliveries; assistance on cesarean sections and many gynecologic procedures, particularly in the ambulatory surgery unit; response to postoperative gynecologic problems; and antenatal testing (including performance of full biophysical profile and routine level one ultrasound).



The presence of PAs as part of the house staff provides continuity of care and stability.

PAS AT SINAI-GRACE HOSPITAL, DETROIT

Sinai-Grace Hospital, a 500-bed private teaching hospital in northwest Detroit, has utilized PAs since 1987. The seven PAs employed on its obstetrical service function in four main areas: triage histories and physicals, labor and

delivery, postpartum floor coverage and the outpatient clinic.

On first being hired, the typical PA completes an 8-to-10-week training period on the service. When covering the clinic, the PAs work with a perinatologist or an ob-gyn and provide routine antenatal care, annual gynecological exams and family planning services. When working on the labor and delivery service, PAs manage intrapartum care and delivery. This includes performing low-risk vaginal deliveries with the attending physician or resident present, assisting on other deliveries and performing and repairing episiotomies. Routine floor coverage by the PAs involves such things as assessing and treating postpartum patients with elevated blood pressures, vaginal bleeding or wound infections or separations.

The presence of PAs as part of the house staff provides continuity of care and stability. Their presence also improves the educational component of residency training by freeing residents to treat more complicated and varied cases.

KEY PARTNERS IN THE GYNECOLOGICAL ONCOLOGY SURGERY TEAM

PAs also show their considerable clinical and patient care skills in the area of gynecological oncology. At Toledo Hospital, a gynecological oncology surgeon directs a staff of seven PAs, who first assist in radical hysterectomies for cervical cancer and other surgeries, including radical vulvectomy and removal of pelvic masses.

PAs serving on the gynecological oncology team monitor the recovery process, order required lab work and provide pre- and postoperative patient education. As vital links between patient and other clinicians, the PAs ensure

continuity of care by rounding daily on postoperative patients and maintaining close communication between surgeon, patient and family members. Close relationships develop between the PAs on the team and patients and their families; these relationships extend to home visits that provide both emotional support and postsurgical patient education.

PAS LEAD SART EMERGENCY ROOM CARE

A PA in California established an inner-city hospital's first Sexual Assault Response Team (SART). Staffed by 10 PAs, emergency medicine physicians and nurses, the team cares for 350 victims of sexual assault per year and works closely with the local district attorney's office to successfully prosecute offenders. PAs on the team treat victims for an array of injuries in the emergency room setting. Obtaining key information for prosecutors, the PAs collect essential DNA evidence before it is lost or destroyed. And, along with other team members, the PAs provide emotional support to patients.

The utility of PAs as part of the SART unit lies in their ability to provide both forensic examination and medical treatment of victims of sexual assault. Because both processes are crucial and demand immediate attention, the ability of PAs to complete both services simultaneously shields victims from an uncoordinated or drawn-out process at a time of emotional and physical trauma. When sexual assault cases go to trial, PAs provide compelling testimony based on their medical training and experience.

REIMBURSEMENT

Nearly all private payers cover medical and surgical services provided by PAs. However, private health insurance

companies do not necessarily follow Medicare's coverage policy rules. Because of the potential variation among insurance companies, practices should verify each company's specific payment and coverage policies for PAs. AAPA has extensive information about private payer policies available at www.aapa.org/advocacy-and-practice-resources/reimbursement/payer-profiles.

Medicare pays the PA's employer for medical and surgical services provided by PAs in all settings at 85 percent of the physician's fee schedule. These settings include hospitals (inpatient, outpatient, operating room and emergency departments), nursing facilities, offices, clinics, the patient's home and first assisting at surgery. In certain settings, services that PAs provide may be billed at 100 percent under the supervising physician's provider number by meeting the "incident to" or shared visit billing requirements.

All 50 states and the District of Columbia cover medical services provided by PAs under their Medicaid fee for service or

Medicaid managed care programs. The rate of reimbursement is either the same as or slightly lower than that paid to physicians.

For more information about third-party coverage, visit AAPA's Reimbursement page at www.aapa.org/advocacy-and-practice-resources/reimbursement.

FURTHER INFORMATION ON WOMEN'S HEALTH

Busy obstetrics and gynecology practices and their patients benefit from PAs' medical training and compassionate, patient-centered care. Bringing a PA onto the provider team increases both patient access to care and physician quality of life — positive developments for all concerned.

For more information about PAs and hiring a PA, contact AAPA's Jennifer Anne Hohman at 703-836-2272 ext. 3220 or jhohman@aapa.org. You can also contact the Association of Physician Assistants in Obstetrics and Gynecology for additional information about PAs in ob-gyn: www.paobgyn.org or 800-545-0636.

REFERENCES

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