

SPECIALTY PRACTICE

ISSUE BRIEF



PHYSICIAN ASSISTANTS IN ORTHOPEDIC SURGERY

Physician assistants (PAs) practice medicine as part of physician-led teams. Employing a PA benefits both employers and patients. PA education and communication skills enhance outcomes, and PAs free physicians to attend to more complicated cases. PAs are also excellent assistants at surgery, and a well-organized physician-PA surgical team can reduce operative and anesthesia times. Overall, PAs' medical education, versatility and commitment to personalized care help orthopedic surgical practices to function more smoothly.

PAs are medical professionals authorized to practice medicine with physician supervision. Orthopedic surgeons who supervise PAs delegate a range of responsibilities, including performing histories and exams prior to surgery, ordering and interpreting lab tests, and assisting at surgery. Procedures provided by PAs include tendon repairs; wound closures and debridements; injections of joints and tendons; and brace, cast and splint applications.

Postoperatively, PAs conduct hospital rounds, write orders, take call, help formulate and implement therapeutic treatment plans and dictate discharge summaries. Within the limits of state law, PAs also order and prescribe medications and orthopedic devices.

Orthopedic surgical practices benefit from the enhanced efficiency and continuity of care PAs provide. In 2008, PAs in orthopedic surgical practices conducted more than 18.6 million patient visits, an average of 70 a week per PA.¹



PA CREDENTIALS

PAs attend intensive medical educational programs for approximately 27 months.² Accredited by the Accreditation Review Commission on Education for the Physician Assistant, PA programs are characterized by a rigorous, competency-based curriculum with didactic and clinical components. This traditional medical training prepares PAs to be effective providers of physician-directed care.

Before they can be authorized to practice, PAs must pass the national certifying examination administered by the National Commission on Certification of Physician Assistants. To maintain certification, PAs must complete 100 hours of continuing medical education every two years and take a recertification examination every six years.

All states, the District of Columbia and most US territories authorize PAs to practice. In those jurisdictions, and in many federal agencies, physicians may delegate to PAs duties that are within the physician's scope of practice, the PA's training and experience and that are allowed by law.

PAS IN ACTION

AAPA's Jennifer Anne Hohman interviewed leading PAs in orthopedic surgery. The following accounts, taken from these interviews, illustrate PA range and versatility in the workplace.

The PA first assists during shoulder surgeries (arthroscopic and open procedures), and she coordinates care after surgery.

COVERAGE FOR HOSPITAL AND OFFICE

In a growing North Carolina orthopedic spinal surgery practice, a highly experienced PA provides and coordinates treatment in the office and operating room. The PA sees between 25-40 patients in the clinic daily, where he often sets acute fractures, applies casts or braces, and performs facet injections. For new patients, the PA obtains a thorough history and physical and orders any lab tests or diagnostic scans. Once he has the test results, the PA consults with his supervising physician to establish a diagnosis.

When assisting at surgery, the PA handles patient positioning, tissue retraction, bone graft harvesting and wound closure. Postoperatively, the surgeon and PA round on patients, and the PA coordinates patient discharge. For follow-up, patients generally see the PA, who helps them complete their recovery with pain management, physical therapy, marcaine injections and related treatments. A flexible

schedule allows the PA to work in the clinic or operating room according to physician and patient needs, scheduling that keeps the practice responsive to changing events.

SHOULDER TREATMENT

Working with a team of seven physicians and eight PAs, this PA is a key member of an outstanding Midwest orthopedic surgical practice. Her supervising physician is a shoulder specialist and, together, they treat patients for various injuries, including tendonitis, rotator cuff tears, dislocations and arthritis.

The PA performs a complete history and physical for new patients and orders any X-rays and diagnostic tests. (The PA and supervising physician perform complete shoulder exams together.) Based on test results and the patient interview, the PA makes a preliminary diagnosis, which is then finalized with her supervising physician.

The PA first assists during shoulder surgeries (arthroscopic and open procedures) and coordinates care after surgery. She reports on patient status to the surgeon, answers questions from patients and families, and manages the hospital discharge.

The PAs in the office help the physicians with the large number of follow-up visits. Patients are pleased with the continuity of care and the reassurance of having access to both physicians and PAs throughout their recovery.

Patients appreciate the personalized care they receive from the PAs, who assist with pain management, answer questions and offer support as patients regain mobility.



SURGICAL CARE AND PAIN MANAGEMENT

In another busy practice, five orthopedic surgeons employ three physician assistants. One PA, who has worked in the field for 14 years, sees patients for preoperative histories and physicals and coordinates their postoperative care. He sees up to 30 patients a day for preoperative and postsurgical care.

Two days a week, he assists at surgery for his supervising physician, who performs a variety of surgeries (including spinal fusion surgery and total hip and knee replacements). With many patients at many practice sites — the surgeons operate at four local hospitals — patients and physicians benefit from PA efficiency, accessibility and flexibility. Patients also appreciate the personalized care they receive from the PAs, who assist with pain management, answer questions and offer ongoing support as patients regain mobility.

PARTNERS IN SURGERY AND RESEARCH

A renowned Utah bone and joint practice showcases the effectiveness of team practice. Here, one of the world's foremost joint replacement surgeons works with a PA, a clinical partnership of 19 years. With the PA first assisting, they perform joint arthroplasties two days a week. As part of total knee and hip replacement procedures, the PA assists



with patient positioning and draping, tissue retraction and wound closure. In total, the team performs between 12 and 15 surgeries a week.

For new patients, the PA obtains complete histories, assesses their hip or knee problems and orders any X-rays or lab tests. When surgery is required, patients meet with the surgeon and PA for comprehensive question and answer sessions. For patient education, the team created a detailed guide about surgical options, insurance coverage, and preparing for and recovering from surgery. This physician-PA team also collaborates in surgical innovation. They research and implement new surgical techniques and, under the surgeon's leadership, they have developed new

implants for joint procedures. They also have pioneered the use of smaller incisions during total hip and knee replacement surgery.

THIRD-PARTY SERVICES FOR COVERAGE PROVIDED BY PAs

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. Practices should verify each company's specific 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.

THE PA ANSWER

Surgery training is a significant component of PAs' medical education. This training — along with their dedication to personalized patient care and close collaboration with supervising physicians — enables PAs to improve the coordination and delivery of orthopedic surgical services.

For more information about PA education, scope of practice and how to hire a PA, contact Jennifer Anne Hohman at 703-836-2272 ext. 3220 or visit AAPA's Resources page at www.aapa.org/advocacy-and-practice-resources/issue-briefs. For more information about PAs in orthopedic surgery, see the Physician Assistants in Orthopedic Surgery's Web site at www.paos.org.

REFERENCES

- ¹ American Academy of Physician Assistants. (2008). *Number of patient visits made to physician assistants and number of medications prescribed or recommended by physician assistants in 2008*. Retrieved October 22, 2008, from www.aapa.org/images/stories/iu08visitsandrx.pdf.
- ² Physician Assistant Education Association. (2007–2008). *Twenty-fourth annual report on physician assistant educational programs in the United States*. Alexandria, VA.



American Academy of
PHYSICIAN ASSISTANTS

950 North Washington Street | Alexandria, VA 22314 1552
P 703 836 2272 | F 703 684 1924
www.aapa.org