

SPECIALTY PRACTICE

ISSUE BRIEF



PHYSICIAN ASSISTANTS IN PEDIATRICS


As members of physician-led teams, physician assistants (PAs) provide a range of pediatric care. They perform well-child examinations, diagnose and treat ailments, repair lacerations and perform wound care, and assist in surgery and in neonatal care units. The Pew Health Professions Commission holds that the “relationship between PAs and physicians...is one of the strengths of the PA profession.”¹ This team practice results in enhanced coordination and quality of care.

Pediatricians and PAs share a special affinity; each profession emphasizes patient education and advocacy, and each recognizes the social and environmental factors shaping children’s health. PAs are licensed health care professionals who provide medical care with physician supervision. All states, the District of Columbia and the majority of US territories authorize PAs to practice. In those jurisdictions and in federal agencies, physicians may delegate to PAs medical duties that are within the physician’s scope of practice, the PA’s training and experience and that are allowed by law.

According to the 2008 AAPA Physician Assistant Census Report, approximately 4 percent of PAs (3,200) work in pediatrics; two-thirds work in general pediatrics, and the rest work with pediatric subspecialists.²

PA EDUCATION: PREPARATION FOR EFFECTIVE CARE

PA education is characterized by an intense yet practical curriculum, specifically designed to prepare PAs to join a supervising physician on a medical team. Training includes both didactic and clinical components. The average



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PA student is at least 27 years old, has a bachelor's degree and has nearly three years of health care experience before entering PA school.³ Students also complete, on average, two years of college courses in basic science and behavioral science as prerequisites to PA training. These prerequisites are generally the same premedical courses required of medical students.

PA education is modeled after physician education. The curriculum is similar to medical school and includes the following courses: anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory sciences, behavioral sciences and medical ethics. Physicians, educators of physicians and PAs teach these courses.

Following approximately one year of basic science and medical science classroom work, PA students complete on average 2,000 hours of supervised clinical practice, including rotations in pediatrics, family medicine, general surgery, emergency medicine and psychiatry.⁴ PA education is highly structured and competency-based, meaning that students must demonstrate proficiency in various areas of medical knowledge and must meet behavioral and clinical learning objectives. In addition to basic medical sciences, behavioral and social sciences courses enable PAs to comprehensively address the diverse environmental factors affecting children's health.

PAS IN PEDIATRIC INPATIENT SETTINGS

PAs working in the pediatric 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 in the pediatric or neonatal unit.

Common responsibilities for PAs in the pediatric hospital setting include taking patient histories and performing physical exams, working with physicians in diagnosing and treating illnesses (ranging from common infections to more complex congenital diseases), attending to premature babies and assisting in surgery. PAs in pediatric hospital practice act as stabilizers within the intense and transient pediatric setting. They provide continuity of care to the young patients who need it most.

An American Academy of Pediatrics report on the role of mid-level providers in the care of hospitalized children concluded that PAs "have a meaningful role in the management of hospitalized children. Having already demonstrated their ability to perform in supervised intensive care settings, they should be effective in the general inpatient unit and can play a valuable role in the care of hospitalized children by contributing specialized skills that improve the quality of patient care."⁵

PAS IN PEDIATRIC OUTPATIENT SETTINGS

Numerous studies have found that PAs enhance patient satisfaction levels, increase practice productivity and decrease physician stress.⁶⁻⁸ Because they are well-equipped to handle routine pediatric complaints, PAs enable pediatricians to spend more time on complex cases. PAs in outpatient settings typically diagnose and treat

minor acute illnesses, provide medically informed follow-up care (for example, in cases of chronic asthma), provide family health counseling and take calls.

PAs help regulate the flow of patients in practices and clinics; their work reduces waiting time while providing quality care and personal attention to patients. Physicians can delegate “anticipatory guidance” responsibilities to PAs with confidence, since patient counseling and education is fundamental to PA practice. PAs help patients and parents understand illnesses and treatment options. This focus on patient education ensures compliance with prescribed treatment and promotes continuing wellness.

COST-EFFECTIVE CARE

The health care system, institutions and individual practices can realize considerable savings when PAs are fully utilized. According to the Medical Group Management Association (MGMA), PAs generate revenues that more than cover their compensation. MGMA collects data annually comparing PA compensation with gross charges. According to 2008 data, for every dollar of charges a PA generates for a primary care practice, the employer pays, on average, 35 cents to employ the PA.⁹

PA REIMBURSEMENT

Most private payers cover medical and surgical services provided by PAs. However, private health insurance companies do not necessarily follow Medicare’s coverage policies. 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 reimbursement information, visit AAPA’s Resources page at www.aapa.org/advocacy-and-practice-resources/reimbursement.

THE PA ANSWER

PAs enhance quality and continuity of care in the clinical workplace. PA practice has traditionally focused on primary care, with pediatric care an important element of that practice. In settings ranging from neonatal clinics in urban hospitals to pediatric general practices in small towns, PAs work in concert with physicians to extend personalized medical care to infants, children and adolescents.



ADDITIONAL RESOURCES

AAPA has many resources to assist a pediatric practice or institution in effectively employing PAs. Call AAPA's Advocacy and Government Affairs staff or consult the AAPA Web site: www.aapa.org. For additional information about PAs in pediatrics, contact the Society for Physician Assistants in Pediatrics at www.spaponline.org/spap_contact.php, 800-596-4398 or spap@aapa.org.



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