

# SPECIALTY PRACTICE

## ISSUE BRIEF



### PHYSICIAN ASSISTANTS IN SURGERY

Physician assistants (PAs) provide valuable services as part of physician-PA surgical teams. For example, a medical center ended its residency program and hired PAs to fill the surgical residents' roles. Despite an increase in patient acuity, employing PAs resulted in an overall decrease in transfer time to the operating room of 43 percent, to the trauma intensive care unit of 51 percent and to the surgical floor of 20 percent.<sup>1</sup>

PAs are valuable assets to surgical teams because of their versatility. PAs are medically and surgically trained professionals who can provide a wide range of procedures under a surgeon's direction. Adding a PA to the surgical team not only helps to streamline procedures, but also supports ongoing case management.

PAs practice medicine with supervision by licensed physicians. The relationship between a surgeon and PA is one of

mutual trust and respect. Since the beginning of the PA profession, PAs have worked as surgical first assistants and provided pre- and postoperative care to patients as members of surgical teams. Twenty-five percent (19,000) of the nearly 75,000 clinically practicing PAs work in surgical specialties or subspecialties.<sup>2</sup> In their policies and guidelines for surgeons, both the American College of Surgeons and the Society of Thoracic Surgeons recognize PAs as qualified first assistants.<sup>3,4</sup>

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## PA EDUCATION

The average PA student has a bachelor's degree and nearly three years of health care experience before entering PA school.<sup>5</sup> As prerequisites, students complete two years of college courses in basic and behavioral sciences, prerequisites similar to those required of medical students. The typical PA program is 27 months long.<sup>6</sup> The curriculum is similar to medical school and includes courses in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, behavioral sciences and medical ethics.

Following a year of basic and medical science classroom work, PA students complete, on average, 2,000 hours of supervised clinical practice before graduation.<sup>7</sup> This includes classroom instruction and clinical rotations in medical and surgical specialties. Rotations include internal medicine, obstetrics and gynecology, emergency medicine, general surgery and surgical subspecialties.

PA programs are accredited by the independent Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), which is sponsored by the American College of Surgeons, American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of



Physicians, Physician Assistant Education Association and American Academy of Physician Assistants.

## PRACTICE CREDENTIALS

All states, the District of Columbia and the majority of US territories authorize PAs to practice. After graduation, PAs must pass a national certifying examination before they can be licensed to practice. Only graduates of accredited programs can take the exam, which is administered by the National Commission on Certification of Physician Assistants. To maintain certification, PAs complete 100 hours of continuing medical education every two years and take a recertification examination every six years.

## PRESCRIBING

PAs have delegated prescribing authority in all 50 states, the District of Columbia, the Commonwealth of the Northern Mariana Islands and Guam. Most jurisdictions include controlled

substances as part of this authority. The study of pharmacology is included in all PA programs.

## THE PA ROLE

PAs work in general surgery and in virtually every surgical specialty and subspecialty. In addition to first and second assisting at surgery, PAs provide pre- and postoperative care, write orders and prescribe medication.

PAs are employed in both inpatient and outpatient settings. They may be employed by private practices, managed care organizations or hospitals. Hospitals that have no residents often hire PAs to act as house officers. Teaching hospitals hire PAs to work with residents and attending physicians. At these hospitals, PAs provide continuity of surgical service and free residents to focus on complex and varied cases. PAs also assist with night and weekend call, assistance that allows residents more educational and conference time.

## THE TEAM APPROACH

When a PA and surgeon begin practicing together, it is vital that they discuss their professional relationship. Teamwork and communication are fostered by establishing a broad practice agreement for the team and a job description for the PA that allows the PA to exercise his or her clinical judgment while consulting the supervising surgeon as necessary.

## *A recent study found that adding PAs to a Level 1 trauma center resulted in a reduction in overall mortality and shortened length of stay.*

In a typical approach to surgical care — with a surgeon as head of the team — the PA might meet the patient in the office or at the hospital, perform the preoperative history and physical, order and compile any necessary tests and order any preoperative medication or preparations. Prior to surgery, the surgeon reviews the chart and tests and talks to the patient to answer any last-minute questions. While in surgery, PAs frequently serve as first or second assistants.

Postoperatively, PAs may dictate the operative report, write the postoperative orders as delegated by the surgeon and care for the patient in the intensive care unit or on the ward. PAs may insert and remove lines and monitoring devices (including Swan-Ganz catheters, CVP lines, arterial lines and Foley catheters); insert and remove drains (including intrathoracic drainage catheters); regulate the pharmacological needs of the patient (including analgesics, antibiotics, anticoagulants and insulin);



remove temporary pacemaker wires, casts, sutures or skin clips; and perform other functions traditionally assumed by surgeons. Following the patient's discharge, the PA may continue to follow the patient in another facility or in the office, answer questions from patients and their families and order prescription refills.

### **COST-EFFECTIVENESS AND EXCELLENCE IN PRACTICE**

Studies show that PAs provide high-quality health care.<sup>8-10</sup> A recent study found that adding PAs to a Level 1 trauma center resulted in a reduction in overall mortality and shortened length of stay.<sup>11</sup> Other studies of trauma services have found that adding PAs shortened transfer times to the operating room, the intensive care unit and the surgical floors and, therefore, reduced overall length of stay.<sup>1, 12</sup> Studies also have shown a high level of patient satisfaction with care provided by PAs.<sup>13-16</sup>

### **THIRD-PARTY COVERAGE FOR SERVICES PROVIDED BY PAs**

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. For your assistance, AAPA has extensive information about private payer policies available at [www.aapa.org/advocacy-and-practice-resources/reimbursement/payer-profiles](http://www.aapa.org/advocacy-and-practice-resources/reimbursement/payer-profiles).

Medicare covers physician services provided by PAs at 85 percent of the physician fee schedule. (Medicare reimburses a physician who first assists at the rate of 16 percent of the primary surgeon's fee. PA first assistants are covered at 85 percent of 16 percent, or 13.6 percent of the primary surgeon's fee.) Detailed information about Medicare coverage for services provided by PAs is available on AAPA's Web site at [www.aapa.org/advocacy-and-practice-resources/reimbursement/medicare](http://www.aapa.org/advocacy-and-practice-resources/reimbursement/medicare).

### **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 surgical care. For more information about PAs in surgery and how to hire a PA, visit AAPA's Resources page at [www.aapa.org/advocacy-and-practice-resources/issue-briefs](http://www.aapa.org/advocacy-and-practice-resources/issue-briefs).

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