PAs in the New Health Workforce
James F. Cawley, MPH, PA-C
Professor of Prevention and Community Health
The George Washington University
Roderick S. Hooker, PhD, PA
Veterans Affairs Health System
University of Texas Southwestern Medical Center
American Academy of Physician Assistants
May 24, 2009

Projections of Supply & Demand for Providers: 2020

Staffing challenges made greater by simultaneous and continued increases in cost pressures
Of all pressures facing the health care industry, cost will be the most persistent and unforgiving driver of change.


Transformational change will require an outcomes-driven approach to measurement and payment.
Survival Rate by Year of Age: Americans

![Survival Rate Graph]

Labor Force Participation Rate for Professionals - 2010

![Labor Force Participation Graph]

Growth of PAs Will Continue

![Growth Graph]

More PA programs, expanding size of programs, and relative youth of the PA population suggests that a larger cadre of PAs will be present each year.
Growth PA Programs

- Non-US Programs
- US PA Programs

Year:
- 1960
- 1965
- 1968
- 1972
- 1976
- 1980
- 1984
- 1988
- 1992
- 1996
- 2000
- 2002
- 2004
- 2006
- 2008
- 2010
- 2012
- 2014
- 2016
- 2018

Percent Age and Gender Distribution of American PAs

- Predominately female.
- Women are younger than men.
- A younger cohort suggests they may remain in the workforce longer.
- NCCPA data differs from AAPA data since almost all clinically active PAs tend to be certified.

Practice Characteristics

- Family medicine
- General internal medicine
- General pediatrics
- General surgery
- Surgical specialties
- Medical specialties
- Emergency medicine
- Other specialty
PAs: A Workforce Policy Success

- Over the past 40 years, the PA concept has been shown to be a remarkable workforce policy success.
- Patients accept them; one recent poll showed that 66% of citizens recognize the PA role and 1/3 have been treated by a PA (AAPA, 2007).
- The career is attractive with high levels of job satisfaction - mean salary is ~$90,000/year.
- One factor: PAs complement physician practices and do not threaten physician roles/authority.
- The PA concept is spreading globally - programs now in Canada, England, Australia, and the Netherlands.
- PAs have shown remarkable clinical mobility across medical specialties and settings.
Health Workforce: Definitions

- **Classic definition:**
  - Supply versus demand

- **Practical definition:**
  - Having the right number of the right type of provider to fill the medical care needs of the population

  The difficulty lies with estimations of demand

History of Workforce Policy

- 1972: Health Educational Assistance Act
- 1976: Establishment of Title VII, section 747
- 1980: GMENAC (Graduate Medical Education National Advisory Council)
- 1986: COGME (Council on Graduate Medical Education)
- 1997: Balanced Budget Act
- 1998: Reauthorization of Title VII, Section 747

  *All have influenced the employment/utilization of PAs*

PA Workforce Issues

- The rise of specialization and the falling numbers of PAs in primary care.
- PA roles in inpatient settings/specialties and questions regarding the need for additional training.
- Specialization, specialty recognition/certification, and career mobility.
Workforce Implications - PA Career Mobility

• PAs appear to be remarkably versatile clinicians capable of practicing in a wide range of medical settings and specialties
• PAs likely change specialty areas in part due to evolving medical marketplace demands (the availability of jobs) as well as career and lifestyle factors (personal considerations)
• From the standpoint of the medical workforce, the flexibility of PAs is a distinct asset

Data Trends

• 73,500 PAs in active clinical practice (2009)
• Anticipated roles involve not only augmentation of primary care services, but also in roles in hospital inpatient services and teaching centers (Mullan, F. Testimony to Senate HELP Committee, March 12, 2009).
• PAs, once seen as important providers of primary care, have increasingly been drawn to positions in specialties and subspecialties.
• 65% of PAs work outside primary care

Distribution Physician Assistants: 2009

* PAs graduating in year immediately preceding the census reference year are considered New Graduates.


Trend of PAs by Select Specialties, 1996-2008

Trend of Physicians by Select Specialties, 1992-2004
Specialty Choice of PAs May Be Affected By

- Economics
  - Income differential among specialties
  - Student debt
  - Opportunities for loan forgiveness
- Individual interests (technical orientation, interest in prevention, intellectual content, academic environment, and peer influence)
- Desire for controllable lifestyle
- Institutional/system culture
  - Admissions emphasis/student backgrounds
  - Training emphasis
  - Physician/organization likeliness to hire

PA Specialization - Probable Factors

- The physician workforce has become increasingly specialized over the past 40-50 years (Stevens, R. 1972)
- PAs have been shown to emulate the practice patterns of physicians (Hooker, RS, Cawley, JF. JHRP, 2003)
- The current job demand for PAs is mainly from physicians in specialties and hospitals
- Newly graduating PAs, like medical students, are often facing considerable debt levels
- Salaries are higher in the specialties and subspecialties for both physicians as well as PAs

Specialization and Career Mobility

- The trend of increasing specialization in the PA profession is leading to issues related to the professions’ component of clinical flexibility
- Increasingly and predictably, specialty groups within the PA profession are seeking advanced training programs and systems of professional recognition/certification
- The dilemma: Will the trends of specialty recognition/certification lead to compromise of PA clinical flexibility?
Specialty Change: A Unique Feature Among the Health Professions

- Virtually all doctors are postgraduate trained for a specialty (and remain in that specialty)
- NPs and other APNs are specialty trained
- PAs are capable of changing specialties (jobs) over the course of their working careers

Clinical Flexibility

- The capability of PAs to change specialties over the course of their career.
- This capability is, in part, based on the premise that PAs work closely with their employing physician and that the practice content of the PA is closely linked to the employing physician (Cawley & Hooker, 2003)
- It is a desirable aspect of the PA profession for recruits and members.
- Provides extensive opportunities for lateral mobility and professional growth and permits PAs to fill emerging niches in the medical workforce.
- How many PAs exercise the option of changing their specialty through the course of their careers?

Mean Number of Years in Current Specialty, 2008

Source: AAPA 2009
Specialties listed comprise the 11 classes that were analyzed
How Many Types of Specialty Class Changes in a PA Career?

- Number of PAs who responded to multiple Census surveys (n=45,826)

What Specialties Were Changed?

Direction of specialty change: moving from one specialty class to another

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Change: Same Class</th>
<th>Change: Different Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>FM (9,892)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EM (2,208)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM (1,179)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FM SubSp (2,096)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surg SubSp (5,602)</td>
<td></td>
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</tbody>
</table>

Specialty Changes: No Change, Within a Class or Interclass Percentages and Select Year Dyads

### Cohort Analysis of PAs, by Age; N= 1601

<table>
<thead>
<tr>
<th>Age</th>
<th>Under 40</th>
<th>40-49</th>
<th>50-59</th>
<th>Over 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practiced in One specialty</td>
<td>456</td>
<td>136</td>
<td>85</td>
<td>20</td>
</tr>
<tr>
<td>Changed Specialty</td>
<td>359</td>
<td>324</td>
<td>214</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>815</td>
<td>460</td>
<td>299</td>
<td>27</td>
</tr>
</tbody>
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### Conclusions

- As many as one-half of a given annual cohort of PAs may practice in at least two specialties over the course of their careers.
- For many, the first specialty change will occur relatively early in their careers.
- No more than 25% and no fewer than 12% of the PAs who participated in consecutive census surveys reported working in 2 specialties. On average, 16% of the PAs who participated in each pair of consecutive census surveys reported working in different specialties.
- About 11% will work in at least three distinct specialties over the course of their careers.

### Workforce Implications

- PAs appear to be responding to medical marketplace demands filling niches.
- PAs appear to be remarkably versatile clinicians capable of practicing in a wide range of medical settings and specialties.
- PAs likely change specialty areas in part due to:
  - Evolving medical marketplace demands (the availability of jobs)
  - Career and lifestyle factors (personal considerations)
Factors: Lifestyle

<table>
<thead>
<tr>
<th>Factor</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time for family and personal life</td>
<td>66</td>
<td>82</td>
</tr>
<tr>
<td>Flexible scheduling</td>
<td>26</td>
<td>58</td>
</tr>
<tr>
<td>No night or weekend call</td>
<td>28</td>
<td>44</td>
</tr>
<tr>
<td>Minimal responsibility for management</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Practice income</td>
<td>43</td>
<td>33</td>
</tr>
<tr>
<td>Long-term income potential</td>
<td>49</td>
<td>56</td>
</tr>
<tr>
<td>Opportunity to advance professionally</td>
<td>29</td>
<td>27</td>
</tr>
</tbody>
</table>

* Data are from the Association of American Medical Colleges 2006 Survey of Physicians under 50.

Title VII, Section 747

- The PA Grant Awards Program - HRSA
- In FY 2009, funded only 18 PA programs @ $2.4 million
- Priorities
  - Primary care
  - Diversity
  - Underserved
- Reauthorization efforts underway
- AAPA requesting $7 million for FY 2010

Summary

- PAs are likely to continue to enter specialty and subspecialty practices due to:
  - Marketplace demand and specialty job availability
  - New graduate debt load
  - Higher salaries
- PAs tend to exercise their option of changing specialties over the course of their employment careers
- Specialization of PAs will cause tension in the profession secondary to pressures to:
  - Create advanced training models
  - Develop systems of recognition and specialty examinations
- PA career mobility needs further research and definition
- The specific contributions of PAs to fill medical workforce niches needs to be more fully described
- Incentive programs under Title VII should be created to attract PAs to primary care roles
References