

Population Health NEWS

Physician Assistants: Serving Special Populations

by Dawn Morton-Rias, Ed.D., PA-C

Physician assistants (PAs) were in the field helping shape “population health” management long before the term, as it is now known, became popular. They have been providing value-based care in a variety of settings and disciplines for nearly 50 years and have always been involved in caring for special populations, from Native American groups to those served by the U.S. Public Health Service.

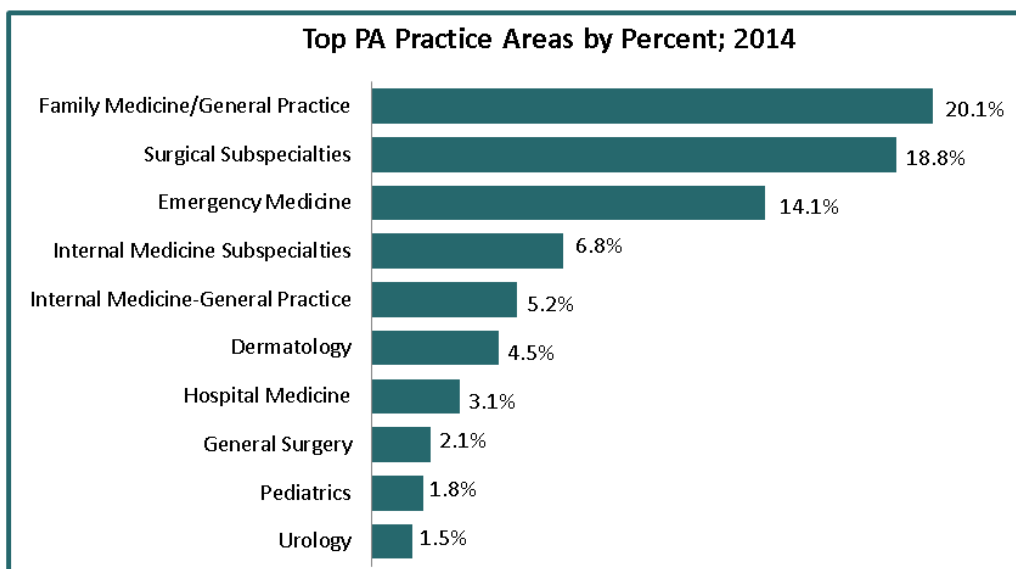
PAs practice medicine in a broad range of settings, from hospitals to emergency departments, and in a variety of disciplines, from cardiovascular surgery to orthopedics.

In recent years, PA services have been more widely sought because they provide the following advantages:

- Receive medical education and training and are nationally certified through a program that requires ongoing certification maintenance activities, including passing a broad-based, recertification exam every six to 10 years.
- Increase access to needed medical care in many underserved areas.
- Provide great value—quality care at a reasonable cost.
- Deliver on patient satisfaction with a reputation for strong interpersonal skills and ability to connect with people across the entire spectrum of care.

Year over year, more than 95% of PAs maintain certification from the National Commission on Certification of Physician Assistants (NCCPA). Data from the organization confirm¹:

- There are more than 102,000 certified PAs practicing in the United States today.
- Certified PAs practice in every state, with the highest numbers in New York, Pennsylvania, Texas, Florida and California.
- PAs play a key role in rural and underserved areas. The top three states for certified PAs in terms of concentration per 100,000 are Alaska, South Dakota and Maine.
- More than 18% of PAs communicate with patients in Spanish.
- Twenty percent of certified PAs practice in family medicine/general practice, 18.8% in surgical subspecialties and 14.1% in emergency medicine.



National Commission on Certification of Physician Assistants (NCCPA)

What makes PAs unique in the healthcare marketplace is that they are trained in public and community health and are educated to not just treat disease, but also to assess risk, counsel patients and provide anticipatory guidance. In many cases, the assistance provided to an individual by a PA is magnified and can improve the health of others. For example, when a PA advises a parent on healthy choices in diet, exercise and other lifestyle choices, the message can affect the entire family. In these prevention initiatives, a goal is to treat one patient and empower that

person to spread the message. These interactions also take place in non-traditional, community-based healthcare settings—schools, public health centers, rural areas, nursing homes and camps. In fact, more than 10% of certified PAs work in these clinical settings.²

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With the growing recognition from Medicare and other insurers that certain groups need specialized care, health systems are scrambling to analyze their patient populations, develop supporting clinical structures and models of care and deliver that care with maximum effectiveness. PAs get patients involved in self-management, where they understand their disease and risk factors and how to mitigate relapse and maintain health.

PAs are making a difference through work with many special populations:

Expanded Services for the Elderly. Medicare offers free wellness checks comprised of physical exams, as well as discussions on many topics, including preventive services and end-of-life decisions. More PAs are being asked to develop and administer these wellness programs for their practices, following Medicare's carefully defined protocols. PA counseling could increase patients' understanding of risks and their commitment to a care plan. A wellness check often leads to further appointments with a PA to manage chronic illness and medications, generating practice revenue.

Alaska Natives. What's more rural than Alaska, where many villages are so isolated they can only be reached by air? Health-care is often delivered under the auspices of Native Health Corporations that work through the Alaska Native Tribal Health Corporation (ANTHC) to coordinate programs, train health workers and provide specific services, such as oral healthcare.

PAs work throughout the Alaska tribal health system where they have great visibility and wide acceptance. In fact, Alaska has the highest per capita ratio of certified PAs to population of any state. PAs staff regional clinics, provide care, train and supervise health aides and fulfill administrative and leaderships roles at all levels. Today, many of these PAs are tribal members, who once served as health aides. They received their training through a special program offered by the MEDEX Northwest, a PA training program.

As integral to the healthcare system in Alaska, PAs make significant contributions toward systemwide improvements. During the past 10 years, ANTHC has reported great progress in eliminating disparities: Hepatitis A has nearly disappeared, new cases of hepatitis B are rare, the rate of Hib meningitis has decreased more than 98% and pneumococcal disease has decreased dramatically.³

The Indian Health Service: In the continental United States, the Indian Health Service employs several hundred PAs to provide care and services in specialty clinics and programs on reservations. This includes not only medical care but also vector control, ensuring that food and sanitation facilities are safe to reduce the spread of illness. PAs provide the coordination and continuity of care that are vital components to long-term health.

U.S. Public Health Service. It has approximately 300 PAs, who are commissioned officers assigned to large populations whose members have special needs—the Bureau of Prisons (BOP), Department of Immigration, the State Department, the World Health Organization, the military, Centers for Disease Control and Prevention and community health centers.

In the Department of Immigration, PAs provide screenings and immunizations to immigrants along the U.S. border. They care for the underserved in community health centers.

PAs are developing health care processes in prisons that produce global change. For example, Capt. Robin Hunter Buskey, PA chief clinical consultant at the BOP and a diabetes health educator, set up a diabetes control program, in which PAs trained prisoners to do self-exams for diabetes, such as blood glucose testing, foot exams and blood pressure measurements, and then monitored their care and conducted follow up. PAs also manage other conditions widespread in this population, such as hepatitis C, substance abuse, mental health and detoxification. Many of these PAs also are tapped for deployment to other global regions during times of health crisis, such as the Ebola outbreak in Liberia. These missions might include working with the Liberian government and international partners to build capacity for additional care.

Doing What Needs to Be Done Globally

International population health initiatives often include training local healthcare teams. PAs provide medical care to the U.S. military and state department employees, as well as to local residents. Here, too, their job focuses on prevention that is specific to a locale and might include overseeing the biosecurity of sanitation systems, food facilities and livestock to reduce preventable disease.

Now that population health is recognized as a model for delivering healthcare, PAs are assuming important roles. Using them in these roles is cost-efficient and appropriate to new reimbursement models that provide access for patients and encourage prevention and wellness.

¹ "2013 Statistical Profile of Recently Certified Physician Assistants." *Annual Report*. National Commission on Certification of Physician Assistants. July 2014.

² *Ibid.*

³ "ANTHC Immunization Program." Alaska Native Tribal Health Consortium. <http://www.anthc.org/chs/crs/immunization>.

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