



## KAPA ISSUE BRIEF

# Coming Up Short: Kentucky Laws Restrict Deployment of Physician Assistants, and Access to High-Quality Health Care for Kentuckians

Stephanie Czuhajewski, CAE



### Issue

According to the 2012 Kentucky Healthcare Market Report (Davis 2012)<sup>1</sup>, Kentucky spends more per capita on healthcare than other southern states, while charting patient outcomes that are far worse than almost every state in the union. In fact, Kentucky carries among the highest rates of diabetes, obesity and heart disease. Mississippi is the only state with a higher rate of cancer.

Despite the high cost of care in the Commonwealth, Kentuckians are underserved, particularly with regard to primary care in rural areas. According to the Health Resources and Services Administration (HRSA), Kentucky has 126 total primary care Health Professional Shortage Areas (HPSAs). Kentucky's population living in a primary care HPSA equals 777,295, which represents 18 percent of the overall population of Kentucky. Kentucky's estimated underserved population equals 405,916, which represents 9.4 percent of the overall population of Kentucky.<sup>2</sup> There are more than 1,200 licensed PAs in Kentucky—many of which are not effectively deployed to help.

The Kentucky Academy of Physician Assistants (KAPA) is committed to the delivery of patient-centered, cost-effective care, as delivered by a physician-led team. KAPA seeks to partner with physicians and legislators to bring Kentucky laws into alignment with today's best practices and delivery models, which are designed to provide high-quality, efficient care. Major hurdles to care include outdated laws and regulations, which prevent physicians from exercising authority over the deployment of physician assistants (PAs) within their practices.

Kentucky lags behind many states in the effective deployment of physician assistants<sup>3</sup>. Lifting archaic Kentucky law requirements, which currently limit the number of PAs being supervised at any given time to only two (2), regardless of circumstance or practice setting, will not only help assure the most effective use of PAs within each Kentucky physician practice, it will bring Kentucky into the 21<sup>st</sup> century with regard to the best practices in the provision of safe, effective medical care, exemplified by most state governments.

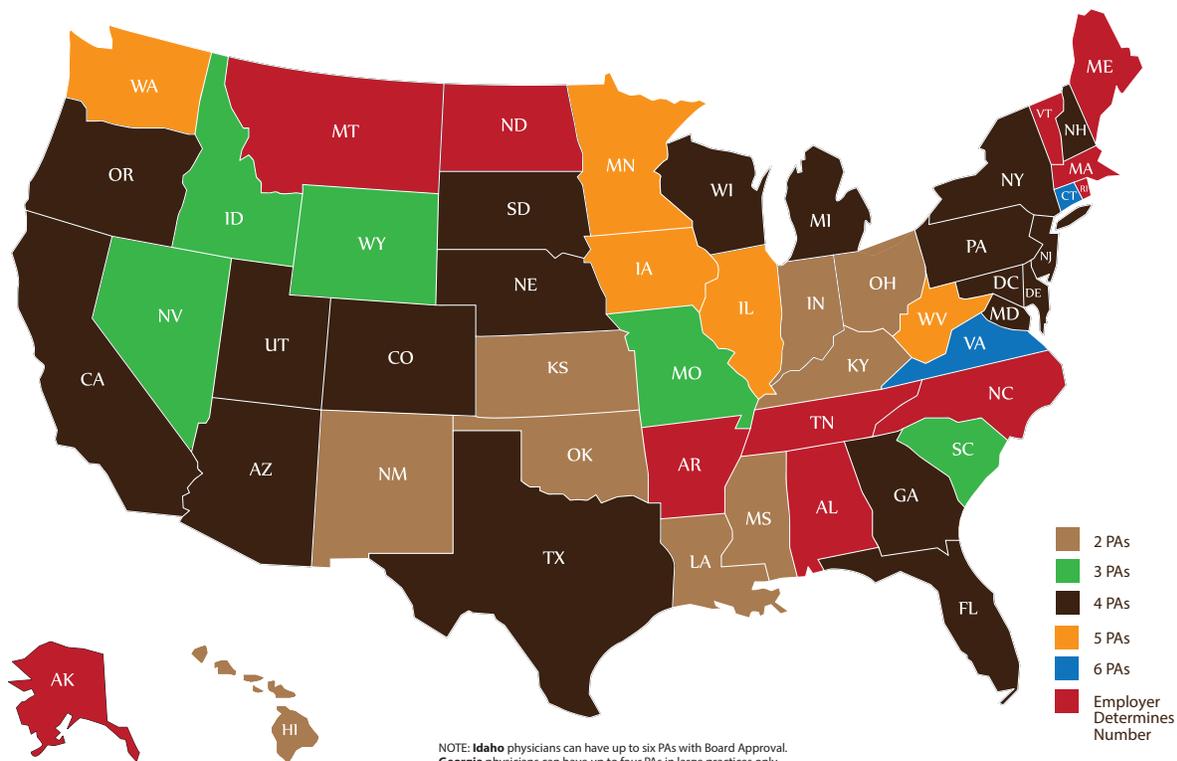
Most states allow greater physician discretion in terms of the number of PAs supervised in their practices (*see Figure 1 below*).

<sup>1</sup> 2012 Kentucky Healthcare Market Report (Davis 2012), Dr. Alison Davis, University of Kentucky, Community and Economic Development, Initiative of Kentucky (CEDIK), *Prepared for Foundation for a Healthy Kentucky, July 2012*

<sup>2</sup> Health Resources and Services Administration, [www.hrsa.gov](http://www.hrsa.gov)

<sup>3</sup> <http://www.aapa.org/threecolumnlanding.aspx?id=304>

**FIGURE 1: Summary of Number of PAs a Physician May Supervise**



According to the National Governors Association (NGA) and its September 2014 brief, *The Role of Physician Assistants in Health Care Delivery*, “Governors seeking to take full advantage of the PA workforce in their states may review the laws and regulations affecting the profession and consider actions to increase the future supply of PAs.” Further, “state policymakers struggling with health care workforce shortages in underserved communities, including many rural areas, might consider the potential benefits and costs of expanding the integration of PAs into the evolving health care delivery system. To do so, states can examine existing regulations, the availability of training programs, and incentives to guide PAs to needed practice areas.”<sup>4</sup>

**Solution**

KAPA recommends greater physician discretion with regard to the number of PAs that physicians can supervise in their practices. KAPA agrees with the American Medical Association (AMA), the American

College of Physicians (ACP), the American Academy of Family Physicians (AAFP), the American College of Emergency Physicians (ACEP), the Federation of State Medical Boards (FSMB) and the American Academy of Physician Assistants (AAPA) that the physician-to-PA ratio should be determined by each physician at the practice level, rather than prescribed by the state.<sup>5</sup> Only physicians have the education, training, expertise and knowledge of the specific demands of their practice required to assess the correct physician-to-PA ratio at any given time.

“ Most states allow greater physician discretion in terms of the number of PAs supervised in their practices.

In order for Kentucky citizens to receive the same access to physician-supervised primary and specialty care that most Americans already have, Kentucky law must be amended so that physicians

<sup>4</sup> <http://www.nga.org/files/live/sites/NGA/files/pdf/2014/1409TheRoleOfPhysicianAssistants.pdf>

<sup>5</sup> <http://www.aapa.org/WorkArea/DownloadAsset.aspx?id=632>

will have greater authority to determine the number of PAs that they supervise within their practice. Modifying the supervision number requirement will not change the PA scope of practice, prescriptive authority, or seek elimination of physician co-signature—it will simply provide greater access and shorter wait times for patients.

## Rationale

According to the Kaiser Commission on Medicaid and the Uninsured<sup>6</sup>, primary care PAs and nurse practitioners (NPs) are capable of providing a large share of the primary care services delivered by physicians. A substantial body of research studying the quality of PA and NP primary care reveals that these providers “perform as well as physicians on important clinical outcome measures, such as mortality, improvement in pathological condition, reduction of symptoms, health status, and functional status.”<sup>7</sup>

According to Kaiser<sup>8</sup>, and the American Association of Medical Colleges (AAMC)<sup>9</sup>, by 2020, the U.S. will face an estimated shortage of 91,000 physicians. While the shortage is expected to be divided fairly evenly between primary care physicians and specialists, the impact of this shortage is likely to be more acute among Medicaid and Medicare beneficiaries and patients in rural communities.

The Patient Protection and Affordable Care Act (PPACA) has resulted in the greater adoption of insurance and greater utilization of medical services. Further, the Medicare population is growing by 10,000 per day. One important strategy to meet the increased demand is a greater reliance on non-physician primary

care health professionals such as PAs.

The PA profession was created and designed specifically to enhance access to primary care. In the mid-1960s, physicians and educators recognized there was a shortage and uneven distribution of primary care physicians. To expand the delivery of quality medical care, Dr. Eugene Stead of the Duke University Medical Center in North Carolina put together the first class of PAs in 1965.

“ The increase in the number of PAs entering the workforce has added efficiency to the health-care system without sacrificing quality.

KAPA is advocating for increased physician discretion over this critical workforce issue, so that the number of PAs per physician can be thoughtfully determined (by the physician) based on the complexity of the patient mix, experience of the PA(s) and the needs of the practice. In this fashion, Kentucky can expedite the effective deployment of PAs as part of a physician-led team, so that PAs can fulfill their intended purpose to optimize both patient care and cost savings.

According to a 2008 study from Duke University Medical Center, the increase in the number of PAs entering the workforce has added efficiency to the health-care system without sacrificing quality. PAs, in many ways, increase the availability of physician services by replacing essential care that would otherwise be provided only by physicians.<sup>10</sup>

---

<sup>6</sup> Laurant M et al, “The Impact of Nonphysician Clinicians: Do They Improve the Quality and Cost-Effectiveness of Health Care Services?” *Medical Care Research and Review*. 2009; 66:365-89S.

<sup>7</sup> Munding M, “Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians,” *Journal of the American Medical Association*. 2000; 283(1): 59-68. Horrocks S et al, “Systematic Review of Whether Nurse Practitioners Working in Primary Care Can Provide Equivalent Care to Doctors,” *BMJ*. 2001; 324: 819. Laurant M et al, *Substitution of Doctors by Nurses in Primary Care (Review)*, *Cochrane Database of Systematic Reviews* 2004, Issue 4. Wilson IB et al, “Quality of HIV Care Provided by Nurse Practitioners, Physician Assistants, and Physicians,” *Annals of Internal Medicine*, November 2005; 143(10).

<sup>8</sup> <http://kff.org/medicaid/issue-brief/improving-access-to-adult-primary-care-in/>

<sup>9</sup> [https://www.aamc.org/download/158076/data/updated\\_projections\\_through\\_2025.pdf](https://www.aamc.org/download/158076/data/updated_projections_through_2025.pdf)

<sup>10</sup> [http://corporate.dukemedicine.org/news\\_and\\_publications/news\\_office/news/physician\\_assistants\\_proven\\_cost\\_efficient](http://corporate.dukemedicine.org/news_and_publications/news_office/news/physician_assistants_proven_cost_efficient)

The increase in the number of PAs effectively utilized (and services provided) is also supported by data from the Centers for Disease Control (CDC).<sup>11</sup> PAs improve patient flow and allow physicians to manage more complex or demanding cases. An American Medical Association (AMA) survey found that PAs enhance practice efficiency: Solo practice physicians who employ PAs experience expanded practice, greater efficiency and greater access to care for their patients.<sup>12</sup>

## **PAs are Qualified and Well Suited for this Role**

Physician Assistants (PAs) are health care professionals licensed to practice medicine with physician supervision. As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and in virtually all states can write prescriptions. Within the physician-PA relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services. A PA's practice may also include education, research, and administrative services.

### **“ The current deployment of PAs in Kentucky is not yet optimized.**

PAs are trained in intensive education programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)<sup>13</sup>. Most programs are approximately 26 months (3 academic years) and require the same prerequisite courses as medical schools. Most programs also require students to have about three years of healthcare training and experience. Students take courses in basic sciences, behavioral sciences and clinical medicine across subjects such as anatomy,

pharmacology, microbiology, physiology and more. They then complete a total of more than 2,000 hours of clinical rotations in family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine and psychiatry.

To maintain their national certification, PAs must log 100 hours of continuing medical education every two years and sit for a recertification every six years. Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure.

Today, there are three accredited universities in the Commonwealth of Kentucky that house physician assistants programs, graduating nearly 100 students annually, including: Sullivan University, the University of the Cumberlands and the University of Kentucky.

## **Conclusion**

State statutes and regulations that control the scope and flexibility of practice for health professionals play a significant role in shaping access to primary care—and efficiency and patient care outcomes are improved when PAs are part of the healthcare team.<sup>14</sup> Expanded access to primary care provided by PAs in Kentucky could reduce health care costs by preventing conditions that require more expensive and intensive care. KAPA is committed to a physician-led team—and to physician discretion with regard to establishing and overseeing team-based care in their practices.

The movement toward outcome-based, patient-centered care requires the efficient deployment of every practitioner. Ensuring sufficient access to health care services in rural areas can be complicated. The physician/PA team is a key component of rural health. In order to distribute PAs effectively, it is important to remove barriers to deployment, which include outdated laws and regulations.

---

<sup>11</sup> <http://www.cdc.gov/nchs/data/databriefs/db77.htm>

<sup>12</sup> American Medical Association, Center for Health Policy Research. (1995). Socioeconomic characteristics of medical practice. Chicago, IL; Gonzalez, M.L., ed.

<sup>13</sup> <http://www.arc-pa.org/> accessed on September 20, 2014

<sup>14</sup> <http://academyhealth.org/files/2013/monday/hooker.pdf>

Although many states have revised statutes and relaxed regulations in order to ensure that the training and expertise of PAs can be best incorporated into state health care systems so that patients can receive better access to affordable, high-quality care across the continuum, Kentucky has not kept pace. The current deployment of PAs in Kentucky is not yet optimized.

The Kentucky State Legislature will best serve Kentucky citizens and the health care system by taking action to allow physicians to have greater authority to manage the care that they deliver. Physicians are the only ones appropriately trained to determine the appropriate number of PAs to supervise in their practices. Protecting and advancing the physician-PA model of care will help ensure that all Kentuckians receive access to safe, efficient and effective medical care.

Please contact Stephanie Czuhajewski at [sczuhajewski@kentuckypa.org](mailto:sczuhajewski@kentuckypa.org) for more information.



## **KENTUCKY ACADEMY OF PHYSICIAN ASSISTANTS**

3493 Lansdowne Drive, Suite 2, Lexington, KY 40517

859-977-7452

[info@kentuckypa.org](mailto:info@kentuckypa.org)

[www.kentuckypa.org](http://www.kentuckypa.org)