Physician Assistants & the AAPA

American Academy of Physician Assistants (AAPA)
History and Concept

- PAs designed in part to address problem of shortage and maldistribution of physicians, particularly in under-served rural areas in 60’s
  - Concept to “extend” the practice of a physician
  - “Mid-level”

- Evolved from attempted innovations in medical education at Duke in late ‘50s, early ‘60s
  - Capitalized on firemen and returning Viet Nam corpsmen
Some Key Points About PAs

- **Demand** for and use of PAs is strong and getting stronger due to fears of a shortage of clinicians in the future.
- Inherent focus on team approach to patient care.
- Emphasis on general medicine and primary care in education and practice.
- Large numbers practicing in medically underserved areas.
Number of People Eligible to Practice as PAs

Summary of 2006 PA Demographics

- 75,260 eligible to practice as of 1/1/2007
  - 63,609 in clinical practice

- Average age:
  - In practice: 43 years

- Gender:
  - In practice: 38% male; 62% female

- Minorities
  - In practice: 12%
  - New grads: 17%
  - In school: 23%
To Practice as a PA

- States require
  - Graduation from a nationally certified PA education program (ARC-PA)
  - Passage of the one national certification exam (NCCPA)
  - Licensure from the state (registration for PAs in federal service)

www.aapa.org/gandp/statelaw.html
Distribution of PAs

West – 19%
North Central – 21%
Northeast – 23%
Southeast – 24%
South Central – 13%

Source: AAPA, 2006 Census
The physician-PA team is effective because of the similarities in physician and PA training, the PA commitment to practice with supervision, and the efficiencies created by utilizing the strengths of each professional in the clinical practice setting.
PA Employers

- Group Practice: 44.1%
- Hospital: 22.4%
- Other: 18.5%
- Solo-Physician Practice: 12.9%
- HMO: 2.1%

Source: AAPA, 2006 Census
PAs by Specialty

- Family/General Medicine: 26.5%
- Surgery & Surgical Subspecialties: 24.9%
- Internal Medicine & IM Subspecialties: 18.2%
- Pediatrics & Pediatric Subspecialties: 4.0%
- Obstetrics/Gynecology: 2.3%
- Emergency Medicine: 9.7%
- Other: 14.4%

Source: AAPA, 2006 Census
Where PAs are Authorized to Prescribe

*California PAs may write "drug orders" which, for the purposes of DEA registration, meet the federal definition of a prescription.

Source: AAPA 2007
Types of Patient Visits to PAs

- 84% of PAs see outpatients
  - 56% see outpatients exclusively
- 52% of PAs see inpatients
  - 32% see inpatients exclusively
- 1% of PAs see patients in nursing homes

Source: AAPA 2006 Census
Estimated Number of Patient Visits to PAs by Select Disorders/Conditions

- Adult immunizations
- AIDS-HIV-related disorders
- Alzheimers disease
- Arthritis
- Asthma
- Benign prostatic hyperplasia
- Cancer
- Congestive heart failure
- Contraception
- COPD
- Depression & anxiety
- Dermatitis & skin disorders
- Diabetes
- Dyslipidemia
- Gastrointestinal disorders & infections
- Gynecological disorders & infections
- Headache
- Hypertension
- Obesity management
- Osteoporosis
- Other musculoskeletal disorders
- Overactive bladder
- Pain management
- Pediatric immunizations
- Respiratory infections
- Sleep disorders
- Urinary infections

Source: Information Update: Number of Visits to Physician Assistants for Select Disorders in 2006
Overview of the AAPA

- Founded 1968
- 40,00 PA and PA student members nation-wide
- Chapters in 50 states, DC, Guam, Public Health Service, Veterans Administration, Army, Navy, Air Force
- 82 staff; $15 million budget
Strategic Management Directions

1. Strengthen and Promote the PA Profession
2. Strengthen Physician-PA Team Practice
3. Strengthen National and International Health Care Systems
4. Strengthen the AAPA and its Constituent Organizations
5. Cross-cutting concerns
   a) Diversity
   b) Leadership
Primary Activities

- Governance and Leadership
- Communications and Information Services
- Professional Education & Alliance Development
- Member and CME Services
- Constituent Organization Resources
- Data Systems and Analysis
- Government and Professional Affairs
- Strategic Business Development & Marketing
How Policy is Made

- Board of Directors
- Past & Present HOD Officers
- PA Education Association
- Student Academy
- State Chapters
- Specialty Organizations
- Caucus Congress

AAPA House of Delegates

- Board of Directors
- Committees/ Councils

EVP/ CEO & AAPA Staff
GENETIC TESTING IN CLINICAL PRACTICE

“The AAPA believes that practicing physician assistants should be aware of the advantages, limitations, and dangers of testing for human genetic conditions. They should be knowledgeable about the basic elements of a genetic test to ensure their appropriate use. PAs should be familiar with appropriate methods of genetic counseling and the legal and ethical issues involved in the practice of human genetic testing. They must be able to differentiate between genetic disorders they themselves can diagnose and manage and those that require referral to a genetic specialist.”

Genomics:
Web Resources for the Physician Assistant

What is genomics?

Often, the term genetics and genomics are used interchangeably. "Genetics" might be a term with which you are more familiar. In terms of disease, genetics usually refers to single gene disorders such as cystic fibrosis or Down syndrome. Although these conditions are of great importance to individuals and families with them, they are relatively rare and most people are not directly affected.

The term "genomics" combines both the traditional roles of genetics and new evidence from the Human Genome Project (HGP) that genes interact with environmental factors to predispose some persons to common diseases such as colon cancer, diabetes, and arteriosclerosis. Experts believe that information from the HGP will be used to prevent disease and improve health among virtually all patients.

How will it help me take better care of my patients?

Some genomics care will be provided by medical geneticists and genetic counselors, but most will be provided by primary care clinicians and other non-genetics specialists.

Therefore, physician assistants will have an important role in providing genomics care. As the general public is exposed to more and more information on genomics, they will be turning to their healthcare providers for answers. PAs will need to be literate on medical genomics.
AAPA CME Services

CME at AAPA Annual Conference

• Headlines and Heredity
• Tailoring Anticoagulation Therapy
• Cancer Genetics and Genomics: Implications for PA Practice
• Race-based Therapeutics? What's the Big Deal?
• Personalized Medicine: Integration of Medical Genetics into Clinical Practice
AAPA Alliance Development

- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Orthopedic Surgeons
- American Academy of Otolaryngology/Head and Neck Surgery
- American Academy of Pediatrics
- American Association of Neurological Surgeons
- American College of Emergency Physicians
- American College of Obstetricians and Gynecologists
- American College of Occupational and Environmental Medicine
- Americana Geriatrics Society
- American College of Surgeons
- American Medical Association
- American Society for Clinical Oncology
- American Society of Nephrology
- Society of Hospital Medicine
- American Society of Plastic Surgeons
AAPA Official Representation

- ACP’s Diabetes Initiative Advisory Board
- American Cancer Society’s Primary Care Advisory Group
- ARHQ Dialogues on the Future of Primary Care
- Healthy People 2010 Consortium
- National Asthma Education and Prevention Program
- National Center for Birth Defects and Developmental Disabilities External Partners Group
- National Cholesterol Education Program
- National Coalition for Health Professions Education in Genetics
- National Coalition on Folic Acid
- National Commission on Correctional Health Care
- National Committee on Quality Assurance
- National Diabetes Education Program
- National Eye Health Education Program
- National Heart Attack Alert Program
- National High Blood Pressure Education Program
- National Institute on Aging Partners in Health Education
- National Kidney Disease Education Program
- Mental Health Partnership National Institute of Network
- National Rural Health Association
- National Viral Hepatitis Roundtable
- Partnership for Prevention Health Professions Roundtable
- Task Force for Community Preventive Services
- US Preventive Services Task Force
“Would You Become a PA Again If You Had to Do It all Over?”

Distribution of those with an opinion on this question.
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