Indiana Rural Health Association (IRHA)
Policy Position: Physician Assistants (PA)

This brief draws significantly from the National Rural Health Association (NRHA) official policy position on "Physicians Assistants" which was adopted in October 2008.

Synopsis: NRHA recognizes Indiana as a state with overly restrictive regulation that discourages PA practice in rural communities. Published state data[1] confirm underutilization of PAs, especially in rural areas.

Recommendation: IRHA will work to remove regulatory barriers to physician/PA practice in rural areas

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Introduction*:*

Health care shortages in the United States are well documented and remain a barrier to access to care, particularly in rural areas. Physician assistants (PAs) are licensed to practice medicine under the supervision of licensed physicians. As extenders of physician services in the United States health care system, physician assistants are well suited to improve access in health care shortage areas and rural locations.

PAs are master degree level graduates, educated in the medical model, like physicians, and complete a curriculum that includes clinical clerkships in the same specialties as physicians. PA educational programs are accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). PAs must pass a national certifying exam similar to the licensing exam taken by physicians. All state licensing boards require graduation from an accredited PA program and passing the national certifying examination before a PA is authorized to practice in his or her jurisdiction. PAs receive a generalist, primary care education, but may specialize after graduation. To remain nationally certified, PAs must obtain 100 hours of CME every two years and pass a re-certification examination every six years. PAs can change specialties during their career usually by receiving additional training in the clinical setting and taking specialty continuing medical education courses. Thirty two percent (32%) of PAs currently practice in primary care.[2]

While always practicing in a physician-led team, PAs make autonomous medical decisions. PAs may practice in locations separate from their supervising physicians, but must be able to communicate with their supervising physicians while seeing patients. In some rural communities, PAs are the only source of medical care. State regulations vary on the extent of supervision required. In all settings both the PA and the supervising physician are responsible for ensuring adequate PA supervision and for the care of the patients.

The PA profession began in the mid-1960s to extend physician care, especially in medically underserved areas. As the profession grows, incentives are needed to ensure that adequate numbers of PAs are available in areas that require more primary and specialty medical care, particularly in rural locations. Indiana ranks 48th in the country for favorable PA practice environments.[3] Recent data suggests there are 25 rural counties in Indiana without practicing PAs.[1] IRHA is committed to impacting the health of citizens through the identification of rural health issues and through advocacy roles in both the public and private sectors, and this provides such an opportunity. [4]

Workforce Issues:
The primary issues for ensuring a sufficient number of health care professionals in rural areas are:

1) adequate supply,
2) appropriate distribution, and
3) removal of barriers to providing care.

Factors related to adequate supply include

1) the growing U.S. population size as well as age distribution and the current phenomenon of the "aging baby boomers," and
2) the number of available health care professionals, which is influenced by the number of new graduates as well as the retirement rate and withdrawal from active patient care of current practitioners.

Workforce Impact*:*
Studies have documented that PAs offer high quality, cost-effective health care.[5] A significant portion of PAs (32%) practice in primary care.[2] Despite barriers to PA medical care, some studies have found that PAs are more likely to locate in rural areas than other types of primary care clinicians.[6,7] US Bureau of Labor and Statistics predicts the PA profession will grow 30% by 2020, much faster than the national average.[8] Four Universities in Indiana have developed accredited PA programs: Butler University, University of Saint Francis, Indiana State University, and Indiana University. In spite of the rural focus of its program, Indiana State reports that their PA graduates are choosing to practice in bordering states due to more optimal practice environments.

Capacity
Through its certified Rural Health Clinics, Community Health Centers, and network of Critical Access Hospitals, as well as appealing private practice employment positions, Indiana can provide job security to the profession. The advent and increasing adoption of newer technologies such as telehealth can offer PAs and other rural providers links to specialty services as well as continuing education opportunities that are important to support their practice and reduce the feeling of isolation that can stem from rural practice. A constant for most of these rural practice-settings is the recruitment and retention of health care providers; PAs can play an integral role to supplement and increase a physician's efficiency in such settings

State Policies and Programs:
NRHA lists Indiana as a state that has overly restrictive state regulation.[9] NRHA policy specifically describes one restriction that is current Indiana statute: arbitrary limits on the distance of the satellite clinic from a physician's primary office. This limits access to care in rural areas and is state regulation in only eight states in the country. Furthermore, Indiana is also the only state in the Union that has a "contiguous county" requirement in its definition for supervision of PAs.

Summary*:*
Providing adequate health care services in rural America is a complex issue. Since the physician/PA team is a key part of the rural health care system, it should be included in any work force analysis and recommendations. Increased numbers and better distribution of PAs in rural areas can be achieved if practice barriers to providing care by the physician/PA team are removed. Accomplishing this is dependent on many factors that will draw PAs to the rural areas. Facilities, regulations, practice parameters, financial incentives, and community amenities all must be considered. Health care is influenced by a multitude of other factors including regulatory bodies, professional provider organizations, funding policies, government programs, and patient demographics. IRHA provides a setting where many different interest groups can be brought together to focus on solutions to the challenges of delivering appropriate health care services in rural settings. The IRHA goal is to ensure access to quality health care for all rural residents in Indiana.

Recommendation: **Work to remove regulatory barriers to physician/PA practice in rural areas.**

Policy Proposed to the IRHA Board of Directors for adoption on February 2013.

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5. Grzybicki DM et al. (2002). The economic benefit for family/general medicine practices employing physician assistants. *American Journal of Managed Care 8(7)*.

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7. Jones, PE. (2008, May*). Physician and physician assistant distribution in rural and frontier Texas counties*. Poster presented at the annual meeting of AAPA Conference, San Antonio, Tx. University of Texas Southwestern Medical Center, Dallas, Texas.

8. United States Department of Labor, Bureau of Labor Statistics January, 2013. Retrieved February 12, 2013, from http://www.bls.gov/ooh/healthcare/physician-assistants.htm

9. National Rural Health Association, Physician Assistants, Paper #12. (2008, October). Paper presented to the The Rural Health Careers Pipeline series.

Considerations for possible next steps / policy updates

- Urge PA educators to recruit rural students and develop a rural track in their programs, and to introduce PA students to the values and rewards of providing healthcare to rural areas.

- Secure federal and state funding for Title VII programs, to maintain and expand PA education programs and Area Health Education Center funding to include training of PAs in rural areas. Educate students in elementary school through college about the PA profession.

- Advocate for government programs to increase incentives for PAs to practice in rural areas including
    - Loan forgiveness programs
    - Promote and expand the National Health Service Corps program for PAs
    - Income tax credits
    - Shortage area bonus programs
    - Scholarships

- Work with health organizations, CMS, and HRSA to ensure that any rules changes in the Rural Health Clinics Program or health professional shortage designations do not adversely affect access to health care in rural areas.

- Eliminate barriers to care in federal law by covering PAs under the Federal Worker's Compensation and Medicare's hospice care, home health care, and care in a skilled nursing facility programs.

- Work with health insurance companies to ensure that credentialing and reimbursement policies encourage physician/PA practice in rural areas. Ensure that health insurers allow psychiatrists to delegate psychiatric tasks to PAs working in rural communities.

- Provide a platform for bringing together professional organizations (IAPA, ISMA, IOA, and IAFP and others) to explore efforts to improve the physician/PA team approach to health care to increase access to quality health care in rural communities.

- Promote continued efforts within the IRHA, the IAPA, the PAEA (Physician Assistant Education Association) and other organizations to provide well-researched documentation of the needs for improved healthcare in rural areas and to continue to look for innovative solutions for providing quality healthcare by utilizing physician assistants in rural communities.