The Physician Assistant Will See You

By BARBARA MORAN  AUG. 1, 2014

Flora Traub is a 37-year-old mother of three with a master’s in public policy from Harvard’s John F. Kennedy School of Government. But after years as a policy analyst, she found herself reflecting on her undergraduate premedical studies and the happy year she spent in AmeriCorps Community HealthCorps after college. She decided she wanted a new career, in medicine, but not as a doctor.

“I wouldn’t dream of medical school,” said Ms. Traub, who entered Boston University’s physician assistant training program this year. “Seven years of training and residency? I don’t want that much time away from my kids.” Another reason: “Doctors just seem to be running all the time, all day long.”

Think of it. No M.C.A.T., no residency, two years of professional school and you’re out making $100,000 a year. And like nurse practitioners and other “physician extenders,” P.A.s now carry out many duties once handled by doctors: They perform physical exams, diagnose illnesses, assist in surgery, order lab tests and prescribe medication.

With tens of millions of Americans newly insured under the Affordable Care Act, and a shortfall in the number of doctors to care for them, it’s little wonder that physician assistant is one of the fastest-growing professions in the United States. According to the Bureau of Labor Statistics, their numbers are expected to increase 38 percent between 2012 and 2022. Already, between 6,500 and 7,000 new P.A.s are joining the ranks each year. Schools have noticed. There are currently 187 accredited master’s programs across the country, with 78 more in the pipeline.

Boston University started its degree program in April, and had 1,024 applications for 25 slots in its first class. Duke, with the country’s top-ranked...
program, had 1,600 applicants for 88 seats. Like most of the programs, Duke’s requires applicants to complete coursework in pre-med science classes like biology and chemistry and to have hands-on experience with patients. “Six months is the bare minimum,” said Karen J. Hills, the program director. “Most competitive applicants have quite a bit more than that, like 13 to 40 months.” They have often worked as medical assistants, E.M.T.s or phlebotomists before matriculating.

Typically, programs consist of a year in the classroom, then a year of clinical rotations. The education follows a medical model, with emphasis on data gathering, diagnosis and treatment. After passing a national certification exam, physician assistants practice under a supervising doctor.

The Cleveland Clinic, one of the largest medical centers in the country, employs about 400 P.A.s and has openings for 30 more. “When I started here 10 years ago we had about 50 P.A.s,” said Josanne Pagel, executive director of physician assistant services. “P.A.s are critical for access to care.”

For many health care providers, they are also critical to economic success. “You’re really getting bang for your buck,” Ms. Pagel said. P.A.s generally make about half a physician’s salary or less, depending on specialty (an E.R. doctor makes on average $270,000, an emergency-room P.A. $112,000). But when a P.A. performs a procedure, insurance companies reimburse the clinic for about 85 percent of the charge, opposed to 100 percent for an M.D. Ms. Pagel said these numbers are similar nationwide. The difference is made up with higher patient volume. “When a P.A. comes into a practice,” she said, “we’re able to see many more patients.”

At the Cleveland Clinic, P.A.s assist in all disciplines of medicine and surgery, and have been heavily integrated into the emergency department to improve patient flow. Incoming patients are evaluated by P.A.s, who funnel urgent cases (strokes, heart attacks) to an M.D. and manage non-urgent cases (ear infections, sprained ankles) themselves.

Lynn Pagliaccio, the clinic’s P.A. manager for emergency services, described her work with physicians as “very collaborative.” “If somebody comes in with a simple toothache, we can manage that on our own,” she said. “But if they have a toothache and a high fever and their whole face is swollen, we have the doc come over and take a peek.”

Since instituting the fast-track system, wait time has decreased by two hours on average. Surveys show that patient satisfaction has increased, and reviews indicate
no rise in misdiagnoses or malpractice suits, according to Dr. Stephen Meldon, emergency department director at the clinic’s main campus.

But not all patients embrace physician assistants. According to a national survey last year by the American Academy of Family Physicians, 72 percent of Americans prefer physicians for information related to their medical care, viewing them as more knowledgeable and experienced.

Some doctors worry that patients are getting short shrift as the bottom line pushes physicians out of the examination room. Dr. Prakash Masand, a psychiatrist in New York City and C.E.O. of Global Medical Education, an online medical education resource, is a critic of their increasing role in mental health care while receiving only 6 to 12 weeks of psychiatric training in school. “This is one of the reasons misdiagnoses, underdiagnoses and the over-prescription of antidepressants have flooded the mental health system,” he said. “Until P.A.s receive more specialized training, they shouldn’t handle patients who need a much more experienced doctor.”

Such concerns are echoed for other fields. Dr. Houtan Chaboki, a plastic surgeon in Washington, D.C., points to a growing trend of Botox injections and laser treatments being performed by physician assistants. “They might be under physician supervision, but the physician may not even be in the room,” he said. “They may just be reviewing the chart afterward.”

Training should keep P.A.s from overreaching, said Mary Warner, director of Boston University’s program. “P.A.s know what they can do,” she said. “They know their limits. And I think that the safety factor, having two brains rather than one, really improves the quality of care.” Studies have found that including physician assistants on health care teams can shorten hospital stays and decrease postoperative complications, among other improvements in care.

Like it or not, medicine is now a team sport, observes Dr. Reid B. Blackwelder, president of the American Academy of Family Physicians. As his practice moves to team-based care, he may delegate more well-child visits to P.A.s or nurse practitioners. He enjoys seeing his healthy patients, he said, “but the paperwork takes a lot of time — as a physician, my time may be better spent with a patient who is critically ill.” And he can still keep his relationship with the healthier children, he said, “by a quick visit at the end.”

“We’re all challenged to recognize some new truths,” he said. “I was a solo
family physician in a small town called Trenton, Ga., and there’s a badge of honor about that. But the reality is that no one in our current health care system is truly solo or truly independent anymore.”

Barbara Moran is a science writer and a student in the health careers program at Harvard Extension School.

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