Southeastern Ky. Physician Assistant Needs Assessment

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June 2008

UNIVERSITY OF KENTUCKY
Center for Excellence in Rural Health

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*On the cover:* Dr. Vivian Ong, right, an Irvine pediatrician, reviews a patient chart with Kendra Robertson, a physician assistant she supervises. Ong’s office serves multiple southeastern Kentucky counties.
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Introduction

The mission of the University of Kentucky Center for Excellence in Rural Health (the Center), based in Hazard, is to improve the health of rural Kentuckians through education, research, service and community engagement. To accomplish the educational component of its mission, the Center provides several rural-based health professions training programs – e.g., family medicine and dental residency programs, doctorate of physical therapy, master’s of social work, bachelor’s degree in clinical leadership and management. In all, there have been more than 300 graduates of the Center’s academic programs. The primary objective of these programs is to ensure an adequate, well-distributed supply of health care professionals throughout rural Kentucky, but particularly within the Center’s 25-county service area (see map below).

This is a region plagued by persistent poverty, low educational attainment and, as a result, poor health status. Of Kentucky’s 120 counties, eight of the 10 least-healthy are located within the Center’s service area (Owsley, 111; Knott, 114; Lee, 115; McCreary, 116; Perry, 117; Harlan, 118; Clay, 119; and Wolfe, 120).\(^1\) Multiple counties within the region have been designated as economically distressed by the Appalachian Regional Commission. Area residents also disproportionately lack health coverage, with uninsured rates exceeding 20 percent in several counties and reaching as high as 24 percent in McCreary County.\(^2\) Poverty-stricken and uninsured residents tend to be less healthy, thus requiring more medical attention.
Further exacerbating the issue, however, is southeastern Kentucky’s chronic shortage of health care providers. Most counties in the region are federally designated as health professional shortage areas for primary care. Each area development district wholly contained within the Center’s service area has a physician-to-population ratio far below the state average of 213.5 per 100,000 residents (Cumberland Valley, 131.7; Kentucky River, 142.9; and Big Sandy, 192).  

Historically, the physician assistant profession “has provided medical care in areas of the country where fewer physicians have chosen to locate.” And, “as extenders of physician services in the United States health care system, physician assistants are well-suited to improve access to care in health care shortage areas, particularly rural locations.” Physician assistants practice medicine under the supervision of a licensed physician as part of a health care team. Among other things, physician assistants typically conduct physical examinations, order and interpret laboratory tests, establish tentative diagnoses and treatment plans, counsel patients on preventive health care, and assist in surgeries. In 2006, the median income for PAs in full-time clinical practice was more than $80,000.  

While nearly 140 physician assistant training programs exist in the United States, the Bluegrass State is home to but one. The University of Kentucky Physician Assistant Program, housed within the UK College of Health Sciences in Lexington, admits 40 students each year. The program also maintains a regional campus at Morehead State University in northeastern Kentucky that admits 14 students annually. Each of these sites is approximately two hours’ driving distance from Hazard, southeastern Kentucky’s geographic midpoint, and up to three hours away from the Center’s service area counties that border Tennessee, Virginia and West Virginia. Meanwhile, 29 states – including each of Kentucky’s seven border states – have multiple physician assistant training programs. (For a complete list of PA training programs, see Appendix A).  

For these reasons, the Center initiated this needs assessment to determine the current status of physician assistants within its service area. Among the project’s purposes were:

- To determine whether southeastern Kentucky has a shortage of physician assistants relative to state and national averages;
- To survey the predicted future demand for physician assistants among the region’s health care providers;
- To assess the depth of the potential applicant pool for a proposed physician assistant regional campus based at the Center; and, ultimately,
- To provide data that UK and Accreditation Review Commission on Education for the Physician Assistant, Inc., officials could use to evaluate the need for a PA regional campus in Hazard.

**Methodology**

In May 2008, 372 health care leaders, managers and physicians throughout a 25-county area of southeastern Kentucky were asked by the Center to participate in a survey to
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assess regional demand for physician assistants (for the complete survey, see Appendix B). The chief executive officers, human resources managers, physicians and/or practice managers at hospitals, federally funded community health centers, rural health centers, primary care centers, along with a variety of general and specialty physicians, were surveyed by mail and/or telephone. The survey was designed to measure the current level of physician assistant employment at their facilities, as well as the anticipated need for more PAs in the next three to five years. Survey participants also were asked to rank the difficulty level of recruiting physician assistants in their respective service areas and to share any additional comments. One hundred surveys (a response rate of 26.8 percent) were received from participants.

Electronic records of the Kentucky Medical Licensure Board were researched on April 21, 2008, to track the number of active, licensed physician assistants in Kentucky by county of employment. These data were used, along with each county’s latest U.S. Census Bureau population statistics, to determine the ratio of physician assistants per 10,000 people. Table 1 (page 5) illustrates the disparity among regional, state and national ratios.

To verify that an adequate applicant pool exists to support the proposed PA training program, educational attainment demographics were obtained from the most recent U.S. Census Bureau data. Other Internet research included analysis of the electronic records of the Kentucky Board of Nursing.

Findings

A. Geographic Discrepancy

According to the Kentucky Board of Medical Licensure, there were 845 licensed physician assistants in the state as of April 15, 2008. Therefore, with a total estimated population of just over 4.2 million, Kentucky has 2.01 physician assistants for every 10,000 residents. This compares unfavorably to the national ratio of 2.62 PAs per 10,000 residents. While Kentucky’s per capita ratio of physician assistants outpaces all but two of its contiguous states (Virginia and West Virginia), the Commonwealth ranks just 36th nationally in its number of PAs relative to population.

In general, rural Kentucky appears to be well served by physician assistants, despite a 13 percent decline in PA rural practice during a recent three-year period. As of 2004, nearly 40 percent of the state’s physician assistants practiced in a non-metropolitan area – double the national rate of 19 percent. Yet the PA equation is particularly bleak within the Center’s rural service area. There, according to the medical licensure board, only 94 physician assistants are helping to care for more than 640,000 people (see Table 1, page 5). This PA-to-population ratio of just 1.47 for every 10,000 residents represents a 26% undersupply relative to the state average and is 43% below the national rate.
percent undersupply relative to the state average and is 43 percent below the national rate. Another way of expressing the deficiency is this: The Center’s service area has 15.2 percent of the state’s total population but only 11.1 percent of its physician assistants.

But even these statistics do not fully illustrate the sporadic availability of physician assistants within southeastern Kentucky. The vast majority (70.2 percent) of the area’s PAs are concentrated within six counties that contain regional medical centers – Laurel and Pike, 14 each; Pulaski, 12; Perry, 11, Whitley, 8; and Floyd, 7. That leaves 28 physician assistants working within the remaining 19 counties. Each of those counties has three or fewer physician assistants, and three counties – Bell, Knox and Owsley – are void of a single practicing PA, according to the medical licensure board.

Table 1.

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th># of PAs, based on work address</th>
<th>PA-to-Population ratio, per 10,000 residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bell</td>
<td>29,544</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Breathitt</td>
<td>15,924</td>
<td>3</td>
<td>1.88</td>
</tr>
<tr>
<td>Clay</td>
<td>24,052</td>
<td>2</td>
<td>0.83</td>
</tr>
<tr>
<td>Floyd</td>
<td>42,282</td>
<td>7</td>
<td>1.66</td>
</tr>
<tr>
<td>Garrard</td>
<td>16,933</td>
<td>1</td>
<td>0.59</td>
</tr>
<tr>
<td>Harlan</td>
<td>31,692</td>
<td>3</td>
<td>0.95</td>
</tr>
<tr>
<td>Jackson</td>
<td>13,810</td>
<td>1</td>
<td>0.72</td>
</tr>
<tr>
<td>Johnson</td>
<td>24,188</td>
<td>2</td>
<td>0.83</td>
</tr>
<tr>
<td>Knott</td>
<td>17,536</td>
<td>2</td>
<td>1.14</td>
</tr>
<tr>
<td>Knox</td>
<td>32,527</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Laurel</td>
<td>56,979</td>
<td>14</td>
<td>2.46</td>
</tr>
<tr>
<td>Lee</td>
<td>7,748</td>
<td>1</td>
<td>1.29</td>
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<tr>
<td>Leslie</td>
<td>11,973</td>
<td>1</td>
<td>0.84</td>
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<td>Letcher</td>
<td>24,520</td>
<td>3</td>
<td>1.22</td>
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<td>Lincoln</td>
<td>25,361</td>
<td>1</td>
<td>0.39</td>
</tr>
<tr>
<td>Magoffin</td>
<td>13,449</td>
<td>2</td>
<td>1.49</td>
</tr>
<tr>
<td>Martin</td>
<td>12,093</td>
<td>1</td>
<td>0.83</td>
</tr>
<tr>
<td>McCreary</td>
<td>17,354</td>
<td>1</td>
<td>0.58</td>
</tr>
<tr>
<td>Owsley</td>
<td>4,690</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Perry</td>
<td>29,753</td>
<td>11</td>
<td>3.70</td>
</tr>
<tr>
<td>Pike</td>
<td>66,860</td>
<td>14</td>
<td>2.09</td>
</tr>
<tr>
<td>Pulaski</td>
<td>59,749</td>
<td>12</td>
<td>2.01</td>
</tr>
<tr>
<td>Rockcastle</td>
<td>16,857</td>
<td>1</td>
<td>0.59</td>
</tr>
<tr>
<td>Whitley</td>
<td>38,142</td>
<td>8</td>
<td>2.10</td>
</tr>
<tr>
<td>Wolfe</td>
<td>7,095</td>
<td>3</td>
<td>4.23</td>
</tr>
<tr>
<td>Service area</td>
<td>641,111</td>
<td>94</td>
<td>1.47</td>
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<tr>
<td>Kentucky</td>
<td>4,206,074</td>
<td>845</td>
<td>2.01</td>
</tr>
<tr>
<td>U.S.</td>
<td>304,365,713</td>
<td>79,706</td>
<td>2.62</td>
</tr>
</tbody>
</table>

Sources: U.S. Census Bureau, 2006 estimate; Kentucky Board of Medical Licensure; American Academy of Physician Assistants
B. Demand

State, national and local provider-to-population ratios confirm an undersupply of physician assistants by as much as 26 to 43 percent in southeastern Kentucky. The current and future regional demand for physician assistants is further validated by the results of a survey conducted in May 2008 by the Center.

Nearly 400 health care executives, physicians and managers were invited to participate in the survey. One hundred responses were received, with an overwhelming majority confirming their need for – and subsequent difficulty in recruiting – physician assistants. This group collectively documented a need for 84 full-time and 14 part-time physician assistants during the next three to five years (see Chart 1 below).

Chart 1.

All 21 hospitals in the targeted region participated. Forty-eight percent of hospital officials responded that they anticipate hiring physician assistants during the next three to five years, with more than half of that group saying they plan to add between two and five new PAs. Hospitals throughout the region report plans to add a total of 20 full-time and three part-time physician assistants by 2013. Similarly, 100 percent of federally qualified community health centers in the targeted service area also responded to the survey. Of those, 60 percent indicated the need to add more physician assistants, with a total projected need for 8 full-time and 2 part-time PAs. As many as 29 additional physician assistants will be needed, according to the surveys returned by primary care and specialty physicians in the service area.
The PA profession is projected to be the fastest-growing health care occupation in the Big Sandy, Cumberland Valley and Kentucky River area development districts (ADDs) through the year 2014.¹³ Ten-year projections included in a 2007 report by the Kentucky Department for Workforce Investment range from a 39.1 percent increase in the Big Sandy ADD, to 48.1 percent for the Cumberland Valley ADD, to 49 percent for the Kentucky River ADD, which includes the Center’s proposed PA regional campus site. In order to fulfill this occupational outlook, the report estimates an average of 13 new job openings will exist each year through 2014 for the three districts.

Recruiting health care professionals continues to be an ongoing challenge for most facilities in our region. As one might expect, facilities indicating the greatest need for physician assistants were also among the ones that expressed the greatest difficulty with recruiting. For example, 89 percent of all community health centers and more than 70 percent of all hospitals ranked recruiting as being moderately to very difficult on a five-point Likert scale (for the complete survey, see Appendix B).²

Also, as the general population is aging, so are physicians. In fact, due in large part to their lengthy training, physicians are among the oldest health care professionals, with 30 percent at age 55 or older.¹⁴ This should not be overlooked in regard to the growing demand for physician assistants.

Specifically within Kentucky, approximately 400 family physicians are age 60 or above.¹⁵ The Center’s service area is further impacted by statistics that indicate a higher percentage of rural physicians practice into advanced age. While the state’s physician workforce is comprised of a higher percentage of urban doctors under age 44, rural Kentucky physicians make up the bulk of every other age category – 45-54, 55-64, 65-74 and over age 75.¹⁶ At the same time, the state’s rural medical residency programs, as they now exist, realistically can be expected to produce only 16 to 18 new family physicians each year.¹⁷

As aging physicians work fewer hours and minimize patient loads as they transition into retirement, it is likely that PAs will be more heavily relied upon in coming years to bridge the health care service gap.

In examining the regional employment market by provider, the service area shares some commonalities with a 2007 national report from the American Academy of Physician Assistants.¹⁸ The national report shows 57 percent of physician assistants are employed by physicians or group practices, 23 percent by hospitals and nearly six percent by community health centers. This is similar to the forecasting by providers participating in the Center’s survey. The majority of providers that currently employ physician assistants indicate they anticipate hiring additional PAs in the next three to five years. Perhaps more importantly, 40 percent of those not currently using PAs indicate an interest in adding one or more to their staff during that same time period. This is a forecast of immense need today and one that is expected to extend into the foreseeable future.
C. Regional Applicant Pool

Nearly 58,000 residents in the Center’s service area have attained a bachelor’s degree or higher, according to the U.S. Census Bureau. Of those, nearly 900 hold a bachelors of science in nursing. These examples demonstrate that there are local, qualified individuals who can meet the requirements for admission into the physician assistant program at UK.

A sizable number of potential applicants are those working in the health care field. Nurses and medical technologists, for example, already have health care knowledge and experience and are likely to have already completed some or all of the pre-requisite courses such as organic chemistry, microbiology, anatomy and physiology.

In recent years, the Center has worked with UK’s main campus to establish several successful academic programs in Hazard. Currently, family medicine and dental residency programs, a doctorate in physical therapy, a master’s in social work and a bachelor’s in clinical leadership and management are being offered. Combined, these programs have produced more than 300 graduates. The Center anticipates similar success should a physician assistant training program be established in Hazard.

Conclusion

Access to health care services is vital to the well-being of all Kentuckians. For decades, though, southeastern Kentucky has suffered a chronic shortage of physicians, creating a situation that – along with poverty and residents’ poor lifestyle choices – has resulted in unfavorable health status.

As this needs assessment has documented, the region also confronts a sizable deficiency in its physician assistant workforce. Only 94 PAs were in clinical practice within the Center’s 25-county service area as of April 15, 2008. This equates to a physician assistant-to-population ratio of 1.47 for every 10,000 residents – or an undersupply of 26 percent compared to the state average and 43 percent below the national rate.

Such a scarcity of PAs further limits the primary care and preventive services available to area residents. Multiple factors contribute to this geographic maldistribution:

■ It is noted in the literature that areas with greater numbers of physicians and population tend to have more physician assistants. Because physicians and PAs work as a health care team, southeastern Kentucky’s undersupply of physician assistants is somewhat related to its physician shortage. The region, which consists entirely of rural-designated counties, also lacks a major population center.

■ Another issue, which was emphasized in numerous responses to the Center’s physician assistant needs assessment survey, is some facilities’ preference for nurse practitioners. This is due in part to Kentucky’s “uniquely restrictive” requirements for physician supervision of new PA graduates. The state recently relaxed those requirements by reducing from 24 to 18 the number of continuous months of experience a new physician
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assistant must have prior to practicing in a “nonseparate location.” However, the definition of that phrase will be expanded, effective in July, to include various off-site settings – provided that the supervising physician is available at all times via telecommunications. Conversely, Kentucky is one of 23 states with “independent NP practice,” or no requirement for physician involvement. In Kentucky, only nurse practitioners who prescribe medications must have a collaborative agreement with a physician. It is not surprising, then, that the Kentucky Board of Nursing reports that nearly 2,000 nurse practitioners are licensed in the state, compared to 845 physician assistants.

The state’s only physician assistant training program is located in central Kentucky, with a satellite campus based in the Commonwealth’s northeast corner. In either case, the instruction site is two hours or more away from the majority of southeastern Kentucky counties. At the same time, most PA students have nearly three years of health care experience before being admitted to a program. This combination limits the ability of local residents – particularly those who are in mid-career or have started a family – to travel in search of an advanced degree, even one as financially rewarding as a master of science in physician assistant studies.

The latter item leads to the consideration that the state’s physician assistants seem likely to work near the geographic area in which they are educated. Kentucky, for instance, has retained a higher percentage of in-state trained PAs than most other states. This validates a long-held premise of the Center – that health care professionals tend to practice near the area in which they receive their terminal training. For instance, more than 75 percent of graduates from the family medicine residency program based at the Center – and nearly 90 percent of its physical therapy alumni – currently work in rural Kentucky. Other rural medicine training programs, such as the Pikeville College School of Osteopathic Medicine, are based on the same rationale.

Besides a severe shortage of physician assistants in southeastern Kentucky, the Center’s needs assessment determined that:

- A robust marketplace for physician assistants exists in southeastern Kentucky. Surveyed hospitals, clinics and physician’s offices indicated a combined interest in hiring 84 full-time physician assistants within the next three to five years, as well as 14 part-time PAs.

- There is an adequate applicant pool of prospective physician assistant students. Nearly 58,000 southeastern Kentucky residents have earned at least a bachelor’s degree, which is a requirement for admission to UK’s physician assistant studies program.
Also of importance is the support that health care providers throughout the Center’s service area seem to have for a regional PA training site. As evidence, here is a sampling of comments collected during the survey process:

- “All mid-level health care providers are a valuable resource to the M.D. There should be educational opportunities for both PAs and NPs in our area.” – Dr. Brahmaji Puram, a family physician from Pikeville;
- “[I] really appreciate [the] UK PA program and would feel great about hiring someone from a UK program.” – Ancil Lewis, executive director of Big Sandy Health Care Inc., a community health center organization based in Prestonsburg; and
- “A training program would be wonderful at Hazard.” – Dr. Eunice Louise Johnson, a gynecologist from Jackson.

This report has documented the need for physician assistants to be trained within southeastern Kentucky, with the hope that graduates would be more inclined to practice in the region. The prolonged success of UK’s physician assistant satellite campus at Morehead demonstrates that this rural-based model can be successful. It is our hope that the Center’s proposal to establish a six-student, regional physician assistant training campus in Hazard by 2010 is favorably received.
References

2. Ibid.
11. University of Kentucky College of Health Sciences.
16. Kentucky Institute of Medicine, *Comprehensive statewide physician workforce study*.
17. Casey, Jones, Gross & Dixon.
20. Ibid.
Appendix A

Physician assistant training programs in the U.S.
## PHYSICIAN ASSISTANT PROGRAMS

Programs Accredited by ARC-PA Accepting Students

### ALABAMA

**University of Alabama at Birmingham - M**  
**Surgical Physician Assistant Program**  
School of Health Related Professions  
RMSB 481, 1530 3rd Avenue South  
Birmingham, AL 35294-1212  
205/934-4605

**University of South Alabama - M**  
**Department of Physician Assistant Studies**  
1504 Springhill Avenue, Room 4410  
Mobile, AL 36604-3273  
251/434-3641

### ARIZONA

**Arizona School of Health Sciences - M**  
**Department of PA Studies**  
5850 East Still Circle  
Mesa, AZ 85206  
480/219-6000

**Midwestern University - M**  
**Physician Assistant Program**  
19555 North 59th Avenue  
Glendale, AZ 85308-6813  
623/572-3215

### ARKANSAS

**Harding University - M**  
**Physician Assistant Program**  
BOX 12231  
Searcy, Arkansas 72149  
501/279-5624

### CALIFORNIA

**Charles R. Drew University of Medicine and Science - C, B**  
**Physician Assistant Program**  
College of Health Sciences  
1731 East 120th Street  
Los Angeles, CA 90059  
323/563-5879

**Keck School of Medicine of the University of Southern California - M**  
**Physician Assistant Program**  
Department of Family Medicine  
1000 South Fremont Avenue, Unit 7  
Building A-6 - Room 6429  
Alhambra, CA 91803-8897  
626/457-4240 or 626/457-4247

**Loma Linda University - M**  
**Physician Assistant Program**  
School of Allied Health Professions  
Nichol Hall, Room 2033  
Loma Linda, CA 92350-0001  
909/558-7295

**Riverside County Regional Medical Center/ Riverside Community College - C, A**  
**Primary Care PA Program**  
16130 Lasselle Street  
Moreno Valley, CA 92551  
951/571-6166

**Samuel Merritt College - M**  
**Physician Assistant Program**  
450 30th Street, Ste. 4708  
Oakland, CA 94609  
510/869-6623

**San Joaquin Valley College - A, B, M**  
**Primary Care PA Program**  
8400 West Mineral King Avenue  
Visalia, CA 93291  
559/851-2500, 800/997-7582

**Stanford University School of Medicine - C, A, M**  
**Primary Care Associate Program**  
Family Nurse Practitioner/Physician Assistant Program  
1215 Welch Road, Modular G  
Palo Alto, CA 94305-5408  
650/725-6959

**Touro University-California**  
**College of Health Sciences - M**  
**Physician Assistant Program**  
Office of Admissions  
1310 Johnson Lane  
Vallejo, CA 94592  
888/652-7580

**Univ. of California-Davis - C**  
**Physician Assistant Program/Family Nurse Practitioner Program**  
Department of Family & Community Medicine  
2516 Stockton Blvd, Suite 254  
Sacramento, CA 95817-2208  
916/734-3551

**Western University of Health Sciences - M**  
**Primary Care Physician Assistant Program**  
309 E. Second Street  
Pomona, CA 91766-1854  
909/469-5378

**COLORADO**

**Red Rocks Community College - C, B, M opt.**  
**Physician Assistant Program**  
13300 West 6th Avenue  
Denver, CO 80228-1255  
303/914-6366

**University of Colorado at Denver Health Sciences Center - M**  
**Child Health Associate/PA Program**  
P O Box 9508, Mail Stop F543  
Aurora, CO 80045  
303/315-7963

**CONNECTICUT**

**Quinnipiac University - C, M**  
**Physician Assistant Program**  
Office of Graduate Admissions (AB-GRD)  
275 Mount Carmel Avenue  
Hamden, CT 06510-1908  
205/382-8827

**Yale University - M**  
**Physician Associate Program**  
School of Medicine  
47 College Street, Suite 220  
New Haven, CT 06510  
203/785-2860

**DISTRICT OF COLUMBIA**

**George Washington University - C, M, MPH**  
**Physician Assistant Program**  
900 23rd Street NW, Suite 6148  
Washington, DC 20037  
202/994-6661

**Howard University - C, B**  
**Physician Assistant Program**  
College of Pharmacy, Nursing and Allied Health Sciences  
6th & Bryant Streets, NW, Annex I  
Washington, DC 20059  
202/806-7536

**FLORIDA**

**BARRY UNIVERSITY - C, M**  
**Physician Assistant Program**  
School of Graduate Medical Sciences  
11300 NE Second Avenue, Box SGMS  
Miami Shores, FL 33161-6695  
305/899-3296

**Miami-Dade College - A**  
**Physician Assistant Program**  
Medical Center Campus  
950 NW 20th Street  
Miami, FL 33127-4693  
305/237-4124

**Nova Southeastern University**  
**St. Lauderdale - M**  
**Physician Assistant Program**  
3200 South University Drive  
Fort Lauderdale, FL 33328  
954/262-1250

**Nova Southeastern University**  
**Naples - B, M**  
**Physician Assistant Program**  
2655 Northbrook Drive  
Naples, FL 34119  
239/591-4528

**Nova Southeastern University**  
**Orlando - M**  
**Physician Assistant Program**  
4850 Millenia Blvd  
Orlando, FL 32839  
407/264-5150

**University of Florida - C, M**  
**Physician Assistant Program**  
PO Box 100176  
Gainesville, FL 32610-1016  
352/265-7955

**GEORGIA**

**Emory University School of Medicine - M**  
**Department of Family and Preventive Medicine**  
**Physician Assistant Program**  
1462 Clifton Road, Suite 280  
Atlanta, GA 30322  
404/727-7825 or 404/727-7827

**Medical College of Georgia - M**  
**Physician Assistant Department**  
AE 1032  
Augusta, GA 30912  
706/721-3046

**Mercer University College of Pharmacy and Health Sciences - M**  
**Physician Assistant Program**  
3001 Mercer University Drive  
Atlanta, GA 30341  
678/547-6214
WASHINGTON
University of Washington - C, B optional, M
MEDEX Northwest
Physician Assistant Program
4311 11th Avenue NE, Suite 200
Seattle, WA 98105-4608
206/616-4001

WEST VIRGINIA
Alderson Broaddus College - M
Physician Assistant Program
Box 2036
Philippi, WV 26416
304/457-6283 or 304/457-6290

Mountain State University - B optional, M
Physician Assistant Program
PO Box 9003
609 South Kanawha Street
Beckley, WV 25802-9003
800/786-6067 ext. 1998

WISCONSIN
Marquette University - M
Physician Assistant Program
College of Health Sciences
1700 Building
PO Box 1881
Milwaukee, WI 53201-1881
414/288-5688

University of Wisconsin - LaCrosse-Gundersen Lutheran Medical Foundation - C, M
Physician Assistant Program
Mayo School of Health Related Sciences
4031 Health Science Center
1725 State Street
LaCrosse, WI 54601-3788
608/785-6622  608/785-8470

University of Wisconsin - Madison - B, M optional
Physician Assistant Program
1278 Health Science Learning Center
750 Highland Avenue
Madison, WI 53705
608/263-5620  800/442-6698

Uniformed Services
Interservice Physician Assistant Program - C, B, M
Academy of Health Sciences
Attn: MCOHMP
3151 Scott Road, Suite 1202
Fort Sam Houston, TX 78234-6138
210-221-8004

Note: Applicants to the Interservice PA Program must be active duty U.S. Air Force, U.S. Army, U.S. Navy, U.S. Coast Guard, Army National Guard, or Federal Bureau of Prisons employee.

Credentials Awarded:
C - Certificate of Completion
A - Associate’s Degree
B - Bachelor’s Degree
M - Master’s Degree
Appendix B

The Center’s physician assistant survey
SURVEY

Please return this survey by Wednesday May 14, 2008.
FAX to (606) 435-0392 or mail in the enclosed postage-paid envelope.

1. How many physician assistants are currently employed at your facility? _______

1a. If the answer to question number one is zero, please choose one of the following to help us better understand your needs:

   ____ My facility is having difficulty recruiting a physician assistant.
   ____ The number of patient visits/census at my facility is not large enough to support a physician assistant.
   ____ My facility prefers hiring nurse practitioners.
   ____ Other: ____________________________________________________________

2. How many physician assistants does your facility anticipate hiring on a full-time basis within the next three to five years? _______

   2a. Any on a part-time basis? If so, how many? _______

3. On the following scale, please rank the difficulty level for recruiting physician assistants in your service area.

<table>
<thead>
<tr>
<th>Not Difficult</th>
<th>Moderately Difficult</th>
<th>Very Difficult</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>4</td>
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</tbody>
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4. Any additional comments are welcome

   ___________________________________________________________________
   ___________________________________________________________________
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Thank you for your participation.
Appendix C

Information about PAs and the PA profession
Information About PAs and the PA Profession

General Information

Q. What is a Physician Assistant (PA)?
A. Physician assistants are health care professionals licensed, or in the case of those employed by the federal government they are credentialed, 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 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.

PAs are trained in intensive education programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

Because of the close working relationship the PAs have with physicians, PAs are educated in the medical model designed to complement physician training. Upon graduation, physician assistants take a national certification examination developed by the National Commission on Certification of PAs in conjunction with the National Board of Medical Examiners. 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.

Q. How did the Physician Assistant profession begin?
A. 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. He selected Navy corpsmen who received considerable medical training during their military service and during the war in Vietnam but who had no comparable civilian employment. He based the curriculum of the PA program in part on his knowledge of the fast-track training of doctors during World War II.

For more information about the history of the PA profession, visit the PA History Center Web page.

Q. What does "PA-C" stand for? What does the "C" mean?
A. Physician assistant-certified. It means that the person who holds the title has met the defined course of study and has undergone testing by the National Commission on Certification of Physician Assistants (NCCPA). The NCCPA is an independent organization, and the commissioners represent a number of different medical professions as well as PAs. The NCCPA is not a part of the PA professional organization, the American Academy of Physician Assistants (AAPA). To maintain that "C" after "PA", a physician assistant must log 100 hours of continuing medical education every two years and take the recertification exam every six years.
PA Education

Q. How is a Physician Assistant educated?
A. Physician assistants are educated in intensive medical programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The average PA program curriculum runs approximately 26 months. There are approximately 140 accredited programs. All PA programs must meet the same ARC-PA standards.

Because of the close working relationship PAs have with physicians, PAs are educated in a medical model designed to complement physician training. PA students are taught, as are medical students, to diagnose and treat medical problems.

Education consists of classroom and laboratory instruction in the basic medical and behavioral sciences (such as anatomy, pharmacology, pathophysiology, clinical medicine, and physical diagnosis), followed by clinical rotations in internal medicine, family medicine, surgery, pediatrics, obstetrics and gynecology, emergency medicine, and geriatric medicine.

A PA's education doesn't stop after graduation, though. PAs are required to take ongoing continuing medical education classes and be retested on their clinical skills on a regular basis. A number of postgraduate PA programs have also been established to provide practicing PAs with advanced education in medical specialties.

Q. What are the prerequisites for applying to a PA program?
A. PA programs look for students who have a desire to study, work hard, and to be of service to their community. Most physician assistant programs require applicants to have previous health care experience and some college education. The typical applicant already has a bachelor's degree and approximately four years of health care experience. Commonly nurses, EMTs, and paramedics apply to PA programs. Check with PA educational programs of interest to you for a list of their prerequisites.

Scope of Practice

Q. What areas of medicine can Physician Assistants work in?
A. Physician assistants are found in all areas of medicine. They practice in the areas of primary care medicine - that is family medicine, internal medicine, pediatrics, and obstetrics and gynecology -- as well in surgery and the surgical subspecialties.

Physician assistants receive a broad education in medicine. Their education is ongoing after graduation through continuing medical education requirements and continual interaction with physicians and other health care providers.

Q. Where do PAs "draw the line" as far as what they can treat and what a physician can treat?
A. What a physician assistant does varies with training, experience, and state law. In addition, the scope of the PA's responsibilities corresponds to the supervising physician's practice. In general, a physician assistant will see many of the same types of patients as the physician. The cases handled by physicians are generally the more complicated medical cases or those cases which require care that is not a routine part of the PA's scope of work. Referral to the physician, or close consultation between the patient-PA-physician, is done for unusual or hard to manage cases. Physician assistants are taught to "know our limits" and refer to physicians appropriately. It is an important part of PA education.

Q. Can PAs prescribe medications?
A. All fifty states, the District of Columbia, and Guam have enacted laws that authorize PA prescribing. In California, PA prescriptions are referred to as written prescription transmittal orders.

Physicians and PAs
Q. What do physicians think about Physician Assistants?
A. Most physicians who have worked with physician assistants like having PAs on staff. The American Medical Association, the American College of Surgeons, the American Academy of Family Physicians, the American College of Physicians, and other national medical organizations support the physician assistant profession by actively supporting the PA certifying commission and the PA program accrediting agency.

Studies done by the Federal Government have shown that PAs, working with the supervision of physicians, provide care that is comparable to physician care. The Eighth Report to the President and Congress on the Status of Health Personnel in the United States (released in 1992) states, "Physician assistants have demonstrated their clinical effectiveness both in terms of quality of care and patient acceptance."

Q. What is the working relationship between a physician and a physician assistant?
A. The relationship between a PA and the supervising physician is one of mutual trust and respect. The physician assistant is a representative of the physician, treating the patient in the style and manner developed and directed by the supervising physician. The physician and PA practice as members of a medical team. In 1995, the American Medical Association developed suggested guidelines for how physicians and PAs should work as a team in the delivery of medical care.

Suggested Guidelines for Physician-Physician Assistant Practice
Adopted by the AMA House of Delegates, June 1995

Reflecting the comments from the American Academy of Physician Assistants, separate model guidelines for Physician/Physician Assistants practice have been developed. These are based on the unique relationship of Physician Assistants who recognize themselves as agents of physicians with respect to delegated medical acts, and legal responsibilities. They are consistent with the existing AMA policies concerning Physician Assistants cited in this report. In all settings, Physician Assistants recognize physician supervision in the delivery of patient care. The suggested guidelines reflect those as follows:

1. Health care services delivered by physicians and Physician Assistants must be within the scope of each practitioner's authorized practice as defined by state law.
2. The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the Physician Assistant, ensuring the quality of health care provided to patients.
3. The physician is responsible for the supervision of the Physician Assistant in all settings.
4. The role of the Physician Assistant(s) in the delivery of care should be defined through mutually agreed upon guidelines that are developed by the physician and the Physician Assistant and based on the physician's delegatory style.
5. The physician must be available for consultation with the Physician Assistant at all times either in person or through telecommunication systems or other means.
6. The extent of the involvement by the Physician Assistant in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training and experience and preparation of the Physician Assistant as adjudged by the physician.
7. Patients should be made clearly aware at all times whether they are being cared for by a physician or a Physician Assistant.
8. The physician and Physician Assistant together should review all delegated patient services on a regular basis, as well as the mutually agreed upon guidelines for practice.
9. The physician is responsible for clarifying and familiarizing the Physician Assistant with his supervising methods and style of delegating patient care.

Q. What's the difference between a PA and a physician?
A. Physician assistants are educated in the medical model; in some schools they attend many of the same classes as medical students.
One of the main differences between PA education and physician education is not the core content of the curriculum, but the amount of time spent in formal education. In addition to time in school, physicians are required to do an internship, and the majority also complete a residency in a specialty following that. PAs do not have to undertake an internship or residency.

A physician has complete responsibility for the care of the patient. PAs share that responsibility with the supervising physicians.

**PA Organizations**

**Q. What is the American Academy of Physician Assistants (AAPA)?**
**A.** The AAPA is the only national professional society to represent all physician assistants in every area of medicine. Founded in 1968, the academy has a federated structure of 57 chartered chapters representing PAs in all 50 states, the District of Columbia, Guam, and the federal services.

AAPA's mission is to provide quality, cost-effective, and accessible health care as well as to support the professional and personal development of PAs. The AAPA pursues these goals through government relations and public education programs, research and data collection efforts, and continuing education activities.

The Academy's policies are set by the House of Delegates, which meets once a year, and implemented by the Board of Directors. The House of Delegates is made up of representatives from the chartered chapters, specialty organizations, the Student Academy, and the Physician Assistant Education Association. Member projects and activities are assisted by the AAPA staff. A calendar of upcoming AAPA events is available on this Web site.

**Q. What is the Physician Assistant Foundation?**
**A.** As the philanthropic arm of the American Academy of Physician Assistants, the Physician Assistant Foundation's mission is to foster education and research that enhance the delivery of quality health care. Related to this mission are the Foundation's goals to increase the understanding of the physician assistant profession and to develop and promote philanthropic activities. Learn more about the PA Foundation on this Web site.

**Q. What is the Physician Assistant Education Association (PAEA)?**
**A.** PAEA is a national organization whose members are the PA programs and individual PA educators. It includes representation from accredited programs and programs going through the accreditation process.

To locate additional information about AAPA and the PA profession, use the Site Search feature at the top of this page. We welcome your comments and suggestions. E-mail us at aapa@aapa.org

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