



PHYSICIAN ASSISTANT PROGRAM
UNIVERSITY OF WISCONSIN-MADISON



HRSA Title VII Physician Assistant
Training Grant Initiatives

Rural/Underserved Recruitment & Placement

Virginia Snyder, PhD, PA-C

PA Program Director, HRSA Project Director

Heidi Schalch, PA-C

Outreach Coordinator, HRSA Grant

Physician Assistants (PAs) are licensed health professionals who:

- Practice medicine with physician supervision
- Exercise autonomy in medical decision making
- Provide a broad range of diagnostic and therapeutic services
- Practice nearly every discipline and setting
- Perform educational, research, and administrative activities

Definition of a PA

Responsibilities of a PA depend on:

- Delegation by supervising physician
- Practice setting
- Education
- Experience of the PA
- State laws and regulations

Scope of Practice

- National Commission on the Certification of Physician Assistants (NCCCPA) is the certifying body for all PAs
- No specialty-specific certification
- No state-specific licensing exam

PA Certification

Certification

- All states require national certification for licensure
- To obtain certification:
 - Must be a graduate of an accredited PA program
 - Must pass PANCE national exam administered by NCCPA

Re-Certification

- To maintain national certification:
 - Must log 100 hours of continuing medical education (CME) every 2 years
 - Must sit for generalist re-certification exam every 6 years
 - Failure of re-certification means loss of certification

PA Certification

- History/Purpose: prepare clinicians for roles to expand health care services, increase access and decrease cost
- Strong influence on concepts and trends in health professions
- Pioneered methodologies in clinical education, multidisciplinary/ collaborative team approaches and curriculum innovation
- Socially responsive tradition, e.g., primary care needs, medically underserved/disadvantaged populations, rural/urban medicine
- Strong links with other agencies: Area Health Education Centers (AHEC), rural health clinics, community/migrant centers, and/or other primary healthcare agencies
- Educationally efficient
- Mission-driven

PA Education

- HRSA Title VII training grant and other extramural support for education and training; strict criteria
- Loss/competition of clinical training sites: challenge of adding new clinical training sites and practice affiliations
- Enrollment capacities – how will this affect training?
- Recruitment of new faculty members
- Strengthening minority recruitment and retention

Issues in PA Education

- Federal funding for Health Professions Programs, including *PA Training Grant Award Program*
- Supports creative *recruitment and retention* strategies, *primary care training* approaches, *cost-effective operation*
- Curriculum enhancement addressing the health and social problems of *medically-underserved* (inner cities, remote areas, correctional systems, geriatric facilities, rehabilitation facilities)

HRSA Title VII Funding

- Increasing restrictions on grants: identified priorities and preferences
- Specify recruitment from underrepresented minorities and underserved communities
- Recent, renewed enthusiasm for federal support of health professions programs related to Title VII
- 2007: 32 PA programs awarded Title VII Funding
- 2009: 18 PA programs awarded
- 2010: ARRA/HRSA Funding
 - *ARRA 2009* - Recovery Act - Training in Primary Care Medicine and Dentistry: Physician Assistant Training in Primary Care (\$500 mil)
 - *ARRA 2009*- Recovery Act - *Communities Putting Prevention to Work (CPPW)* (\$650 mil)
 - HRSA Faculty Loan Repayment Program for Faculty from Disadvantaged Backgrounds (\$40K loan repayment for 2 yr. teaching commitment)
 - HRSA Equipment to Enhance Training for Health Professionals (EETHP) program (\$50 mil)
 - National Health Service Corps (NHSC) loan repayment awards of up to \$145,000 with a five-year commitment, or \$50,000 for a shorter two-year commitment

HRSA Title VII Funding

Growing shortage of physicians:

- Population growth
- Aging – both of US population and of the physician workforce

Demand will outpace supply through at least year 2025

- Estimated shortage of 124,000 physicians in 2025
- May be as much as 159,300 (considering changing trends in practice and utilization)

Workforce: Physician Shortage

American Association of Medical Colleges (AAMC) Center for Workforce Studies, 2008

AAMC recommendation to ↑ US medical school enrollment by 30% (2006)

Educating/training more physicians → not enough to address shortages

Must also:

- Improve efficiency, productivity
- Reconfigure the way services are delivered
- Make better use of physicians

Workforce: Physician Shortage

American Association of Medical Colleges (AAMC) Center for Workforce Studies, 2008

Workforce policy experts recognize PAs are an important asset for service delivery

Primary care is emphasized opportunity, yet hospital inpatient services and teaching centers are also cited areas of opportunity

Unfortunately, ~66% of PAs practice in specialties/subspecialties (following same direction of physicians and medical marketplace)

- More positions available
- Specialties pay better

Physician Assistants: A Part of the Solution

*Cawley JF. Physician assistants are an asset to health workforce policy reform.
JAAPA, July 2009*

Key characteristic → adaptability

- Almost any clinical practice setting, discipline
- Adjustment over time to meet changing demands

PAs continue to assume an expanded scope of practice in which they take on new responsibilities for patient care

PAs in the Healthcare Workforce

2006 Physician Retention Survey

(American Medical Group Association and Cejka Search)

Hiring Advanced Practitioners (APs: PA/NP) is a primary strategy for promoting physician retention

- One of two factors to better leverage physician time:
 - 1) hire Advanced Practitioners
 - 2) hire hospitalists

APs Role in Physician Retention

2006 Physician Retention Survey; American Medical Group Association and Cejka Search

Barriers to recruitment and retention of Advanced Practitioners (PA/NP):

- Lack of mentoring
- High competition
- Rural geographic isolation

AP Survey to WI Medical Groups

6 medical groups surveyed (Aspirus Clinics, Dean Health System, Group Health, Gunderson-Lutheran Health System, Marshfield Clinic, Wheaton Franciscan Medical Group) by the Wisconsin Council on Medical Education and Taskforce, Charles Shabino, 2006

Primary issues for ensuring sufficient #'s of healthcare professional in rural areas:

- Adequate supply
- Appropriate distribution
- Removal of barriers to providing care

Rural Workforce Issues

Workforce Series: Physician Assistants. National Rural Health Association Policy Position. October 2008

Physician Assistant Education Association (PAEA)

- 5165 total grads from 142 accredited PA programs in 2008
(PAEA Annual Report, 2008)
- 50% existing programs stated they would either 'possibly' or 'probably' increase class size... or had already done so
(PAEA Annual Report, 2006)

Adequate Supply

Physician Assistant Education Association (PAEA)

National: 146 total (Master's, 83%)

Wisconsin: 3 established programs

- UW-Madison (MPAS)
 - **34** students (28 campus-based; 6 community-based)
- UW LaCrosse/Gunderson/Mayo (MS PAS)
 - **14** students
- Marquette (MPAS)
 - **50** students
- Carroll University
 - projected to open in 2010

Physician Assistant Programs

Accredited by ARC-PA (Accreditation Review Commission on Education for the Physician Assistant)

Wisconsin PAs

- 1696 PAs licensed to practice in Wisconsin in 2008 (WI DRL)

Wisconsin PA graduates

- Approx. 98 students annually
- % graduates placed in WI
 - UW-Madison: ~75% (range: 60% in 2000 → 92% in 2005 → 78% in 2008)
 - Primary Care: 37% in 2005; 13% in 2006; 32% in 2007; 47% in 2008
 - UW-LaCrosse: ~60%
 - Primary Care: 28% in 2006
 - Marquette: ~50%
 - Negligible # Family/General Medicine in past 10 years

PA Demographics (WI)

Year	0% Growth	1% Growth	2% Growth	3% Growth	4% Growth	5% Growth
2007	79,605	79,758	79,892	80,039	80,174	80,333
2008	84,185	84,478	84,756	85,050	85,339	85,647
2009	88,757	89,240	89,712	90,209	90,704	91,230
2010	93,317	94,034	94,758	95,510	96,272	97,075
2011	97,861	98,867	99,888	100,956	102,057	103,199
2012	102,384	103,727	105,104	106,552	108,057	109,617
2013	106,891	108,623	110,416	112,302	114,283	116,353
2014	111,381	113,544	115,816	118,212	120,745	123,405
2015	115,815	118,468	121,272	124,259	127,425	130,779
2016	120,221	123,411	126,814	130,446	134,350	138,498
2017	124,532	128,313	132,378	136,741	141,468	146,522
2018	128,746	133,174	137,964	143,141	148,781	154,865
2019	132,880	138,001	143,580	149,650	156,319	163,545
2020	136,936	142,810	149,249	156,313	164,120	172,632

PA Projections: 2007-2020

PAAs listed in 'Fastest Growing Occupations', 2006-2016

- Estimated growth of 18-20K
- $\geq 27\%$ growth rate over this time
(compared to 10% growth in all jobs during this time)

Federal Bureau of Labor Statistics

Dohm A and Shniper L. *Occupational employment projections to 2016*. Federal Bureau of Labor Statistics. 2006.

Factors related to distribution:

- Distribution of persons needing health care
- Factors that influence the location of healthcare practitioners:
 - a. Personal background and values of an individual professional
 - b. Financial and other forms of compensation
 - c. Medical facilities and resources in a particular location
 - d. Economic, educational, and cultural resources in a particular location
 - e. Preference of significant other (*often the primary influence)

Distribution Factors

State regulations may limit the contribution of the PA workforce by:

1. Restrictive supervision requirements

- Recent changes in *WI Med Chapter 8* (September 2009)
- Eliminates the co-signature of prescriptions requirement and change how PA prepared prescriptions are reviewed by a supervising physician
- Creates a medical practice that includes a PA more efficient, streamlined and safe for patients→ the goal was to still achieve appropriate supervision of PA-prepared prescriptions, but allow for flexibility in each individual practice setting

Barriers to Providing Care

<http://www.wapa.org/>

2. Lack of reimbursement for PA provided services

- Medicare, Medicaid, other payers
- Federal workers compensation program (Workers Comp not covered w/ PAs)

3. Restrictive credentialing policies (particularly in certain disciplines)

- Some states are overly restrictive, which limits access to care (e.g. OH, MO, IN, KY)
- Discourages PA location in rural communities

Barriers to Providing Care

Workforce Series: Physician Assistants. National Rural Health Association Policy Position. October 2008

UW-Madison PA Program Placement Data 2005-2009

	2005		2006		2007		2008		2009		Avg. %	*Nat. Avg. %
• Primary Care	7	37%	3	13%	6	32%	9	47%	5	22%	30%	35.7% Res 27.1% NR
MUA Practice	7	37%	8	33%	7	37%	4	21%	6	26%	31%	
Community <10,000	6	32%	5	21%	3	16%	5	26%	4	17%	22%	
Rural Setting	9	47%	7	29%	6	32%	6	32%	7	30%	34%	15%
Inner City Setting	2	11%	1	.04%	3	16%	5	26%	3	13%	13%	
Total Respondents	19		24		19		19		23		21%	19,608
Total # Graduates	29		30		29		30		36		31	
% Response Rate	66%		80%		66%		63%		64%		68%	27%

- Note: Primary care represents Family Medicine, Geriatrics, General Internal Medicine, General Pediatrics
- * 2009 AAPA Census data

A part of the problem is the '*pull*'...

PA students show increasing interest in primary care, but finding placement is a problem!

A Part of the Problem...

For Physicians

- Increase reimbursement payments

For Med and PA Students

- Increase funding for National Health Service Corps
- Loan repayment programs
- Competitive salaries/bonus programs

For PA Training Programs/PA Profession

HRSA Title VII funding → train PAs in primary care roles for service in rural and underserved communities

Incentives → Current Proposals

Workforce Series: Physician Assistants. National Rural Health Association Policy Position. October 2008

- Recruit and retain PA applicants from rural/urban, underserved/disadvantaged areas
 - Community-based learning option (DE)
 - HRSA initiative to establish community partners (Community Practice Advisory Councils or CPACs)
 - CPACs identify potential applicants; supports recruitment and retention

- Educate rural primary/secondary school students in regard to PA profession
 - HRSA support of outreach efforts (3 Outreach Specialists)
 - Collaboration w/ Area Health Education Centers (AHEC)
 - Improve the 'pipeline' of future PAs

UW-Madison Efforts to Meet Rural Needs

- Provide rural/underserved curriculum and educational training experiences
 - Rural curriculum for all PA students
 - Develop rural training track
 - Collaborations with SMPH rural/urban training programs, WARM, RUSCH, TRIUMPH programs
- Financial incentives for new graduates
 - Office of Rural Health – Loan Repayment Program
- Placement→ competitive employment opportunities
 - Preceptorship experiences lead to clinical placement→ both from standpoint of student exposure and employment opportunities
 - HRSA training grant supports preceptorship recruitment in rural/underserved communities

UW-Madison Efforts to Meet Rural Needs

*The mission of the University of Wisconsin–Madison Physician Assistant Program is to educate **primary health care** professionals committed to the delivery of comprehensive, preventive and therapeutic health care in a culturally and ethnically sensitive manner.*



Our Mission

www.physicianassistant.wisc.edu

- Legislative mandate (1975)
- Rich history of excellence in PA education
- Generalist training w/ primary care emphasis

- Continuous accreditation since 1977
 - Clear mission and strong sponsorship of the Department of Family Medicine and School of Medicine and Public Health
 - Experienced, committed faculty
 - Community-based clinical rotations
 - Innovative, emerging technology in a state-of-the-art facility
 - Student success on PANCE board exam; low student attrition
 - Innovative approach to continuous self-evaluation
 - Community-based (Distance Education) option
 - Master of Physician Assistant Studies (MPAS)- May 2010



Program Overview

- 24-month ***Campus-Based*** professional program consists of didactic and clinical education
 - First 12 months, didactic instruction in basic, clinical, behavioral, social sciences with integrated clinical learning experiences
 - Final 12 months consist of clinical rotations, one of which includes experience in medically underserved or culturally diverse areas
 - Clinical rotations are community-based throughout WI and beyond; housing is the responsibility of the student

Professional Program Curriculum

- 36-month **Community-Based (DE)** professional program curriculum equivalent to campus-based program

- Didactic portion extends over 24 months
 - part-time enrollment
 - first summer session on campus
 - balance of didactic instruction is completed in the student's home community via *asynchronous web-based format*
 - return to campus twice per semester to participate in clinical learning experiences and to meet with instructors
- Final 12 months (clinical year) identical to that of the campus students
 - clinical rotations in or near home communities



Community-Based Option

Enhancement of the Graduate Curricula

- Didactic curriculum- enhancements, additions, increased efficiency/longitudinal integration
- Strengthen emphasis in prevention and public health
- Capstone (scholarly) project
- Clinical year electives & tracks: extended clinical training
- Emphasizes evidence-based practice, lifelong learning, primary care emphasis, community service, professionalism and competency-based training

MPAS Curriculum

Three Measurable Objectives (2008-2011 Grant Cycle):

1. *To increase the percentage of students from underserved areas, disadvantaged backgrounds, or minority status, from 30% in 2007 to 40% in 2011, by expanding recruitment strategies and reducing barriers to enrollment.*

Strategies for Objective 1:

- a. Recruitment strategies directed at UW System universities, community colleges, health organizations and community liaisons to recruit promising students from rural/underserved areas or minority status.

HRSA Title VII Grant Initiatives

U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)
Title VII Grant

Strategies for Objective 1, cont'd.

- b. Work with UWSMPH Medical Scholars Model to identify and encourage promising students.
- c. Create innovative multimedia materials that will allow Outreach Specialists and other program staff to enhance current recruitment, as well as to recruit university, healthcare and community partners, and promising students from HPSAs and PHPSAs around the state.
- d. Establish Statewide Community Practice Advisory Council (CPAC) to capitalize on the expertise and experience of community partners regarding the recruitment initiative (and other grant initiatives). Organize/facilitate annual meetings.
- e. Create a mentoring program that will pair potential enrollees with a community mentor, the Outreach Specialist, and PA program faculty/staff, as they prepare for a guaranteed interview with the program.

HRSA Title VII Grant Initiatives

U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)
Title VII Grant

Strategies for Objective 1, cont'd.

- f. Develop pre-entry program to provide guidance and counseling for sponsored applicants and re-applicant students who are likely to return to medically underserved communities and/or who are educationally or economically disadvantaged.
 - *PA Profession Success Plan*
- g. Allow promising students to enroll in basic required medical courses in their final undergraduate years to give them experience with the curriculum, the confidence to apply for enrollment, and complete credits prior to enrollment.
- h. Provide flexible training options for students from non-traditional backgrounds, including expansion of our community-based learning program

HRSA Title VII Grant Initiatives

U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)
Title VII Grant

Objective 1 Goal: *Increase # students from MUCs, disadvantaged background, minority status from 30% in 2007 to 40% in 2011*

Program Enrollment Data:

2007: 30%

2008: 30%

2009: 21%

2010: 24%

HRSA Title VII Grant Initiatives

U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)
Title VII Grant

Applicants/Enrollees w/ HPSA/MUA Designation from Total Applicant Pool (424 reviewed applications):

- 170 applicants w/ permanent address WI (40% of total applicants)
- 45 applicants w/ designated HPSA/MUA or MUP zip code (26% of WI Residents/11% total applicants)
- Admission status of applicants w/ HPSA/MUA or MUP zip code:
 - * 15 denied
 - * 15 alternate to interview
 - * 8 admitted (6 campus/2 DE)
 - * 3 interviewed & alt for class
 - * 2 declined an interview
 - * 2 declined a seat in the class

2010 Applicants/Enrollees: HPSA/MUA

CLASS ENTERING 2010

	Reviewed (n=424)	Interviewed (n=70)	Accepted (n=34)
Economically Disadvantaged	3%	1%	0%
Educationally Disadvantaged	3%	7%	9%
Economically & Educationally Disadvantaged	3%	6%	15%
Race/Ethnicity	80% White (non-Hispanic) 8% No Answer 4% Asian 4% Other 2% Spanish/Hispanic/Latino/Latina 1% Black or African-American .5% Native Hawaiian or Other Pacific Islander	91% White (non-Hispanic) 4% Asian 3% Spanish/Hispanic/Latino/Latina 1% Black or African-American 1% No Answer	85% White (non-Hispanic) 6% Spanish/Hispanic/Latino/Latina 3% Asian 3% Black or African-American 3% No Answer
Gender	79% Female 21% Male	89% Female 11% Male	82% Female 18% Male

Measurable Objectives, cont'd.

2. *By 2010, develop new curricular modules to prepare all students to care for rural/underserved populations and encourage practice in areas of need.*

Strategies for Objective 2:

- a. Link with existing programs in UWSMPH (e.g., WARM, TRIUMPH, RUSCH Programs) to enhance our existing rural/underserved preceptorship sites and to create new ones.
- b. Establish new preceptorships in MUCs via CPAC development and expansion of our community-based training option.
- c. Use CPAC as an advisory board (as well as collaborative programs) for curricular design and enhancement to support the Rural/Underserved Primary Track and longitudinal rural/underserved curriculum to all students.

HRSA Title VII Grant Initiatives

U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)
Title VII Grant

Measurable Objectives, cont'd.

3. *Develop an intensive training program for a subset of students: Rural/Underserved Primary Care Track, Capstone Projects*

Strategies for Objective 3:

- a. Develop a comprehensive curriculum that will more specifically and better address care for rural/underserved, disadvantaged/minority populations for all students.
- b. Develop capstone experiences that focus on rural/underserved populations.

HRSA Title VII Grant Initiatives

U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)
Title VII Grant

- Cawley JF. *Physician assistants are an asset to health workforce policy reform*. JAAPA, July 2009.
- Dill MJ, Salsberg ES. *The Complexities of Physician Supply and Demand: Projections through 2025*. Center for Workforce Studies, Association of American Medical Colleges, November 2008.
- *Workforce Series: Physician Assistants*. National Rural Health Association Policy Position. October 2008.
- *Projected Number of People Eligible to Practice as PAs and the Number of PAs in Clinical Practice in 2007 through 2020*. AAPA Website:
<http://www.aapa.org/about-pas/data-and-statistics/406-other-information-and-policies>
- *2009 AAPA Physician Assistant Census National Report*. www.aapa.org
- *Physician Assistant Employment Guide*. WAPA. 2009 ed. www.wapa.org
- Dohm A and Shniper L. *Occupational employment projections to 2016*. Federal Bureau of Labor Statistics. 2006.
- Wisconsin Academy of Physician Assistants: www.wapa.org
- American Academy of Physician Assistants: www.aapa.org
- Crane S. Select data trends regarding PA licensure, scope of practice issues, and the shortage of physician services. *2005 AAPA Census Report*.
- Hooker, Cawley, Asprey (2009, 3rd ed.), *Physician Assistants: Policy and Practice*, F A Davis Company
- Accreditation Review Commission on Education for the Physician Assistant (ARC-PA): <http://www.arc-pa.org/>
- *23rd and 24th Annual Reports on Physician Assistant Educational Programs in the United States (2006-07, 2007-08)* Physician Assistant Education Association (PAEA). www.PAEAonline.org

References



PHYSICIAN ASSISTANT PROGRAM

University of Wisconsin
School of Medicine and Public Health

www.physicianassistant.wisc.edu