

Physician Assistants in Orthopaedic Surgery

SPECIALTY PRACTICE: ISSUE BRIEF



Physician Assistants provide a broad range of services that otherwise would be performed by physicians.

Physician assistants (PAs) are versatile members of the medical team, with broad, yet rigorous medical training. PAs provide care in the office, assist at surgery, cover call, round on hospital inpatients, and can provide orthopaedic care in emergency departments and urgent care centers. PAs can be an asset to any orthopaedic practice, and have been shown to enhance not only patient satisfaction and quality outcomes, but also physician satisfaction and work-life balance.

Orthopaedic surgeons may delegate a range of responsibilities to PAs, including performing histories and physical exams, ordering and interpreting diagnostic tests, prescribing medications and therapeutic interventions, and assisting at surgery. Procedures performed by PAs include injection of joints and trigger points, wound closures and debridement, tendon repair and fracture management. PAs exercise a high level of decision making and provide care with delegated autonomy.

In the hospital, as providers of medical care credentialed and privileged by the medical staff, PAs conduct hospital rounds, write orders, take call, help formulate and implement therapeutic treatment plans and perform discharge duties.

Orthopaedic surgical practices benefit from the enhanced efficiency and continuity of care PAs provide. As a result, PAs practicing in orthopaedics are in great demand. It is estimated that 10% of the 90,000 PAs practicing in the United States in 2013 are practicing in orthopaedic surgery.

PAS CREDENTIALS

Applicants to PA programs must complete at least two years of college courses in basic science and behavioral science as prerequisites to PA school, analogous to premedical studies required of medical students. The vast majority of PA programs award master's degrees.

Accredited by the Accreditation Review Commission on Education for the Physician Assistant, PA programs are characterized by a rigorous,



competency-based curriculum with didactic and clinical components. This traditional medical training prepares PAs to be effective providers of physician-directed care. Before they can be authorized to practice, PAs must pass the national certifying examination administered by the National Commission on Certification of Physician Assistants. To maintain certification, PAs must complete 100 hours of continuing medical education every two years and take a recertification examination every six years.

All states, the District of Columbia and most US territories authorize PAs to practice. In those jurisdictions, and in many federal agencies, physicians may delegate to PAs duties that are within the physician's scope of practice, the PA's training and experience and that are allowed by law.

PAS IN ACTION

The following accounts, taken from interviews, illustrate PA range and versatility in the workplace with PAs in orthopaedic surgery.

COVERAGE FOR HOSPITAL AND OFFICE

In a growing North Carolina orthopaedic spinal surgery practice, a highly experienced PA provides and coordinates treatment in the office and operating room. The PA sees between 25-40 patients in the clinic daily, where he often sets acute fractures, applies casts or braces, and performs facet injections. For new patients, the PA obtains a thorough history and physical and orders any lab tests or diagnostic scans. Once he has the test results, the PA establishes a diagnosis and treatment plan, consulting with the physician as needed.

When assisting at surgery, the PA handles patient positioning, tissue retraction, bone graft harvesting and wound closure. Postoperatively, the surgeon and PA round on patients, and the PA coordinates patient discharge. For follow-up, patients generally see the PA, who helps them complete their recovery with pain management, physical therapy, maraine injections and related treatments. A flexible schedule allows the PA to work in the clinic or operating room according

to physician and patient needs, scheduling that keeps the practice responsive to changing events.

PAIN MANAGEMENT

In another busy practice, five orthopaedic surgeons employ three physician assistants. One PA, who has worked in the field for 14 years, sees up to 30 patients a day for preoperative and postsurgical care.

Two days a week, he assists at surgery with his supervising physician, who performs a variety of surgeries including spinal fusion surgery and total joint replacements. With many patients at many practice sites—the surgeons operate at four local hospitals — patients and physicians benefit from PA efficiency, accessibility and flexibility. Patients also appreciate the personalized care they receive from the PAs, who manage pain control, provide patient education, and adjust therapeutic modalities as needed.

PARTNERS IN SURGERY AND RESEARCH

A renowned Utah bone and joint practice showcases the effectiveness of

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team practice. Here, one of the world's foremost joint replacement surgeons works with a PA, a clinical partnership of 19 years. With the PA first assisting, they perform joint arthroplasties two days a week. The PA performs patient positioning and draping, tissue retraction and wound closure. In total, the team performs between 12 and 15 surgeries a week.

For new patients, the PA obtains complete histories, assesses their hip or knee problems and orders any X-rays or lab tests. When surgery is required, patients meet with the surgeon and PA for comprehensive question and answer sessions. For patient education, the team created a detailed guide about surgical options, insurance coverage, and preparing for and recovering from surgery. This physician-PA team also collaborates in surgical innovation. They research and implement new surgical techniques, including the use of smaller incisions, and, under the surgeon's leadership, they have developed new implants for joint procedures.

THIRD-PARTY COVERAGE FOR SERVICES PROVIDED BY PAs

Nearly all private payers cover medical and surgical services provided by PAs. However, private health insurance companies do not necessarily follow Medicare's coverage policy rules. Practices should verify each company's specific policies for PAs. Medicare pays the PA's employer for medical and surgical services provided by PAs in all settings at 85 percent of the physician's fee schedule. These settings include hospitals (inpatient, outpatient, operating room and emergency departments), nursing facilities, offices, clinics, the patient's home and first assisting at surgery. In certain settings, services that PAs provide may be billed at 100 percent under the supervising physician's provider number by meeting the "incident to" or shared visit billing requirements.

All 50 states and the District of Columbia cover medical services provided by PAs under their Medicaid fee-for-service or Medicaid managed care programs. The rate of reimbursement is either the same

as or slightly lower than that paid to physicians.

For more information about third-party coverage, visit AAPA's Reimbursement Resources page at www.aapa.org/reimbursement.

HIRING A PA

For more information about how to hire a PA, contact AAPA at 703-836-2272 or visit AAPA's resources page at www.aapa.org/your_pa_practice/for_employers.aspx. For more information about PAs in orthopaedic surgery, see the Physician Assistants in Orthopaedic Surgery's Web site at www.paos.org.

