What is a Physician Assistant?

Physician assistants (PA) practice medicine under the supervision of physicians. This relationship is based on trust and mutual reliance. It is this positive, unique relationship that makes the physician/PA team a complementary, highly productive model for the delivery of safe, competent health services to all citizens.

Physicians and PAs work closely together in virtually every kind of health care setting including any medical and surgical specialty field. The Michigan Academy of Physician Assistants is the only organization to represent physician assistants in all specialties in the state.

What is a physician assistant’s scope of practice?

The physician or group with whom PAs practice primarily determines the scope of practice. The physician has the ability to observe the PAs practice and competency, and is best suited to determine the type and complexity of patients the individual PA will manage. Common tasks that PAs perform include histories & physicals, diagnosing and prescribing treatments, inpatient rounding, common invasive procedures and assisting in surgery. Approximately thirty percent take call for their practice, and many of these PAs perform emergency room consults.

Tasks and procedures delegated to the PA must be within the scope of the physician’s practice. While PAs do not practice independent of a physician, the physician is not required in Michigan to be on site where the PA is in practice.

How do I supervise a PA in my practice?

The effectiveness of a PA is directly related to the supervising physician. Therefore, the American Medical Association adopted guidelines for physician/PA practice. The American Academy of Physician Assistants and the Michigan Academy of Physician Assistants also endorse these guidelines. They are as follows:

- The physician is responsible for managing the health care of patients in all practice settings.
- Health care services delivered by physicians and PAs must be within the scope of each practitioner’s authorized practice as defined by state law.
- The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the PA, ensuring the quality of health care provided to the patients.
- The physician is responsible for the supervision of the PA in all settings.
- The role of the PA in the delivery of care would be defined through mutually agreed-upon guidelines that are developed by the physician and the PA and based on the physician’s delegatory means.
- The extent of the involvement by the PA 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 PA as adjudged by the physician.

Patients should be made clearly aware at all times whether they are being cared for by a physician or a PA.

The physician and PA together should review all delegated patient services on a regular basis, as well as mutually agreed-upon guidelines for practice.

The physician is responsible for clarifying and familiarizing the PA with the supervising methods and style of delegating patient care.

What is a Physician Assistant’s scope of practice?

The American Medical Association has a report regarding physicians who employ PAs and looked at the effect of physician productivity and other practice characteristics. The reports summary suggested, “The incentives for employing non-physician practitioners include increases in net income and physician productivity – office visits per hour and visits in all settings, both on a weekly and yearly basis.” A survey of solo physicians who employed PAs found that they could take an extra week off per year, while increasing the overall income to the practice. Another group’s data showed that PAs in primary care and surgery generate revenues far greater than their compensation cost to the practice.

Will it be economically advantageous to hire a PA?

Almost all third party payers including BCBSM reimburse for PA services as long as state regulations for supervision are met. Many reimburse the physician or group directly under the physician’s code or personal identification number (PIN).

MEDICAID: Michigan covers medical services provided by PAs at 100 percent of that paid to physicians, and is paid to the employing practice. PAs are not an individual provider group in the eyes of Medicaid. Billings that are generated by the PA are submitted using the physician’s PIN. The Balanced Budget Act of 1997 allows states to name PAs as primary care providers (PCP), however there are only a few Medicaid programs in Michigan that do so.

MEDICARE: As of January 1, 1998, Medicare pays the PAs’ employers for medical services provided by PAs in all settings at 85 percent of the physician’s fee schedule. This includes hospitals, nursing facilities, offices, clinics and surgery. PAs are registered providers through Medicare and must have their own PIN.
What qualifies a PA to practice?

To practice and use the title physician assistant in Michigan, PAs must graduate from an accredited PA program, pass the national certifying exam from NCCPA and apply for and receive a Michigan PA license through the Michigan Department of Community Health—Bureau of Health Professions.

Most PA students enter an accredited PA program with a bachelor’s degree and at least four years of health care experience. The average PA program last two years, which are divided into two phases: didactic and clinical. The first phase includes course and laboratory work in Basic Medical Sciences, Clinical Preparatory Sciences (clinical medicine and physical diagnosis), Behavioral and Social Sciences, Information Literacy, Health Policy and Professional Practice. In the second phase, students train in a clinical setting through a series of extensive hands-on rotation in private practices and institutions. In many programs, medical students, residents and PA students train side by side, experiencing internal medicine, obstetrics and gynecology, pediatrics, surgery, family practice, psychiatry, emergency medicine and an extended experience in primary care. Elective rotations are usually available in dermatology, cardiology, radiology, infectious disease, neurology, chemical dependency, and other specialty disciplines.

After graduation, students must pass the Physician Assistant National Certifying Examination from NCCPA in order to become licensed in Michigan. To maintain certification, PAs must obtain 100 hours of CME and register with the National Commission of Certification of Physician Assistants (NCCPA) every two years and pass a recertifying exam every six years.

What is the typical compensation for PAs?

According to a 2006 survey from the American Academy of Physician Assistants (AAPA), 87 percent of PAs work at least 32 hours per week, with the mean working 44.3 hours per week. Over one third of PAs take some call for their practice. The vast majority of PAs receive their base pay in the form of a salary, while 21% indicated that they receive an hourly wage. Most receive other forms of compensation, such as incentive pay based on productivity, CME allowance, professional dues and on-call pay.

In the AAPA’s survey, the median total annual income for respondents who work at least 32 hours per week for their primary employer, and who are not self-employed, is $83,312, the mean was $86,903. In comparison, the figures for respondents who recently graduated from PA school in 2006 are $73,312 and $74,259 respectively.

Where are PA Programs in Michigan

Michigan has five PA programs that all award master’s degrees. These programs are as follows:

- Central Michigan University
- Grand Valley State University
- University of Detroit-Mercy
- Wayne State University
- Western Michigan University

Public Health Code in Michigan – Important Definitions

Practice as a physician assistant is the practice of medicine or osteopathic medicine and surgery performed under the supervision of a physician or physicians licensed under this part 175. (333.17001(e)). Practice as a physician assistant is a health profession subfield of the practice of medicine and osteopathic medicine and surgery (333.17008).

Practice of medicine means the diagnosis, treatment, prevention, cure or relieving of human disease, ailment, defect, complaint or other physical or mental condition, by attendance, advise, devise, diagnostic test or other means, or offering, undertaking or attempting to do, or holding oneself out as able to do, any of these acts (333.17001(d)).

A physician who supervises a physician assistant is responsible for: verification of the physician assistant’s credentials, evaluation of the physician assistant’s performance and monitoring of the physician assistant’s practice and provision of medical care services (MCLA 333.1709(1)).

A physician shall not delegate ultimate responsibility for the quality of medical care services, even if the services are provided by a physician assistant (MCLA 333.17049(2)).

A physician who supervises a physician assistant shall keep on file a permanent written record that includes the physician’s name and license number and the name and license number of each physician assistant supervised by the physician (MCLA 333.17049(4)).

To obtain full copies of the Public Health Code and Administrative Rules, they are available to download at www.michigan.gov/cis or at www.michiganlegislature.org.