



## NEWS RELEASE

For immediate release

### **New Study Shows Canadians Want Physician Assistants to Play a Greater Role in Their Health Care**

**October 24, 2014, Halifax**— A new study by Nanos Research shows overwhelming support for a rapid expansion of Physician Assistants (PAs) into Canada’s health care system. The study of 1,000 Canadians was released at the Canadian Association of Physician Assistants’ (CAPA) Annual Conference in Halifax, where 150 PAs are discussing how to improve patient care through better collaboration with other providers and best practices.

The study reveals that 8 in 10 Canadians are supportive of PAs having a greater role in providing health care and are comfortable receiving care from a PA in Canada. Support for PAs was strongest amongst Canadian seniors of who almost 9 in 10 supported an expansion of PAs. The positive survey results led the President of CAPA to call for immediate action to introduce PAs in those provinces not yet taking advantage of the high level of care provided by these professional.

“PAs can help provide better, faster care to our patients, and especially our seniors,” said Chris Rhule President of CAPA. “At a time when governments are struggling to save money, and find innovative ways to better care for our aging population, we need to be moving quickly to ensure we’re taking full advantage of these valuable members of the health care team.”

While a relatively new profession in Canada, PAs have been practicing in the Canadian Armed Forces for over 50 years and have been instrumental in providing a high level of care to soldiers on the front lines. PAs practice in a variety of specialties including emergency rooms, primary care, orthopedics, psychiatry, neurosurgery in Alberta, Manitoba, Ontario and New Brunswick. Studies from the United States where 95,000 PAs are practicing, demonstrate that PAs can maximize service for patients while helping the health care system to reduce spending and have been shown to decrease the hospital admission rates by 38% for seniors.

Furthermore PAs employed as part of a home care program have successfully reduced 30-day readmission rates for patients.”

“PAs are helping an already stressed health system reduce costs, wait times and improve care,” said Mr. Rhule. “Patients in British Columbia, Saskatchewan, Quebec, Nova Scotia, P.E.I., and Newfoundland should also be benefitting from PAs.”

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**The survey results are available on the Nanos Research website:**

<http://www.nanosresearch.com/library/polls/POLNAT-S14-T623.pdf>

### Statistics

- PAs in primary care settings can be used for 75% of all visits without referral to physician level care.<sup>1</sup>
- PAs can manage up to 62% of all patients in emergency care environments.<sup>2</sup>
- In an Ontario study on the utilization of PAs; 95% of physicians working with PAs said that the PA had increased their own efficiency in providing care.<sup>3</sup>
- PAs in emergency departments can reduce wait times by 1.9 times and reduce left without being seen rates by half.<sup>4</sup>
- PAs can increase surgical throughput of primary joint replacements by 42% a year and reduce wait times for surgeries by 14 weeks.
- PAs in long-term care settings have been shown to decrease the hospital admission rates by 38% for seniors.<sup>5</sup>
- Among those Canadians that have received care, more than 75% were satisfied or somewhat satisfied (18%) with the experience.
- 27% of Canadians have a favourable and 38% had a somewhat favourable impression of PAs.
- More than eight in ten Canadians support (56%) or somewhat support (26%) a greater role for PAs.
- 53% of Canadians are comfortable or somewhat comfortable (28%) receiving primary care from a PA under a physician's supervision.

**Media are invited to attend the CAPA Annual Conference on October 24 from 9 am onwards at the Westin Nova Scotian in Halifax.**

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<sup>1</sup> Schweitzer, S.O. & Record, J.C. (1981). *Staffing primary care in 1990: physician replacement and cost saving*. Springer Publication Co., New York.

<sup>2</sup> The Australasian College of Emergency Medicine and Australasian Society for Emergency Medicine. (2011). *Roles and Task Assignments*. para 3, p.p. 9.

<sup>3</sup> Ministry of Health and Long-Term Care.(2012). *Ontario Physician Assistant Implementation - Report of the Evaluation Subcommittee*. p.p. 27

<sup>4</sup> Ducharme, Adler, Pelletier, Murray and Tepper. (2009). *Impact on patient flow after the integration of nurse practitioners and physician assistants in Ontario emergency departments*. The Canadian Journal of Emergency Medicine, Vol. 5, p.p. 458. Retrieved from: <http://www.cjem-online.ca/v11/n5/p455>

<sup>5</sup> Hooker, Cawley and Asprey. (2010). *Physician Assistant Specialization: Nonprimary care*. PA Specialty Care. Ch. 7. p.p. 235.