SPECIALTY PRACTICE

ISSUE BRIEF

Physician Assistants in Emergency Medicine

Physician assistants (PAs) are important additions to emergency departments (EDs). According to a recent study published in *Academic Emergency Medicine,* the number of PAs and nurse practitioners (NPs) in EDs has risen sharply. EDs employing PAs and NPs rose from 28.3 percent in 1997 to 77.2 percent in 2006. And, in 2006, PAs and NPs saw 12.7 percent of ED patients, a substantial increase from the 5.5 percent of patients they saw in 1997.[1]

PAs practice medicine with physician supervision, and PAs have practiced in the field of emergency medicine since the PA profession began in the mid-1960s. Of the estimated 73,000 clinically practicing PAs, 10 percent (7,300) work in emergency medicine.[2]

PAs practice in all areas of emergency medicine, including pre-hospital patient care, patient triage, fast track, the main ED, trauma and administrative functions. They also provide emergency care for patients in a variety of settings such as critical care units and ground or air transport.

Practice Credentials

PAs are trained in intensive medical educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant; the average program is 27 months long.[3] The typical PA student has a bachelor's degree and nearly three years of health care experience.[4] PA programs are offered at medical schools, colleges and universities, and teaching hospitals. There are currently three postgraduate programs for PAs in emergency medicine; however, postgraduate programs are not a requirement for PA practice.

PAs working in emergency medicine perform many diagnostic and therapeutic procedures.

Before they can practice, PAs must pass the national certifying examination administered by the independent National Commission on Certification of Physician Assistants. To maintain certification, PAs complete 100 hours of continuing medical education every two years and take a recertification examination every six years. Only PAs with current certification can use the credentials "Physician Assistant-Certified" or "PA-C."

All states, the District of Columbia, the Commonwealth of the Northern Mariana Islands and Guam permit delegated prescribing by PAs, and nearly all states include controlled substances as part of this authority. All PA educational programs have pharmacology courses, and nationally, the average amount of required classroom instruction in pharmacology is 75 hours.[5]

The PA Role

PAs provide medical and surgical services as members of physician-led health care teams. Each PA's scope of practice is defined by delegation decisions of the supervising physician, consistent with the PA's education and experience, facility policy and state law. PAs exercise considerable autonomy in clinical decision making. The relationship between the physician and PA is one of mutual trust and reliance. The physician trusts the PA to provide physician-quality care to patients seen by the team and to consult with the physician on cases that are outside the PA's expertise or scope of practice. The PA trusts the physician to be available for supervision, to provide learned advice and to accept the care of patients with serious or complex problems.

The Society of Emergency Medicine Physician Assistants (SEMPA) offers guidelines on the role of PAs in emergency medicine.[6] According to SEMPA, PA practice commonly includes taking patient histories and performing physical examinations; recording or dictating the information into the patient chart; performing or assisting in the performance of laboratory and patient screening procedures; performing diagnostic and therapeutic studies; ordering and interpreting diagnostic laboratory tests and radiological studies; ordering medications and other therapies; instructing and counseling patients; referring patients to appropriate community resources; and obtaining patient management consults.

PAs working in emergency medicine perform many diagnostic and therapeutic procedures including wound care, cast and splint application, laceration repair, and abscess incision and drainage. PAs also perform procedural sedation, regional block anesthesia, arthrocentesis, lumbar puncture and thoracentesis. Additional procedures include urethral catheterization, establishing venous access, and arterial puncture and blood gas sampling.

Physician-PA Practice

The American Academy of Physician Assistants (AAPA) recommends that when a PA and a physician begin practicing together, they discuss their professional relationship and how they will function as a team. Both parties should understand how they will work together, and they should evaluate their practice arrangement on an ongoing basis.

To clarify physician-PA team practice and to allow PAs to provide care based on clinical judgment, AAPA advocates that in lieu of mandated protocols, physician-PA teams maintain a written agreement. For more information about team practice and the use of protocols, see AAPA's Resources page at *www.aapa.org/advocacy-and-practice-resources/practice-resources/hospital-practice*.

Hospital Privileges

To provide patient care in the hospital, PAs and their supervising physicians must seek delineation of their clinical privileges. The criteria for granting clinical privileges to PAs should be outlined in the medical staff bylaws, and the bylaws should include a definition of physician assistant. PAs should also be members of the medical staff. For more information about PA credentialing and privileging, see *www.aapa.org/advocacy-and-practice-resources/practice-resources/hospital-practice*.

EMTALA Issues

The Emergency Medical Treatment and Labor Act (EMTALA) touches on PA practice in three main areas: performing medical screening exams, authorizing patient transfers and taking call in EDs.

Performing medical screening examinations (MSEs) is a common part of PA practice. The EMTALA law and regulations allow PAs to conduct MSEs as long as written hospital policy specifies that PAs are among the providers the hospital recognizes as qualified to conduct them.

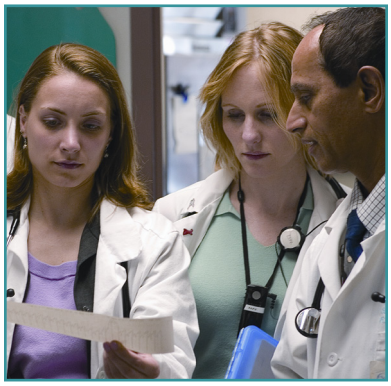
Under EMTALA, a PA may decide a transfer is appropriate and sign the transfer order sending a patient to another hospital, as long as the following three criteria are met:

1. The PA must consult a supervising physician before the transfer is made.
2. The physician must countersign the PA's order within a timeframe set by the hospital.
3. The PA must be privileged to conduct transfers.

Physicians can delegate to PAs responsibility for ED call without violating EMTALA. According to EMTALA regulation, "[i]f it is permitted under the hospital's policies, an on-call physician has the option of sending a representative, i.e., directing a licensed non-physician practitioner as his or her representative to appear at the hospital and provide further assessment or stabilizing treatment to an individual. … There are some circumstances in which the non-physician practitioner can provide the specialty treatment more expeditiously than the physician on-call."[7]

Reimbursement

Most private payers cover medical and surgical services provided by PAs. However, private health insurance companies do not necessarily follow Medicare's coverage policies. Practices and facilities should verify each company's specific policies for PAs. AAPA has extensive information about private payer policies available at *www.aapa.org/advocacy-and-practice-resources/reimbursement/payer-profiles*.



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Medicare covers medical services provided by PAs at 85 percent of the physician fee schedule. Medicare makes no distinction among the hospital inpatient, outpatient or ED settings, and generally allows PAs to deliver the same services that physicians provide in the hospital setting (within the PA's scope of practice as determined by state law) using the same Current Procedural Terminology (CPT) codes.

Medicare follows the PA regulations established in each state regarding the degree of physician supervision required in hospitals. Under Medicare's guidelines, the physician supervisor need not be physically present with the PA in the hospital when a service is being performed unless specifically required by state law or by the hospital's regulations.

It should be noted that "incident to" billing was never intended for use in hospitals or emergency departments.

PAs in Emergency Medicine

PAs in emergency medicine work in triage, fast track and in the main ED. They help improve patient flow, quality of care and patient satisfaction. To learn more about PA education, scope of practice and how to hire a PA, visit AAPA's Resources page at *www.aapa.org/advocacy-and-practice-resources/issue-briefs*.

For more information about PAs in emergency medicine, contact the Society of Emergency Medicine Physician Assistants at 703-519-7334 or visit *www.sempa.org*.

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