Osteopathic Physicians and Physician Assistants: Excellence in Team-Based Medicine

A Joint Statement of the
American Osteopathic Association and the
American Academy of Physician Assistants
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Introduction

The long association between osteopathic physicians (DOs) and physician assistants (PAs) stretches back to the origins of the PA profession, when some of the first accredited PA programs in the 1970s were associated with schools of osteopathic medicine and the earliest PA practice laws recognized osteopathic physicians as supervising physicians.

Both professions share a common heritage of education and practice grounded in primary care. Over time, the roles of physician-PA teams have evolved in response to shortages and maldistribution of clinicians, changing health care needs of the country, and the demonstrated value of this physician-led, team-based model of care. Today both osteopathic physicians and PAs are found in many medical and surgical specialties and settings.

Today, 14 universities co-locate osteopathic medicine and physician assistant programs, including one online program at Touro College-New York. As both professions continue to rapidly grow, it is expected that more colleges and universities will offer both DO and PA programs.

The AOA is represented on the governing board of the National Commission on Certification of Physician Assistants, and osteopathic licensing boards regulate PAs in seven states.

Osteopathic physicians and PAs share common goals of providing physician-led, team-based, patient-centered care that is focused on improving the health of patients and communities. In addition, PAs and osteopathic physicians share concerns about the predicted shortage of physicians in many specialty areas. Acknowledging the unique collaboration that PAs and physicians share, the AAPA and AOA offer the following joint statements.

1. **AOA and AAPA believe that physicians and PAs working together in physician-directed teams is a proven model for delivering high-quality, cost-effective patient care.**
2. **AOA and AAPA believe that physician-PA teams, working together with other team members, are ideally suited to the comprehensive, patient-centered, coordinated, accessible, and ongoing delivery of patient care found in team-based models, such as the patient-centered medical home.**
3. **AOA and AAPA support interprofessional education of physicians-in-training and PA students throughout their educational programs; encourage ongoing innovations in interdisciplinary education; and support opportunities for osteopathic physicians to precept PA students and participate as faculty at PA programs.**
4. **AOA and AAPA encourage flexibility in federal and state regulation so that each medical practice determines appropriate clinical roles within the medical team, physician-to-PA ratios, and oversight processes, enabling each clinician to work to the fullest extent of his or her license and expertise.**

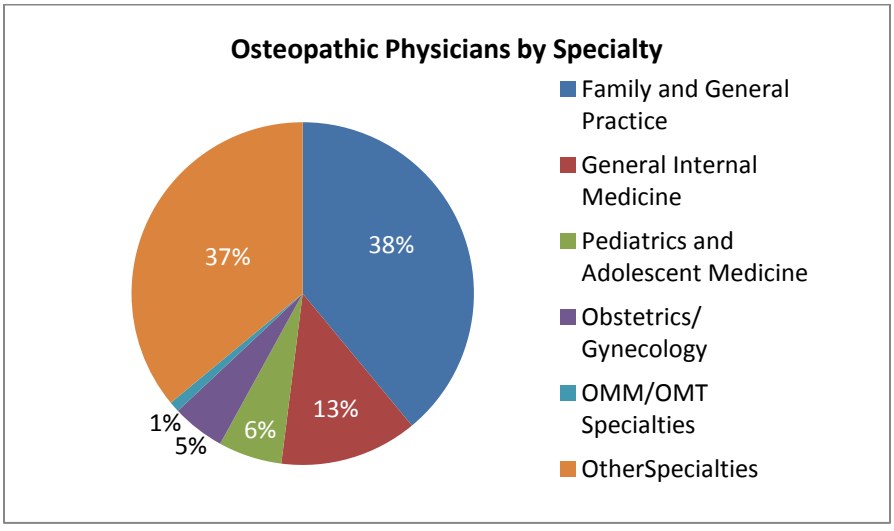
5. **AOA and AAPA believe that every patient should have full information about the title, credentials and role of every professional providing their care.**
6. **AOA and AAPA are committed to building on the common ground that osteopathic physicians and PAs share in order to ensure an adequate, well-educated workforce to meet the health care needs of the U.S. population.**

Osteopathic Physicians

Osteopathic physicians are fully qualified physicians licensed to diagnose and treat patients, prescribe medication and perform surgery in all 50 states and the District of Columbia. DOs practice in all types of settings and specialties from family and internal medicine to medical and surgical subspecialties. With a long heritage of primary care and a "whole person" approach to care, 60% of practicing osteopathic physicians practice in the primary care specialties of family medicine, general internal medicine, pediatrics, and obstetrics and gynecology.[1]

In addition to studying all of the typical subjects you would expect medical students to master, osteopathic medical students take approximately 200 additional hours of training in the art of osteopathic manipulative medicine. An integral tenet of osteopathic medicine is the body's innate ability to heal itself.[1]

Today, when our health care system is facing the challenge of ensuring an adequate number of primary care physicians, the majority of osteopathic medical school graduates choose careers in primary care. Osteopathic medicine also has a special focus on providing care in rural and urban underserved areas. Many DOs fill a critical need for physicians by practicing in rural and other medically underserved communities.[2] While DOs constitute 7 percent of all U.S. physicians, they are responsible for 16 percent of patient visits in communities with populations of fewer than 2,500.[1]



Source: 2012 Osteopathic Medical Profession Report, AOA.

The curriculum at osteopathic medical schools consists of four years of academic study. Reflecting the distinctiveness and philosophy of osteopathic medicine, the curriculum emphasizes preventive medicine and comprehensive patient care. Throughout the curriculum, osteopathic medical students learn to use osteopathic principles and osteopathic manipulative treatment to diagnose illness and treat patients.

After completing osteopathic medical school, DOs obtain graduate medical education through internships, residencies and fellowships. This includes more than 10,000 hours of clinical training in the various aspects of medicine and patient care.

DOs specialize in all areas of medicine, ranging from such primary care disciplines as family medicine, general internal medicine and pediatrics to such specialized disciplines as surgery, radiology, oncology and psychiatry. The AOA oversees 18 certifying boards, which provide certification in a number of specialties and subspecialties. As of January 2013, AOA Board Certification includes participation in Osteopathic Continuous Certification, which is a lifelong learing and competency demonstration program that helps assure the delivery of high quality patient care.

Growth of the DO Profession

DOs are the fastest growing segment of health care professionals in the United States. Nearly one in five medical students in the United States is attending an osteopathic medical school. As of May 2011, there were 73,977 DOs. At the current rate of growth, it is estimated that more than 100,000 osteopathic physicians will be in active medical practice by the year 2020.[3]

Physician Assistants

Physician assistants practice medicine with physician supervision as members of physician-directed teams. PAs may exercise considerable autonomy in day-to-day medical decision making and provide a broad range of diagnostic and therapeutic services as part of the physician-directed team. They perform physical examinations, diagnose and treat illnesses and injuries, order and interpret lab tests, prescribe medication, provide preventive care, manage patients with chronic conditions, perform procedures, assist in surgery, provide patient education and counseling and make rounds in hospitals and nursing homes.

PA educational programs provide a rigorous combination of classroom and clinical instruction. PA students receive a broad, generalist, master's-level medical education that includes more than 2,000 hours of clinical rotations in family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency medicine, and psychiatry. Nearly all programs award a master's degree. PA program graduates pass a certifying exam administered by the National Commission on Certification of Physician Assistants and obtain a state license.

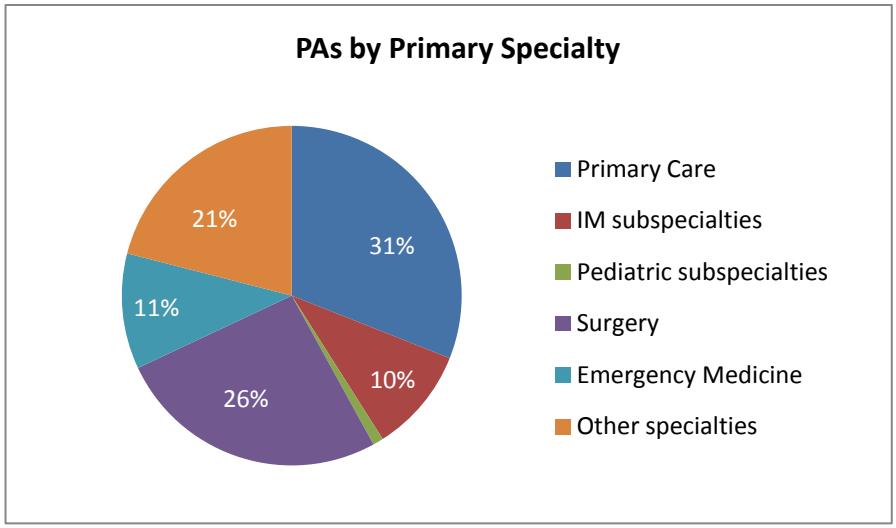
To maintain certification, PAs complete 100 hours of CME every two years and pass a recertification exam. The profession is moving from a six-year exam cycle to 10-year certification maintenance. PAs will still earn 100 CME credits every two years, including 20 hours of category I self-assessment and

performance improvement CME. PAs will take the recertification exam every 10 years. Lifelong learning is fundamental to the PA profession. Maintenance of licensure and certification require a substantial and ongoing investment of time in continuing medical education.

Physician Assistant Demographics

Physician assistants are one of the fastest growing professions in the United States with nearly 90,000 certified PAs and 6,000 newly graduated PAs joining their ranks each year. In 2010 the Bureau of Labor Statistics predicted a 39 percent growth in PA jobs over the next decade. However, since the passage of the Patient Protect and Accountable Care Act (PPACA) in 2010, over 80 new PA education programs are expected by mid 2016. With this substantial growth rate, it is projected that over 10,000 PAs will be entering the medical workforce per year by 2020 to help offset the growing shortage of physicians.

Approximately one-third of practicing PAs practice in primary care specialties. The other two-thirds practice is virtually every medical and surgical specialty and setting. About 17 percent of PAs practice in rural areas.[4]



Source: 2010 Physician Assistant Census Report, AAPA.

1. **AOA and AAPA believe that physicians and PAs working together in physician-directed teams is a proven model for delivering high-quality, cost-effective patient care.**

The role of the physician is one of direction and leadership. AOA policy supports the team approach to medical care with the physician as the leader of the team. Similarly, AAPA policy describes the relationship between physician and PA as an association built on mutual respect and trust, where the PA provides quality, physician-directed care, where effective delegation, appropriate consultation, and shared accountability are key.

On the front lines of patient care, individual physicians and PAs work together to provide accessible, high-quality care for patients in virtually every medical specialty.

Adding a PA to a practice allows the physician to focus on patient care that requires his or her full expertise. The PA autonomously performs appropriately delegated medical care. Thus, the care provided by the PA is directed and its quality is assured by the physician. The most effective physician-PA team practices provide optimal patient care by designing practice models where the skills and abilities of each team member are used most efficiently.[5]

2. **AOA and AAPA believe that physician-PA, teams, working together with other team members, are ideally suited to the comprehensive, patient-centered, coordinated, accessible, and ongoing delivery of patient care found in team-based models, such as the patient-centered medical home.**

   AOA and AAPA support practice models, such as the patient-centered medical home, where there is joint communication and decision-making to meet the health care needs of patients. Such models require a shared commitment to achieving positive patient outcomes, a mutual understanding of each team member's roles, and effective communication.

3. **AOA and AAPA support interprofessional education of physicians-in-training and PA students throughout their educational programs; encourage ongoing innovations in interdisciplinary education; and support opportunities for osteopathic physicians to precept PA students and participate as faculty at PA programs.**

   To foster interprofessional practice, the AAPA and AOA encourage innovative education programs emphasizing the team approach in medical schools, residency programs, and PA education programs. Medical students, medical and surgical residents, and PA students must be adequately prepared to work as part of a health care team in order to provide optimal physician-led, patient-centered care.

   Interprofessional education among osteopathic medical students and PA students dates back to the early 1980s when Des Moines University (DMU) opened the first PA program directly affiliated with an osteopathic medical school, a tradition that continues there today. Interviews with PA program directors from universities with osteopathic medical schools found many examples of innovative interprofessional education between the two professional programs.

   Osteopathic physicians and PAs recognize the importance of interprofessional educational opportunities to enrich the training of physicians and PAs. Both professions include the ability to lead or practice within an interdisciplinary care team among their professional competencies.[6,7] Modeling and promoting best practices for interprofessional education between osteopathic and PA education programs is a potential future initiative between AOA and AAPA.

4. **AOA and AAPA encourage flexibility in federal and state regulation so that each medical practice determines appropriate clinical roles within the medical team, physician-to-PA ratios, and oversight processes, enabling each clinician to work to the fullest extent of his or her license and expertise.**

AOA policy "recognizes the growth of non-physician clinicians and supports their rights to practice within the scope of the relevant state statutes."[8] AAPA and AOA believe that within broad parameters established by state and federal statutes, decisions about specific assignments and roles are most appropriately made by the physician-led team at the practice level.

The physician, in collaboration with the PA, defines the PA's role in the practice, typically through a written delegation, practice or collaboration agreement describing the types of responsibilities the PA will assume and how the physician will provide oversight. This collaboration leads most physician and PAs working together to reach a level of trust and understanding in their practice that enables the PA to work to the fullest extent of their education, training and expertise. This provides PAs with a fairly autonomous work environment within their agreed upon scope of practice, with the PA consulting with the physician whenever clinical questions exceed the PA's expertise or when physician involvement is necessary for care. As the PA gains experience and can assume greater responsibility and autonomy, periodic adjustment of the delegation agreement benefits the team and the practice.

5. **AOA and AAPA believe that every patient should have full information about the title, credentials and role of every professional providing their care.**

   In every practice model, all professionals should ensure that patients are provided with the name and credentials of every person who treats them. This essential part of patient care in any practice takes on even more significance in integrated practices, such as the patient-centered medical home, where team care is the norm.

6. **AOA and AAPA are committed to building on the common ground that osteopathic physicians and PAs share in order to ensure an adequate, well-educated workforce to meet the health care needs of the U.S. population.**

   The future of health care delivery will require the efficiencies of interprofessional teams to meet demands for high-quality, patient-centered care. The AOA and AAPA recognize the physician-PA team as an effective model for expanding access to patient-centered care and improving the health of patients and communities.

Endnotes

[1] American Association of Colleges of Osteopathic Medicine. What Is Osteopathic Medicine? http://www.aacom.org/about/osteomed/pages/default.aspx. Accessed January 10, 2013.

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