

TITLE: Changing the professional title of Physician Assistants

RESOLVE:

The AAPA HOD requests that the Board of Directors contract with an independent marketing/PR firm to investigate the creation of a new professional title for physician assistants that accurately reflects these provider's present and future utilization and practice abilities.

And further resolve, report the finding back to the 2019 HOD in the form of a resolution for action to be taken.

JUSTIFICATION/RATIONALE:

The title Physician Assistant has long been considered a barrier to having health care payors and legislators acknowledging PA's as qualified primary care health providers. This coupled with the lack of understanding of a PA's legal role and responsibilities by patients, physicians, and health care administrators has led to the lack of proper reimbursement, inappropriate delegation and/or underutilization of PA services.

For the PA profession to progress and be a full contributor in the future, it is paramount that physicians, legislators, healthcare administrators and the public acknowledge the level of the profession's education and training which qualifies PAs to be recognized as autonomous providers and not as merely an assistant.

This change is a component of the AAPA's new policy of Optimal Team Practice helping to establish PAs as equal and fully functioning members of a collaborative health care team.

RELATED AAPA POLICY

HP-3100.2.1

PAs practice medicine in teams with physicians and other health care professionals. [Adopted 1980, reaffirmed 1990, 1993, 2000, 2005, 2010, amended 1991, 1996, 2015]

HP-3100.3.1

PAs are health professionals licensed or, in the case of those employed by the federal government, credentialed to practice medicine in collaboration with physicians. PAs are qualified by graduation from an accredited PA educational program and/or certification by the National Commission on Certification of Physician Assistants.

Within the physician-PA relationship, PAs provide patient-centered medical care services as a member of a health care team. PAs practice with defined levels of autonomy and exercise independent medical decision making within their scope of practice. [Adopted 1995, reaffirmed 2000, 2005, 2010, amended 1996, 2014]

HP-3400.2.2

AAPA shall promote optimal utilization of PAs. This includes providing information on credentialing, cost-effectiveness, scope of practice, reimbursement, and other relevant data. [Adopted 1996, amended 2006, reaffirmed 2001, 2012, 2017]

HP-3400.2.4

AAPA shall promote the PA profession to hospital administrators, health care leaders and PA employers as a cost-effective, team-based and patient-centered way to improve the quality, access and continuity of patient care. [Adopted 2000, reaffirmed 2005, amended 2010, 2015]

HP-3500.3.3 Guidelines for Updating Medical Staff Bylaws: Credentialing and Privileging PAs (Policy Paper 3 - page 101) [Adopted 2012, amended 2017]

HP-3500.3.4 Guidelines for State Regulation of PAs (Policy Paper 4 – page 112) [Adopted 1988, amended 1993, 1998, 2001, 2005, 2006, 2009, 2011, 2013, 2016, 2017]

POSSIBLE NEGATIVE IMPLICATIONS

There may be some PAs, physicians, physician organizations and federal or state regulatory agencies that will consider this change as an attempt by the profession to gain independent practice. And that PAs are abandoning their commitment to “practice medicine in teams with physicians and other healthcare providers”.

MONETARY IMPACT

The AAPA Board of Directors will have to adjust their FY 2018/2019 budget to allocate appropriate funding for an independent marketing group to have the resources to do a reliable study and create a new title for Physician Assistant.

SIGNATURE/TITLE

Hope Smith, PA-C
Ohio Association of Physician Assistants, Secretary-Treasurer

CONTACT PERSON