

NEW MEXICO ACADEMY OF PHYSICIAN ASSISTANTS

PARTNERED PROVIDERS IN NEW MEXICO

WHAT IS A PA?

- Licensed clinicians practicing medicine in every healthcare setting
 - More than 178,700 board-certified PAs practicing in the U.S.
 - Engaging in more than 500 million patient interactions each year
- Expanding access to care
 - Patient-centered, team-based medical practice

WHAT EDUCATION DOES A PA HAVE ?

- Medical model training
- Master's degree
- More than 300 accredited PA programs in the country
 - Highly competitive
 - Requiring a bachelor's degree, and completion of basic and behavioral sciences
- One PA program in NM
 - Integrated learning with state MD program

PA EDUCATION

- Pre-PA students average >3,000 hours of direct patient contact experience
 - Some backgrounds include paramedics, athletic trainers, and medical assistants
- PA programs are approximately 27 months
 - Include classroom instruction and >2,000 hours of clinical rotations

POSTGRADUATE PA TRAINING OPPORTUNITIES

- Postgraduate residency programs available
 - Some include Internal Medicine, Emergency Medicine, Surgery, Critical Care, Psychiatry
- Certification of Added Qualifications (CAQ) available
 - Cardiovascular and Thoracic Surgery, Dermatology, Emergency Medicine, Hospital Medicine, Nephrology, Obstetrics and Gynecology, Occupational Medicine, Orthopaedic Surgery, Palliative Medicine and Hospice Care, Pediatrics, Psychiatry
- Postgraduate doctoral programs available

PA CERTIFICATION AND LICENSING

- NM Medical Board licensing and regulation

To obtain a license, PAs must:



Graduate from an
accredited PA program



Pass a **certification exam**

To maintain their certification, PAs must complete:



100 hours
of continuing
medical education
(CME after every two years)



A **recertification exam**
every 10 years

**CERTIFICATION
& LICENSING**

<https://www.aapa.org/download/80021/>

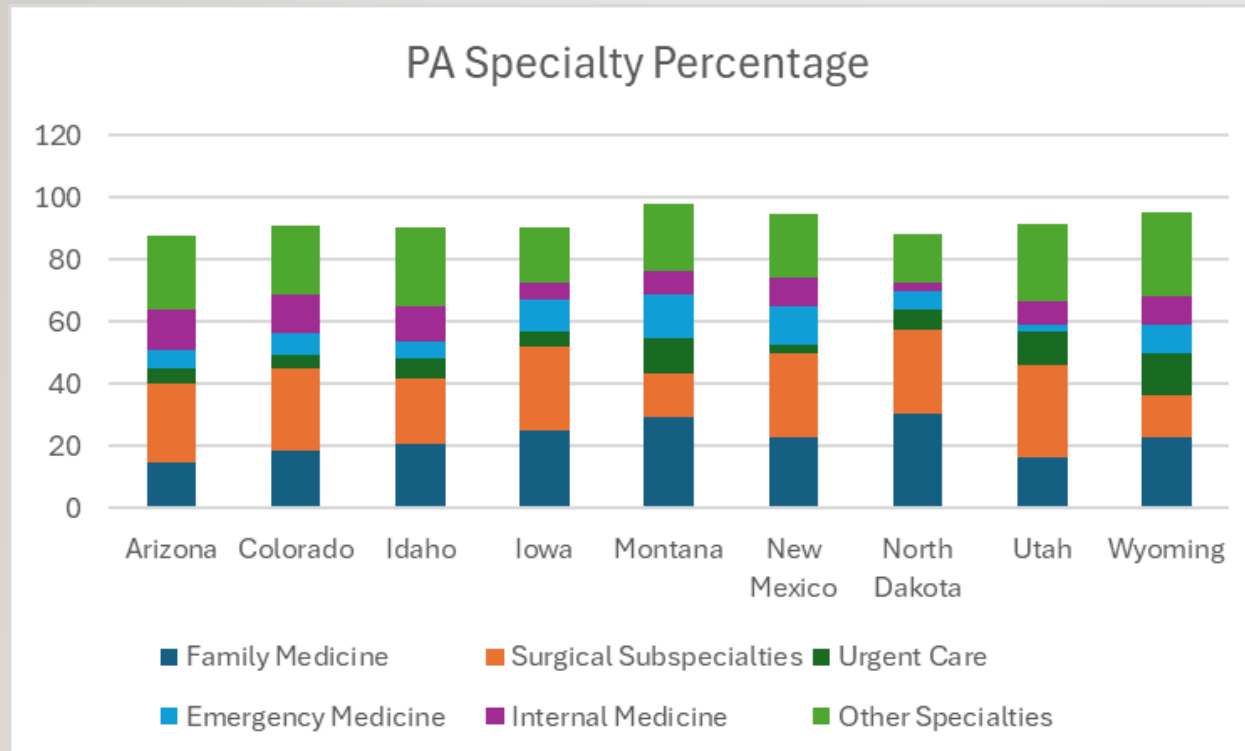
PA PRACTICE

- Take medical histories
- Conduct physical exams
- Diagnose and treat illness
- Order and interpret tests
- Develop treatment plans
- Prescribe medication
- Counsel on preventive care
- Perform procedures
- Assist in surgery
- Make rounds in hospitals and nursing homes
- Perform telemedicine
- Do clinical research and quality improvement
- Hold leadership and educator positions

PA EMPLOYMENT

- More than 178,700 PAs practicing throughout all U.S. states
- Working in all medical settings
 - Including hospitals, surgical centers, medical clinics, community health centers, nursing homes, retail clinics, educational facilities, workplace clinics, and correctional institutions
- Serve in the nation's uniformed services
- Work for federal government agencies
 - Including the Department of Veterans Affairs

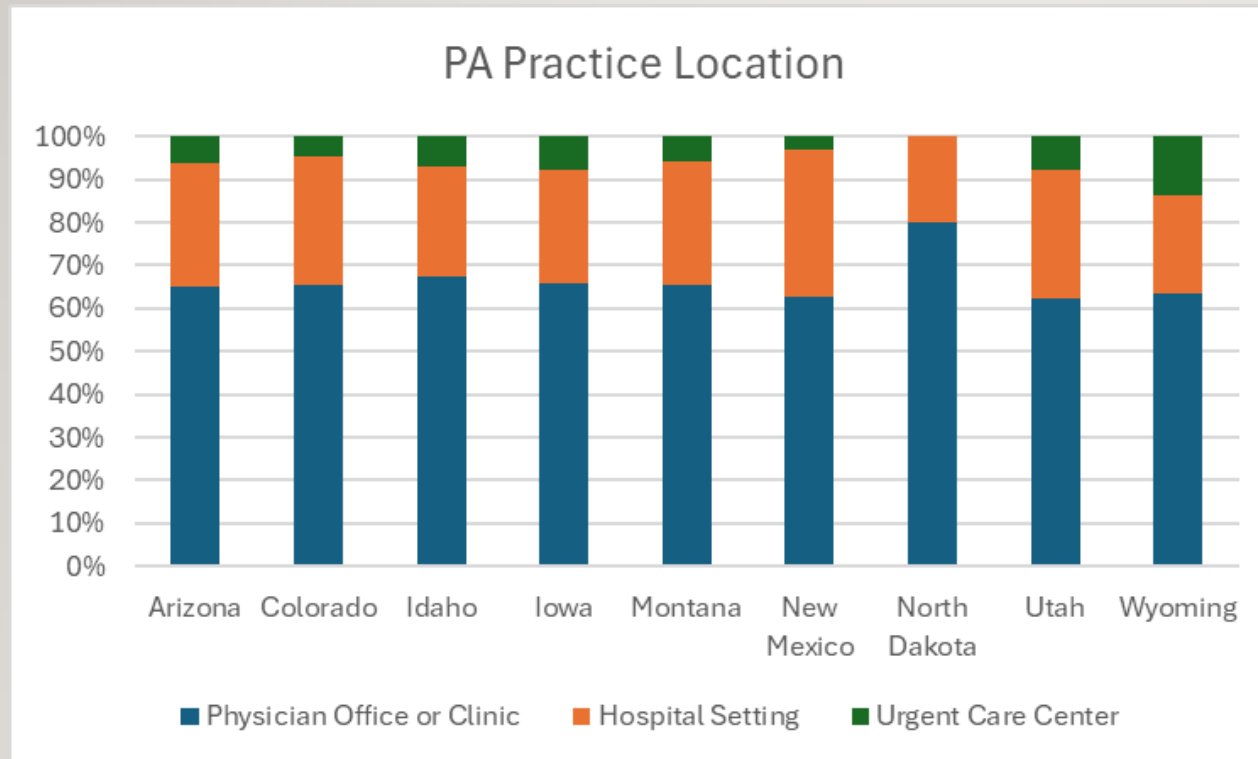
PA EMPLOYMENT



- Per AAPA state practice profiles:
 - 62.6% of PAs in NM are working in medical specialties
 - 28.1% of PAs in NM are working in primary care

<https://www.aapa.org/advocacy-central/state-advocacy/state-practice-profiles/>

PA PRACTICE LOCATION



- Per AAPA state practice profiles:

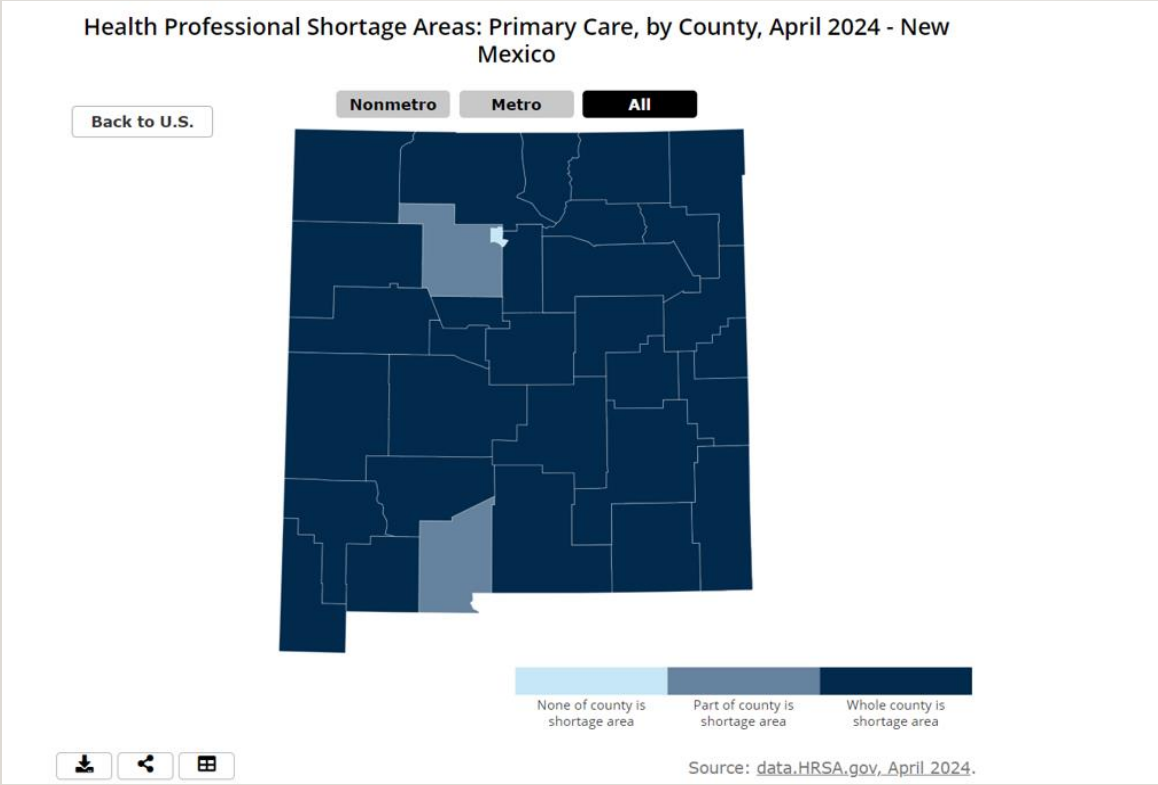
- 59.5% of PAs in NM are working in medical clinics
- 40.5% of PAs in NM are working in hospitals or urgent care centers

<https://www.aapa.org/advocacy-central/state-advocacy/state-practice-profiles/>

HEALTHCARE PROVIDER SHORTAGE

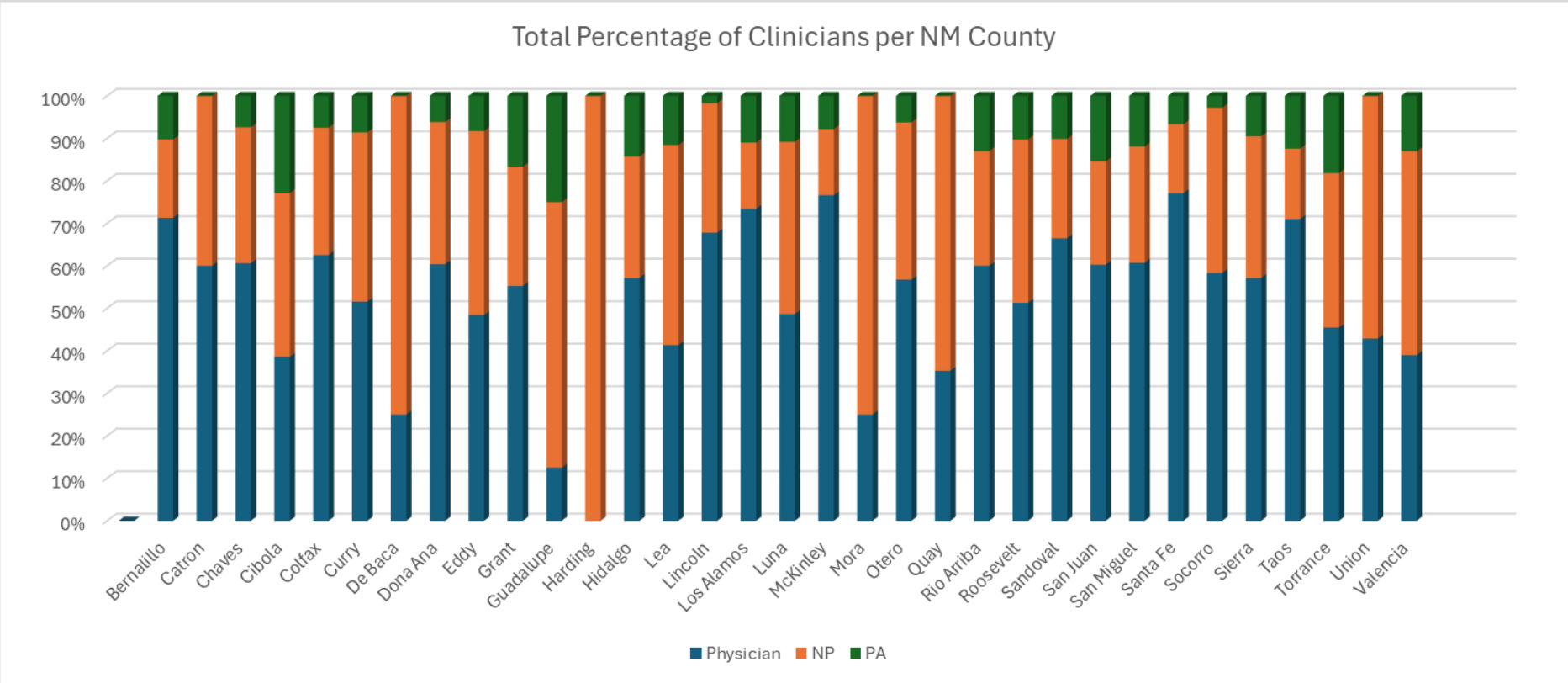
- Nationwide: ~100,000 physician shortage with ~50,000 in Primary Care
- New Mexico: ~ 2,500 open physician positions
- Access limitations
 - Will worsen with aging population and aging healthcare workforce
 - Greater medical disadvantage for rural populations
 - Expect decline of patient health and community wellness
 - Limited volunteer disaster and emergency health response

PRIMARY CARE SHORTAGES



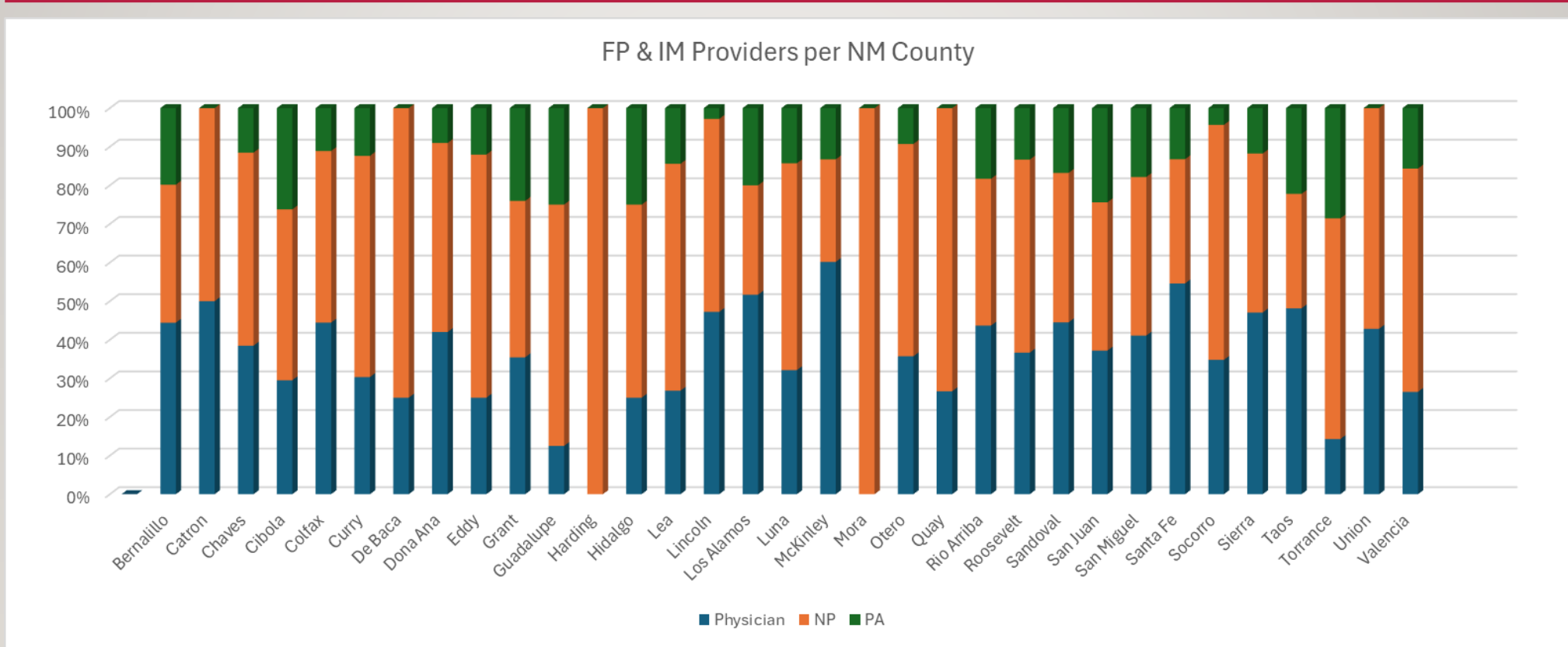
<https://www.ruralhealthinfo.org/charts/5?state=NM>

TOTAL % OF CLINICIANS PER NM COUNTY



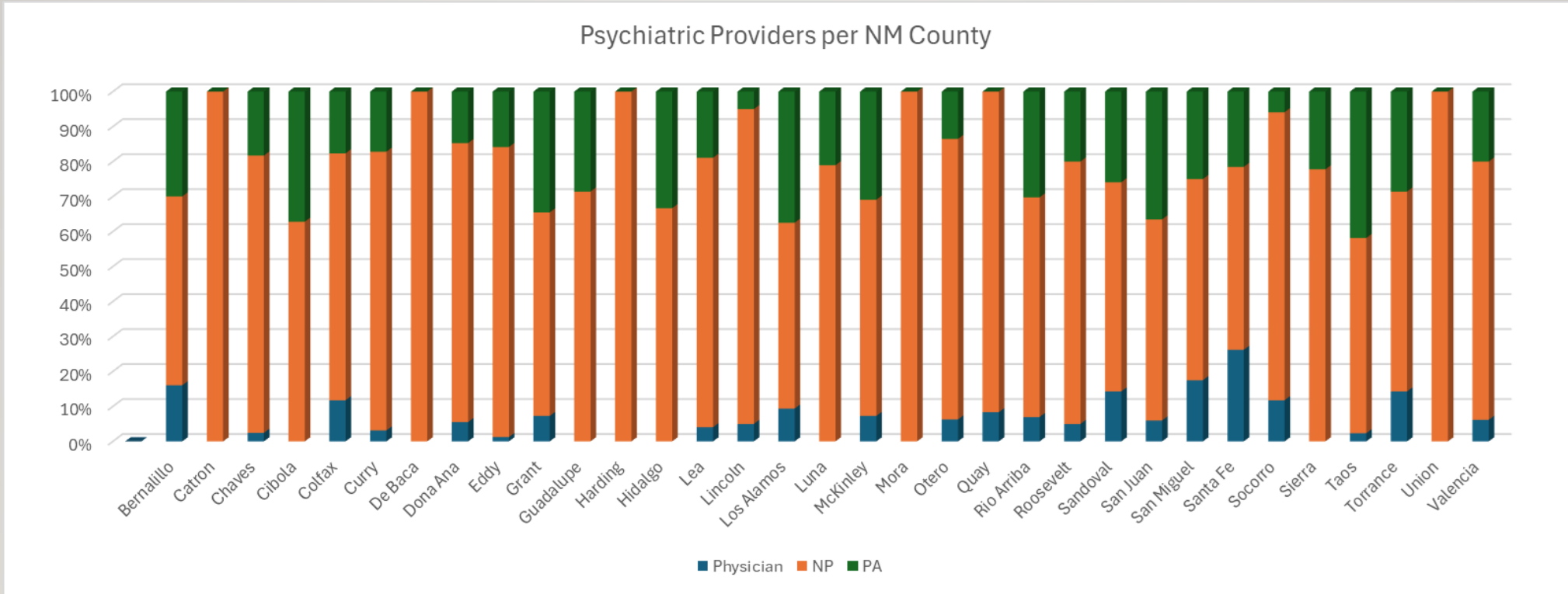
<https://www.ama-assn.org/about/research/health-workforce-mapper-app>

FAMILY & INTERNAL MEDICINE CLINICIANS PER NM COUNTY



<https://www.ama-assn.org/about/research/health-workforce-mapper-app>

PSYCHIATRIC PROVIDERS PER NM COUNTY



<https://www.ama-assn.org/about/research/health-workforce-mapper-app>

PA AND PHYSICIAN PARTNERSHIP

- PAs are committed to team practice and collaboration with healthcare providers
- PAs consult with, collaborate with, and refer patients to physicians and multidisciplinary healthcare professionals
 - Per the need of patient's medical condition
 - When services fall outside of their education, training, and experience
- PA practice acts vary by state
 - Initial practice acts, *established 59 years ago*, required PAs to have an agreement with a physician to practice
 - Various practice acts have been modernized

CURRENT NM PA SUPERVISION REQUIREMENTS

- PAs must be supervised by a licensed physician
 - Supervising physician responsibility
 - Specify what medical services should be provided
 - Provide means of immediate communication
 - Comply with quality assurance requirements and review of PA medical services in place
 - The supervising physician is individually responsible for the actions and omissions of the PA
 - No limit to number of PAs a physician can supervise
 - PA scope of practice
 - Provide medical services within the scope of the PA's education and experience **AND**
 - Practice limitations determined by the supervising physician's specialty and practice setting
 - PAs may act as surgical first assist in an inpatient or surgical healthcare institution

CURRENT NM COLLABORATIVE PA LICENSURE

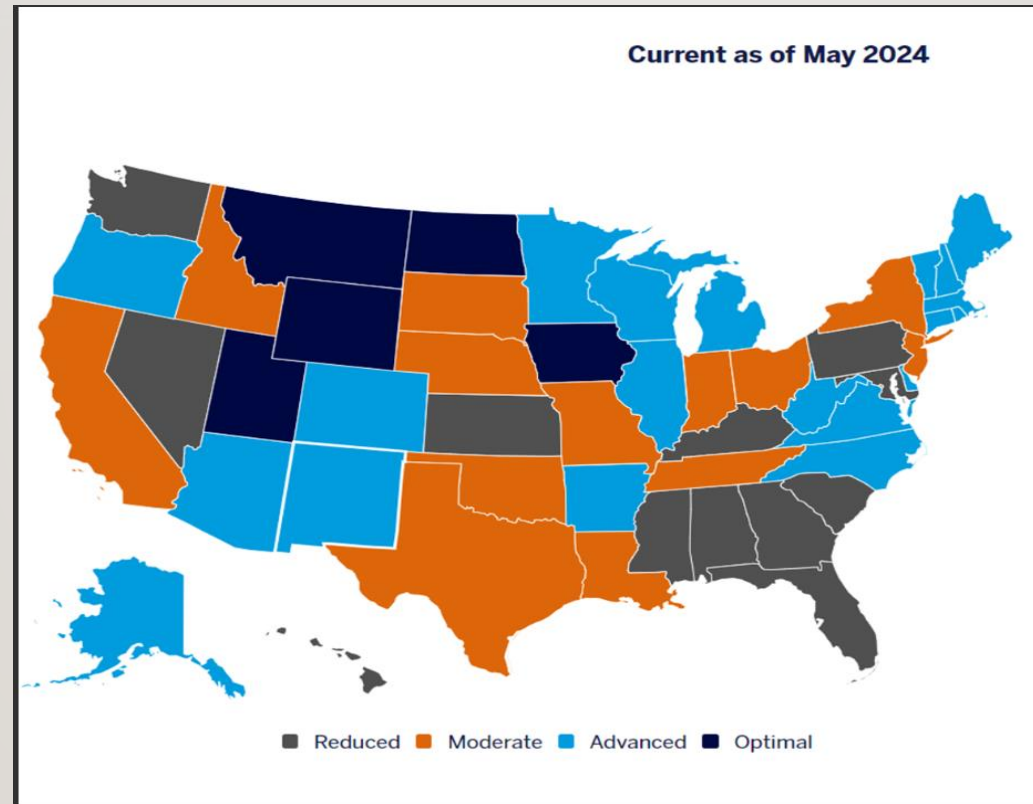
- A PA may request a change from supervised to collaborative status
 - Verification of at least 3 years of clinical practice supervised by a licensed physician
 - Provide proof of current malpractice
- Only available to PAs practicing in **Primary Care**
 - Physician-PA jointly contribute to health care and medical treatment in which the collaborative PA is licensed and authorized to perform
 - Physician does not assume legal responsibility for the health care performed by the collaborating PA

<https://www.srca.nm.gov/parts/title16/16.010.0015.html#:~:text=A%20physician%20assistant%20may%20request,of%20current%20malpractice%20liability%20insurance>
<https://www.nmmb.state.nm.us/wp-content/uploads/2024/08/Collabrative-Physician-Assistant-Additional-documents.pdf>

WHAT IS OPTIMAL TEAM PRACTICE

- AAPA supports [Optimal Team Practice](#) (OTP)
- OTP goals:
 - Reinforcing PA commitment to team practice
 - A degree of collaboration at the practice level
 - Remove burdensome administrative constraints
 - Reduce Physician liability
- Growing number of modified PA practice acts towards OTP

OTP STATE COMPARISON



<https://www.aapa.org/advocacy-central/state-advocacy/state-maps/pa-state-practice-environment/>

SUPPORT OTP

- Marketplace changes warrant modification to Physician-PA legal restrictions
- Expand access to care
 - Fill gaps in healthcare shortage areas
 - Expand medical model in rural communities
- Add additional PAs and collaborating Physicians to NM medical board
- Authorize PA eligibility for direct payment by all public and private insurers
 - Support institutional financial stability and fiduciary resources to optimize patient care, especially in settings with high socioeconomic disadvantage

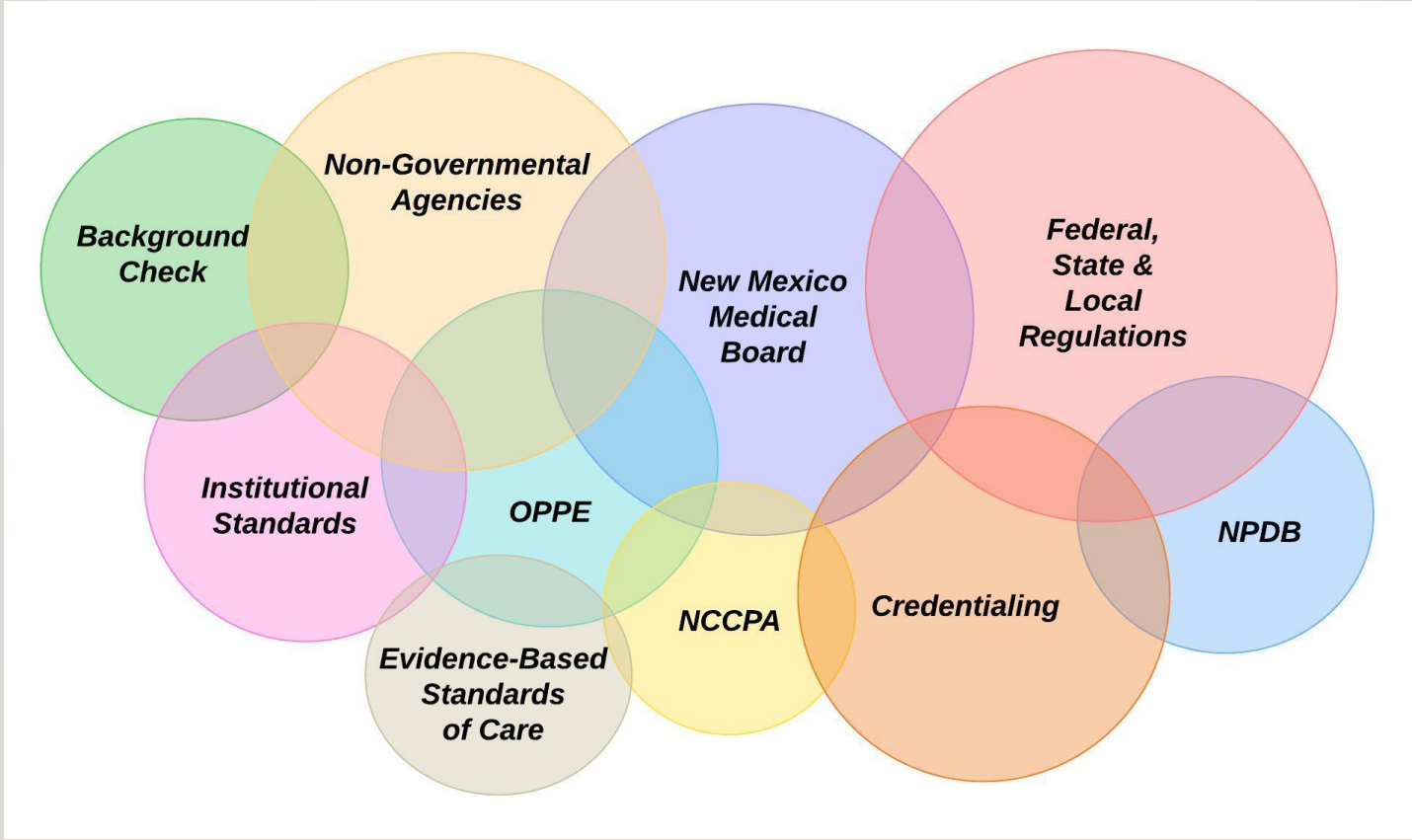
PA AND MEDICAL LIABILITY IMPLICATIONS

- Expand collaborative PA practice with dissolution of physician supervision requirements
- Eliminate physician liability for PA care, unless at the specific instruction of physician
- Maintain current requirements to become a PA (program-exam-state license)
- Retain scope of practice (education, training and experience, federal & state laws, employer policies, patient needs)

PA AND MEDICAL LIABILITY CLAIMS

- Physician supervision did not protect against PA malpractice litigation
- Physicians and PAs involved in litigation for the same reasons
- PA-Physician teams had lower malpractice litigation rates than physicians alone
- PAs with fewer litigation claims than physicians
- PAs will continue to be awarded liability coverage by institutions

OVERSIGHT & LAYERS OF RISK MITIGATION



OTP CAN OVERCOME PA PRACTICE CHALLENGES

- Increase workforce and student recruitment and retention
- Increase equitable employment opportunities
- Increase diverse, culturally competent and locally invested workforce
- Increase job satisfaction and decrease burnout by supporting working at the top of license
- Increase equitable leadership opportunities
- Improve care delivery efficiency and care extension across multiple disciplines
- Ease payer parity and facility financial stability
- Decrease employer and physician liability exposure
- Limit practice interruption
- Increase volunteer workforce, and disaster and emergency response

OPTIMIZING CARE FOR NM COMMUNITIES THROUGH OTP

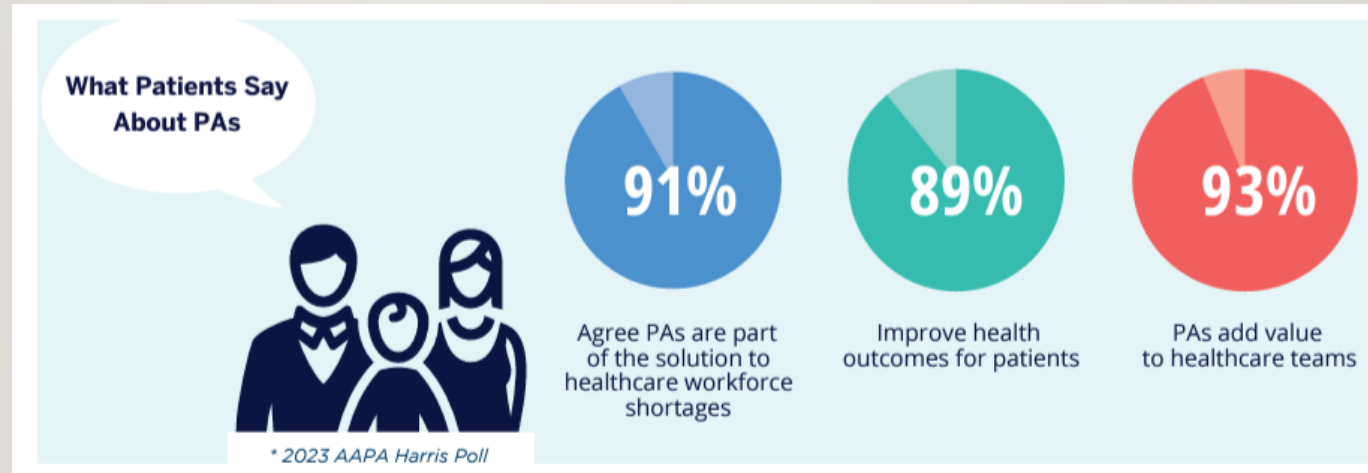
- Increase healthcare access
- Increase behavioral health access
- Decrease delays in care
- Decrease duplicated services required to see multiple disciplines
- Decrease patient's economic burden
- Decrease geographical challenges and transportation hardship
- Increase community advocacy and community health initiatives
- Increase identification, reporting and support of at-risk individuals
- Partnership to support cultural competence and diversity
- Improve patient autonomy
- Decreased chronic disease burden and improve health outcomes

COMMITTEE ACTION REQUEST

- Modernize PA Practice Act legislation
- Maximize direct reimbursement parity
- Future discussions:
 - Death certificate provider signature inclusion
 - NM Medical Board representation

THANK YOU

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