

CAPA - Canadian Association of Physician Assistants
ACAM - Association canadienne des adjoints au médecin

Extending Your Reach: The Rural Doctor's Guide to Working with Physician Assistants

Saturday, April 6, 2019
Rural and Remote 2019: Coastal Connections

1

Outline

- Introductions
- What is a PA
- Canadian and Global Landscapes
- Rural Health Care: Challenges + Solutions
- Case Studies
- Q & A



2

About Us



David Kuhns, PA-C, CCPA-Retired,
MPH, DFAAPA



Christiane Longergan, CCPA
Provincial Director, Nova Scotia
Canadian Association of Physician
Assistants



3

What is a PA?

- PAs are advanced practice clinicians who provide a broad range of medical services under the supervision of a licensed doctor.
- Among their key duties are:
 - *Conducting physical exams*
 - *Ordering and interpreting tests*
 - *Prescribing medications*
 - *Developing treatment plans*
 - *Assisting in surgery*
 - *Counseling and educating patients*
- PAs play an integral role on modern, high-performing health care teams in a variety of clinical settings.



Photo credit: UHN PA Council



4

Canadian and Global Landscape

- 600+ certified PAs in Canada working across various settings and specialities.
- PAs are regulated in Manitoba, New Brunswick, and soon-to-be in Alberta.
- Three accredited university programs affiliated with Canadian medical schools, plus training through the Canadian Armed Forces.
- Globally in demand and well-integrated in the U.S and throughout Europe.



5

Where Are Canadian PAs Practicing?

Alberta = xx
Manitoba = xxx
Ontario = xxx
New Brunswick = 3

PAs in the Canadian Armed Forces are practicing across Canada and around the world



6

Rural Health Care Challenges

Staffing issues close Elkford emergency department – again

It's the second time in six months the ED has closed due to unexpected limited staffing availability

Jan. 28, 2019 12:00 a.m. / NEWS

ER wait times up and will continue to rise: WRHA

Dryden hospital highlighting health-care shortfalls

Category: Local News

Published: Wednesday, 13 February 2019 05:00



7

PAs Are Part of the Solution

Physician Assistants have been found to have impact on health systems in the following ways:



- reductions in resident and physician workload (saving physician time)



- increases in health care procedures (increased health care productivity)



- improvements in discharge rates



- reductions in wait times



- decreases in length of stay



- reductions in health care costs

Source: Conference Board of Canada



8

Hiring more physician assistants (PAs) and effectively integrating them into health care teams could save the Canadian health care system millions of dollars in efficiency gains:

The infographic features four main points, each with an icon: a clock for 'Saving physician time by more than 30%', a blue cross with an upward arrow for 'Increasing health care procedures', an illustration of four healthcare workers for 'Increasing productivity in primary care, emergency departments, orthopedics, and other specialties', and an hourglass for 'Reducing wait times'. A dollar sign with a downward arrow represents 'Reducing health care costs'. A red and yellow curved banner is at the bottom, with a medical logo on the left and the source 'Source: Conference Board of Canada' on the right.

Source: Conference Board of Canada

9

Pressure on government to recognize physician assistants

B.C. does not recognize physician assistants as health professionals, even though they're trained to do some of the same work that family doctors do.

EDITORIALS

GSJ editorial: Introduce more physician assistants to ERs

Greater Saint John
August 7, 2018

Share this article [f](#) Facebook [t](#) Twitter [e](#) Email

Commentary: New Brunswick needs physician assistants

KEVIN DICKSON | Commentary
February 14, 2019

The screenshot shows two news articles. The top one is an editorial from August 7, 2018, titled 'GSJ editorial: Introduce more physician assistants to ERs'. The bottom one is a commentary from February 14, 2019, titled 'Commentary: New Brunswick needs physician assistants' by Kevin Dickson. A red and yellow curved banner is at the bottom with a medical logo on the left.

10

Case Studies



11

Case Study: Bassano Health Centre

- **Community:** 1,200 residents (catchment approximately 3,200)
- **Health Centre:**
 - 4 acute beds (1 palliative and 1 respite)
 - 2 ER beds
 - 8 LTC beds
- **Primary Care Outpatient Clinic**
 - 2 family physicians
 - 1 physician assistant
 - 2 primary care nurses



12

PA Roles and Responsibilities

- ✓ Provide comprehensive, direct patient care within her skill matrix as a central member of the team.
- ✓ Assess, diagnose (order and interpret tests), manage, refer, and evaluate patients across the continuum of health care services.
- ✓ Assist in clinical instruction of medical and other students.
- ✓ Remain up to date in current practice guidelines and maintain CPD requirements.



13

Scope of Practice

- Based on CANMEDS National Competency Profile.
- Determined on an individual basis between PA and supervising physician.
- PA scope will shadow that of the supervising physician and **should not** include tasks outside the scope or expertise of the PA or supervising physician.
- All orders and agreed upon medications are co-signed by the supervising physician prior to implementation.



14

Scope of Practice

- Based on CANMEDS National Competency Profile.
- Determined on an individual basis between PA and supervising physician.
- PA scope will shadow that of the supervising physician and **should not** include tasks outside the scope or expertise of the PA or supervising physician.
- All orders and agreed upon medications are co-signed by the supervising physician prior to implementation.



15

PA Duties

- Attend to patients in the ER, acute care and LTC units, outpatient clinic and provide on-call support.
- Perform history and physicals, develop management plans, and prescribe medications.
- Minor surgical procedures including excisional/punch biopsies and suturing.
- Apply casts and assist with fracture/dislocation reductions with procedural sedation.
- Arterial blood gases, chest tubes, and joint injections/aspirations.
- Participate in women's health exams, regular clinic visits, prenatal care, and writing referrals.



16

Physician Roles & Responsibilities

- Responsible and accountable for the work completed by the PA.
- Assign work that the physician is competent to do him or herself, and that the PA is competent to perform.
- Although the PA may be signed under multiple alternate supervisors, the Primary Supervising Physician is responsible for establishing and maintaining competencies of PA.



17

Physician Roles & Responsibilities

- Responsible and accountable for the work completed by the PA.
- Assign work that the physician is competent to do him or herself, and that the PA is competent to perform.
- Although the PA may be signed under multiple alternate supervisors, the Primary Supervising Physician is responsible for establishing and maintaining competencies of PA.



18

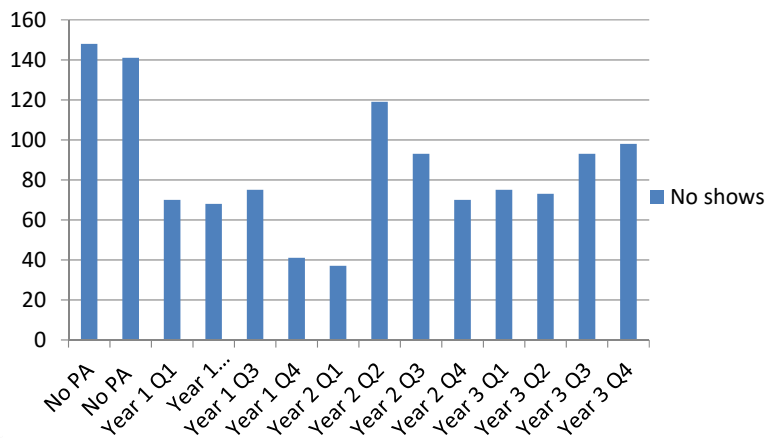
Results

- ↓ time spent on inpatient rounds
- ↓ in wait times to be seen in clinic and ER
 - Length of stay in ER decreased from 141 minutes to 117 minutes.
- ↑ access to appropriate caregiver at appropriate facility
- ↑ workflow in hospital and clinic
- 25% = Estimated % of time saved / week by physician
- Patients rated care by PA as ‘best possible care’; m = 9.8/10

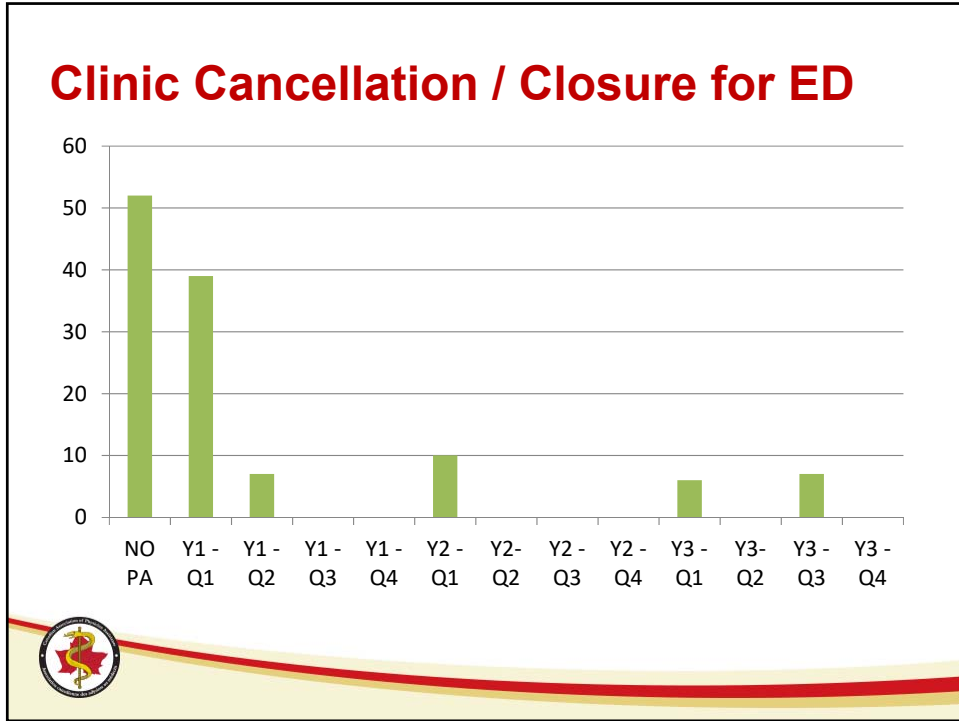


19

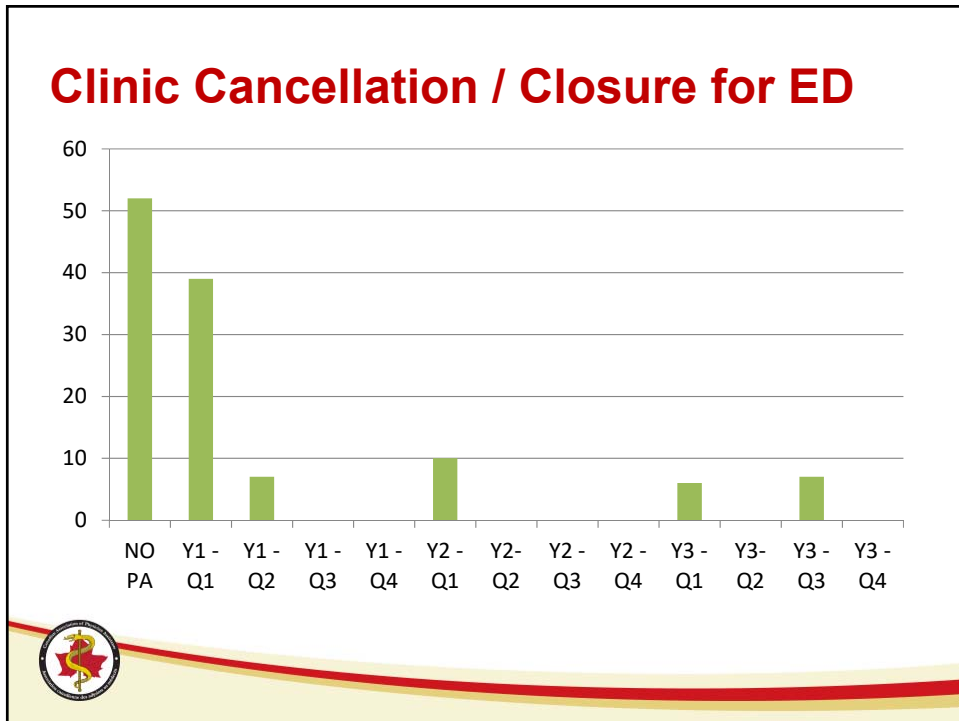
Trends: Patient No-Shows



20



21



22

Evaluation Highlights

- Patients felt the PA role should be sustained in rural areas, especially with physician shortages.
- Additional skilled person to attend to basic trauma activities improves patient care and access.
- Fewer disruptions and cancellations in the clinic
- Improves continuity of care when locums are in the clinic as PA can provide information about the patients
- Patients can make appointments in the clinic within 24-48 hours, and sometimes same day appointments



23

Questions?



24

Connect with CAPA



[facebook.com/CAPA.ACAM](https://www.facebook.com/CAPA.ACAM)



twitter.com/CAPAACAM



[linkedin.com/company/canadian-association-of-physician-assistants](https://www.linkedin.com/company/canadian-association-of-physician-assistants)



<https://capa-acam.ca>



admin@capa-acam.ca





Value of Physician Assistants.

Recommendations for Action

At a Glance

- Canada's health care spending is one of the highest internationally, with total 2016 expenditures expected to reach \$228.1 billion, or 11.1 per cent of GDP.
- To ease the pressures caused by an aging population and resulting rise in chronic disease, Canada's health care system needs to become more cost-effective and sustainable.
- Better leveraging physician assistants (PAs) can help Canada meet many service gaps and health system sustainability goals, including improved continuity of care, access, equity, and sustainability.
- The final instalment in the research series on the role of PAs, this briefing summarizes the insights generated and provides recommendations in five key areas: health human resources, funding models, regulation and data-tracking, supply and training, and evidence and understanding of impact.

Executive Summary

Canada's health care spending is one of the highest internationally, with total 2016 expenditures expected to reach \$228.1 billion, or 11.1 per cent of GDP. Health expenditures already consume approximately 38 per cent of provincial and territorial budgets, and demand is growing twice as fast as the population growth rate. To mitigate the pressures caused by an aging population and resulting rise in chronic disease, Canada's health care system needs to become more cost-effective and innovative solutions are required to ensure ongoing sustainability.

To help achieve these goals, Canada needs to optimize health care providers to ensure that the right services are being delivered by the right person at the right time in the right setting. Research has shown that increasing the supply and better leveraging physician assistants (PAs) can help Canada meet many service gaps and health system policy goals, including improved continuity of care, access, equity, and sustainability.

As the fourth instalment in the research series, this briefing summarizes the insights generated in the previous three reports and provides recommendations for action in five key areas:

1. **Optimize health human resources:** Improve health system integration and collaboration to help identify the optimal scope of practice for different health care providers, including PAs as part of an efficient and effective health care system. Support appropriate task transfer to ensure overall savings for the system (value for money), and leverage PAs already working in the system to provide key medical services that allow physicians to focus on tasks best suited to their skill set and that provide greatest value to patients and the health care system.

PAs represent a largely untapped resource that can help governments provide high levels of service.

2. **Implement appropriate funding models:** Address the lack of sustainable funding and establish an appropriate remuneration model to better leverage PAs in Canada, such as employing a salary model and by eliminating the siloed nature of funding envelopes that currently hinder PA integration into the health care system.
3. **Address regulation and data-tracking challenges:** Governments need to develop centralized provincial reporting systems to help them better understand the overall value, impact, and cost savings generated by PAs. Regulating the profession, employing PAs, and tracking their value centrally would help achieve this goal. This is especially important for provinces where the profession is not regulated or well supported.
4. **Expand supply and training:** Canadian training programs should ensure that necessary program supports and funding are in place to meet the growing demand for PA services. Canada's PA supply remains low relative to international comparators that have capitalized on the value and system savings PAs provide.
5. **Enhance evidence and understanding of impact:** More evidence must be generated to establish the effectiveness that PAs have on access, waiting times, quality of care, and length of stay, as well as impacts and demand for physician and PA hours by specialty type. Extrapolating this evidence into economic modelling will enable the assessment of PA contributions to a more efficient, effective, and sustainable health care system. Previous modelling work has shown substantial health system savings could be achieved by increasing PA use in certain services where current evidence exists, including primary care, emergency services, and surgical care services.

PAs represent a largely untapped resource that can help governments continue to provide high levels of service while reducing overall system costs. By properly optimizing and integrating this workforce into the health care system, which involves support through appropriate funding models, addressing regulation and data-tracking challenges, expanding supply and training, and enhancing evidence and understanding of impact, governments can help overcome Canada's health system sustainability challenges through better integration and increased collaboration.

Introduction

Background

Internationally, Canada is a high health spender. In 2016, total health expenditures were expected to reach \$228.1 billion, or 11.1 per cent of GDP. At \$5,543 per capita, Canada's health care spending is one of the highest internationally, placing well above the Organisation for Economic Co-operation and Development (OECD) average of \$4,463.¹ Although health expenditures have stabilized at an average of 38 per cent of provincial/territorial budgets since 2009,² demand is growing at twice the population growth rate. Aging is a key cost driver, with the highest health spending on seniors. This trend is not sustainable and greater efficiencies are needed. Ideally, health systems should be cost-effective and sustainable while meeting system performance goals.

The sustainability of the health care system is a key concern for patients and health system stakeholders from both the public and private sectors who are looking to achieve the triple aim in health care—improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care. A key element of this strategy is optimizing health care providers so the right person is delivering the right care at the right time in the right place.

Overview of the Research Series

This series of reports aims to provide a better understanding of the role and impact of PAs in various health settings across Canada by engaging in practical dialogue for the future expansion of PA roles within our health system. The first report in the series, *Value of Physician Assistants: Understanding the Role of Physician Assistants Within Health Systems*, discussed the role and impact of PAs in health care. The second report, *Gaining Efficiency: Increasing the Use of Physician Assistants in Canada*, estimated the value of PAs as a function of physician

1 Canadian Institute for Health Information, *National Health Expenditure Trends, 1975 to 2016*.

2 Ibid.

time saved for selected health conditions or specialties and the cost savings attributable to the health care system. Specifically, it looked at the potential cost savings that could be achieved by increasing the use of PAs in three areas: primary care, emergency care services, and orthopaedics. The third report, *Funding Models for Physician Assistants: Canadian and International Experiences*, reviewed several funding sources and payment models that have enabled the successful and sustainable integration of PAs into health systems, as well as the challenges Canada faces in providing sustainable funding.

This briefing is the fourth and final instalment of the series exploring PAs in Canada. It builds on the findings and insights generated in the first three reports through the literature review, modelling work, and case studies. It includes an introduction, brief highlights of key implications and findings from the first three reports, and recommendations for action to expand and successfully leverage the PA profession in Canada.

Key Highlights and Findings

Value of Physician Assistants: Understanding the Role of Physician Assistants Within Health Systems

The first report aimed to better understand the role and impact of PAs in Canadian health care settings.³ In Canada, PAs have a long history in the military and have been increasingly employed across a wide variety of health care settings, predominantly in primary health care and emergency medicine. Ontario and Manitoba employ the majority of Canada's PAs. (See Chart 1.)

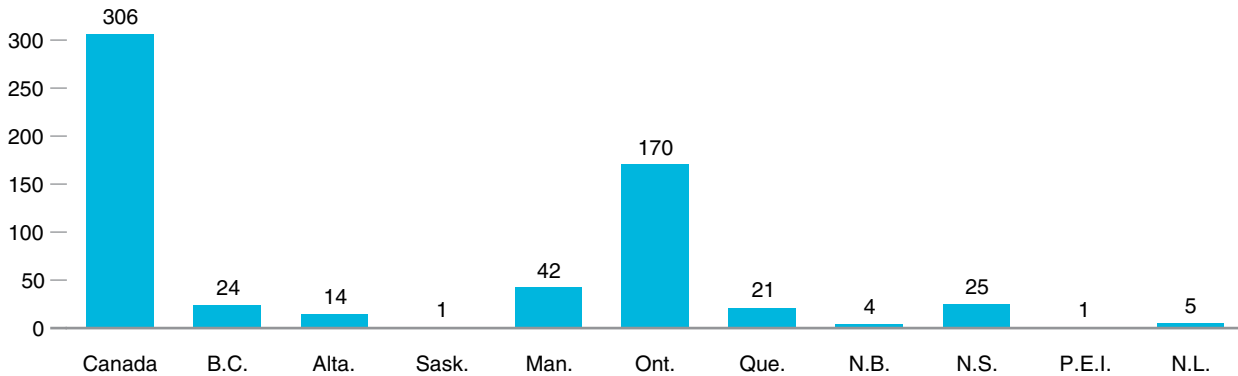
PAs complement existing health care services and aid in improving patient access to health care. They act as physician extenders who practise independently under the supervision of a physician. Their scope of practice is highly dependent on the individual PA–physician

3 Grimes and Prada, *Value of Physician Assistants*.

Chart 1

Distribution of Physician Assistants Across Canada, 2013

(number)



Source: Canadian Institute for Health Information.

relationship and varies depending on factors such as the type of medical setting, breadth of medical directives, and overall job description. Much of the cost-effectiveness and efficiency impact evidence comes from the United States, the United Kingdom, and the Netherlands where PAs are more prevalent. A key challenge is the lack of data on the impact of PAs from a productivity and cost-effectiveness perspective, which is addressed in the second report.

Four PA education programs (in Ontario and Manitoba) train students over a two-year period in the medical model. PAs are currently regulated only in Manitoba and New Brunswick, although Alberta is working through the legislative process. Funding for PAs is derived from a number of sources, including provincial governments (health authorities, demonstration projects, or new graduate funding), block funding (such as through academic specialty groups), and direct funding from physicians. While physicians seem to accept the PA role, some are reluctant to use their own salary to cover the cost of a PA. The further integration of PAs into interprofessional collaborative care teams that want to employ them is hindered by the lack of sustainable funding and remuneration mechanisms. Other barriers to employing PAs include supervision, training, and a lack of clarity around delegation acts. Studies reveal the need to quantify the impacts attributable to the PA role.

PAs are an efficient substitute for designated medical tasks.

The first report identified primary care, emergency care services, and surgical care services as the most promising areas for further modelling. It also revealed a gap in the research regarding the demand for physician and PA hours by type of specialty. The majority of existing impact studies focus more around access, waiting times, patient satisfaction, quality of care, and length of stay. To optimize the PA role and understand the value that PAs offer to the health care system, more prospective and retrospective case-control research studies are needed to measure the quantitative impact of PAs on the Canadian health system. Different employment settings, scopes of practice, regulation, variable funding, and other factors can make quantifying the PA role challenging.

In summary, the first report revealed that existing evidence is limited (especially on demand type by specialty); additional research is needed to measure the quantitative impact of PAs in Canada (as well as how they fit into broader workforce planning initiatives); more knowledge mobilization is needed on the demonstration projects that have been done; and modelling potential exists for primary, emergency, and surgical care.

Gaining Efficiency: Increasing the Use of Physician Assistants in Canada

The physician forecasting model reveals severe system strains as the demand for health human resources grows at twice the population growth rate.⁴ Alleviating demand increases, reducing wait times, and mitigating workforce shortages will therefore become increasingly important, and integrating more PAs into health care teams can help meet these goals. The second report models potential cost savings as specific tasks are shifted to PAs in primary care, emergency care services, and orthopaedics.

PAs are an efficient substitute for designated medical tasks, and delegating routine tasks to PAs allows physicians to devote time to tasks better aligned with their specialized skills. Under different assumptions,

4 Desormeaux and others, *Gaining Efficiency*.

cost forecasts of health care delivery reveal that alleviating demands on a physician's time generates both time savings and efficiency gains. As the wage difference between physicians and PAs is largely responsible for the cost savings, productivity gains are the most pronounced in areas where physicians' earnings are higher. In primary care, cost savings occur in the form of productivity gains (the total output per total cost of labour) when PAs substitute for at least 29 per cent of a physician's time. Similarly, PAs generate productivity gains for orthopaedic and emergency room specialists when they substitute for more than 21 per cent and 25 per cent of the specialist's time, respectively. Cost savings occur when 30 to 40 per cent productivity enhancements (depending on the practice area) are generated through the hiring and effective integration of PAs. These percentages are modest compared with research from other jurisdictions and the key informant interviews conducted for this research series (with the majority of doctors feeling that PAs could generate 50 per cent productivity enhancements). The models show that productivity gains start at these percentages, but have the potential to be significantly higher. The analysis estimated cost-savings to the health care system up to \$1.1 billion. (See Table 1.)

Table 1
Total Efficiency Gains and Time Savings of PAs, 2017–30

PA productivity (per cent)	Practice area for productivity gain	Additional hours available to physicians (millions)	Efficiency gains (\$ millions)
25	Primary care, orthopaedics, and emergency room	5.7	22.4
35	Primary care, orthopaedics, and emergency room	7.9	525.1
45	Primary care, orthopaedics, and emergency room	10.2	1,027.8
25	All practice areas	5.7	89.2
35	All practice areas	7.9	618.6
45	All practice areas	10.2	1,148.1

Source: The Conference Board of Canada.

Using PAs more broadly could help Canada's health system improve access to care, reduce wait times, and save millions of dollars.

In Canada, population aging and the associated increase in chronic disease will continue to drive demand for both health services and health care providers (both physicians and other providers). Strong evidence of the value that PAs provide to health care systems is revealed in a number of recent studies at the provincial level. PAs also provide value to health care teams, as demonstrated both internationally and in a recently completed Alberta demonstration project.

In summary, the second report showed that, going forward, Canada's aging population will significantly affect the country's fiscal position and the magnitude cost growth will increase over time. Additional physicians and other health care providers will be required to meet population needs. Pressure on the health care system and physicians can be alleviated through substitution and delegation with providers such as PAs playing a larger role. Wage differences between physicians and PAs largely generate productivity and cost savings. However, Canada has a relatively small pool of PAs to draw upon, current supply is not sufficient to meet future demand, and the lack of stable funding and remuneration models hinders the growth of the profession. Using PAs more broadly could help Canada's health system improve access to care, reduce wait times, and save millions of dollars.

Funding Models for Physician Assistants: Canadian and International Experiences

The third report in the series describes different PA funding sources, provides domestic and international case examples of successful PA integration, and identifies research, policy, and practice implications.⁵ In Canada, PA funding is derived from provincial governments (e.g., through demonstration projects, career start programs, and specific clinical services funding in primary care and hospital settings), block funding (e.g., through academic specialty groups), or by direct funding from physicians or institutions. Common health care provider remuneration and payment mechanisms include annual salary, fee-for-service (FFS), capitation, and blended/mixed payment.

5 Grimes and others, *Funding Models for Physician Assistants*.

Better communication about PA value to the health care system is needed overall.

Internationally, the U.S. provides PA remuneration through a discounted FFS model (at 85 per cent of the physician's fee schedule). The U.K. compensates PAs via salary and has proposed a single investment model so a centralized and integrated primary care policy can leverage health authorities to meet workforce gaps and local needs. The Netherlands encourages physician and PA task transfer and has increased PA integration by updating its tax system (e.g., PA services can be deducted from practice expenses). PA services can also be billed to insurance companies through the statutory health insurance system. In Canada, Manitoba is shifting PA funding from hospitals to physician groups and allocates its PA supply through a centralized process. Ontario's PA funding is derived through a career start program and different forms of clinical services funding. Almost 76 per cent of Canadian PAs are remunerated via salary.

Emerging patterns indicate that demand for PAs will grow in emergency medicine and primary care. Yet, a lack of stable funding limits their workforce integration. A comprehensive funding model is, therefore, required to expand the PA profession to help meet Canadian health human resources needs. Permanent PA salary funding allocations through provincial/territorial governments or regional health authorities (e.g., Ontario's Local Health Integration Networks [LHINs]), or FFS model PA billing codes have both been proposed as potential funding solutions. However, salary funding is the most common and likely way forward as there is little appetite in Canada for new FFS models. A tracking system demonstrating the impact and cost-savings evidence of different funding models would support the business case for greater PA integration.

In summary, the third report showed that funding models are affected by a number of factors and need to reflect the Canadian context. In Canada, a salaried approach is most likely to succeed. To make informed decisions, PA work, impact, outcomes, and efficiencies should be monitored and better communication about PA value to the health care system is needed overall.

Recommendations for Action

PAs are an untapped resource in most provinces and territories. Better leveraging of PAs as part of the current health care workforce can help address many service gaps and health system policy goals, including improved continuity of care, access, equity, and sustainability. Moving forward, key stakeholders have a number of opportunities to optimize PAs in the Canadian health care system. The potential next steps are described in this section.

Optimizing Health Human Resources

Achieving a more sustainable health care system involves ensuring that the right service is delivered by the right provider at the right time in the right environment. This does not necessarily mean that each group of health care providers should work to full scope of practice. Rather, Canada needs to identify what the optimal scope of practice for each provider group is based on better total health care system integration and collaboration among providers.⁶ As this research shows, substantial savings can be achieved through task transfer, with PAs providing specific medical services and designated competencies that allow physicians to focus where their skills would best be used. PAs are able to assist physicians by managing both routine tasks and complex patients.

Interprofessional and collaborative models of care delivery help improve overall sustainability and optimize value by ensuring that population needs-based services are provided at the right time by the right provider in the most cost-effective way.⁷ While physicians and PAs working together in teams are best able to identify the optimal practice and service delivery based on PA training, qualifications, and experience for particular practice settings, governing medical bodies and governments have a role to play in regulating and providing the necessary funding.

6 Nelson and others, *Optimizing Scopes of Practice*.

7 Dinh, Stonebridge, and Thériault, *Recommendations for Action*.

Implementing Appropriate Funding Models

The lack of sustainable funding and remuneration models is a key barrier to the expansion of PAs in Canada. Providing appropriate and optimal reimbursement models for health services remains a key challenge for governments across Canada, as different compensation models incentivize different behaviours and have different service outcomes. To increase health system sustainability by optimizing PAs, provincial governments, hospitals, and health care teams need to include PA salary funding in their budgets, with measurable deliverables developed by physicians and PAs. The most appropriate method of funding PAs is through a salaried model.

As FFS billing is unstable and incorporates a number of restrictions for physicians, it is unlikely to succeed in Canada. There is little appetite for it and, in many cases, it would require changes to billing codes and provincial schedules (e.g., the Ontario Health Insurance Plan [OHIP]).

Implementing integrated funding envelopes would help overcome challenges associated with siloed funding envelopes. For example, institutions that hire PAs in Ontario do so outside of the OHIP basket. PAs extend the work of physicians, but as physicians are not allowed to bill for services that the PA provides, extending overall clinical services to the community through the hiring of a PA would require that the funding come from their net billings, which is not a reasonable expectation given the current climate. Different funding envelopes can produce competing interests, where a hospital lays off PAs to save money and shifts the services they provided back to physicians. While the hospital budget saves money, this costs the health system and taxpayers more overall, which contributes to Canada's health system sustainability challenge. Embracing a holistic health system view and developing funding models that reduce costs overall is vitally important to Canada's future.

Addressing Regulation and Data Tracking Challenges

Developing standardized requirements for PA productivity reporting (especially for government-sponsored programs like Ontario's Career Start) would help generate meaningful data for future analysis.

Training additional PAs in rural, remote, or underserved areas can help deliver crucial services in a more cost-effective way.

Tracking PA employment centrally (as Manitoba does) allows for the systematic expansion of the profession. A system-wide approach would benefit other provinces as it would help to create an accountable and measurable understanding of how PAs contribute to affordable, high-quality, evidence-based patient care. Regulating the profession is one way to achieve this. This should be complemented with developing central tracking systems, either through the organizations that oversee PAs or through the PA organizations themselves. While professional organizations such as the Canadian Association of Physician Assistants do track information through their voluntary census, centralized provincial reporting systems could help governments achieve a more complete picture and make more informed regulatory and funding decisions.

Expanding Supply and Training

The use of PAs has expanded rapidly internationally—especially in countries like the U.S., U.K., and the Netherlands—yet Canada’s supply remains low compared with international comparators where the profession is more well established. Good health human resources planning involves a complex set of supply-and-demand factors. Before demand increases substantially, education programs should ensure that they have a model in place to grow the size of their intake because funding caps on training program operating budget base income units, student tuition, and clinical placements (for preceptor stipends and student reimbursement for travel and accommodations) limit the number of PAs that programs can train and place. This issue is not unique to PAs, but exists across medical education programs. Training additional PAs in rural, remote, or underserved areas can help deliver crucial services in a more cost-effective way; however, to increase training program spots, educational institutions require sustained program funding support, faculty development, a strategy to actively support a growing network of practising PAs, and sufficient funding for post-graduation career start programs and other PA positions. Training program leaders will need to work with provincial governments to ensure that these elements and the appropriate funds are in place.

Enhancing Evidence and Understanding of Impact

Strong evidence shows that PAs can safely provide care under physician supervision in a variety of practice settings. However, to better optimize the role and understand the value that PAs offer Canada's health care system, more research is needed on their quantitative impact. A number of studies from the U.S. and Europe show the positive impacts of PA work, but many of these tend to focus on access, waiting times, quality of care, and length of stay.⁸ While these outcomes are crucial, a gap exists surrounding the demand for physician and PA hours by specialty type.

The preliminary economic modelling conducted for this research series shows that substantial health system savings could be achieved through the increased use of PAs in places like primary care, emergency care, and surgical care services. Acknowledging that the services in the economic modelling only scratch the surface of what PAs can do in the health care system, the benefits are considered to be conservative. Researchers, health care system administrators, and managers can help meet the need for more evidence and data to show the system and health outcomes impact of PAs. Organizations such as The Conference Board of Canada can help governments understand the quantitative benefits and system savings that can be achieved through economic modelling for health workforce planning.

Some priority research questions include, but are not exclusive to:

- What is the effectiveness of PAs on patient health care outcomes by condition?
- What is the effectiveness of PAs on wait times for high-demand health care services?
- How much physician time is saved by employing a PA by medical specialty?
- What is the impact of PAs on health care system cost savings and sustainability?

8 Grimes and Prada, *Value of Physician Assistants*.

Conclusion

As Canada's population continues to age, ensuring the continued sustainability of our health system is becoming increasingly challenging. With health care already consuming an average of over 38 per cent of provincial budgets, governments need to find innovative ways of continuing to provide high levels of service while reducing overall system costs. This research series highlights some of the key challenges and opportunities, as well as specific actions that decision-makers can take to improve health system sustainability through the increased use of PAs. As physician extenders, PAs play a vital role in improving patient outcomes and reducing overall system costs. To capitalize on this potential, Canada needs to implement strategic policy and funding changes to the way that health human resources and health services are currently provided and delivered.

Specific actions that decision-makers can take to improve health system sustainability through the use of PAs include increasing the number of PAs in the health workforce, providing sustainable salary funding to support PA employment, implementing central regulation and PA data-tracking systems, ensuring training programs have the required supports in place to meet the growing demand for PAs, and producing more quantitative data on value and the health system sustainability impact of PAs. In doing so, governments can move closer to successfully achieving key population health and system sustainability goals by optimizing the role of PAs within Canada's health workforce.

Rate this publication for a chance to win a prize!

www.conferenceboard.ca/e-Library/abstract.aspx?did=9230

Acknowledgements

This briefing was researched and written by The Conference Board of Canada's Jessica Brichta, Research Associate, Health Economics.

The author would like to thank the Canadian Association of Physician Assistants (CAPA) reviewers for their valuable input, as well as Kristen Burrows, Assistant Dean, McMaster Physician Assistant Education Program, Faculty of Health Sciences, McMaster University; and Angela Cassell, Physician Assistant, Somerset West Community Health Centre, for providing external reviews. The Conference Board of Canada's Carole Stonebridge, Principal Research Associate, Health Economics, provided an internal review, and Thy Dinh, Director, Health Economics, provided valuable input.

This research series was funded by the CAPA; the Royal College, Alberta Health Services; and the College of Family Physicians of Canada.

Additional research and publication funding was provided by the Centre for the Future of Health.

About The Centre for the Future of Health (CFH)

The Centre for the Future of Health (CFH) is a research centre and forum for leaders in the health arena to address complex issues and build capacity for strategic solutions.

Innovation is crucial to ensure sustainability and quality improvement for Canada's health care system. However, knowledge about the right strategies to pursue and infrastructures to implement is not always clear or easy to find. Great ideas and solutions come from inspired people with the ambition and know-how to take on complex challenges. But ideas need systemic support to lead to action. CFH supports our health care systems, organizations, and professionals to ensure that Canada can not only keep pace with current changes, but also anticipate future challenges and proactively prepare to face them.

CFH brings together public and private health care leaders to exchange knowledge, learn about international advancements, and explore opportunities to strengthen Canada's capacity to develop and commercialize health innovations. It also works to articulate strategic goals at all levels of government and across organizations, while at the same time promoting system design thinking, foresight, collaborative efforts, and strategic partnerships. CFH serves as a vehicle for translating goals into actionable initiatives to enable Canada's health care systems to propose, implement, and manage the innovations that will lead to better health system performance and improved health for Canadians.

For more information about CFH, and to sign up to receive notification of new releases, visit the CFH website at www.conferenceboard.ca/networks/cfh. To become a member of this unique and exciting Centre, contact Shannon Cripps at cripps@conferenceboard.ca.

Member Organizations:

AbbVie

Health Canada

Medavie Blue Cross/Medavie Health Services

Medtronic Canada Ltd.

Ontario Ministry of Health and Long-Term Care

Southlake Regional Health Centre

Sykes Assistance Services Corporation

Disclaimer

The findings and conclusions of this briefing are entirely those of The Conference Board of Canada and do not necessarily reflect the views of the funder, advisory committee, or the reviewers. Any errors or omissions in fact or interpretation remain the sole responsibility of The Conference Board of Canada.

APPENDIX A

Bibliography

Canadian Institute for Health Information. *National Health Expenditure Trends, 1975 to 2016*. Ottawa: CIHI, 2016. Accessed October 10, 2017. https://secure.cihi.ca/free_products/NHEX-Trends-Narrative-Report_2016_EN.pdf.

Desormeaux, Marc, Matthew Steward, Kelly Grimes, and Gabriela Prada. *Gaining Efficiency: Increasing the Use of Physician Assistants in Canada*. Ottawa: The Conference Board of Canada, 2016. Accessed September 14, 2017. www.conferenceboard.ca/e-library/abstract.aspx?did=8347.

Dinh, Thy, Carole Stonebridge, and Louis Thériault. *Recommendations for Action: Getting the Most Out of Interprofessional Primary Care Teams*. Ottawa: The Conference Board of Canada, 2014. Accessed October 14, 2017. www.conferenceboard.ca/e-library/abstract.aspx?did=5988.

Grimes, Kelly, and Gabriela Prada. *Value of Physician Assistants: Understanding the Role of Physician Assistants Within Health Systems*. Ottawa: The Conference Board of Canada, 2016. Accessed September 14, 2017. www.conferenceboard.ca/e-library/abstract.aspx?did=8107.

Grimes, Kelly, Gabriela Prada, Yvonne James, Thy Dinh, and Jessica Brichta. *Funding Models for Physician Assistants: Canadian and International Experiences*. Ottawa: The Conference Board of Canada, 2017. Accessed September 14, 2017. www.conferenceboard.ca/e-library/abstract.aspx?did=9090.

Nelson, S., J. Turnbull, L. Bainbridge, and others. *Optimizing Scopes of Practice: New Models of Care for a New Health Care System*. Ottawa: Canadian Academy of Health Sciences, 2014. Accessed October 12, 2017. http://cahs-acss.ca/wp-content/uploads/2015/07/Optimizing-Scopes-of-Practice_REPORT-English.pdf.

Insights. Understanding. Impact.



e-Library.

Do you want to have access to expert thinking on the issues that really matter to you and your organization?

Our e-Library contains hundreds of Conference Board research studies in the areas of Organizational Performance, Economic Trends and Forecasts, and Public Policy.



The Conference Board
of Canada

Le Conference Board
du Canada

www.e-library.ca



About The Conference Board of Canada

We are:

- The foremost independent, not-for-profit, applied research organization in Canada.
- Objective and non-partisan. We do not lobby for specific interests.
- Funded exclusively through the fees we charge for services to the private and public sectors.
- Experts in running conferences but also at conducting, publishing, and disseminating research; helping people network; developing individual leadership skills; and building organizational capacity.
- Specialists in economic trends, as well as organizational performance and public policy issues.
- Not a government department or agency, although we are often hired to provide services for all levels of government.
- Independent from, but affiliated with, The Conference Board, Inc. of New York, which serves nearly 2,000 companies in 60 nations and has offices in Brussels and Hong Kong.

Insights. Understanding. Impact.

Value of Physician Assistants: Recommendations for Action

Jessica Brichta

To cite this briefing: Brichta, Jessica. *Value of Physician Assistants: Recommendations for Action*. Ottawa: The Conference Board of Canada, 2017.

©2017 The Conference Board of Canada*

Published in Canada | All rights reserved | Agreement No. 40063028 | *Incorporated as AERIC Inc.

An accessible version of this document for the visually impaired is available upon request.

Accessibility Officer, The Conference Board of Canada

Tel.: 613-526-3280 or 1-866-711-2262 E-mail: accessibility@conferenceboard.ca

®The Conference Board of Canada and the torch logo are registered trademarks of The Conference Board, Inc. Forecasts and research often involve numerous assumptions and data sources, and are subject to inherent risks and uncertainties. This information is not intended as specific investment, accounting, legal, or tax advice. The findings and conclusions of this report do not necessarily reflect the views of the external reviewers, advisors, or investors. Any errors or omissions in fact or interpretation remain the sole responsibility of The Conference Board of Canada.



The Conference Board
of Canada

255 Smyth Road, Ottawa ON

K1H 8M7 Canada

Tel. 613-526-3280

Fax 613-526-4857

Inquiries 1-866-711-2262

conferenceboard.ca



PUBLICATION 9230 | 9235

PRICE: Complimentary