



# Physician Assistant/ Associate Practice in Kentucky

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**Why is Collaboration  
Important?**

# Words Matter

## Supervision

- Used in Training/School
- Causes a limit in trust and can be hard to build rapport
- Many patients believe I am still in training when I say, “My supervising physician is....”

## Collaboration

- Part of a **PHYSICIAN-LED** healthcare team
- Depicts we are licensed healthcare providers



# 1) Decrease in malpractice claims for physicians



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## New Study Published in Journal of Medical Regulation Affirms Removing Barriers to PA Practice Improves Patient Access to High-quality Care

**Alexandria, VA (Feb. 13, 2024)** – Removing barriers to physician associate/assistant (PA) practice improves access to high-quality, cost-effective care and maintains patient safety, according to an [article published today](#) in the Journal of Medical Regulation (JMR).

The article, “Medical Malpractice Payment Reports of Physician Assistants/Associates Related to State Practice Laws and Regulation,” examines 10 years (2010-2019) of medical malpractice payment reports (MMPR) data from the National Practitioner Data Bank (NPDB) compared to the laws and regulations of states for the same period.

The article was co-authored by American Academy of Physician Associates (AAPA) Senior Director, Regulatory and Professional Practice Sondra M. DePalma, DHSc, PA-C, CLS, CHC, FNLA, AACC, AAPA Senior Director, PA and Industry Research and Analysis Noël E. Smith, MA; AAPA Senior Research Analyst Sean Kolhoff, PhD; and A.T. Still University Associate Professor and Program Director Michael DePalma, DMSc, PA-C.

## Medical Malpractice Payment Reports of Physician Assistants/Associates Related to State Practice Laws and Regulations.

### *Journal of Medical Regulation*

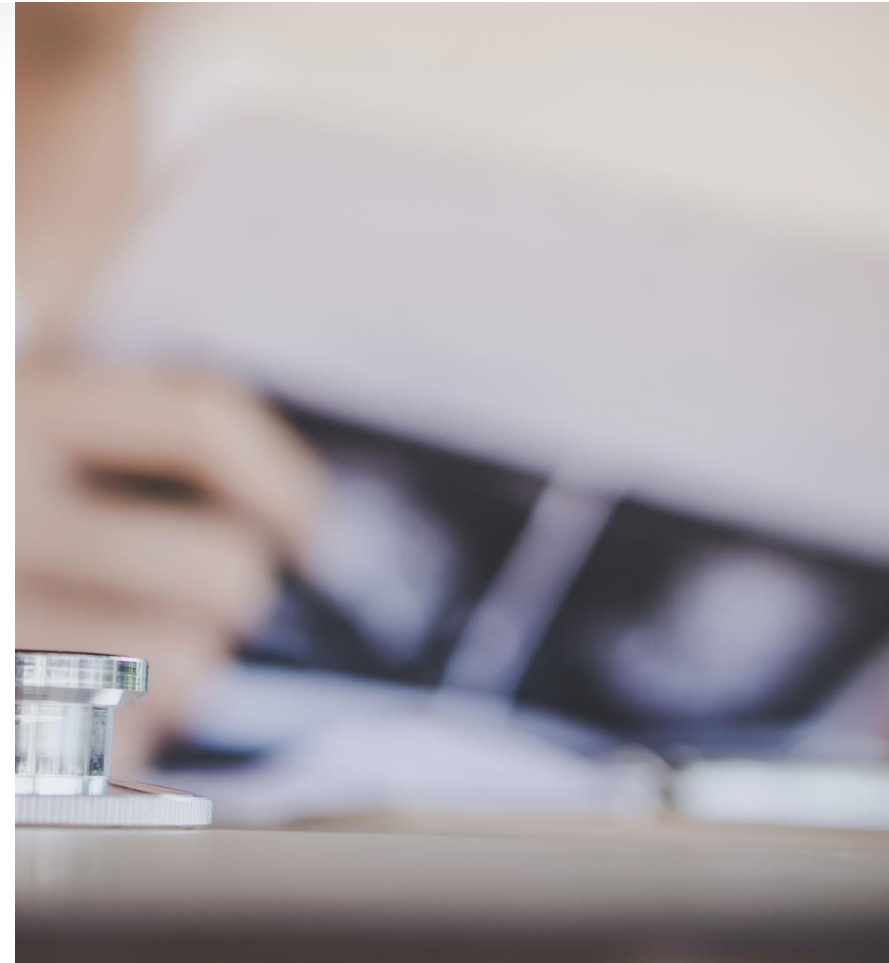
- Associated with a highly significant decrease in MMPRs for both PAs and physicians
  - Having a more permissive regulatory environment for PAs
  - Allowing PAs to practice consistent with their training and experience, and not limiting their SOP to that of a collaborating/supervising physician
  - Allowing PAs to practice in collaboration with physicians or have no formal statutory relationship with a physician and authorizing physicians to collaborate with an unlimited number of PAs significantly
  - Allowing PA SOP to be determined at the practice site and not requiring a physician to be onsite or in proximity to a practicing PA

## **Conclusion**

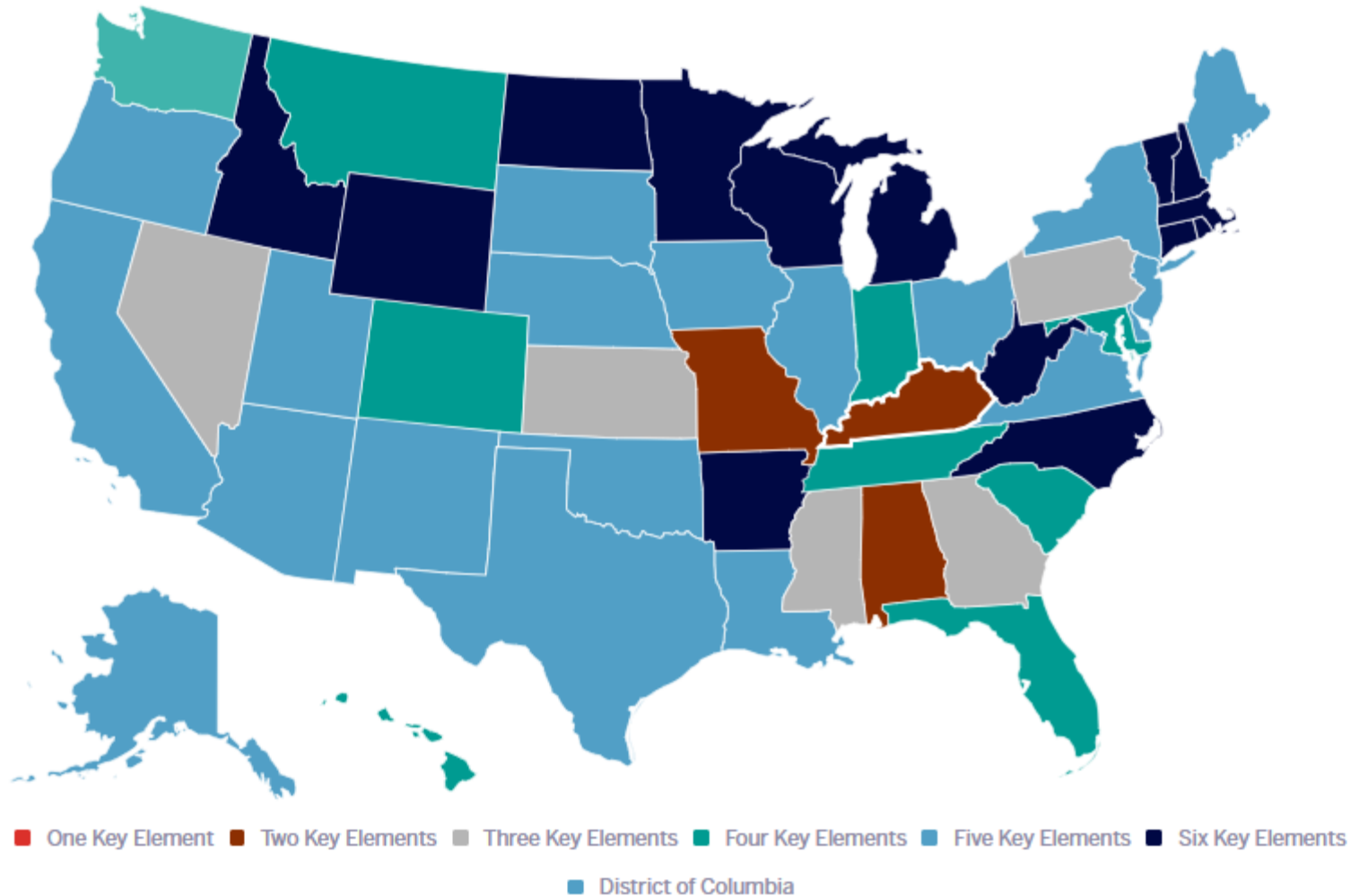
The findings of this study provide evidence that restrictive PA SOP elements can be eliminated from state laws and regulations without adversely affecting MMPRs or patient safety. Removing barriers to optimal practice environments for PAs improves access to high-quality, cost-effective care while maintaining patient safety. Less restrictive state PA laws and regulations will allow PAs to meet the medical needs of patients while increasing benefits for patients and the US healthcare system.

## 2) Decrease administrative burden on all

- Currently our supervising physician agreement is more than **15 pages long** and is very confusing for many.
- Transitioning to collaboration language will allow PAs to be more competitive in the job market
- More job opportunities with improved PA practice laws in KY could ultimately keep more PAs in state



### 3) Parity with PA Practice across the nation



▼ Kentucky

#### Key Elements

Licensure as Regulatory Term ✓

Full Prescriptive Authority

Scope Determined at Practice Site

Adaptable Proximity Requirements

Chart Co-Signature Determined at the Practice Level ✓

No PA-Physician Ratio



Kentucky

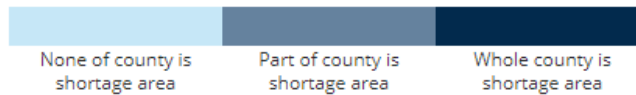
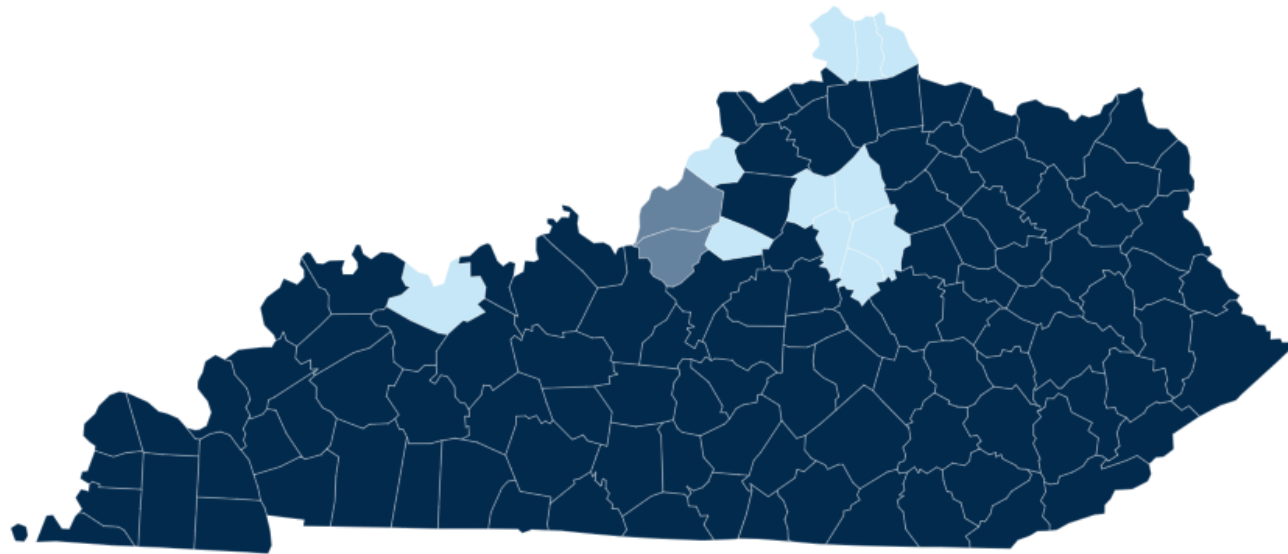
### Health Professional Shortage Areas: Primary Care, by County, July 2024 - Kentucky

[Back to U.S.](#)

Nonmetro

Metro

All



- 109/120 counties are in a health professional shortage area
- ~91% of the state

# Physician associates/physician assistants (PAs) are well-positioned to be part of the solution to the healthcare crisis in the U.S.

Among adults who have seen a PA:



**93%**

Say PAs add value to healthcare teams



**90%**

Agree PAs increase access to care/ make it easier to get a medical appointment



**89%**

Believe PAs improve health outcomes for patients



**88%**

Say PAs improve the quality of healthcare

# Medical Profession Comparison Chart

	Medical Doctor (MD)	Physician Assistant/Associate (PA)	Nurse Practitioner (NP)
Pre-Req Education	Bachelor's	Bachelor's + clinical hours	Bachelor's + clinical hours
Learning Model	Medical Model-Physician	Medical Model-Physician	Medical Model-Nursing
Time in Classroom	2 years	1000 hours	500 hours
Time in Clinic	2 years	2000 hours	500-700 hours
Residency	3-8 years	1-2 years optional	1-2 years optional
Degree	Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)	Master's Degree PA-C Doctorate available (DMSc, DHSc, DPA)	Master's Degree Doctorate available (DNP)
Recertification	50 education hours/year and ABMS certification recommended	100 education hours every 2 years and exam every 10 years	1000 professional practice hours and 12 CE credits per year OR exam every 5 years
Independent Practitioner	Yes	<b><u>NO – and we are not seeking independence</u></b>	Yes in 28 states

# References

- Sondra M. DePalma, Michael DePalma, Sean Kolhoff, Noël E. Smith; Medical Malpractice Payment Reports of Physician Assistants/Associates Related to State Practice Laws and Regulations. *Journal of Medical Regulation* 12 December 2023; 109 (4): 27–37. doi: <https://doi.org/10.30770/2572-1852-109.4.27>
- <http://www.kbml.ky.gov/ah/pa.htm>
- Six Key Elements of PA Practice – AAPA
- Map of Health Professional Shortage Areas: Primary Care, by County, July 2024 - Rural Health Information Hub

Any questions?