

**CODE RED–CRITICAL: Clinical Education Site Shortage
Threatens PA Health Workforce**

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On behalf of the Physician Assistant Education Association (PAEA), which represents the 218 accredited PA programs in the United States, I am pleased to submit testimony on the FY 2018 appropriations for physician assistant (PA) education programs authorized through Title VII of the Public Health Service Act. PAEA supports funding of at least \$580 million in FY 2018 for health professions education programs under Title VII. PAEA also requests \$12 million of that funding to support PA programs through the HRSA Primary Care Training and Enhancement Grants Program. Title VII is the only designated federal source for PA education and is crucial to the PA education system's ability to graduate highly skilled PAs, ready to enter the workforce.

CODE RED–Critical: Clinical Site Shortages

The PA profession has played a key role in the U.S. health care system for 50 years. Responding to demand, the profession has grown rapidly, with more than 100,000 graduates now practicing in every medical surgical specialty and setting. The PA profession stands ready to help fill projected shortages of clinicians. However, efforts to increase numbers of PA graduates must contend with a shortage of clinical training sites, a phenomenon experienced throughout the health professions and particularly acute in primary care disciplines.

The shortage of clinical sites is a direct result of the projected shortages of providers in recent years. As the health professions education system has moved to increase the numbers of graduates, the rising numbers of clinicians in training put pressure on available clinical sites.

Simultaneously, practicing clinicians faced new productivity and documentation demands, forcing some to reduce their commitment to education.

Competition for clinical sites has also led to a new and compounding issue—PA programs paying for sites. More than a third (35.4%) of PA programs now report paying for some or all sites, an increase of 14 percentage points since 2012.¹ PAEA data also show that an astounding 94.8% of program directors are moderately or very concerned about clinical site opportunities, and that almost half of them (46.7%) reported that the need to pay for sites has negatively affected their plans to increase enrollment.²

Payments for supervised clinical rotations also increases costs for students — through new fees and increased tuition. Federal assistance can help break this cycle.

Background on the Profession and Education Model

PAs are licensed health professionals educated in general medicine who have consistently proven to be effective members of the health care team. PAs provide a broad range of medical and therapeutic services to diverse rural and urban populations and have prescriptive authority in all 50 states.

PA education programs average 27 months in length, comprised of a year of classroom studies and a year or more devoted to clinical rotations. The 2,000 hours of clinical training that PA students undergo is second only to that of physicians in time devoted to training with patients. Their advanced medical training allows PAs to practice with significant autonomy, often serving as the sole medical provider in remote and underserved areas. The PA practice model is, by design, a team-based approach to patient-centered care in which PAs work in

¹ Physician Assistant Education Association. *By the Numbers: Program Report 31*. Washington, DC: PAEA, 2016. doi:10.17538/PS31.2016

² Association of American Medical Colleges. *Recruiting and Maintaining U.S. Clinical Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey*. Washington, DC: AAMC; 2013.

partnership with physicians and other health professionals. This model is very attractive to applicants, as reflected in the pronounced growth in the PA applicant pool from 4,669 in 2001 to approximately 27,000 applicants in 2017. Over the past five years alone, there has been a 26% increase in the number of PA program applicants.

Need for Increased Title VII Funding

The unmet need for primary care services in the United States is well documented and expected to grow as the population ages. The PA profession was created specifically to address a shortage of primary care physicians 50 years ago, and today's PAs remain ready to address the new challenges our nation faces in primary care and other specialties. However, even with the current output of a little more than 8,000 PA graduates each year, clinician shortages continue to persist, particularly in rural and underserved communities. Title VII, as the single direct funding source for PA programs, plays a crucial role in developing and supporting our members' ability to produce the next generation of PAs.

In academic year 2014-2015, Title VII grantees educated 4,390 PA students. About 29% of PA students reported a disadvantaged background, and 13% came from a rural background. Training sites for this program were primarily located in a medically underserved community (60%), a primary care setting (58%), and/or a rural setting (19%).

More than 2,000 individuals trained alongside PA students while participating in interprofessional team-based care across all training sites affiliated with the grantee program. Grantees implemented 135 courses and training activities to PA students during the academic year as part of efforts to integrate primary care curriculum into PA training. Lastly, 364 PA faculty members were trained through the faculty development activities funded by the program, and 29 faculty members completed structured faculty programs.

Title VII funding enhances clinical training and education, assists PA programs to recruit applicants from disadvantaged and minority backgrounds, and supports innovative programs to ensure a diverse, well-trained health professional team. Title VII was strengthened in 2010 when Congress enacted a 15% allocation in the appropriations process for PA programs. This funding has enhanced capabilities to train future PAs, to creatively expand care to the underserved, and to develop a more diverse PA workforce. For example, one of our PA program uses a HRSA grant to operate a mobile health vehicle to provide health education and initial health screenings to local underserved patients and to increase students' awareness of the importance of cultural competency and health literacy. Another grant allows a program to provide scholarships to incoming PA students who are veterans, and who dedicate their postgraduate careers to a primary care setting.

Finally, federal support of clinicians who precept PAs and other health professionals and is a promising strategy for relieving the clinical site crisis and would have the additional benefit of promoting interprofessional education and practice.

Enhancing Diversity

The quality of patient care is enhanced when clinicians reflect America's changing demographics. PA programs are committed to attracting students from underrepresented groups and disadvantaged backgrounds, as well as experienced veterans who aspire to civilian health professions. Studies show that health professionals from underserved areas are three to five times more likely to return to underserved areas.^{3,4,5} PA programs continue to explore innovative ways

³ Phillips RL, Dodoo MS, Petterson S, et al. *Specialty and Geographic Distribution of the Physician Workforce: What Influences Medical Student and Resident Choices?* Washington DC: The Josiah Macy, Jr. Foundation and The Robert Graham Center; 2009.

⁴ Hyer RL, Bazemore AW, Bowman RC, Zhang X, Petterson S, Phillips RL. Rural origins and choosing family medicine predict future rural practice. *Am Fam Physician*. 2007;76(2):207.

⁵ Talley RC. Graduate medical education and rural health care. *Acad Med*. 1990;65:522-525.

to recruit diverse individuals and sustain them as education leaders. Increased education costs may have a negative impact on the diversity of the PA applicant pool and reduce the number of graduates who practice primary care.

To leverage the efforts of PA programs and increase workforce diversity in the PA profession, PAEA supports funding for the Health Careers Opportunity Program (HCOP) and increased funding for the Scholarships for Disadvantaged Students and the National Health Service Corps (NHSC). These programs are vital to our nation's health and provide a clear path for students who might not otherwise consider a PA career.

Recommendations on FY 2018 Funding

The Physician Assistant Education Association, along with our colleagues in the health professions community, requests the committee's support for Title VII health professions programs at a minimum of \$580 million for FY 2018. This level of funding is crucial to educate and maintain highly skilled primary care practitioners, particularly those from diverse backgrounds and veterans, who are more likely to practice in medically underserved areas and serve vulnerable populations. For PA education programs, we request funding of \$12 million, which will allow support for the expanding number of PA programs expected to begin enrolling students during the next four to five years.

We thank subcommittee members for their support of the PA profession and look forward to your continued commitment to finding solutions to the nation's health workforce shortage and the current challenges we face in securing and maintaining quality clinical education sites.