Physician assistants filling gap in health care

By Sarah Terry-Cobo
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Andie Bean, left, is a physician assistant at the University of Oklahoma Family Medicine Center and a clinical instructor. She talks with Amie Torres, right, a fellow PA and clinical instructor at the center. (Courtesy photo)

NORMAN – Whether patients have a bullet wound, a broken limb or a snotty nose, people going to the emergency room at Haskell County Community Hospital see Keith Plummer. In rural southeast Holdenville, patients at Holdenville General Hospital Rural Health Clinic see Kari Cochran.

“I’m a solo provider in the ER,” Plummer said. “When they come, I’m who they see.”

Neither Plummer nor Cochran are doctors. They are physician assistants, part of a growing trend of medical providers in Oklahoma and across the nation. They were in attendance at the Oklahoma Academy of Physician Assistants annual conference at the Embassy Suites in Norman Friday.

Physician assistants are stepping up to help fill the gap to provide health care, and their numbers have grown by leaps and bounds, said PA Daniel McNeil, medical director of the Good Shepherd Ministries free clinic in Oklahoma City. In 1994, there were only 250 licensed PAs in the state; now there are about 1,200, he said.

Several factors drive the growth of PAs. One is the increased need for providers as the federal health care overhaul, the Patient Protection and Affordable Care Act, expands the number of people who will have insurance coverage.

Two other factors are intertwined, McNeil said: time and money. A PA school takes only two-and-a-half years, compared to eight years in medical school. The average in-state tuition for PA schools is about $51,000, according to the American Academy of Physicians Assistants. With average salary in Oklahoma starting at about $90,000, the return on investment can be much
quicker, compared with a physician who may make $140,000 per year but have $150,000 on average in student debt.

Physician assistants are helping make family practices profitable, said Amie Torres, a PA and clinical instructor at the University of Oklahoma Family Medicine Center. As physicians receive less in reimbursements, they can hire PAs who can treat patients and spend more quality time with them. More time spent with the medical provider increases patient satisfaction, and they can provide the same level of care, McNeil said.

But PAs are trained to do more than just provide medical care. They talk to patients on their level and encourage prevention, Torres said. But working to prevent illness can be a challenge, especially when a PA is treating a patient for pain or a broken limb, she said.

“Diabetes isn’t uncomfortable,” she said. “High blood pressure isn’t painful.”

So she finds out what the patient is willing to do, even if that just means smoking one less cigarette per day. Cochran said it is important to speak to patients in language they understand.

For example, she was treating a patient for hypertension, but the person thought hypertension meant being overstressed. The patient was confused when Cochran mentioned the patient’s high blood pressure because she didn’t realize hypertension was the medical term.

“When you say hypertension, you are speaking in terms we use every day in the medical field,” Cochran said. “But your patients do not, so you have to bring it down to their level so they have a better understanding.”

Plummer agreed. He said he explains to his patients their food choices affect medical issues such as blood pressure and cholesterol.

“The biggest problem is the only way health measures get better is if people change their habits,” he said. “We can sling all the medicine we want, but if they don’t do it, nothing changes.”

As a solo provider, Plummer sees an underlying challenge as a PA: getting some doctors and some patients to understand what they do. Whitney Kress, a PA at OU Children’s Pediatric Urology department, agreed. She said she is the first PA to work with a group of surgeons in that department, so she works with physicians to help them understand her role as a provider and what she has the ability to do.

Torres said her challenge is educating physicians that they do not have more liability when they hire PAs. McNeil said since the profession was founded in 1965, patients know and accept PAs. Plummer said PAs have to perform at a very high level, because if one does something wrong, the profession is judged harshly for it.

“So some physicians are huge fans of PAs, and some not so much,” he said. “We are under the microscope.”