

CHARACTERISTICS OF PHYSICIAN ASSISTANTS IN RHEUMATOLOGY PRACTICES: 2008

A report prepared for
The Society of Physician Assistants in Rheumatology

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October 2008

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#2008004

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This is a report on the characteristics of PAs who identified rheumatology as their specialty and completed the American Academy of Physician Assistants (AAPA) annual census for 2008. It is an analysis of an AAPA dataset that was delivered to the Society of Physician Assistants in Rheumatology (SPAR) leadership in the fall of 2008. Using both the AAPA annual census and a parsed version of the census on rheumatology PAs the following report was created. The interpretations are the authors' and do not reflect the policies or views of either the AAPA or SPAR.

BACKGROUND

From 1990 to 1995, the AAPA conducted a census survey of its members. Beginning in 1996, the census survey was expanded to include those PAs who were not members of AAPA. While the survey instrument and the data collection process have undergone some revisions since the inception of the census, the general approach and data elements have remained much the same.

The data collection effort for the 2008 AAPA Physician Assistant Census was conducted between February 20 and September 1, 2008. The 2008 Census is available on-line as well as on paper.

A link to the on-line version of the survey was posted on the home page of the AAPA Web site and sent in an e-mail at the end of February to all PAs for whom an e-mail address was available. In late May, reminder e-mails were sent to all PAs who had not yet responded.

The paper version of the survey was mailed in mid-March 2008, to all individuals, both AAPA members and non-members, who were believed to be eligible to practice as PAs in the United States as of December 31, 2007, and for whom address information was available. The paper version of the survey was not sent to individuals from whom an

on-line response had already been received or to individuals who had indicated on a previous Census survey that they were retired or working as a physician. A second copy of the paper survey was mailed in early July 2008 to all PAs who had not completed a survey, either on-line or paper.

This document presents the responses received on the census survey and includes certain static information derived from the AAPA Master file, such as sex, race, and age. It should be noted that these data have not been weighted or adjusted to account for non-response, the number of usable responses for each item varies due to item non-response, and the percentages displayed in all tables may not sum to 100 due to rounding.

The data was sub analyzed to identify rheumatology PAs and compared to either all PAs. The work was undertaken by the Division of Research within the AAPA and delivered to SPAR in 2008. The complete survey was accessed at <http://www.aapa.org/research/04census-intro.html> on 10 October 2008. A total of 27,568 census respondents were analyzed. Eighty-six (0.3%) were identified as rheumatology PAs, 27,482 in other internal medicine specialties. The following results are based on this sub analysis.

Section I: Characteristics of 2008 AAPA Census - Rheumatology Respondents

Total survey returns 27,568

Rheumatology PA returns 86

 Adult rheumatology 83

 Pediatric rheumatology 3

Gender: 63% Female

Females account for 68 percent of rheumatology PAs and 73.3 percent of the respondents to the 2008 census.

Age: 40 years old

The mean age of rheumatology PAs is 40 years; the mean age for all other respondents is 41 years. The median ages are 39 for both (See Exhibit 1).

| Exhibit 1 | | |
|-------------------------------------------------------|--------------|------------|
| Age of Rheumatology and IM Specialty PAs: 2008 | | |
| | Rheumatology | All Others |
| Count | 86 | 27,413 |
| Mean | 40.4 | 41.3 |
| Standard deviation | 11.1 | 11.2 |
| 10th percentile | 27.0 | 28.0 |
| 25th percentile | 29.8 | 32.0 |
| Median | 38.5 | 39.0 |
| 75th percentile | 50.3 | 51.0 |
| 90th percentile | 56.0 | 58.0 |

Section II: Professional Status of Respondents

The number of rheumatology PAs in practice, in 2008, was 86. Seventy-three (85%) reported working at least 32 hours per week (13% worked less than 32 hours). In the survey of all PAs, 86 percent reported working more than 32 hours per week.

Of the 86 clinically active rheumatology PAs, six reported that they were PA educators, and ten were formal type researchers (as opposed to being part of a research project).

Section III: Information about Rheumatology PAs in Clinical Practice

Concurrent Jobs

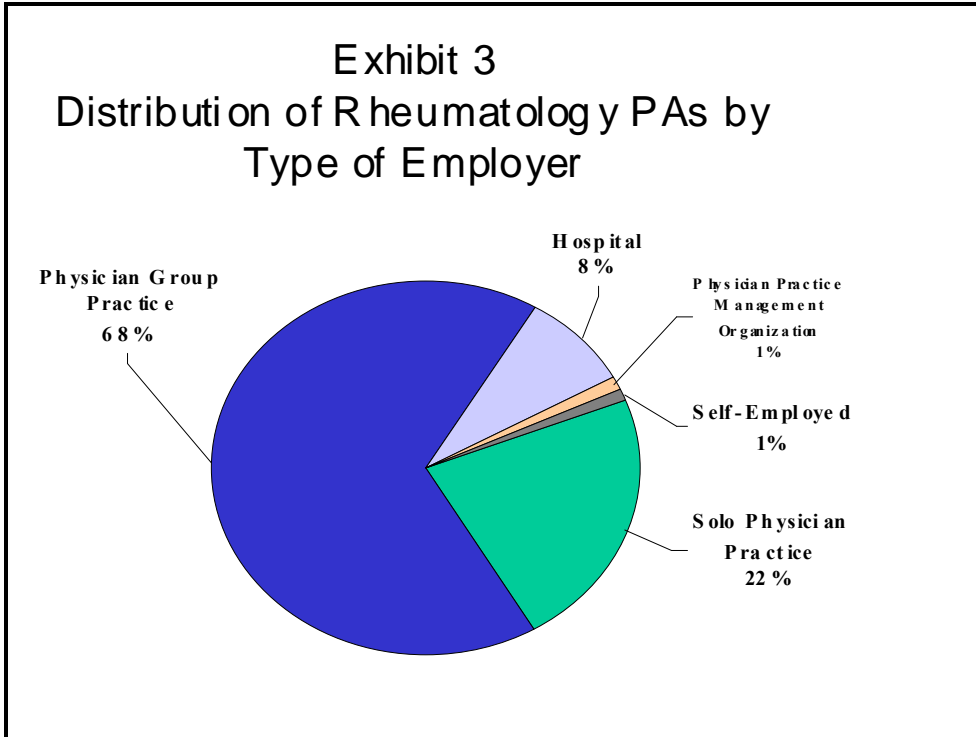
When asked about concurrent PA jobs, 82 of the 86 (91%) of the rheumatology PAs said one job, two said two jobs (2.3%) and two said three jobs (2.3%). (Exhibit 2)

| Exhibit 2 Number and Percent Distribution of Clinically Practicing Respondents by Number of Concurrent PA Jobs: 2008 | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------|--------------------------|----------------|
| | Rheumatology | | Other Specialties | |
| | Count | Percent | Count | Percent |
| Respondents | 86 | 100.0% | 25,401 | 100.0% |
| One | 82 | 95.3% | 21,457 | 84.5% |
| Two | 2 | 2.3% | 3,184 | 12.5% |
| Three | 2 | 2.3% | 471 | 1.9% |
| More than three | | | 134 | .5% |
| Self-employed with multiple contracts | | | 155 | .6% |

Type of Employer

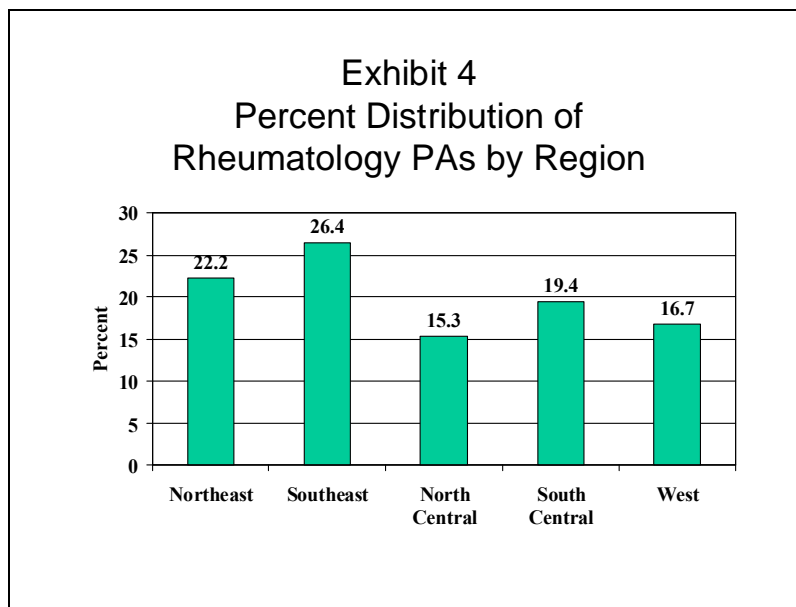
Twenty-two percent of rheumatology PAs work with a solo practitioner physician. Over half (68%) work in a group practice which may be single specialty or multispecialty (Exhibit 3).

Four respondents work for a government agency. Three of the 86 rheumatology PAs are employed by the Department of Veterans Affairs and one employed by a state government. The Department of Veterans Affairs is the single largest government employer of PAs accounting for almost three percent of respondents to the annual AAPA survey; state governments collectively employ about two percent of this year's respondents.



Geographical Distribution

Rheumatology PAs are somewhat evenly distributed across all five regions of the US (See Exhibit 4). The states in which the largest numbers of clinically practicing rheumatology PAs are: Pennsylvania (6), Texas (9), New York (9), North Carolina (5), and Georgia (7).



Select Functions

Hospital: of the 86 rheumatology PAs who responded to the survey, 7 report they are hospital based.

Education: 20 rheumatology PAs report they precept PA students, and 13 are mentors for students of other health professions.

Clinical research: thirty-nine are involved in a clinical trial.

Off Hours Availability

Out of 72 respondents to a specific question regarding taking call or being available for phone or returning to the medical setting, only twenty PAs (27.8%) take call for their practice. Of the 20 who do take call, the mean is 85.2 hours per month.

Hours Worked Per Week

The majority (84.9%) of rheumatology PAs work full-time (defined as at least 32 hours per week). This is consistent with 87% of all PAs reporting working full-time.

Section IV: Information about Respondents Who Work at Least 32 Hours per Week at Their Primary Clinical Job

When asked about salary, 90.3% receive a base pay salary; 9.7% receive an hourly wage. Out of 68 respondents, 36 (53%) PAs received an incentive bonus at some time over the year, out of those who received a bonus, 20.6% say it is based on their own productivity and performance. 11.8% Claim their bonus is based on the productivity of the practice, such as revenue or profit. 20.6% claim their bonus is not based on productivity or performance.

Employment Income

The mean summary of total income for full-time PAs in rheumatology was \$81,224 (median \$77,812). The upper range (90th percentile) was \$112,966 (see Exhibit 5). Income was not differentiated by gender, type of practice, type of compensation or any other covariant.

| Exhibit 5 | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|
| Summary Measures of Total Annual Income from Primary Employer for Respondents Who Work at Least 32 Hours per Week at Primary Clinical Job* | | |
| | Rheumatology PAs | All Other PAs |
| Respondents | 72 | 20,918 |
| Mean | \$81,224 | \$90,017 |
| Standard deviation | \$19,092 | \$22,492 |
| 10th percentile | \$60,806 | \$67,069 |
| 25th percentile | \$70,359 | \$75,078 |
| Median | \$77,812 | \$85,747 |
| 75th percentile | \$87,723 | \$100,655 |
| 90th percentile | \$112,966 | \$119,165 |
| <i>*Excludes self-employed PAs</i> | | |

Overall salaries for rheumatology PAs have increased by 3% on average since 2002.

Benefits

In addition to income from their employer, 56 full-time PAs in 2006 reported receiving some form of extra compensation, benefit or perquisite from their employer. These benefits are displayed in Exhibit 6.

| Exhibit 6 | |
|-----------------------------------------------------------------------------------------|---------|
| Select Expenses and Benefits Provided by Employer for Full-time Rheumatology PAs | |
| Type of Benefit | |
| N | 56 |
| Professional Liability Insurance | 100% |
| Individual health insurance (part or full) | 92% |
| Family health insurance (part or full) | 48% |
| Dental insurance (part or full) | 56% |
| Disability insurance (part or full) | 42% |
| Term Life Insurance (part or full) | 39% |
| Continuing medical education funds (part or full) | 78% |
| Mean amount of funds available for CME | \$1,636 |
| Pension / retirement fund (part or full) | 83% |
| State license fees (part or full) | 87% |
| DEA Registration (part or full) | 89% |
| NCCPA fees (part or full) | 79% |
| AAPA Dues (part or full) | 82% |
| State PA Chapter Dues (part or full) | 71% |
| AAPA annual conference registration fees | 78% |
| Credentialing fees (part or full) | 84% |

SUMMARY

As of 2008, 86 PAs reported their primary employment and professional activity as rheumatology in the AAPA annual census. This number is smaller than a conservative estimate of 120 or more PAs in rheumatology nationally. A full census of rheumatology PAs has not been undertaken. However, a role delineation study on PAs has been undertaken (Hooker 2008).

The income reported by PAs in rheumatology is approximately 10% less than with other specialty based PAs. In the aggregate, the mean salary is approximately 10% less for a PA who has been in the workforce for more than two years.

The type of employment settings rheumatology PAs report is consistent with the impression that most are in solo or small group practice in metropolitan areas (Deal 2006). In addition to clinical roles some rheumatology PAs assume collateral responsibilities that include teaching, administration and supervision.

Limitations

There are a number of shortcomings and limitations to a survey such as this type. First, the survey is intended to examine all PAs, both clinically active and those not working. As a result, the instrument is constructed to obtain the maximal amount of information without fatiguing the respondent. It was not designed for specific specialties such as rheumatology. Second, this analysis is considered marginally useful since the number of respondents was small. However, it does offer some insights into the setting of rheumatology PAs and what their compensation is as compared to other PAs.

CONCLUSION

Rheumatology is an internal medicine subspecialty that lends itself to a high level of delegation of traditional physician roles to PAs. In rheumatology the PA can easily assume a wide variety of care that either off-loads or complements the physician role. The earliest documentation of a PA in rheumatology was in 1978 and by 1988, 14 had identified themselves through the AAPA. This number grew to 44 in 1998, and by 2004 the number had grown to 76. That so little is known about rheumatology PAs is unfortunate, but this survey summary should serve as a springboard for additional studies on this unique specialty.

Future surveys should focus on the role and responsibilities of rheumatology PAs along with various aspects of patient care. Understanding these functions will ultimately improve the scope of practice and delivery of services to a growing number of patients in need of rheumatology management.

ADDITIONAL READING

Hooker RS, Rangan BV. Role delineation of rheumatology physician assistants. *Journal Clinical Rheumatology*. 2008; 14(4): 202-205.

Hooker RS. The extension of rheumatology services with physician assistants and nurse practitioners. *Best Practice & Research: Clinical Rheumatology*. 2008; 22 (3): 523-533.

Deal CL, Hooker RS, Harrington T, Birnbaum N, Hogan P, Bouchery E, Klein-Gitelman M, Barr W. The United States rheumatology workforce: supply and demand, 2005-2025. *Arthritis Rheumatism*. 2007; 56(3): 722-729.

Hooker RS. Understanding the roles of PAs and NPs in rheumatology. *Arthritis Practitioner*. 2007; 3(5): 42 [editorial].

Hooker RS, Cawley JF. PAs and NPs: The hidden rheumatology workforce. *Arthritis Practitioner*. 2005; 1 (3): 34.