

CHARACTERISTICS OF PHYSICIAN ASSISTANTS IN RHEUMATOLOGY PRACTICES: 2005

A report prepared for:
The Society of Physician Assistants in Rheumatology

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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 2005. 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 2005. 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 author's 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 2005 AAPA Physician Assistant Census was conducted between March 15 and September 15, 2005. Survey forms were mailed 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, 2004, and for whom address

information was available. Surveys were not mailed to individuals who had indicated on a previous Census that they were retired or working as a physician. In total, surveys were mailed to 62,723 people – accounting for 94.3 percent of the 66,483 individuals eligible to practice as PAs. Completed surveys were received from 22,502 people, representing 39 percent of all individuals eligible to practice as PAs and 36 percent of the PAs who were mailed a survey form.

This document presents the responses received on the census survey and includes certain static information derived from the AAPA Masterfile, 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 or PAs in other internal medicine subspecialties.” The work was undertaken by the Division of Research within the AAPA and delivered to SPAR in mid-2005. The complete survey was accessed at <http://www.aapa.org/research/04census-intro.html> on 12 November 2005.

A total of 22,502 census respondents were analyzed. Seventy-seven (0.3%) were identified as rheumatology PAs, 22,425 in other internal medicine specialties. The following results are based on this sub analysis.

Section I: Characteristics of 2005 AAPA Census - Rheumatology Respondents

Total survey returns 22,502

Rheumatology PA returns 77

 Adult rheumatology 74

 Pediatric rheumatology 3

Gender: 68% Female

Females account for 68 percent of rheumatology PAs and 74 percent of the respondents to the 2004 census.

Age: 39 years old

The mean age of rheumatology PAs is 39.6; the mean age for Internal Medicine (IM) Specialty census respondents is 41.5 years. The median ages are 39 and 41 respectively (See Exhibit 1).

| Exhibit 1 Age of Rheumatology and IM Specialty PAs: 2005 | | |
|---|--------------|----------------|
| | Rheumatology | IM Specialties |
| Count | 76 | 22,366 |
| Mean | 39.6 | 41.5 |
| Standard deviation | 9.5 | 10.9 |
| 10th percentile | 27.0 | 28.0 |
| 25th percentile | 31.0 | 32.0 |
| Median | 39.0 | 41.0 |
| 75th percentile | 47.0 | 50.0 |
| 90th percentile | 53.0 | 57.0 |

Section II: Professional Status of Respondents

The number of rheumatology PAs in practice, in 2005, was 77. Sixty-five (85%) reported working at least 32 hours per week (15% worked less than 32 hours). In the survey of all PAs, 87 percent reported working more than 32 hours per week.

Of the 77 clinically active rheumatology PAs, six reported that they were PA educators, and three were formal type researchers (as opposed to being part of a research project).

Section III: Information about Rheumatology PAs in Clinical Practice

Concurrent Jobs

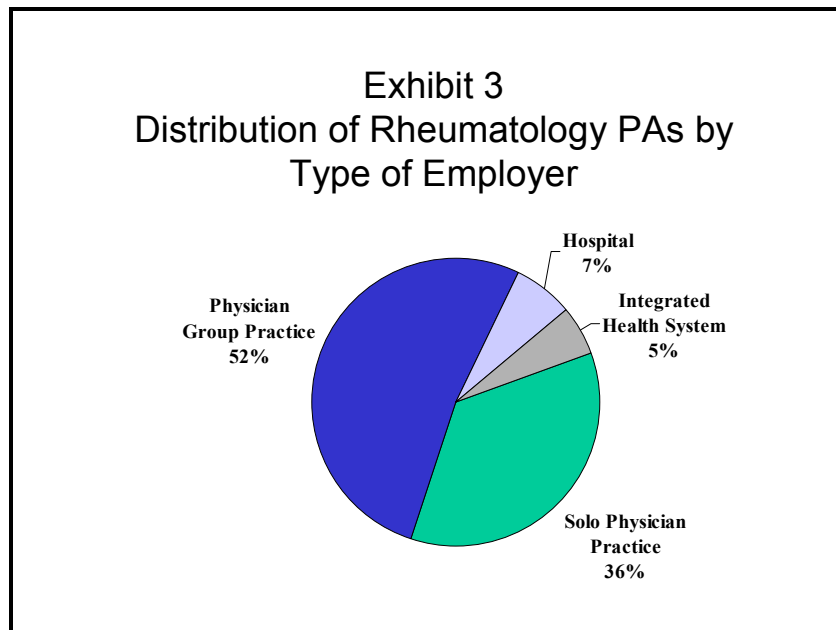
When asked about concurrent PA jobs, 70 of the 77 (91%) of the rheumatology PAs said one job and seven (10%) said two (Exhibit 2).

| Exhibit 2 Number and Percent Distribution of Clinically Practicing Respondents by Number of Concurrent PA Jobs: 2005 | | | | |
|---|---------------------|----------------|--------------------------|----------------|
| | Rheumatology | | Other Specialties | |
| | Count | Percent | Count | Percent |
| Respondents | 77 | 100.0% | 19,942 | 100.0% |
| One | 70 | 90% | 16946 | 85.0% |
| Two | 7 | 10% | 2455 | 12.3% |
| Three | | | 47 | 1.7% |
| More than three | | | 77 | .4% |
| Self-employed with multiple contracts | | | 117 | .6% |

Type of Employer

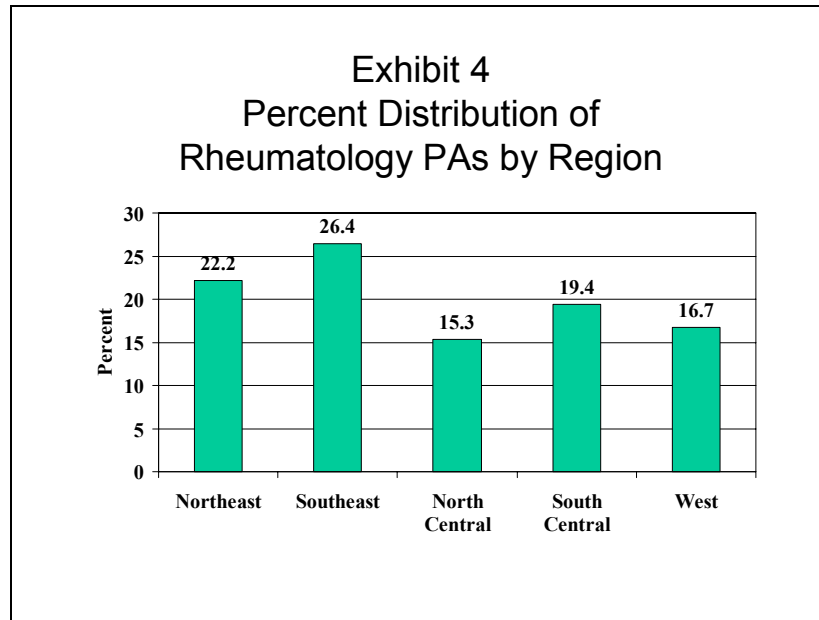
Twenty-eight percent of rheumatology PAs work with a solo practitioner physician. Over half (57%) work in a group practice which may be single specialty or multispecialty (Exhibit 3).

Four respondents work for a government agency. Three of the 77 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 (7), Texas (6), Michigan (6), Oklahoma (6), Arizona (5), California (5), and Georgia (5).



Select Functions

Hospital: of the 77 rheumatology PAs who responded to the survey, fourteen report they manage care for hospitalized patients.

Education: 20 say they precept PA students, and 19 are mentors for students of other health professions.

Clinical research: forty-one are involved in a clinical trial.

Off Hours Availability

Out of 63 respondents to a specific question regarding “taking call” or being available for phone or returning to the medical setting, only one third (32%) take call for their practice. Of the 17 who do take call, the mean is 101 hours per month.

Hours Worked Per Week

The majority (84%) 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, 91% receive a base pay salary; 9% receive an hourly wage. Forty-nine PAs received an incentive bonus at some time over the year, and half of those who received a bonus say it is based on performance of the practice, such as revenue or profit.

Employment Income

The mean summary of total income for full-time PAs in rheumatology who had graduated before 2003 was \$72,835 (median \$71,671). The upper range (90th percentile) was \$95,356 (see Exhibit 5).

For recent graduates (hired in 200 or 2005), the mean total income was \$68,131 (median \$59,766) as displayed in Exhibit 6.

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 | IM Specialty |
| Respondents | 64 | 16,241 |
| Mean | \$72,835 | \$81,162 |
| Standard deviation | \$16,006 | \$21,267 |
| 10th percentile | \$51,271 | \$60,205 |
| 25th percentile | \$62,448 | \$67,133 |
| Median | \$71,671 | \$77,424 |
| 75th percentile | \$80,008 | \$90,459 |
| 90th percentile | \$95,356 | \$106,779 |
| <i>*Excludes self-employed PAs</i> | | |

Overall salaries for rheumatology PAs rose by \$3,271 between the years 2004 and 2005. This represents an increase of 3 %.

Benefits

In addition to income from their employer, 56 full-time PAs in 2004 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 2004, 77 PAs reported their primary employment and professional activity as rheumatology. This number (74 adult and 3 pediatric) PAs who are in rheumatology is smaller than the enrollment of PAs in SPAR. Conservative estimates suggest the number is 100 or more PAs in rheumatology nationally. A full census of rheumatology PAs has not been undertaken.

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. In addition to clinical roles some rheumatology PAs assume 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.