[redacted]

From: Sandy Harding <[redacted]org>
Sent: Thursday, May 16, 2013 4:36 PM
To: [redacted]
Cc: CommentPeriod, HealthIT (Thune)
Subject: AAPA Feedback on HIT REBOOT White Paper
Attachments: AAPA Statement on PAs in Primary Care. Senate HELP Com. 5.1.13.docx; EHR Information 4.13.docx; Tennessee2013.pdf; North-Carolina2013.pdf; Oklahoma2013.pdf; Wyoming2013.pdf; Kansas2013.pdf; South-Dakota2013.pdf

[redacted]

Heather Meade with the Washington Council on Ernst and Young mentioned that you are particularly interested in receiving provider feedback on the HELP Committee Senators' White Paper regarding HIT concerns. My apologies for not sending a more formal organizational response, but I just realized that the comment period ends today.

AAPA has tremendous concern with the HITECH Act's Medicaid EHR Incentive payment. Physician Assistants (PAs) are one of three healthcare professionals, along with physicians and nurse practitioners, who provide primary healthcare services. Unfortunately, the very limited recognition of PAs (incentives only available for "PA-led clinics") through the HITECH Act has created a financial disincentive for medical practices that serve a high percentage of Medicaid and other needy individuals to hire PAs. More importantly, if the goal of EHRs is to improve patient care, the HITECH Act limitation means that Medicaid beneficiaries who are primarily seen by PAs, are excluded from the promise of improved medical care offered through electronic medical records.

In many rural and other medically underserved communities, a PA may be the only healthcare professional onsite. A physician is always part of the team with the PA, and always available through telehealth, computer, telephone, or other electronic device, but not always available on-site. In some states, physicians and PAs have established care models where, for example, PAs may be the principal healthcare professional in rural medical practices throughout the state, with a physician visiting the clinic on an as-needed basis. We believe this care model represents an efficient use of healthcare workforce resources, but in this example, none of these medical practices would be eligible for the Medicaid EHR incentive payment unless the practice were a rural health clinic, CHC, or FQHC and met the requirement for "PA-led." ("PA-led" may mean that the PA provides the majority of care and/or is the medical director in the federally-supported clinic. However, the "PA-led" clinic language does not apply to the many medical practices that serve Medicaid and other medically needy patients and are not designated as an RHC, CHC, or FQHC.)

PAs who provide the requisite volume of care to Medicaid beneficiaries and whose practices are not eligible for the incentive are understandably upset. Additionally, we have heard from numerous PAs that they have been told that a medical practice's hiring preference is an NP or physician in order to receive the Medicaid EHR incentive.

As I'm sure you're aware, the HITECH Act was part of a 900+ page legislative package and was passed less than a month after it was introduced. In our experience, legislation that is passed so quickly often includes omissions and unintended consequences.

Attached is AAPA's statement on PAs in Primary Care for the HELP Committee's May 1, 2013 hearing record. The statement contains a brief mention of the Medicaid EHR incentive problem. Additionally, I've attached an AAPA fact sheet on the issue, as well as PA practice profiles in the states represented by Senators Alexander, Burr, Coburn, Enzi, Roberts, and Thune. The state profiles indicate that a significant portion of PAs in each state provide care to patients who are uninsured, Medicaid beneficiaries, and live in rural communities.

I hope this information is helpful to you. It's a much narrower focus than presented in the HIT REBOOT Report, but it is a significant issue to PAs.

Please don't hesitate to contact me if you have questions on the PA profession and/or the Medicaid incentive as it relates (or does not relate) to care provided by PAs.

Best,
Sandy

Sandy Harding, MSW
Senior Director, Federal Advocacy
American Academy of Physician Assistants
2318 Mill Road
Suite 1300
Alexandria, VA 22314
[redacted]
www.aapa.org

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American Academy of
PHYSICIAN ASSISTANTS

2318 Mill Road, Suite 1300
Alexandria, VA 22314
P 703 836 2272 F 703 684 1924
E aapa@aapa.org
www.aapa.org

Statement of

American Academy of Physician Assistants

On

PAs in Primary Care

Submitted for the Hearing Record

Of the

Subcommittee on Primary Health and Aging

Committee on Health, Education, Labor, & Pensions

United States Senate

May 1, 2013

On behalf of the more than 90,000 clinically practicing physician assistants (PAs) in the United States, the American Academy of Physician Assistants (AAPA) is pleased to submit comments to the Senate HELP Subcommittee on Primary Health and Aging following its April 23, 2013 hearing, *Successful Primary Care Programs: Creating the Workforce We Need.*

The Academy has been following the subcommittee's actions, and we appreciate the subcommittee's continued recognition of the physician assistant profession, as well as the subcommittee's support for primary care and public health.

Nearly 30 million uninsured people are about to obtain medical coverage under the Patient Protection and Affordable Care Act beginning January 2014; yet, we have a projected shortage of 45,000 primary care physicians by 2020. The AAPA believes that the physician assistant profession is integral to addressing this shortage and improving access to care for those currently in the system, and for those who will seek care in 2014.

The PA profession has grown dramatically since its first education program was launched nearly 45 years ago. With over 90,000 certified PAs and 6,000 newly graduated PAs joining their ranks this past year, PAs are one of the fastest growing healthcare professions in the U.S. In fact, the Bureau of Labor Statistics predicted in 2010 a 30 percent growth in PA jobs over the next decade.

Furthermore, since the passage of the Patient Protection and Affordable Care Act in 2010, over 80 new PA education programs are expected to be accredited by mid-2016. With this substantial growth rate, it is projected that over 10,000 PAs will be entering the medical workforce per year by 2020 to help offset the growing shortage of physicians.

PAs in Primary Care

An estimated 30,000 PAs (30 percent of the profession) work in primary care across the nation -- 37 percent work in private practice (both physician group and solo practices); 3.1 percent practice in community health centers, 2.7 percent practice in certified rural health clinics, and 2.1 percent work in a federally qualified health center.

PAs are also one of three primary care providers who work in the National Health Service Corps (NHSC). The NHSC is an important federal program with nearly 10,000 healthcare providers, like PAs, who benefit from the program's loan-forgiveness and scholarships awards to those providers and students who commit two years to provide medical, dental and mental healthcare in medically underserved areas.

Additionally, an estimated 2,790 PAs proudly work in community health centers (CHCs) around the country, some as CHC medical directors. Community health centers provide cost-effective healthcare throughout the country and serve as medical homes for millions in medically underserved areas. CHCs offer a wide variety of healthcare services through team-based care, providing high quality healthcare to CHC patients and significantly reducing medical expenses.

How Are PAs Educated?

The PA educational program is modeled on the medical school curriculum, a combination of classroom and clinical instruction. The PA course of study is rigorous and intense. The average length of a PA education program is 27 months.

Admission to a PA educational program is highly competitive. Applicants to PA programs must complete at least two years of college courses in basic science and behavioral science as prerequisites to PA school, analogous to premedical studies required of medical students. The majority of PA programs have the following prerequisites: chemistry, physiology, anatomy, microbiology, and biology. Additionally, most PA programs require or prefer that applicants have prior healthcare experience.

PA education includes instruction in core sciences: anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory science, behavioral science and medical ethics.

PAs also complete more than 2,000 hours of clinical rotations, with an emphasis on primary care in ambulatory clinics, physician offices and acute or long-term care facilities. Rotations include family medicine, internal medicine and psychiatry.

Practicing PAs participate in lifelong learning. In order to maintain national certification, a PA must complete 100 hours of continuing medical education every two years. Additionally, PAs must currently take a recertification exam every six years to maintain certification through the National Commission on Certification of Physician Assistants.

Currently there are 173 accredited Physician Assistant education programs in the U.S., with 74 in the pipeline. The overwhelming majority of PA educational programs award master's degrees. Currently 41 PA programs have a curriculum that prepares students specifically for a career in primary care, including

PA educational programs represented by Senators on the subcommittee, such as: Christian Brothers University in Tennessee, Duke University, and the University of Maryland Eastern Shore. All PA educational programs are accredited by the Accreditation Review Commission on Education for the Physician Assistant.

Many of these primary care mission-based PA programs benefit from grants from the Public Health Service Act Title VII Health Professions Program. These funds are awarded to programs that not only educate and guide PA students into primary care and underserved areas, but also recruit PA students from underrepresented minority populations to help improve the diversity of the healthcare workforce.

An AAPA study of PA graduates from 1990-2009 revealed that PAs who graduated from a Title VII supported program were 67 percent more likely to be from an underrepresented minority population and were 47 percent more likely to work in a rural health clinic. The Title VII program is the only federal educational program designed to address the supply and distribution imbalances in the health professions.

In 2010, 39 percent of all PA graduates went into primary care, which includes family medicine, general internal medicine, and general pediatrics. With the need for more primary care providers, it is crucial that we invest in the Title VII program that supports PA educational programs in primary care. With Title VII assistance, the PA profession is expected to grow 39 percent through 2018 to help meet the increasing demands for care.

Current Challenges in Education

Due to the rapid growth in the number of PA programs, Title VII Health Professions grants are a necessary part of developing new curricula to address the needs of underserved populations, as well as faculty development for new and experienced faculty.

Faculty development is crucial. The anticipated 74 new PA educational programs will require approximately 448 new faculty members, many of whom will likely transition from clinical practice with no teaching experience. In addition, the current PA educational grant has two new priorities for programs to address: developing a pathway for our nation's veterans into PA educational programs and improving the quality of teaching at clinical training sites.

As it is for other health professions, acquiring, maintaining and ensuring a high-level of quality clinical sites is a tremendous challenge for PA programs. Title VII grants help fill these gaps and ensure that PA curriculum and faculty are able to address the training needs of students, as well as to ensure well-trained clinicians to meet the nation's growing health needs.

Physician Assistant Practice

Physician assistants are licensed health professionals who practice medicine as members of a team with a physician. PAs exercise autonomy in medical decision-making and provide a broad range of medical and therapeutic services to diverse populations in rural and urban settings.

In all 50 states, PAs carry out physician-delegated duties that are allowed by law and within the physician's scope of practice and the PA's training and experience. Additionally, PAs are delegated prescriptive privileges in all 50 states, the District of Columbia, and Guam. This allows PAs to practice in rural, medically underserved areas where they are often the only full-time medical provider.

Unnecessary Federal Barriers to Medical Care Provided by PAs

Over the last 45 years, the PA profession has emerged as a critical component of our nation's healthcare workforce and was recognized in the Patient Protection and Affordable Care Act as one of three professions providing primary care. However, federal laws and regulations created during the advent of the profession have not kept pace with the evolution of PA practice into the 21st century. Significant and unnecessary barriers to the quality medical care provided by PAs remain. Specifically, changes are necessary to allow PAs to provide hospice care to, and order hospice and home health care for, Medicare beneficiaries. Additionally outdated Medicare regulations, such as the inability of PAs to order fecal occult blood tests, must be addressed to allow PAs to practice as efficiently as possible.

PAs were largely left out of the Medicaid electronic health record incentive (EHR) program in the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The absence of PAs in this program has created a disparity for patients served by PAs, particularly in underserved areas where PAs may be the sole primary care provider. Unless the PA a is the lead practitioner in a Federally Qualified health Center or a Rural Health Clinic, their practice and their patients may be unable to obtain access to electronic health records due to the lack of funding. The Medicaid EHR

incentive program is a significant boon to medical offices around the country, yet PAs are not able to access this incentive in the same manner as physicians and nurse practitioners, creating a financial disincentive for some practices to employ PAs.

How Does the Quality of Care Provided by PAs Rate?

PAs deliver high-quality care and enjoy high patient satisfaction. Studies have consistently shown that PAs provide high-quality care with outcomes similar to physician-provided care. Additionally, studies have shown that incorporating PAs into office or hospital practice can improve outcomes. For example, when a trauma center transitioned from a resident-assisted to PA-assisted trauma program, the quality of care improved, with a one-day reduction in length of stay. A study published in the *Journal of the American Geriatrics Society* indicates that nursing homes that used PAs had lower hospitalization rates for ambulatory care sensitive conditions.

Patients are consistently satisfied with PA-provided care. Studies have shown that patients are just as satisfied with medical care provided by PAs as with that provided by doctors and do not distinguish between types of care providers.

How do PAs increase the Cost-Effectiveness of Healthcare?

Studies have shown that PAs can increase the cost-effectiveness of healthcare. PA labor costs are more affordable. A practice employing a PA pays less in overhead costs for that PA compared to a physician, while having a healthcare provider on board who can provide most of the same services. A study examining a national sample of patients found that those who saw a PA for most of their yearly office visits had approximately 16 percent fewer visits per year than patients who only saw physicians.

Additionally, PAs provide preventive services, which reduce the need for more costly acute care and chronic care management. Patient costs, in terms of actual payment, lost time from work and unnecessary pain, are decreased when patients can be seen promptly in the most appropriate setting. For example, it is always more cost-effective to get a flu vaccination than to be hospitalized for an influenza-related complication.

PA education costs less and takes less time than physician education, which allows PAs to enter the workforce more quickly. Further, PAs can practice in any medical or surgical specialty, and they can

perform almost all the duties that physicians perform. Therefore, PAs are cost-effective options for practices and hospitals looking to offset physician shortages and trim overhead.

How do PAs fit into Healthcare Reform and the Patient Protection and Affordable Care Act (PPACA)?

The intent of healthcare reform is to provide care for all Americans while reducing healthcare costs through adequate preventive care. PAs help extend physician care and can easily adapt to any care model. Their education prepares them to work in teams, and they help to coordinate care and provide preventive services.

PAs were recognized by Congress and the President as crucial to improving U.S. healthcare. In the PPACA, Congress recognized PAs as one of three healthcare professions in primary care. PAs were also recognized as crucial to the Independence at Home model noted in the PPACA. Further acknowledging PAs' value in a reformed healthcare system, the administration in 2010 committed additional money for the education of PAs.

One example of an emerging care model that is strongly supported by health care reform is the patient centered medical home (PCMH). This model makes use of all healthcare providers' skills in ways that are most efficient and effective for patients and encourages open and continued communication with each provider and the patient.

In a PCMH, clinicians work together to provide care that is comprehensive, ongoing and coordinated. The clinical team provides primary, acute and preventive medical care. The team also integrates specialty referrals and other services from the health system and community.

Additionally, PAs play a vital role in chronic care management. Chronic care management programs may reduce hospital admissions, readmissions, specialty care and prescription drug use, in turn eliminating costly healthcare services. This model relies heavily on patient education and empowering patients to play an integral role in their healthcare.

Thank you for the opportunity to submit comments for the hearing record on behalf of the American Academy of Physician Assistants.

American Academy of PHYSICIAN ASSISTANTS
2318 Mill Road, Suite 1300
Alexandria, VA 22314
P 703 836 2272 F 703 684 1924
E aapa@aapa.org
www.aapa.org

Electronic Health Record Incentive Program and PAs

Eligible Professionals

- PAs are *not* considered eligible professionals under the *Medicare* EHR Incentive program.
- Under the *Medicaid* program, PAs are eligible in very limited circumstances (in PA-led RHCs and FQHCs).
- Physicians are eligible under both the Medicare and Medicaid programs.
- Nurse practitioners are eligible under the Medicaid program.

For complete details about practitioner eligibility for both the Medicare and Medicaid EHR Incentive programs, go to the **EHR Incentive Page** on the CMs website.

Medicaid EHR Incentive

Physician assistants are eligible for the Medicaid EHR incentive when working at an FQHC or RHC that is so led by a physician assistant. In response to comments, CMS clarified "so led" to mean:

1) When a PA is the primary provider in a clinic; (for example, and RHC with a part-time physician and a full-time PA would be considered "PA-led"
2) When a PA is a clinical or medical director at a clinical site of practice; or
3) When a PA is an owner of an RHC.

Additionally, for the Medicaid incentive, there is a percentage volume requirement. Eligible Professionals must have a minimum of 30% of their visits as unique encounters. Pediatricians may have 20%.

Regional Extension Centers

The HITECH Act authorizes a Health Information Technology Extension Program to support and serve health care providers to help them quickly become adept and meaningful users of electronic health records (EHRs). Regional Extension Centers (RECs), designed to make sure that primary care clinicians get the help they need to use EHRs, will focus their most intensive technical assistance on clinicians (physicians, physician assistants, and nurse practitioners) furnishing primary-care services, with a particular emphasis on individual and small group practices (fewer than 10 clinicians with prescriptive privileges). Clinicians in such practices deliver the majority of primary care services, but have the lowest rates of adoption of EHR systems, and the least access to resources to help them implement, use and maintain such systems. Regional Extension Centers will also focus intensive technical assistance on clinicians providing primary care in public and critical access hospitals,

community health centers, and in other settings that predominantly serve uninsured, underinsured, and medically underserved populations.

For more information, go to the **Office of the National Coordinator's website,** where you will also find a list of the Regional Extension Centers.

Meaningful Use
The Medicare and Medicaid EHR Incentive Programs provide a financial incentive for the "meaningful use" of certified EHR technology to achieve health and efficiency goals. By putting into action and meaningfully using an EHR system, providers will reap benefits beyond financial incentives–such as reduction in errors, availability of records and data, reminders and alerts, clinical decision support, and e-prescribing/refill automation. For more information, see the **Meaningful Use Overview** on the CMS website, as well as a CMS **EHR Meaningful Use Criteria Summary**, with links to the criteria specifications.

The Meaningful Use Objectives specification sheets for the Medicare and Medicaid EHR Incentive Programs bring together critical information on each objective to help eligible professionals and eligible hospitals/critical access hospitals understand what they need to do to demonstrate meaningful use successfully. For **eligible professionals**, there are a total of 25 meaningful use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met, including:

- 15 required core objectives
- 5 menu set objectives that may be chosen from a list of 10

Pathway to Payment
The **Medicare and Medicaid EHR Incentive Programs checklists** will show you the steps to take to receive your incentive payments, but first:
1. **Find out if you are eligible for either the Medicare or Medicaid EHR Incentive Programs.** o Professionals and hospitals can visit the Eligibility page to check eligibility.

2. **Are you a professional eligible for *both* programs? If so, you must choose a program and follow the rest of the relevant checklist below.** o See the Medicare EHR Incentive Program Checklist

o See the Medicaid EHR Incentive Program Checklist

Not sure which program to choose? Compare "Notable Differences between the Medicare and Medicaid EHR Incentive Programs"

E-Prescribing
It is important to note that PAs are, and have always been, considered eligible professionals in the CMS Electronic-Prescribing (eRx) Incentive Program. For details, click **here**.

AAPA and the EHR Incentive Issue

In response to CMS proposed rules regarding the EHR incentive program, published early in 2010, the AAPA put out a call for action to the membership entitled-
"Rule to Make PAs Eligible for EHR Incentive Payments"

Comments Urged on CMS Proposed Rule to Make PAs Eligible for EHR Incentive Payments
Physician Assistants are urged to provide comments by no later than March 15th on a proposed rule from the Centers of Medicare and Medicaid Services (CMS) implementing the provisions of the American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111–5) that provide incentive payments to eligible professionals (EPs) and eligible hospitals participating in Medicare and Medicaid programs that adopt and meaningfully use certified electronic health record (EHR) technology. AAPA has some serious concerns that if not appropriately clarified could severely limit these incentives for PAs to help expand access to care for some of the most medically underserved patients in the country. PAs are encouraged to review AAPA's comments on the proposed rule and submit their own comments to CMS using local examples to help reinforce the Academy's concerns. PAs can view the proposed rule and click on "submit comment" to electronically offer their input on the proposed regulations.

CMS responded to AAPA's comments by stating that the incentive is based in law (ARRA 2009), and, as such, cannot be amended by rule-making. Thus, the law itself requires changing-literally an Act of Congress.

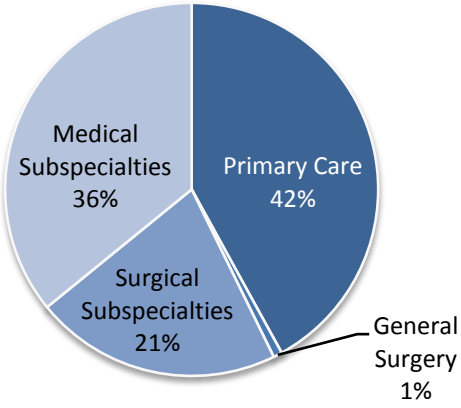
PAs in Kansas

The information below provides a current snapshot of medical care provided by physician assistants practicing in Kansas.

PAs in Clinical Practice in Kansas in 2012: **903**

Number of Certified PAs in the US: **90,214**

Areas of PA Practice



Primary Care is represented by:
- Family Medicine
- Family Medicine with Urgent Care
- General Internal Medicine
- General Pediatrics

The Bureau of Labor Statistics predicts that PAs will be the second-fastest-growing profession in the next decade. AAPA predicts number of practicing PAs will increase from **83,600 in 2010** to **127,000 in 2025**.

Hospital Setting is represented by:
- Hospital Emergency Room
- Inpatient Unit of the Hospital
- Intensive/Critical Care Unit of Hospital
- Outpatient Unit of Hospital
- Other unit of Hospital

Patients seen by Kansas PAs:

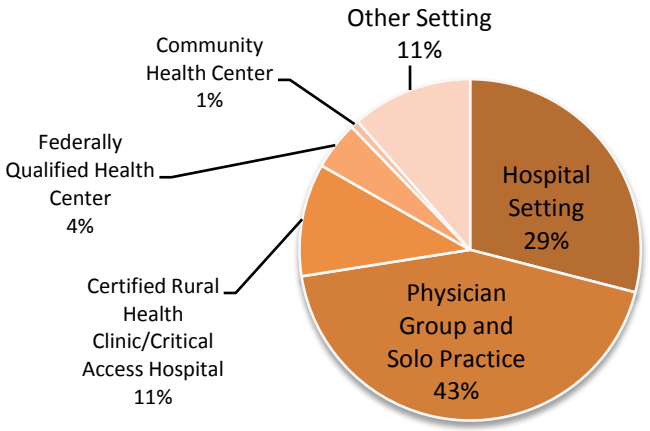
Uninsured: 23%

Medicaid beneficiaries: 22%

Rural: 36%

*2010 data

PA Practice Settings



*Graph percentages are from the 2011 AAPA National Census

(Data provided by AAPA Research and Statistics – February 2013)

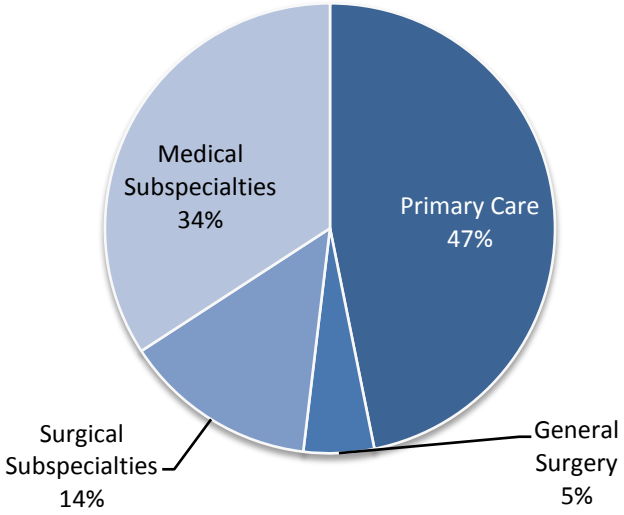
PAs in South Dakota

The information below provides a current snapshot of medical care provided by physician assistants practicing in South Dakota.

PAs in Clinical Practice in South Dakota in 2012: **530**

Number of Certified PAs in the US: **90,214**

Areas of PA Practice



Primary Care is represented by:

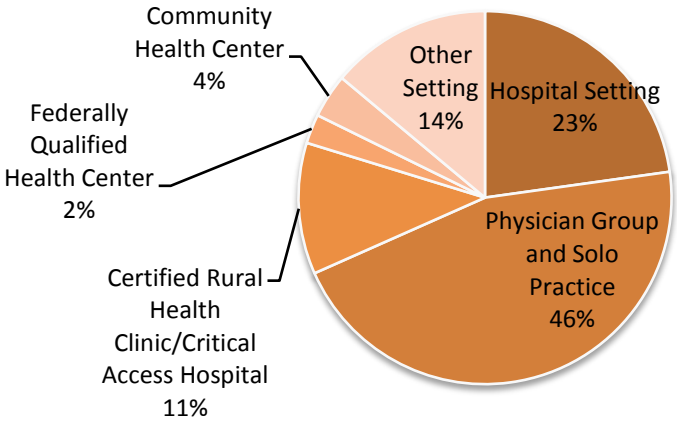
- Family Medicine
- Family Medicine with Urgent Care
- General Internal Medicine
- General Pediatrics

The Bureau of Labor Statistics predicts that PAs will be the second-fastest-growing profession in the next decade. AAPA predicts number of practicing PAs will increase from **83,600 in 2010** to **127,000 in 2025**.

Hospital Setting is represented by:

- Hospital Emergency Room
- Inpatient Unit of the Hospital
- Intensive/Critical Care Unit of Hospital
- Outpatient Unit of Hospital
- Other unit of Hospital

PA Practice Settings



Patients seen by South Dakota PAs:

Uninsured: 19%

Medicaid beneficiaries: 20%

Rural: 40%

*2010 data

*Graph percentages are from the 2011 AAPA National Census

(Data provided by AAPA Research and Statistics – February 2013)

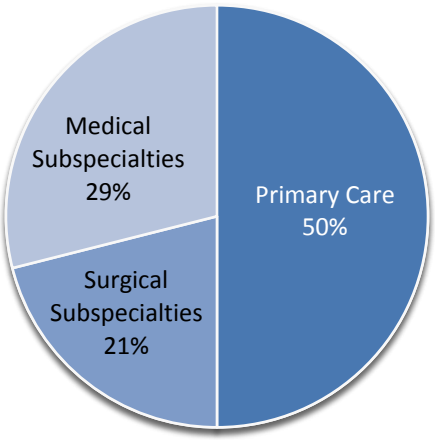
PAs in Wyoming

The information below provides a current snapshot of medical care provided by physician assistants practicing in Wyoming.

PAs in Clinical Practice in Wyoming in 2012: **228**

Number of Certified PAs in the US: **90,214**

Areas of PA Practice



Primary Care is represented by:

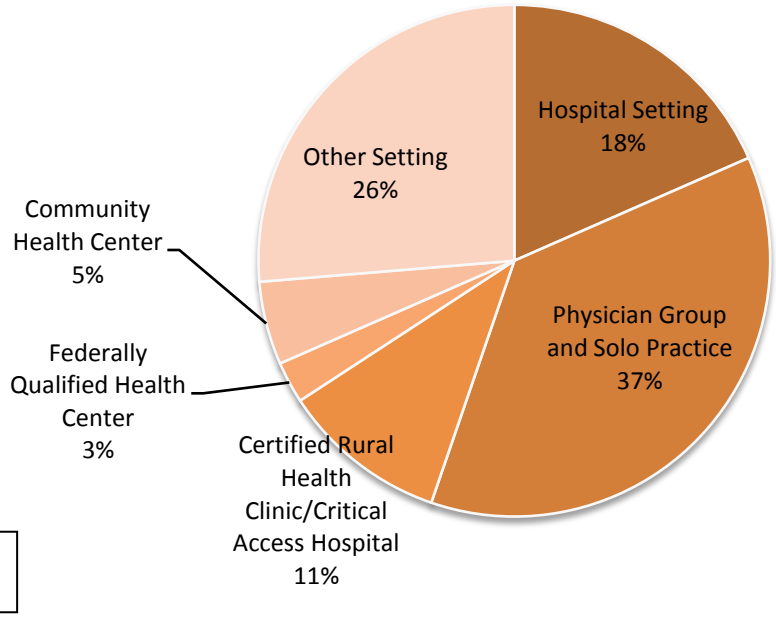
- Family Medicine
- Family Medicine with Urgent Care
- General Internal Medicine
- General Pediatrics

The Bureau of Labor Statistics predicts that PAs will be the second-fastest-growing profession in the next decade. AAPA predicts number of practicing PAs will increase from **83,600 in 2010** to **127,000 in 2025**.

Hospital Setting is represented by:

- Hospital Emergency Room
- Inpatient Unit of the Hospital
- Intensive/Critical Care Unit of Hospital
- Outpatient Unit of Hospital
- Other unit of Hospital

PA Practice Settings



Patients seen by Wyoming PAs:

Uninsured: 30%

Medicaid beneficiaries: 22%

Rural: 70%

*2010 data

*Graph percentages are from the 2011 AAPA National Census

(Data provided by AAPA Research and Statistics – February 2013)

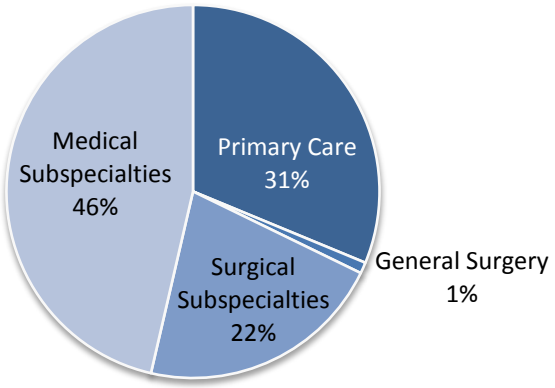
PAs in North Carolina

The information below provides a current snapshot of medical care provided by physician assistants practicing in North Carolina.

PAs in Clinical Practice in North Carolina in 2012: **5,983**

Number of Certified PAs in the US: **90,214**

Areas of PA Practice



The Bureau of Labor Statistics predicts that PAs will be the second-fastest-growing profession in the next decade. AAPA predicts number of practicing PAs will increase from **83,600 in 2010** to **127,000 in 2025**.

Primary Care is represented by:
- Family Medicine
- Family Medicine with Urgent Care
- General Internal Medicine
- General Pediatrics

Hospital Setting is represented by:
- Hospital Emergency Room
- Inpatient Unit of the Hospital
- Intensive/Critical Care Unit of Hospital
- Outpatient Unit of Hospital
- Other unit of Hospital

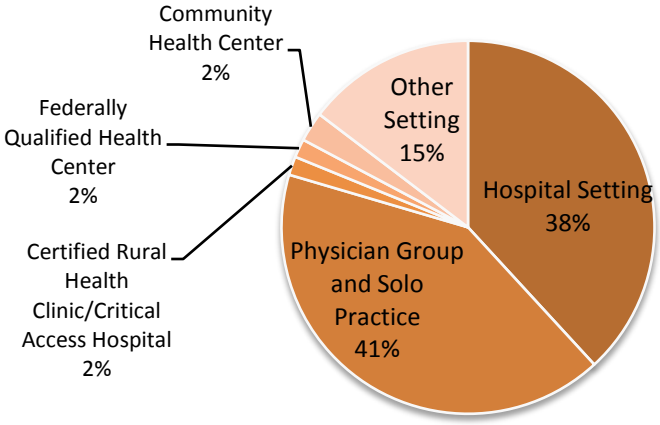
Patients seen by North Carolina PAs:

Uninsured: 18%

Medicaid beneficiaries: 27%

Rural: 34%

*2010 data



*Graph percentages are from the 2011 AAPA National Census

(Data provided by AAPA Research and Statistics – February 2013)

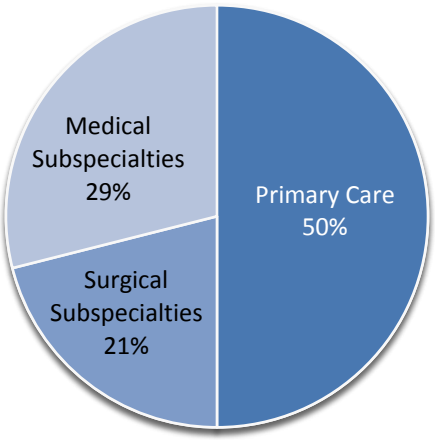
PAs in Wyoming

The information below provides a current snapshot of medical care provided by physician assistants practicing in Wyoming.

PAs in Clinical Practice in Wyoming in 2012: **228**

Number of Certified PAs in the US: **90,214**

Areas of PA Practice



Primary Care is represented by:

- Family Medicine
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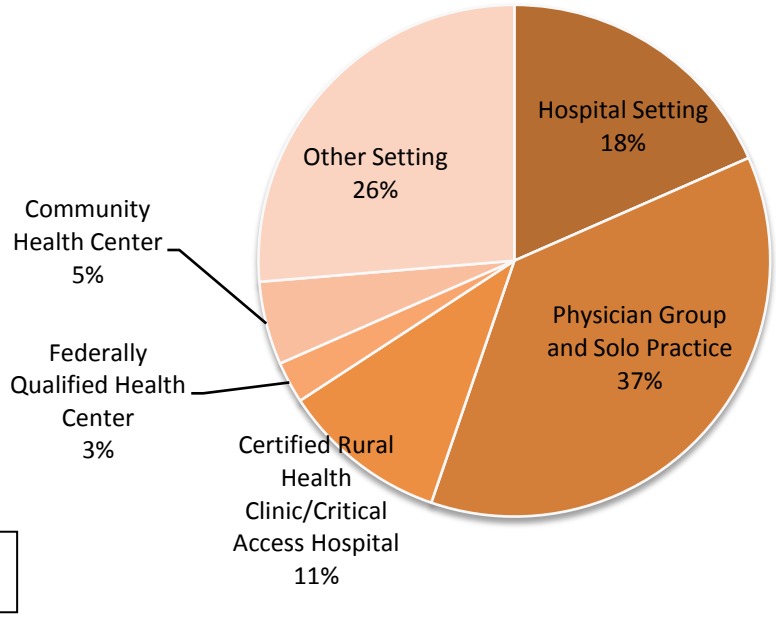
- General Internal Medicine
- General Pediatrics

The Bureau of Labor Statistics predicts that PAs will be the second-fastest-growing profession in the next decade. AAPA predicts number of practicing PAs will increase from **83,600 in 2010** to **127,000 in 2025**.

Hospital Setting is represented by:

- Hospital Emergency Room
- Inpatient Unit of the Hospital
- Intensive/Critical Care Unit of Hospital
- Outpatient Unit of Hospital
- Other unit of Hospital

PA Practice Settings



Patients seen by Wyoming PAs:

Uninsured: 30%

Medicaid beneficiaries: 22%

Rural: 70%

*2010 data

*Graph percentages are from the 2011 AAPA National Census

(Data provided by AAPA Research and Statistics – February 2013)

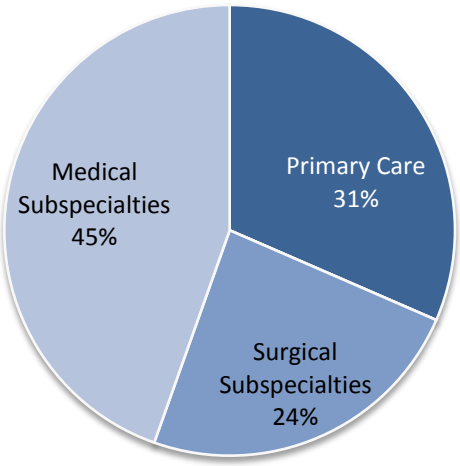
PAs in Tennessee

The information below provides a current snapshot of medical care provided by physician assistants practicing in Tennessee.

PAs in Clinical Practice in Tennessee in 2012: **1,219**

Number of Certified PAs in the US: **90,214**

Areas of PA Practice



Primary Care is represented by:
- Family Medicine
- Family Medicine with Urgent Care
- General Internal Medicine
- General Pediatrics

The Bureau of Labor Statistics predicts that PAs will be the second-fastest-growing profession in the next decade. AAPA predicts number of practicing PAs will increase from **83,600 in 2010** to **127,000 in 2025**.

Hospital Setting is represented by:
- Hospital Emergency Room
- Inpatient Unit of the Hospital
- Intensive/Critical Care Unit of Hospital
- Outpatient Unit of Hospital
- Other unit of Hospital

Patients seen by Tennessee PAs:

Uninsured: 17%

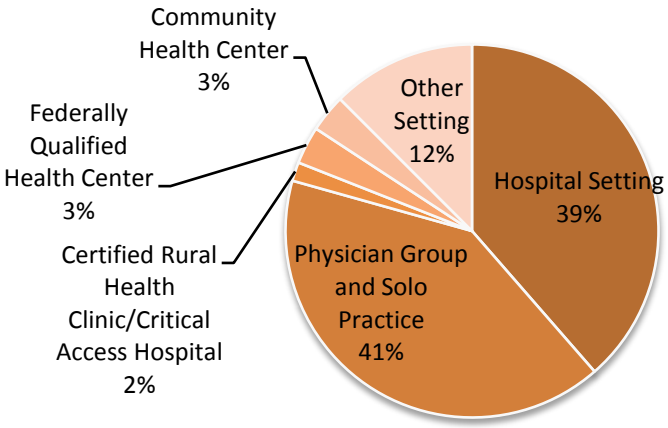
Medicaid beneficiaries: 30%

Rural: 37%

*2010 data

*Graph percentages are from the 2011 AAPA National Census

PA Practice Settings



(Data provided by AAPA Research and Statistics – February 2013)