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Physician assistants are an asset to health workforce policy reform

After years of little activity, the area of health workforce policy is enjoying a time of revitalization. It is, of course, closely linked to health care reform, and most believe that the system cannot be reformed without addressing the issues of the health workforce as well. There is general recognition that medical and health professions' education and workforce policy will be central to whatever changes might occur. What follows is a primer on current workforce policy principles and developments as they pertain to PAs.

There will be a shortage of physicians. Under what is described as a "baseline" scenario—which means a continuation of the current supply, use, and demand patterns—the Association of American Medical Colleges (AAMC) projects that the supply of physicians will be unable to keep pace with the projected increase in demand. By 2025, a shortage of 124,000 physicians is expected.¹ All indications are that the Baby Boomer generation as well as the generation that follows will be aggressive in seeking medical care services that will allow them to remain active; therefore, they will be more likely to seek medical care than previous generations. The 30% expansion in medical school enrollment currently under way and a much-advocated increase in graduate medical education positions will not eliminate the projected shortage, only moderate it. That is why the AAMC and other physician organizations are offering strong support for PAs to help meet the anticipated demand.¹ Additional factors that could affect supply are lifestyle and working-hour trends, changes in overall productivity, the flow of international medical graduates, and delivery-system adjustments.

PAs will be needed. Workforce policy experts believe that PAs are an important asset for service delivery. Anticipated roles involve not only augmentation of primary care services but also hospital inpatient services and teaching centers.² Unless trends change dramatically, primary care could mark a missed employment opportunity for PAs, as 65% of the profession is practicing in specialties. A great deal of the concern in workforce policy discussions centers on an insufficient number of physicians in primary care.³ But given the current trends toward specialization, claiming to be an important solution to primary care is becoming increasingly difficult.

Reauthorization of Title VII legislation. The major intersection connecting federal health workforce policy and the PA profession has been Title VII, section 747. This legislation has provided funding for PA training programs since the early 1970s and provides incentives for PA programs to train PAs in primary care roles.⁴ At the moment, Congress is in the process

of reauthorizing this legislation, and there is great anticipation that this will reinvigorate at least a portion of the primary care workforce. The AAPA has requested that funding for the PA Grant Awards program—a component of Title VII—be set aside at \$7 million for the coming fiscal year.⁵

Whither primary care? A critical workforce question relates to the future of primary care. We continue to read about the crisis in primary care and that new physicians are avoiding primary care residency programs.⁶ Current proposals being discussed in policy circles focus on increasing reimbursement payments to primary care physicians as a solution to this problem. Other policy approaches that are in the offing include strengthening the funding for the National Health Service Corps, creating new incentives for primary care practice, and developing strategies for debt relief for newly graduating medical and PA students.

Demand is clearly outpacing supply faster for primary care physicians than for any other specialty. What could be the role of the PA profession in filling the workforce needs in primary care? A critical issue is that PAs appear to be following the directions of the modern medical marketplace toward specialties and subspecialties. New PA graduates are faced with the same pressures as medical students. PA graduates are selecting positions in the specialties because more positions are available in those areas and because the specialties pay better.

Health workforce policy approaches will certainly need to include the PA profession in new planning and legislative activities, a welcome and notable change from the past. In return for this recognition, the PA profession needs to step up and renew its commitment to meeting the country's health needs. This may mean stronger incentives designed to channel a greater number of PA graduates into primary care and practices in medically underserved communities. **JAAPA**

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