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Submissions of articles and perspectives on the PA practice environment and job market that may be of interest to readers are welcomed. Please contact the publisher or editor for more information and guidelines.

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Life in the Surgical PA Lane

Survey Finds PAs Seeing Increased Compensation, Reporting Generally Satisfying Practice

By Bonnie Darves

Here's the good news: Surgical physician assistants are generally satisfied with their jobs and their compensation, and the vast majority feel valued by the physicians and other team members with whom they work. On the downside, some surgical PAs are frustrated by limitations on their scope and responsibilities, and report that they'd like to practice closer to the top of their license.

That's the primary theme of the results from the recent American Association of Surgical Physician Assistants (AASPA) annual survey. Conducted in April 2019, the survey was sent to the organization's 986 members and included 214 respondents. Bearing out trends that have been occurring within the field over the past decade, a majority of respondents (72.4%) were female, and 78.8% have master's degrees. Collectively, 75% of respondents were between the ages of 25 and 45, and 13% were over age 50.

In one significant shift, the percentage of surgical PAs with doctorate degrees tripled between 2014 (less than 1%) and 2019 (3%). "We found this somewhat surprising, but it reflects the general trend toward surgical PAs obtaining advanced degrees and pursuing residency training after graduation," said Megan Spearin, PA-C, an AASPA board member who serves as director of marketing and who practices at Beaumont Hospital in Royal Oak, Mich. More than 10% of respondents in this year's survey reported completing post-graduate residency programs, predominately in general surgery.

Not surprisingly, nearly 71% of PAs surveyed practice in the hospital setting. Nearly 13% work in clinics and 8.2% are in private practices.

Among the clinical specialties, general surgery accounted for the largest portion of respondents at 35.6%, followed by urgent care (7.9%), trauma (7.0%), cardiovascular (6.9%), orthopedics (6.6%), plastic surgery (6.3%) and critical care (4.7%). Several specialties, including bariatric, emergency medicine, neurosurgery, thoracic and vascular, individually represented between 2% and 4% of respondents.

Compensation on the rise

On the compensation front, surgical PAs have seen steady salary increases in recent years. In the 2019 survey, more than 83% of surgical PAs reported incomes of over $100,000, compared to just 63% in 2014, Ms. Spearin said, and about 38% receive annual bonuses. The latter hasn't changed significantly since 2014, she added. Following are other key findings in the compensation and benefits area:

- Nearly one quarter (24%) of surgical PAs reported annual incomes between $115,000 and $130,000, and 17.1% earned between $130,000 and $150,000. Only approximately 12% earned more than $150,000, and 4.2% earned between $80,000 and $90,000.
- Of the surgical PAs who receive annual bonuses, 28.8% reported that their bonuses are performance based, while 19.4% cited productivity-based bonuses.
- CME annual allowances varied widely among respondents. Nearly 44% are receive between $1,501 and $2,500, while 20.8% receive $1,000 to $1,500. At the low end of the scale, 12.8% receive $1,000 or less. Only 3.7% cited CME allowances of more than $3,000 annually.
- About 63% of respondents are allotted five or fewer days annually for CME activities.

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Surgical PA Survey Results

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- More than 95% of respondents have an employer-sponsored retirement plan, and of those, 48.2% receive an employer matching benefit.
- More than 80% of all respondents report comprehensive health benefits including medical, dental, vision and disability.
- 96.5% of respondents have employer-paid malpractice coverage.
- For 56.3% of PAs surveyed, sick time is pooled together with vacation and CME.

Ms. Spearin noted that the AASPA's survey findings were generally consistent with those of the American Association of Physician Assistants' data. "There wasn't anything too out of the box," she said.

Work schedules, practice models range widely

PAs who choose to practice in the surgical arena understand that they're signing up for an intense and often fast-paced work life, and that there's little possibility of a basic 9 a.m.-5 p.m. schedule. Despite this, the variation in weekly work hours and call duty are considerable, the AASPA survey found. Although 29% of respondents work between 41 and 45 hours weekly, approximately 31% log between 46 and 55 hours, and 10% work more than 55 hours a week.

Further, while nearly 53% of PAs surveyed have no call responsibility at all, most have call duties of some form, whether that's in-house or phone-in. Here's how those results broke down:

Surgical PA Call Duties	
In-house overnight	15.3%
Phone-in overnight	29.6%
In-house weekends	17.9%
Phone-in weekends	28.5%

Likewise, call frequency and pay also varied widely. In the largest categories, 10.5% are on call one day a week, followed by 8.1% on call two days a week. At the ends of the spectrum, 2.9% of respondents reported that they're on call only one day a month, and 2.3% reported being "always on call." Overall, Ms. Spearin noted, the total percentage of surgical PAs who don't have call responsibilities has increased in recent years, from about 40% in 2014 to 52.9% in this year's survey.

As payment structures for PAs continue to shift, so does call pay. The survey found that 23.2% of surgical PAs are not paid separately for call, and 22% are paid either an hourly amount or a general amount.

In terms of physician-to-PA ratios, the predominant model is 1:1, at 33.5%, followed by 20.5% practicing in 2:1 ratios and 16.4% in 3:1 structures. A 5:1 ratio accounted for 7.5% of PAs surveyed. Interestingly, 19.1% of PAs reported participating in structures in which one physician works with multiple PAs. About 41% of PAs report to more than five surgeons.

"One thing that surprised us a little was that there's still a lot of variation in practice models and PA team structures. Even though 70% of respondents practice in teams where the ratio is one PA to five or fewer physicians, we saw some situations in which a single PA covers up to 20 different surgeons," said Ms. Spearin.

The AASPA survey's findings support the growing trend toward positioning PAs as the primary provider. About 87% of PAs are in primary first assist roles, and 77.7% are primary preoperative care providers. On the wards, PAs also generally serve as the primary providers, at 85.8%.

There is considerable variation in PA responsibility for procedures, according to the survey. While 67.9% of respondents do not place central lines, 10.4% place them routinely and 10.4% place them occasionally. Only 14.2% of PAs surveyed place chest tubes routinely in their practices.

Job satisfaction runs the gamut

On the whole, as PAs become more prevalent in all areas of care, not just surgery, awareness of the roles they perform and the value they bring appears to be on the rise—if slowly. In the AASPA survey, more than 85% of respondents said that they feel either "valuable" (44.7%) or "very valuable" (41.1%). However, 13.5% reported feeling only "slightly valuable." On the plus side, more than 90% of respondents qualified their practice environments are generally collaborative with surgeons, other advanced practice providers (APPs) and administrators.

Despite these largely positive findings, respondents pointed to several areas where they would like to see improvements that demonstrate their value. These included more involvement in meetings and committees, and a greater role in decision making and hiring of new APPs. Others would like to see more amenities for PAs, such as lounges and snacks, and some expressed a desire to be made shareholders in their organizations.

"We're still hearing comments that some PAs feel somewhat 'hidden' within organizations, despite the fact that the profession is over 50 years old now, and that they encounter resistance in their efforts to seek opportunities to practice more at the top of their license," Ms. Spearin said. Some respondents complained, for example, that they're still asked to perform tasks that could be readily handled by nurses or even medical assistants."

Ms. Darves, a freelance healthcare writer and editor based near Seattle, is editor of Surgery PA Market Watch and Neurosurgery Market Watch.

Considerations for Hiring a Surgical Physician Assistant

By Katie Cole

In this climate of surgeon shortages, hiring a physician assistant (PA) confers more advantages to both patients and the service line than in the past. Bringing in a PA can be an effective way to combat rising costs and declining reimbursements, if the incoming PA is incorporated into the practice appropriately from the very start. The market for PAs is highly competitive, so it's crucial to develop an outline of the position as well as a model for how the incoming PA will fit in to your practice before you start interviewing.

The first step after deciding to hire a PA is to write a detailed and accurate position description. Include as much information as possible, such as call requirements, schedule and expected work hours, case expectations and the breakdown of clinic vs. OR duties that the incoming PA can anticipate. It's also important to determine whether the candidate will be working with one surgeon exclusively or multiple surgeons, and to have a clear grasp of the incoming candidate's expectations.

If you can articulate what you are seeking in the candidate's personality traits outside of training and experience, this is also helpful to potential candidates. Creating a position that is accurate based on the actual duties will ensure that you work efficiently to identify candidates who are looking for the type of position you offer.

Once you have determined the details of the position, determine the compensation range for the incoming candidate and take the time to research your payer mixes and reimbursement rules for PA-generated work. Contact your private payers to find out how their specific policies, reimbursement rates and payment guidelines work for a PA. You should also confirm the associated Medicare, Medicaid, and commercial payer billing and reimbursement policies for PAs, as these can vary considerably. It's also important to share this information with the billing team to ensure that their billing and collecting practices are proper based on the payment guidelines.

In addition to salary, determine whether your PA position will also include CME allowances, professional membership fees, benefits, paid relocation, some type of volume-based bonus and/or quality incentive and student loan reimbursement, if applicable. Typically, hospitals and private practices pay for professional affiliations and CME. If you are covering malpractice, make sure that you have appropriate malpractice coverage and an idea of these costs prior to making an offer.

If this is the first PA your practice will hire, review the PA practice scope regulations for your state. Practice laws vary from one state to another, so it's advisable to understand how those regulations might affect PA practice before you start interviewing and certainly before you extend an employment offer.

Before you hire the PA, ensure there's a good sense of patient scheduling, and make sure that your staff are aware of the PA's practice and types of patients PA will be seeing. The practice manager or the administrator should have a clear idea of how the PA will be utilized and what type of appointments to schedule for the incoming physician assistant.

Finally, after you identify a candidate, ensure that your organization is equipped to provide the training to both the incoming PA and the other staff with whom the PA will work, so that the incoming PA is properly integrated into your practice. It might be helpful to create a brochure for your front office or waiting room if you wish to educate your patients who PAs are and their role in the care team. Although many patients today are familiar with PAs, some might not be.

If you outline the specific roles and duties of an incoming PA before you start interviewing and determine the expenses of and expected revenues of the position, you can better equip both your practice and your new PA for success and a long-term job match. Physician assistants can be valuable team members whose participation in the practice can help increase patient volumes, improve overall patient are and make busy surgeons' schedules more manageable.

Ms. Cole, a Denver resident, is publisher of Surgery PA Market Watch and Neurosurgery Market Watch.

CONTRIBUTIONS WELCOMED!

Help shape Surgery PA Market Watch by contributing opinion articles that address issues affecting surgical APC practice or that provide guidance on career matters. We also seek ideas for articles on topics of potential interest to our readers.

To discuss an idea or to propose a coverage topic, please contact Surgery PA Market Watch editor Bonnie Darves at **425-822-7409** or **bonnie@darves.net** or publisher Katie Cole at **303-832-1866** or **katie.cole@harlequinna.com**.

Spotlight on Cardiothoracic and Cardiovascular Surgery PA Practice

Demands of the Field are Numerous, but So are the Rewards

By Bonnie Darves

In the realm of surgery physician assistant practice, the subspecialty of cardiovascular and cardiothoracic surgery—and in some cases, "sub-subspecialties" within the field—has a lot going for it. It's a highly regarded skill set. It pays very well and usually ends up as the top-earning PA specialty category on any annual compensation survey conducted. There's also lots of demand, just about everywhere in the country, for experienced PAs.

And it's immensely gratifying, in large part because CV/CT PAs, even with the technology and pharmaceutical therapies available today, often care for patients who are in a life-threatening situation when they arrive in the OR.

The less rosy aspects of the job are considerable. It's stressful, for some of the same reasons it's gratifying: the high stakes involved and the high acuity of many of the patients. The hours are long (reports of 55- to 60-hour weeks are not uncommon), call schedules can be taxing and, with rare exceptions, it's almost never a 9 to 5 job. The shortage in the field creates another inherent downside: too few PAs means that there's little backup when the OR schedule or patient census hit unmanageable levels.

An estimated 3,000 to 4,000 U.S. PAs practice in CV/CT surgery, a relatively small portion of the approximately 150,000 PAs nationwide. That positions the field as a sort of elite club for those who are willing to embrace its challenges.

In August, Surgery PA Market Watch talked to a half-dozen PAs about what drew them to CV/CT surgery, what they do and what it takes to be in the field. We also asked PAs what makes their work gratifying, and what they perceive as some of the challenges they and the field as a whole face today. Here are their perspectives.

Steven Gottesfeld, PA-C

Lead Advanced Practice Clinician, Sharp Rees-Stealy Medical Center, San Diego
President, Association of Physician Assistants in Cardiothoracic and Vascular Surgery

How did you end up in the field? In Steve's view, the field pretty much chose him. He grew up in proximity to a grandfather with severe cardiac disease who was at that time too high risk for surgery. The frequent encounters with paramedics and subsequent hospital stays planted the early seed that Steve would end up in heart surgery, and he never wavered. He's been in the field since 1996.

What's most gratifying about your practice? What I love about cardiothoracic and vascular surgery is that it's a bit of everything: OR first assist, the ICU, the floors and outpatient clinic work. It's very satisfying to harvest the perfect vein, of course, but the real satisfaction comes from getting patients through a critical time—one that's often a defining moment in their lives, and when they're more vulnerable than they've ever been.

And they remember you forever. It's not uncommon for me to have a patient stop by 15 years later and say, "I remember you and what you did for me."

What are some of challenges the field faces? We've got an aging population and we're in the middle of a technology boom. So patients are older and sicker, and it's hard for us to keep up with all of the technology advances.

How would you counsel PAs who want to come into the field? The reality is that the barriers to entry are considerable, because you need experience and it's hard to get that experience unless you do a residency. And there just aren't enough training opportunities. That's something we at the Association of Physician Assistants in Cardiothoracic and Vascular Surgery (APACVS) are working on as an organization by designing more training modules and offering boot camps at our meetings—which always sell out.

PAs who want to find a way in will, but in the meantime, they should join our organization and start reaching out to people in the field to learn more.

Kimberly Mackey, PA-C

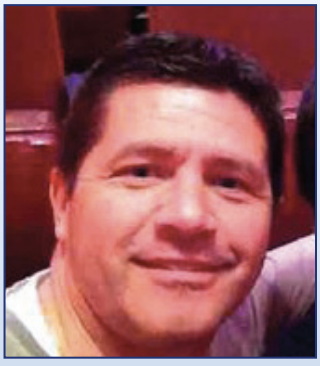
Pediatric Cardiac Surgery Stepdown Unit PA
Children's Healthcare of Atlanta

How did you end up in the field? I've always been in surgery—I've been a PA for seven years—but after I spent two years in orthopedics, I decided I wanted to switch. So I enrolled in the PA surgery residency program at Norwalk Hospital/Yale University in Connecticut. It was an amazing training program that really prepared me for cardiac surgery.

I started in adult but later switched to pediatrics. We're a very large center, with a 27-bed pediatrics ICU and a 31-bed stepdown unit, so our practice scope is more tightly focused than it might be in a smaller center.

What's most gratifying about your practice? It's the fact that we can fix life-threatening problems, even in newborns, that we couldn't fix two decades ago. So the surgery is very instantly gratifying. And the kids are great to care for—they're fun, and their bodies are so resilient. It's wonderful to see how well they do they do after surgery. I also appreciate the multidisciplinary aspect of our field and in pediatrics practice especially, the opportunity to work in a large team that includes surgeons, nurses, technicians and social workers.

What are some of challenges the field faces? I think that burnout is a real thing because of the stress and the fact that patients are very sick. I'm fortunate in that I have a fairly reasonable schedule now compared to some people in the field—I work three 12-hours shifts one week and four the next. I think if employers could try to come up with different ways of scheduling surgical PAs using shift models, so that they're not working 60 hours a week and can have more work/life balance, that would help.



Pete Tucker, PA-C

Cardiothoracic Surgery, Lehigh Valley Hospital
Allentown, Pennsylvania

What do you think have been some of the key developments in the field? At least in my practice, where I've been for 22 years, the most important development has been the huge increase in autonomy for PAs—in the OR, in the ICU and in the stepdown units. We pretty much run those units, and today we're doing procedures that in the past we just didn't do. It's been very exciting.

What traits do you think CV/CT surgery PAs need to survive—and thrive—in the field? You've got to have a thick skin to practice in the field, especially in the beginning. Surgeons can be abrasive, but that goes away over time once people see what you can do. The other thing is that you just can't take things personally. You've got to understand your role, and you must be prepared do what needs to be done, and do it well. If there's an emergency in the middle of the night, for example, you have to be confident that you'll manage—that's a big thing.

One of the challenges is dealing with the idiosyncrasies that each surgeon has, and all the personalities. Sometimes, that part of the job is harder than doing the surgeries.

Above all, you have to really want to help people, to make a difference when they're in a very difficult situation [medically]. Because all of us in the field have had instances where we later hear from a patient who probably shouldn't be on this earth. And that makes all the stress worth it.

Stephen DeVries, PA-C

Cardiothoracic Surgery, University of Wisconsin
Madison, Wisconsin

What drew you to the field, and what does a typical day look like for you? I chose the field seven years ago because the complexity of this kind of surgery—and the acuity of the patients—appealed to me. In my practice, I have the opportunity to do lots of procedures, including central lines and chest tubes as a first assist, and I also work in the clinic and on the floors.

A typical day would probably be two to four elective cases, and I am in the OR five days a week. We're a large facility that does about 1,000 bypass cases annually, and we're always at maximum capacity and there is always a lot of patient turnover. That makes for long weeks—I'd say I average 65 hours a week and only rarely work fewer than 60 hours.

There's another aspect of my job that's also a development in the field: I'm only one of two PAs nationally who does heart and lung procurement independently. That entails traveling with a nurse to wherever the donors are—whether that's Michigan or Seattle—and doing the procurement. It would be a huge advantage to our field, nationally, I think, if more PAs could be trained to do this over time.

How would you counsel PAs who want to come into the field? Doing a fellowship is the best option, but if that's not possible, they can pursue other alternatives. For example, they could find a device representative who would let them learn vein harvest in a cadaver lab or live-model lab, to get some exposure. It's important, I think, to also get connected to cardiac surgery programs and to shadow PAs. It's a small world in cardiac surgery field, and being assertive shows that you're motivated and serious about finding a way into the field.

PAs who want to get into the field should be aware that it takes a long time to get up to speed—about a year, provided they do enough cases. If you only do a few cases a week, it will take a long time to get to independent first assist. So identify a potential position with a reasonable-volume practice.

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Cardiothoracic and Cardiovascular Surgery PA Practice

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Tim Wombacher, PA-C

Cardiac, Thoracic, Vascular and Critical Care
Advocate Lutheran General Hospital
Chicago, Illinois

What drew you to the field, and what does a typical day look like for you? I found out that I really liked critical care, and from there to surgery it was a leap of faith. It's the beauty of the physiology of the heart and lungs that keeps me here—that and the fact that I get to work with so many different types of clinicians.

One of the things I love about cardiac surgery is that it's a bit like a symphony. When the team is strong, everything just flows along. It's very satisfying. And of course, it's the patients too. That's what I like most—it's wonderful to be able to witness when a patient's chest pain disappears.

My typical day starts at 6:30 or 7 a.m., when I start rounding on the ICU and floor patients. Then I move to starting consults for the physicians and reviewing the surgical cases of the day. Most of my day, however, is consumed by operations in the OR—typically two a day. I also practice in the clinics, the post-op and valve clinics, and the general surgery clinics.

What traits do you think CV/CT surgery PAs need to survive—and thrive—in the field? The main trait, I think, is grit. It takes years of dedication to learn this field, and it's challenging on many levels, so you have to be able to rebound from failure to survive and succeed. You also must be able to collaborate well with people—other gritty people—under stressful conditions. I think many of us who work in CV/CT surgery are gritty because, well, we've been through it all. That's not to say that you have to be gritty to be successful, but it helps.

I think the most important trait, however, is humility—the recognition that we're all here to take care of people and that's what really matters.

How would you counsel PAs who want to come into the field? It's key, I think, to first figure out what appeals to you about the field—is it the complexity of care or a desire for a more shift-based practice? It's also important to talk to several people in the field to get a sense of why they stay and what it's like in terms of work/life balance. Because burnout is a real issue in the field, and it helps to know what people do to prevent that.

If a fellowship or residency path isn't an option, seek experience and exposure opportunities in crossover areas such as critical care, cardiology and electrophysiology. That enhances your resume and will help you get in the door.

Scott T. Clarke, PA-C

Cardiothoracic Surgery and Critical Care,
Multiple Hospitals and Locums Practice
Former Emory University PA Cardiothoracic
Surgery Residency Program
Atlanta, Georgia

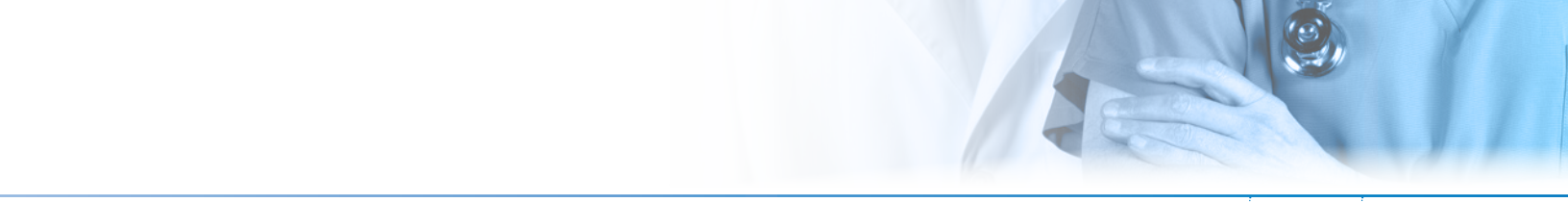
What drew you to the field, and what keeps you there? I was drawn to cardiothoracic surgery because of the innate challenge of the job, as the role requires you to be not only surgically competent but also clinically competent. The field is always changing as the acuity level of these patients continues to rise and the treatment modalities continue to evolve.

I've been in the field for 10 years, and there is never a dull day. And there is always something new to learn. It is a difficult field to work in, but the intensity and daily excitement is very gratifying—you get addicted to that on a daily basis. It's also very rewarding because many of our interventions have an immediate impact on the patient. Ultimately, I have stuck around CT surgery because the field requires me to always be learning, and continually evolving my physical skills.

What do you think are the most important traits for success in the field? One must be knowledgeable but humble—hubris has no place here. You also have to be adaptable, as things can change very quickly. It's important to be comfortable practicing independently, while also recognizing that that good medicine is better served from a team-oriented approach. And you have to be willing to sacrifice—your time, your emotions, your soul. Finally, you must be tolerant; there are lots of big personalities in cardiac surgery and lots of high-stress situations.

How might you counsel other PAs contemplating a switch to cardiothoracic practice on navigating the transition? Know what you are getting in to before you make the leap. Shadow someone in the business. It's important to see not only what they do during the day, but also what it's like if they work nights and do call. Keep in mind, too, that it's a long learning curve—I'd say it takes a full year to become facile in managing the patient. I also encourage people to go back and read about the history of the field and pioneers like Denton Cooley, MD.

Bonnie Darves is a Seattle-area freelance writer. She serves as editor of Surgery PA Market Watch and Neurosurgery Market Watch.



FEATURED OPPORTUNITY

Neurosurgery APP Opportunity in Tucson Private Practice

A hospital-based private practice in Tucson, Arizona, is seeking a Neurosurgery APP to join their existing department. The facility prefers a candidate with experience as a First Assist, ideally in neurosurgery, or in general surgery. The incoming APP will work with the endovascular neurosurgeon in the practice.

The APP will work predominately endovascular and vascular cases but will participate in other general neurosurgery cases as well. Call will be light on some nights and weekends and will possibly include one in six weekends. There is no overnight call currently, but there might be in the future.

The incoming APP will have a general schedule of two clinic days (8-5 Monday-Friday) and three days in the OR. The position is available due to expansion. The facility's large multidisciplinary Neurosciences program is in Tucson and Phoenix, and they are developing a comprehensive Neurological Service Line market to integrate with their current Tucson market. The practice includes a group of neurosurgeons, neurologists, nurse practitioners and physician assistants providing comprehensive medical and surgical care for patients with neurological disorders.

The facility will provide a competitive employed compensation package including salary, bonus-based incentives, relocation assistance, paid CME days plus allowance, paid malpractice and an excellent benefit package.

SURGERY PA AND NP JOBS

Tucson, AZ: *Hospital Employed - Endovascular Neurosurgery PA/NP*
Kalamazoo, MI: *Hospital Employed - Cardiothoracic PA/NP*
Long Island, NY: *Private Practice - Neurosurgery PA*
Trenton, NJ: *Hospital Employed - Neuro-ICU PA/NP*
San Antonio, TX: *Academic - Neurosurgery PA/NP*
Macon, GA: *Private Practice - Neurosurgery PA/NP*
Greenville, NC: *Hospital Employed - Orthopedic Trauma Surgery PA/NP*
Modesto, CA: *Hospital Employed - Cardiovascular PA*
Raleigh, NC: *Academic - Neurosurgery PA/ NP - 100% outpatient*
Greenville, NC: *Cardiac Surgery First Assist PA or NP*

SURGERY PA EVENTS

2019 Perioperative Crisis Management
❏ September 14
Albuquerque, New Mexico

Colorado Academy of PAs (CAPA)
❏ October 5
Denver, Colorado

AASPA 19th Annual CME Meeting & Surgical Update
❏ October 17-20
Orlando, Florida

NAMSS
❏ October 19-23
Philadelphia, Pennsylvania

Perspectives in Thoracic Oncology
❏ October 18
New York, New York

Association of Neurosurgical Physician Assistants
❏ October 20
San Francisco, California

Provider Practice Essentials - Advanced Practice Provider Clinical Skills and Procedure Workshop
❏ November 15-16
Orlando, Florida

APACVS 39th Annual Meeting
❏ April 15-19
Miami, Florida

2020 AANS Scientific Meeting
❏ April 25-29
Boston, Massachusetts