

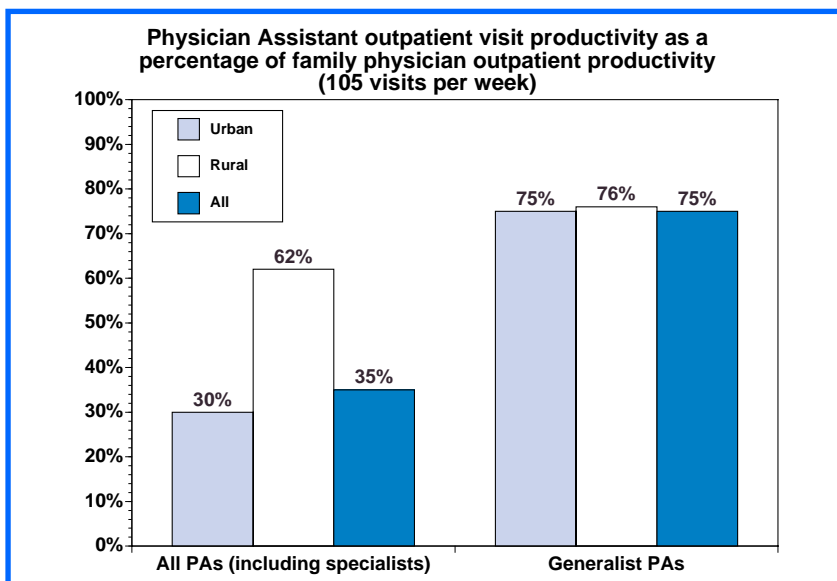
### *National Estimates of Physician Assistant Productivity*

**Importance:** The Physician Assistant (PA) workforce continues to grow, as does the scope of the PA practice. The evolution of the PA profession and the organization of the U.S. health care system make it important to assess the total contribution to care provided by PAs so that health personnel shortages can be measured and ameliorated. Accurately assessing the productivity of PAs is particularly important at present as the federal government considers how to account for the contribution of PAs in rules governing the designation of Health Professional Shortage Areas (HPSAs).

**Study Design:** Survey data collected from a nationally representative sample of PAs were used to estimate the relative productivity of PAs compared to physicians. Information on visit rates, rural/urban location, practice setting, and medical specialty was examined to identify a range of productivity estimates that can be used to describe the contribution of PAs to the provision of health care.

### **Findings:**

- ✘ The productivity of a *generalist clinical PA* is estimated at **0.75** of a full-time family physician, not the **0.5** figure suggested elsewhere.
- ✘ PA productivity (measured in outpatient visits) ranges from 0.35 to 0.76 of a family physician full-time equivalent, depending on specialty and location.
- ✘ Overall, PA productivity is much higher in rural areas than urban areas because generalists make up 72 percent of the PA workforce compared to 40 percent in urban areas. There is no meaningful difference in rural and urban generalist PA productivity.
- ✘ Specialist PAs, like specialist physicians, perform fewer visits per capita than their generalist counterparts.



*Findings from this study are more fully described in WWAMI Center for Health Workforce Studies Working Paper #57: Larson EH, Hart LG, Ballweg RA; National Estimates of Physician Assistant Productivity; January 2000.*

