

September 27, 1977

Dear Board Member:

A brief statement regarding the Medicare reimbursement for Surgical Physician's Assistants has been developed by representative members of the Surgical Council of the AAPA. The feelings of the Surgical Council members are informally presented to the Board for its consideration. Some of the more pertinent reference material has been footnoted. Although this statement is not intended to be the final form which may at some point in the future be presented to the Congress, it does represent the essence of the basic issues.

I would like to remind the Board that the inclusion of a position on reimbursement for Surgical Physician's Assistants in conjunction with a statement on reimbursement of Primary Care Physician's Assistants is not an innovation. I would refer you to previous position statements developed and presented to the Board in 1974-1975. The Surgical Council respectfully submits the material on Surgical Physician's Assistants and recommends its presentation to the Congress in whatever form might ensure its realization as law.

Respectfully,

David Bissonette, P.A.-C
Chairman, Surgical Council

POSITION STATEMENT

Medicare Reimbursement for Physician's Assistants in Surgery

A number of inequities and injustices in the American Health Care System have been identified by the United States Congress and organized medicine. Efforts are now underway to address these issues pragmatically and economically. One of these inequities involves the imbalance between specialists and primary care physicians. A major effort is currently being made by various medical organizations, encouraged by Congress, to ensure that the number of United States medical graduates entering the primary care areas will be increased, and the proportion entering these specialties decreased. (1,2,3,4) Since the specialties include such service areas as radiology, anesthesiology, and pathology, where there is an acknowledged shortage of physicians, the greatest reduction in physician growth will be experienced in the surgical specialties.

In an effort to improve primary care in this country, Congress has through the Comprehensive Health Manpower Training Act of 1970 and the Health Profession's Educational Assistance Act of 1976 encouraged and partially funded the development of schools for the training of assistants to the primary care physician. The physician's assistants so trained have the potential for making a significant impact on the health care scheme by increasing the availability and quality of primary care. Since the health care system is indeed a system, with all aspects relating to others, the impact of the above directives on the delivery of surgical care must be considered.

The geographic maldistribution of surgeons in this country is even greater than the maldistribution of primary care physicians. The dramatic decrease in the numbers of surgical residency training programs over the past five years, together with the decrease in the number of foreign medical graduates available to fill house officer roles has created and will continue to create a void that is being filled by personnel not trained in surgery. In addition, there is a demonstrated need for physician's assistants in surgery in the smaller communities

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where there are no house staff. As an example, of the 67 counties in the State of Alabama, only 12 have five or more surgeons. Forty-four of the 67 counties have, at the most, one surgeon. Therefore, it is obvious that the availability of trained surgeons to act as assistants at surgical procedures is quite limited. (5) In many instances, physicians who would otherwise be employed in primary care are being utilized to fill this void. The decrease in the primary care effort is obvious.

One way in which medicine has tried to fill this void is by utilizing physician's assistants with special training and experience in surgery. They aid the surgeon in preoperative evaluation, postoperative care, and by providing skilled intraoperative assistance. The concept of utilizing physician's assistants in the surgical specialties is not a new or experimental concept. Numerous studies have shown that the quality and availability of surgical care has increased by using physician's assistants in a surgical practice. (5,6,7)

Unfortunately, the growth of this subgroup of a new profession has been hindered by the simple economics of reimbursement. Although Medicare will reimburse a primary care physician for his services as a first assistant at surgery, it will not reimburse a surgically trained physician's assistant for the same services under the same circumstances. Currently, Medicare is reimbursing institutions for the salary of physician's assistants (under part B) where the physician's assistants are employed as surrogate house officers.

A change in the law to redress this inequity would not only free primary care physicians for their main role but would also provide the surgeon with an assistant who was specifically trained to fill the role as an assistant to the surgeon. Reimbursement of the surgically trained physician's assistant would be non-inflationary. There would be no increase in the amount of monies expended. There would only be a change in the persons eligible to receive these monies.

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