

## PAAs in Psychiatry

One in five Americans experiences a mental health disorder in any given year, and many are unable to get the care they need.<sup>i</sup> Provider shortages, uncoordinated care, and patients with multiple health conditions create enormous barriers to care. PAs are on the front lines of this healthcare crisis, witnessing the mental health challenges their patients face daily.

With a broad medical education grounded in primary care, courses and rotations in behavioral and mental health, and authority to prescribe controlled and non-controlled medications, PAs are well prepared to collaborate with psychiatrists. While PAs have practiced with psychiatrists for years, past refusal by third party payers to cover psychiatric services provided by PAs has kept those numbers small. AAPA efforts leading to recent policy changes by major payers should enable more psychiatric practices and institutions to hire PAs.

### EDUCATION AND CERTIFICATION

Comprehensive master's degree programs provide PAs with a generalist medical education. Programs typically last 27 months<sup>ii</sup> and employ a curriculum modeled on medical school. A classroom phase covers basic medical sciences, including anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences, and ethics. PA students take more than 75 hours in pharmacology, 175 hours in behavioral sciences, more than 400 hours in basic sciences and nearly 580 hours of clinical medicine. This is followed by rotations in family medicine, internal medicine, general surgery, pediatrics, obgyn, emergency medicine, and psychiatry. PA students complete at least 2,000 hours of supervised clinical practice by graduation.<sup>iii,iv</sup>

#### PA EDUCATION BY THE NUMBERS

**27 months**  
**75 hours of pharmacology**  
**175 hours in behavioral sciences**  
**400+ basic sciences**  
**580 hours clinical medicine**  
**2,000+ hours in clinical rotations**

After graduation, PAs must pass a national certifying exam and obtain a state license. To maintain certification, PAs complete 100 hours of continuing medical education (CME) every two years and pass a national recertification exam every 10 years.<sup>v</sup>

PAs are lifelong learners who seek additional training for reasons such as to practice in a particular specialty, to demonstrate competence for credentialing, or to gain expertise in a focused clinical subject. For example, PAs take courses in psychopharmacology, cognitive behavioral therapy, and motivational interviewing through the Massachusetts General Hospital Psychiatry Academy and the Neuroscience Education Institute. Organizations including AAPA and the American Psychiatric Association offer PAs CME on psychiatric topics. While PAs are not required to attend a postgraduate residency, there are at least seven postgraduate programs in psychiatry or behavioral health available to PAs who want additional structured education in the specialty.

## PA WORKFORCE

PAs practice in behavioral health facilities, hospitals, private practices, community health centers, rural health clinics, prisons, non-federally qualified public or community health clinics, and free clinics.<sup>vi</sup> There are about 2,800 PAs practicing with psychiatrists. Further, 30,000 PAs practice primary care, most of whom routinely provide mental healthcare to their patients.<sup>vii,viii</sup> Another 14,000 PAs in emergency and hospital medicine routinely treat patients with psychiatric symptoms.<sup>ix</sup> With payment policies improving and the number of PAs expected to increase over the next decade, these PA numbers are likely to increase.<sup>x-xii</sup>

PAs are underrepresented in psychiatry, mainly due to states and payers that do not recognize PAs as mental health providers. Laws and payment policies are improving, as policymakers better understand PA contributions to mental healthcare. For instance, PAs are recognized under federal law as providers in opioid treatment programs.<sup>xiii</sup> PAs are included in the 21<sup>st</sup> Century Cures Act, which reforms federal mental health policy and recognizes PAs as high-need providers in mental health.<sup>xiv</sup> States are naming PAs as mental health providers or authorizing them to perform mental health services.<sup>xv,xvi</sup> A 2017 report, “The Psychiatric Shortage: Causes and Solutions,” recognizes PAs as key to expanding psychiatric care.<sup>xvii</sup>

## PA SCOPE OF PRACTICE IN PSYCHIATRY

PAs provide psychiatric and mental health services in every setting type from private office practices to safety net hospitals where PAs provide inpatient and outpatient care. In some cases, PAs provide all evening and weekend psychiatric coverage, with a psychiatrist and internist available by phone.<sup>xviii</sup>

Services provided by PAs in psychiatry	Provided ‘for most patients’
Prescribe medications for acute and chronic illnesses	92.0%
Counsel and educate patients and families	85.0%
Diagnose, treat, and manage chronic illnesses	83.2%
Diagnose, treat, and manage acute illnesses	60.7%
Perform physical exams and obtain medical histories	59.8%
Provide care coordination	56.9%
Order, perform, and interpret diagnostic studies	49.4%
Make referrals	37.2%
Provide preventive care	23.9%
Perform procedures	6.9%
<i>Source: 2018 Statistical Profile of Certified PAs by Specialty. NCCPA.</i>	

PAs in psychiatry care for patients with a wide range of conditions. They reported treating patients with mood, anxiety, and obsessive-compulsive disorders and substance related and addictive disorders. Most also treated patients with personality, sleep, cognitive, and attention disorders.<sup>xix</sup>

Data from adding a PA to a team providing comprehensive outpatient psychiatric care to patients with severe and persistent mental illness suggested improved quality and access to psychiatric and primary care.<sup>xx</sup>

In Community Mental Health Centers (CMHCs) PAs manage patient panels, performing psychiatric assessments, ordering and interpreting tests, developing diagnoses, and managing treatment plans for patients of all ages with a range of needs.<sup>xxi</sup>

PAs in rural safety net hospitals provide psychiatric care for patients with mental health and chemical dependency disorders. On inpatient units, PAs perform intake and admission interviews, manage patient progress, plan follow-up appointments, and arrange discharges.<sup>xxii</sup>

PAs provide mental health care in jails and prisons including providing psychiatric intake assessments and diagnostic evaluations, formulating psychiatric diagnoses, and managing medications and comorbid medical problems.<sup>xxiii</sup>

## THIRD-PARTY REIMBURSEMENT

Medical and surgical services delivered by PAs are covered by Medicare, Medicaid, TRICARE, and nearly all commercial payers.

The Medicare program covers services provided by PAs in all practice settings at a uniform rate of 85 percent of the physician fee. Generally, all services for which Medicare would pay if provided by a physician are covered when performed by a PA, in accordance with state law. Those include services provided in an office or clinic, any department of a hospital including the emergency department, a skilled nursing facility, an ambulatory surgical center, and a patient's home. Under Medicaid, all 50 states and the District of Columbia cover medical services provided by PAs. Medicare specifically includes PAs as authorized providers in Community Mental Health Centers and recognizes PAs as qualified to lead CMHC patient care teams.<sup>xxiv</sup>

Nearly all commercial payers reimburse for services provided by PAs, however, they do not necessarily follow Medicare guidelines. Because of variation in claims submission, it is important to verify each payer's specific coverage policies for PAs.

Payment for mental health provided by PAs can be problematic. While Medicare includes PAs among the health professionals eligible to furnish outpatient diagnosis and treatment for mental disorders, some private behavioral health companies will not recognize or reimburse PAs unless the PA has advanced training or a degree in a mental health specialty.

For more information about third-party coverage, visit <https://www.aapa.org/reimbursement/>.

## CONCLUSION

Many studies attest to the high quality of care PAs provide, favorably comparing it to physician care.<sup>xxv-xxvii</sup> In addition, patient satisfaction with PAs is very high. With a PA on staff, access to the care team improves, wait times decrease, and patient satisfaction rises.<sup>xxviii-xxx</sup>

Meeting the nation's need for mental and behavioral healthcare services will require removing barriers to integrated care and collaboration between primary care and psychiatric providers of every stripe. PA-psychiatrist collaboration in primary care or psychiatric settings is an excellent model for delivering psychiatric services. As providers trained in medicine, PAs possess the skills, education, and necessary training to diagnose and treat the vast majority of people in need of healthcare and to refer patients elsewhere, as needed. PAs work in collaboration with other clinicians to ensure the best possible outcomes for their patients. This link to the rest of the medical community enables PAs to move patients effectively and efficiently through different levels of care across specialties and through the complex healthcare system.

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