

**Community Health Medic to Chief PA:
A History of Physician Assistants
in the Indian Health Service**

AAPA National Conference 2020
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DISCLOSURES

NONE



OBJECTIVES

- Define the roles of PAs in the Indian Health Service (IHS): both past and present
- Describe the formation of the IHS
- Recognize the unique cultural and historical challenges of working within the IHS



AGENDA

- The First 50 years: Department of War to Indian Affairs
- Indian Health Service and the U.S. Public Health Service
- Community Health Medics to Physician Assistants
- Physician Assistants and the Indian Health Service
- Opportunities within the Indian Health Service
- Chief Clinical Consultant for Physician Assistants
- Optimal Team Practice and THE WAY AHEAD...



First 50 years – Before IHS

- Origins = War Department early 1800's
- Bureau of Interior – Indian Affairs 1849
- Snyder Act 1921 – Authorizes Federal Health Services to Indian Tribes
- July 1st 1955 - Indian Health Service & U.S. PHS



Initial Goals:

Prevent the spread of Infectious Disease

Assimilate Native American populations

Decrease the Influence of Traditional Healers

Indian Health Service

- 1955 Transfer Act – establishes Indian Health Service as part of the U.S. Public Health Service.
- 84th Congress: 1957 “IHS Gold Book” – February 11th report by OSG “Health Services for American Indians” had four conclusions:
 1. Federal Indian health program will be required
 2. Cooperation with Indian communities
 3. Services made available under State/local programs
 4. Nondiscriminatory basis



Indian Health Service

- 12 IHS Area Offices & 41 Urban Programs
- IHS Management Sectors - 170 Service Units:
 - I = Indian Health Service /Federal
 - T = Tribal
 - U – Urban Indian Health Program



Indian Health Service

- Mission: To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.
- Goal: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.



573 Federally Recognized Tribes – 2.3 million AI/AN People;

Our Foundation: To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes

CHM to PAs

- Idea based on CHRs and CHAPs – 1960's
- PA model training started at Duke 1967
- AI/AN Medics from Vietnam War trained as Physician Assistants = CHMs
- Independent "General Practitioners" in tribal communities
- Pilot Program 1970
- First Class February 1971:
 - Phoenix Indian Medical Center (10)
 - Gallup Indian Medical Center (20)
- Late 1970's Program Ended



PAs and IHS

- Currently 130 Federal PAs – Civil Service & USPHS
- Total ~ 250 – 300 PAs serving with IHS
- Civil Service, Direct Tribal Hire, U.S. PHS
- 1989 – PAs Commissioned in PHS
- 36 USPHS PAs
- Tribal vs Civil Service
- Multiple Roles
- Deployment Opportunities – USPHS



PA Hx Society

- Graduate of IHS CHM / PA Program
- Mini Oral History Project:
 - Alaska
 - Arizona
 - California
 - New Mexico
 - USPHS
 - Tribal and Civil Service



PAAs and IHS: Job Opportunities

- Primary Care
- Rural / Remote Full Spectrum Care
- Medical and Surgical Specialties
- Large Hospital Systems
- CHAP Trainer/Administrator
- Tribal Health Care Systems
- Federal Health Care – Direct Service



PAAs and IHS: Leadership Opportunities






- Chief Clinical Consultant
- Diabetes Grant / Clinic Manager
- Area Diabetes Consultant
- Emergency Preparedness Liaison
- Deputy Chief of General Surgery
- BUT...decreasing job opportunities =
decreasing leadership opportunities



Chief Clinical Consultant: National Combined Council

Current Health of PAs in IHS

Future Health of PAs in IHS

- Fragmented Clinical Practice  • National IHS Scope of Practice
- Low visibility = Low Value  • High Visibility = High Value
- No post-grad training  • IHS PA Fellowship
- Non-competitive Pay  • New Pay Scale + Bonuses
- Few formal leadership opportunities  • Chief Area PAs + More opportunities







2018 STATUS



Chief Clinical Consultant: National Combined Council

Current Health of PAs in IHS







Future Health of PAs in IHS

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 - Increased Visibility  • Area Chief PAs, NC4, etc...
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 - IHS PA Advisory Council
 - Facility / Practice Leaders
 - Clinical Education & Admin
- [2019 STATUS UPDATE](#) 

Chief Clinical Consultant: National Combined Council

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Optimal Team Practice (OPT) and the WAY AHEAD...

- Updated IHS PA Scope of Practice - **IMPLEMENTATION**
- Federal Supremacy – IHS National Scope of Practice
- Collaboration determined at practice-level
- PAs can practice without a pre-determined agreement
- Direct PA reimbursement for services
- Any State License = Federal IHS Practice
- Full prescribing authority - Federal DEA exemption
- Commitment to Team Practice



Why a PA?

- Generalist Training
- Collaborative Practice
- Profession created to fill shortage “gaps”
- Cost-Effective
- High Quality Care
- Intangible Qualities of PA Profession
- PA – Tribal / Community relationship



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