



PA Use of Telemedicine in June 2020

Trends and Implications for PAs

10/10/2020 • June 2020 PA Practice Survey

Table of Contents

Methodology	3
Measures	3
Executive Summary	4
Implementation of Telemedicine within PAs' Practice	4
Trends and Barriers to Use	5
A New Normal	6
References	6
Sample Demographics	7
Table 1. Clinical Practice.....	7
Table 2. Gender	7
Table 3. Race.....	7
Table 4. Ethnicity	7
Table 5. Experience	8
Table 6. Role	8
Table 7. Specialty	8
Table 8. Setting.....	9
Table 9. Employer	9
Telemedicine Tables	10
Table 10. Amount PAs Currently Use Telemedicine	10
Table 11. PA Familiarity with Telemedicine	10
Table 12. PA Interest in Incorporating Telemedicine into Their Practice	10
Table 13. PAs Who Have Used Telemedicine Prior to COVID-19	10
Table 14. Reasons PAs Began to Use Telemedicine COVID-19 Among Those Who Did Not Use It Prior.....	11
Table 15. Barriers to PA Practice in Telemedicine.....	11
Table 16. Perceived Importance of Telemedicine as a Solution to Healthcare System Challenges.....	11

Methodology

Data for the June 2020 PA Practice Survey were collected from June 6 through June 28, 2020. The survey was sent to a random sample of 5,824 PAs by email; the response rate was 9.7%. A total of 566 PAs responded to the survey. The overall margin of error is 4.11% at a 95% confidence level. Response rates and margins of error vary by section and breakout.

Measures

On the tables that follow:

“Respondents” is the number of respondents to a question

“Ratings” above a column of numbers indicates the number of ratings for an individual question

“Mean” is the average, or the sum of numerical scale responses divided by the total number of respondents

“Median” earnings are those at the 50th percentile, i.e., half of responses are equal to or above the median and half are equal to or below the median.

“N” refers to the number of respondents and is generally the first column in the data tables.

Totals do not always add up to 100% due to rounding.

Executive Summary

As the COVID-19 pandemic continues in the United States, PAs and other healthcare providers are on the front lines, responding to the crisis while continuing to care for non-COVID and non-emergent cases when possible. Due to the pandemic as well as state and employer guidelines, continuity of care for nonemergent cases has been particularly difficult, but telehealth may be one solution to this problem; telemedicine allows healthcare providers to remotely care for their patients. In this report we refer to telehealth as the system of healthcare-related services and technologies and to telemedicine system as the profession of the services clinicians provide.

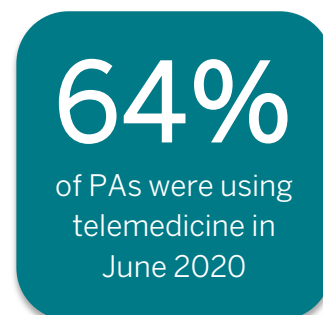
Both clinicians and patients see benefits to telemedicine.¹ Clinicians report that calls are efficiently shorter. Patients see the access to providers as a benefit: messages are responded to quickly from healthcare providers, and it does not require a trip to the office. Among other advantages are quicker medication refills, symptom checks without a trip to an urgent care facility or hospital, and the feeling that healthcare is literally at your fingertips.¹ While going into the doctor's office may not be a comfortable option, telemedicine can be an efficient, high-quality alternative.

Telemedicine may also be the only reasonable healthcare option for those in medically underserved rural communities. A 2018 article highlighting the Telehealth EcoSystem, a model for a system of technologies delivering health services, concluded that a network-based approach to health services is the most cost-effective and efficient solution for a rural community in Alabama.² While more research is needed to support the widespread effectiveness of telemedicine, it is recognized as a possible step closer to bridging healthcare gaps.

Telemedicine usage among healthcare providers was not widespread prior to the pandemic despite legislation that encouraged more use telemedicine. In 2016, 15% of physicians worked in practices that made use of telemedicine, and 11% of physicians used telemedicine to hold interdisciplinary team discussions.³ In February 2020, just prior to the COVID-19 pandemic, data among a national sample of PAs indicated that almost 10% of PAs used telemedicine in their clinical practice. To provide necessary nonemergent care during this global pandemic, telemedicine is now a vital mode of care.

Implementation of Telemedicine within PAs' Practice

Since March 2020, many PAs have turned to telemedicine for the first time. In June 2020 AAPA asked PAs if they currently use telemedicine in their practice and almost two in three reported they did (Table 10), a tremendous increase from the approximately one in 10 as of February 2020. Of those who reported in June that they were using telemedicine, more than three in four (77.0%) did not use it prior to the pandemic (Table 13). Most PAs reported their reason for beginning to use telemedicine in their practice was to maintain social distancing for



nonemergent visits (85.2%; Table 14). Only one in six PAs (18.7%) report that they are completely unfamiliar with the practice of telemedicine (Table 11), which speaks to the adaptiveness of PAs and their ability to provide patient care in a variety of settings. Some 7.2% of PAs are power users of telemedicine, using it more than half of their time. While over one in three PAs (36.2%) still do not use telemedicine in their practice, most PAs (69.5%) are interested in telemedicine to some degree (Table 12).

Many PAs turned to telemedicine for the first time after the start of the COVID-19 pandemic in March 2020

Trends and Barriers to Use

Frequency of using telemedicine differs by setting and specialty: PAs in hospitals, urgent care centers, and other settings have lower odds of using telemedicine more frequently, and PAs in primary care have higher odds of using telemedicine more frequently. Separate from setting and specialty, use of telemedicine is correlated with familiarity of telemedicine ($r_s = 0.559$, $p < 0.001$); odds of using telemedicine in practice are higher among PAs with more familiarity.

PAs in primary care have higher odds of using telemedicine more frequently in June 2020

PAs do however report barriers to incorporating telemedicine into their practice. The most common barriers reported by PAs were patient connectivity issues (50.6%), reimbursement for services (48.6%), patient comfort/familiarity (47.7%), access to equipment (35.0%), and education/training (31.7%; Table 15).

Before the COVID-19 pandemic, most PAs had not used telemedicine in their practice. Now with the necessity for social distancing, especially for nonemergent visits, PAs are turning to telemedicine to maintain their ability to provide remote, high-quality care to their patients. Most PAs understand the potential for telemedicine. The overwhelming majority of PAs (98.0%) perceive telemedicine as an at least “somewhat” important solution to a broad array of healthcare system challenges (Table 16). While telemedicine appears to be a convenient, temporary solution that could positively revamp patient care in the long term, there are still barriers that need to be addressed to accommodate all providers and their patients. Nonetheless, telemedicine makes receiving healthcare more accessible and efficient. If the

98%

of PAs perceive telemedicine as an important solution to a broad array of healthcare system challenges

COVID-19 pandemic aims to keep people apart, telemedicine can bring together the worlds of healthcare providers and their patients.

A New Normal

As the COVID-19 pandemic rages on, and with the possibility of new challenges in the future, PAs can continue expanding access to care. Telemedicine is one means that allows clinicians to provide continuity of care, even in the absence of a physical trip to a hospital or physician office.

References

1. Bonsignore L, Bloom N, Steinhauser K, et al. (2018) "Evaluating the Feasibility and Acceptability of a Telehealth Program in a Rural Palliative Care Population: TapCloud for Palliative Care." *J Pain Symptom Manage*. 56(1):7-14. doi:10.1016/j.jpainsymman.
2. Leath BA, Dunn LW, Alsobrook A, Darden ML. Enhancing Rural Population Health Care Access and Outcomes Through the Telehealth EcoSystem™ Model. *Online J Public Health Inform*. 2018 Sep 21;10(2):e218. doi: 10.5210/ojphi.v10i2.9311. PMID: 30349636; PMCID: PMC6194096.
3. Kane CK, Gillis K. The Use Of Telemedicine By Physicians: Still The Exception Rather Than The Rule. *Health Aff (Millwood)*. 2018 Dec;37(12):1923-1930. doi: 10.1377/hlthaff.2018.05077. PMID: 30633670.

Sample Demographics

Table 1. Clinical Practice

Clinically Practicing	N	Percent (%)
Yes	513	90.6
No	53	9.4
Total	566	100.0

Question: Are you currently **clinically practicing** at least some of the time?

Table 2. Gender

Gender	N	Percent (%)
Female	405	71.4
Male	156	27.5
I prefer to self-describe	2	0.4
I prefer not to answer	4	0.7
Total	567	100.0

Question: What is your gender?

Table 3. Race

Race	N	Percent (%)
White	478	84.2
Asian	26	4.6
Black/African American	19	3.3
American Indian or Alaskan Native	1	0.2
Native Hawaiian or Other Pacific Islander	1	0.2
Two or more races	14	2.5
Other	10	1.8
I prefer not to answer	19	3.3
Total	568	100.0

Question: Which of the following best describes your race?

Table 4. Ethnicity

Ethnicity	N	Percent (%)
Not of Hispanic, Latinx, or Spanish origin	518	91.2
Of Hispanic, Latinx, or Spanish origin	34	6.0
I prefer not to answer	16	2.8
Total	568	100.0

Question: Are you of Hispanic, Latinx, or Spanish origin?

Table 5. Experience

Years of Experience as a PA	N	Percent (%)
0 to 1 year	75	13.2
2 to 4 years	136	23.9
5 to 9 years	91	16.0
10 to 14 years	78	13.7
15 to 19 years	65	11.4
20 or more years	123	21.7
Total	568	100.0

Question: How many years of experience do you have working as a PA?

Table 6. Role

Primary Role	N	Percent (%)
Clinician	521	91.2
Educator	14	2.5
Administrator/manager	10	1.8
Not currently working	13	2.3
Other	13	2.3
Total	571	100.0

Question: Please indicate your primary role as a PA. Your primary role is the role you spend the most time in as a PA.

Note: Totals do not always add up to 100% due to rounding.

Table 7. Specialty

Primary Specialty	N	Percent (%)
Primary care	122	21.4
Internal medicine subspecialties	58	10.2
Pediatric specialties	8	1.4
Surgical specialties	140	24.5
Emergency medicine	66	11.6
All other specialties	158	27.7
No medical specialty	19	3.3
Total	571	100.0

Question: Please indicate your **primary specialty** as a PA. Your primary specialty is the specialty you practice most as a PA. For example, if you worked three days a week in an emergency department and worked twice a month at an urgent care center, emergency medicine would be your primary specialty. If you were a full-time educator or in a position in which you did not practice clinically practice in any capacity, you may select "no medical specialty."

Table 8. Setting

Primary Setting	N	Percent (%)
Outpatient clinic or physician office	277	48.5
Hospital	204	35.7
Urgent care center	38	6.7
Other	52	9.1
Total	571	100.0

Question: Please indicate your **primary setting** in which you practice as a P.A. For example: If you work in a hospital for 32 hours a week and an urgent care center for 8 hours a week, hospital is your primary setting.

Table 9. Employer

Primary Employer Type	N	Percent (%)
Hospital (including academic medical center)	210	36.8
Physician practice: Single specialty group	137	24.0
Physician practice: Multispecialty group	62	10.9
Physician practice: Solo practice	28	4.9
Self-employed or independent contractor	20	3.5
Federally Qualified Health Center	20	3.5
Other healthcare related corporation	19	3.3
Government	16	2.8
College or university	15	2.6
Community Health Clinic	7	1.2
Convenient care (including retail clinics)	7	1.2
Certified Rural Health Clinic	6	1.1
HMO	6	1.1
Other	18	3.2
Total	571	100.0

Question: Please indicate your **primary employer type**. For example: If you work for a hospital for 40 hours a week and for a consulting firm 8 hours a week, hospital is your primary employer.

Note: Totals do not always add up to 100% due to rounding.

Telemedicine Tables

Table 10. Amount PAs Currently Use Telemedicine

Use of Telemedicine	N	Percent (%)
No, never	177	36.2
Yes	Rarely (less than 5% of clinical time)	130
	Sometimes (5-25% of clinical time)	103
	Regularly (26-50% of clinical time)	44
	Most of the time (51%+ of clinical time)	35
Total	489	100.0

Question: Do you use telemedicine in your current practice?

Table 11. PA Familiarity with Telemedicine

Familiarity with Telemedicine	N	Percent (%)
Extremely familiar	46	9.4
Very familiar	103	21.0
Familiar	97	19.8
Somewhat familiar	153	31.2
Completely unfamiliar	92	18.7
Total	491	100.0

Question: Rate your level of familiarity/comfort with the practice of telemedicine.

Note: Totals do not always add up to 100% due to rounding.

Table 12. PA Interest in Incorporating Telemedicine into Their Practice

Interest in Telemedicine	N	Percent (%)
Extremely interested	11	6.2
Very interested	13	7.3
Interested	38	21.5
Somewhat interested	61	34.5
Not interested	54	30.5
Total	177	100.0

Question: What is your level of interest in incorporating telemedicine into your practice?

This question was only show to PAs who responded "No, never" to using telemedicine in their current practice.

Table 13. PAs Who Have Used Telemedicine Prior to COVID-19

Used Telemedicine Prior to March 2020	N	Percent (%)
Yes	72	23.2
No	238	76.8
Total	310	100.0

Question: Did you use telehealth or telemedicine in your practice prior to COVID-19 becoming prevalent in the US in March 2020?

This question was only shown to PAs who responded "Yes" to using telemedicine in their current practice.

Table 14. Reasons PAs Began to Use Telemedicine COVID-19 Among Those Who Did Not Use It Prior

Reasons	N	Percent (%)
Began due to a necessity to maintain social distancing measure for nonemergent visits	230	85.2
Began due to furlough or reduction in hours	22	8.1
Other	18	6.7
Total	270	100.0

Question: What was the reason you began using telemedicine after the COVID-19 pandemic started?
This question was only shown to those PAs who indicated that they did not use telemedicine in their current practice prior to COVID-19.

Table 15. Barriers to PA Practice in Telemedicine

Perceived barriers	N	Percent (%)
Patient connectivity issues	228	50.6
Reimbursement for services	219	48.6
Patient comfort/familiarity	215	47.7
Access to equipment	158	35.0
Education/training	143	31.7
Unable to fit into your clinical workflow	123	27.3
Legislation restricting practice	108	23.9
Lack of opportunities for PAs	97	21.5
Supervision requirements in my state	81	18.0
Practice-Level/Practitioner technological gaps and needs	80	17.7
Other competing clinical priorities	77	17.1
Other state laws and regulations	73	16.2
Support from leadership	69	15.3
Licensure requirements	39	8.6
Other	29	6.4
Total	451	100.0

Question: Please indicate perceived barriers to PA practice in telemedicine. Check all that apply.

Table 16. Perceived Importance of Telemedicine as a Solution to Healthcare System Challenges

Importance	N	Percent (%)
Extremely important	71	14.6
Very important	126	25.9
Important	159	32.6
Somewhat important	122	25.1
Not at all important	9	1.8
Total	487	100.0

Question: How important do you perceive telemedicine as a solution to broad healthcare system challenges?