

Specialty choice among US physician assistants: Distribution, salaries, and comparison to physicians

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Research Objectives: The specialty distribution of the physician assistant (PA) profession has shifted away from primary care toward specialty care. Current information about PA specialty distribution and factors affecting specialty choice is needed to assess the adequacy and distribution of provider supply. This study describes PA specialty distribution trends, compares prevalence of PAs to physicians by specialty and correlates PA specialty prevalence with both PA and physician full-time salary.

Methodology: We used PA data on specialty and salary from the American Academy of PAs (AAPA) 2013 census, the only detailed source of national salary data available for PAs by specialty. Analyses will be repeated with National Commission on Certification of PAs (NCCPA) salary data to be released in January, 2015. PA specialty distribution from AAPA and NCCPA were compared. Physician 2012-13 specialty and salary data are from the AMA Masterfile and Medical Group Management Company. We used descriptive statistics, scatter plots, and linear regression (bivariate models and multivariate models with two independent variables) to examine the distribution and salaries of PAs and physicians in 24 specialties. Natural log transformations were used in the regression analyses due to skewed distributions.

Results: The proportion of PAs working in primary care was similar in AAPA and NCCPA data and decreased from 50% in 1997 to 30% in 2013 (AAPA). Substantial growth in PA proportions occurred in surgical and medical subspecialties. Physician to PA ratios were lowest in orthopedic surgery (2:1), neurosurgery (2:1) and cardiovascular surgery (3:1) and higher in family medicine (6:1). Regression models showed a higher prevalence of PAs in specialties with higher PA salary, higher physician salary, and higher physician:PA salary ratio ($p < .05$). These relationships were strongest in the surgical specialties, where physician salaries alone accounted for 80% of the variation in PA prevalence. Our study is limited by low PA survey response rates, although agreement between the AAPA and NCCPA surveys is reassuring. Our sample of only 24 specialties prohibited construction of more complex regression models.

Conclusions: PAs are moving toward subspecialty practice. Physicians in more lucrative specialties may have more incentive to hire PAs, and can offer PAs higher salaries. Our study suggests that demand for PAs, driven in part by financial benefits of PAs in high-paying surgical subspecialties, may be an important factor driving the trend toward specialization. To meet policy goals of increasing the proportion of PAs in primary care, greater understanding of these factors is needed.