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The emerging role of PAs in the hospitalist movement

This month's issue features A Day in the Life of Kristen Will, who works as a hospitalist PA. Coined in a 1996 *New England Journal of Medicine* article, the term *hospitalist* then referred to a physician who practices exclusively in the hospital, specializing in the general medical care of inpatients.¹ The specialty was conceived in the mid-1990s in an effort to control costs and improve the overall quality of hospital internal medicine care. Most hospitalists are trained in general internal medicine, though some have training in family medicine or pediatrics. Hospitalist practices vary but usually include some degree of patient care, research, and education.¹ Many groups also provide medical consultation to the surgical services. Studies have shown that patients cared for by hospitalists have improved outcomes with a shorter length of stay and reduced overall costs.²

The exponential growth of hospitalist programs across the country, coupled with the workforce gap created by resident work hour restrictions, has increased the demand for hospital-based clinicians. Many hospitals are looking to PAs to help fill the gap. PAs were used as hospitalists before the physician hospitalist movement began. In 1982, Detroit Medical Center hired eight PAs to staff the "nonteaching" inpatient medical service to compensate for a reduction in medical residents; this service was so successful that after 3 months, the PA service was 100% utilized and had expanded to include 11 PAs.³

Identifying the exact number of PAs who currently work with hospitalists is difficult. The 2006 AAPA Physician Assistant Census Survey found that more than half (55%) of respondents see some patients in a hospital and slightly more than one third (36%) see some patients in an inpatient unit of a hospital; however, only 1.1% of respondents reported hospital medicine as their primary specialty.⁴

The distinction between PAs who work in a hospital (for example, PAs who work in a surgical practice) versus those who work for a hospitalist is paramount. While many of the issues affecting these two groups are similar, PAs who work for hospitalists have unique and separate concerns. PAs who work for hospitalists are internal medicine-based, for instance, and they therefore are often credentialed differently from PAs who work for surgeons.

The demand for experienced hospitalist PAs is high, but several challenges lie ahead. First, we need data that better define the practice characteristics of hospitalist PAs. Second, we need more data showing how hospitalist PAs can benefit organizations. Research examining the outcomes achieved by and the value of hospitalist PAs is necessary to ensure the

continued demand. Finally, hiring PAs experienced in hospital medicine can be quite difficult since there are so few of them. Hospitalist groups seeking to hire a PA often find that the only PAs with experience come from surgical or medical subspecialties, and these PAs usually have to take a pay cut to become a hospitalist. The other option is hiring new graduate PAs, but they often require extensive training in hospital-based care. Potential solutions might include increasing the education about the care of hospitalized patients in PA school or developing postgraduate training programs in hospital medicine.

On a personal note, discovering hospital medicine was the event that changed my PA career. Before becoming a hospitalist PA, I worked in a trauma ER in Brooklyn, New York; an upscale cardiology practice in Manhattan; and an urgent care facility in Gilbert, Arizona; but none of these quite satisfied me. At one point, I actually started interviewing for pharmaceutical jobs! So much for my 2 years of PA school and \$50,000 in student loans.

When I interviewed for my current job in 2002, I had no idea what a hospitalist did, except work in a hospital. What I found is a job that blends much of what's fun about medicine—high acuity, a fast pace, and a diverse patient population—with only a little of what's not so fun—such as working nights, weekends, holidays, and 12-hour days that never seem to end. That's not to say that every day proceeds at the pace and drama of a TV hospital show, with a never-ending stream of septic shock, acute stroke, GI bleeding, and decompensated heart failure. Some days are filled with discharge planning, writing progress notes, tracking down old records, or dealing with difficult families. The one constant, though, is that you know you'll be doing something different every day than you did the day before.

Eugene Stead said, "When I was young, I never imagined that anyone would ever pay me such a good salary for doing exactly what I wanted to do."⁵ As hospitalist PAs, Kristen and I know exactly what he meant. **JAAPA**

REFERENCES

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