2012 Wisconsin Physician Assistant Survey:
Preliminary Results and Analysis

Tom Walsh, Research Analyst•608.266.3288•Thomas.Walsh@DWD.Wisconsin.gov•April, 2012

Overview

The 2012 Wisconsin Physician Assistant (PA) Survey was conducted in conjunction with the license renewal cycle beginning in January 2012. The survey closed with the end of the PA renewal period on February 29, 2012. This report takes a preliminary look at the survey results, focusing on overall response rate (Section I), a comparison to known characteristics of the PA workforce as a whole (Section II), and a look at some interesting survey results (Section III).

The findings reported in Section II suggest that the survey responses were reasonably well distributed across a number of important data elements. It is important to remember that this survey was voluntary. Voluntary surveys are subject to selection bias, which means the results do not necessarily represent the workforce as a whole. Some subsections of PAs might be underrepresented while others could be overrepresented in the survey sample. The best way to use the data for meaningful analysis is to focus on major themes instead of the exact numbers.

The following summarizes some of the important topics covered in the report:

- 44% of Wisconsin's actively licensed PAs responded to the voluntary survey.
- The survey does not necessarily represent the PA workforce as a whole. However, a comparison to another data source indicates that the respondents were reasonably well distributed across important characteristics.
- A high share of licensed PAs actually practice in Wisconsin.
- Participation rates appear to be consistently high across age cohorts.
- Preliminary data suggests a substantial number of PAs leave the state for education but return for practice.
- A significant share of respondents indicated that their employer places restrictions on practice that are not required by law.

I. Survey Response

The voluntary survey yielded a total response rate of 44.0%, and "In-state" PAs were slightly more likely to respond.

Table 1: Response Rates

	Survey Responses	Active Licenses as of 3/15/2012[1]	% Response
PAs with Current Wisconsin License	865	1,968	44.0%
PAs with In-state Address[2]	774	1,726	44.8%

[1]Source: Wisconsin Department of Professional Services (DSPS). "License count as of 03/15/2012". http://165.189.60.145/docview.asp?docid=1042&locid=0

[2] Note: Survey responses represent the place of residence. The DSPS record is based on the mailing address on record for the PA, which could represent a place of work or a place of residence.

II. Data Comparison

As previously mentioned, the survey was voluntary. Voluntary surveys yield varying response rates among subsections of the population of all PAs. A customized data set with a limited number of data elements for all actively licensed PAs was provided by the Wisconsin Department of Safety and Professional Services (DSPS). The data from DSPS represents the point-in-time records of all actively licensed PAs in the DSPS database on 3/15/2012. The data can be used to compare certain characteristics of the survey respondents to the actual shares in the PA workforce as reported in the DSPS dataset.

Data elements common to both the dataset provided by DSPS and the survey results include: age (Table 2), gender (Table 3), and geography (Table 4). The intended purpose of the comparison is to identify subsectors of the PA workforce that are underrepresented or overrepresented in the survey sample.

Age

The age distribution of the survey is close the actual age distribution of actively licensed PAs. The survey skews slightly older than the DSPS records. A little less than 40% of the survey respondents were 45 or older compared to 35.6% of all actively licensed PAs.

There is no way of conclusively determining the reason for the skew. However, work hours and additional commitments outside of work could play a role. For example, the PAs under 45 years old might be more likely to work full time and more likely to have young children at home. It is possible that younger PAs had less time available to complete a voluntary survey because of other commitments.

Very few PAs are 65 or older. It is inaccurate to assume that this is caused by retirement. The sharp drop in PAs between the 55-64 and 65 and above age cohorts is more accurately attributed to the history of the profession. The physician assistant profession was created in the 1960's as a way to alleviate primary care provider shortages by capitalizing on the skills and knowledge of returning Vietnam veterans that serviced in medical units. The inaugural PAs are just now starting to reach traditional retirement ages.

Table 2: Physician Assistants by Age Group

Age Group	Survey[1]	DSPS[2]
Under 25	2.2%	2.0%
25-34	35.5%	35.7%
35-44	23.6%	26.7%
45-54	20.4%	19.5%
55-64	16.7%	14.7%
65 and above	1.5%	1.5%

[1]Source: 2012 Physician Assistant Survey
[2]Source: DSPS, Custom Report.

Gender

Table 3 compares the gender distribution of the survey respondents to the gender of the workforce as a whole in various age cohorts. The table reports the share of female PAs in each age cohort. A survey percent share of females that exceeds the DSPS percent share of females indicates that female PAs are

overrepresented in the survey sample. In other words, a higher percent share when compared to the DSPS data means females responded to the survey at higher rate than males.

Overall, the percent share of females in the survey exceeded the share in the PA workforce as a whole. In fact, females had a higher response rate than males in every age cohort.

Table 3: Female Share of PAs by Age Group

Age Group	Survey[1]	DSPS[2]
Under 25	94.7%	90.0%
25-34	87.2%	82.8%
35-44	75.7%	66.9%
45-54	65.1%	59.8%
55-64	41.3%	39.2%
65 and above	30.8%	24.1%
Total	71.6%	67.0%

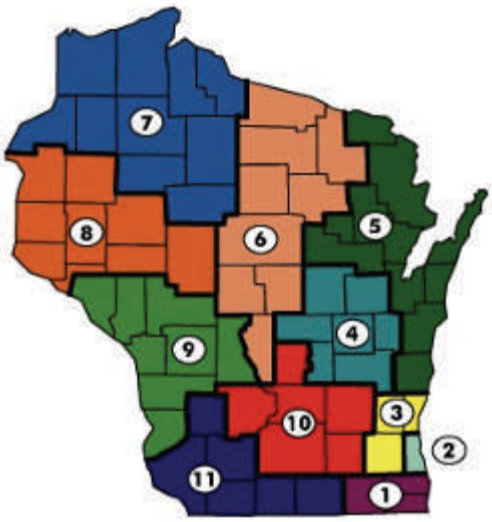
[1]Source: 2012 Physician Assistant Survey
[2]Source: DSPS, Custom Report.

Geographic Distribution

Workforce Development Areas (WDAs) were selected for geographical comparisons, shown in Figure 1. Overall, the distribution of survey respondents is relatively similar to the actual geographic distribution of the workforce. As evident by the response rates in section one, the share of "out of state" PAs respondents is lower than the overall share. A little over 90% of survey respondents live in Wisconsin while the DSPS records place a little under 88% of all PAs in the state (Table 4). The Western WDA is the only other region that differs from the DSPS total share by more than two percentage points.

While the geographical distribution of the survey matches relatively closely to the actual geographical distribution, it is important to note that response rates could vary between major health care systems.

Figure 1: Workforce Development Areas (WDAs)



Region 1: Kenosha, Racine, Walworth
Region 2: Milwaukee
Region 3: Washington, Ozaukee, Waukesha
Region 4: Calumet, Fond du Lac, Green Lake, Outagamie, Waupaca, Waushara, Winnebago
Region 5: Brown, Door, Florence, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Shawano, Sheboygan
Region 6: Adams, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Vilas, Wood
Region 7: Ashland, Bayfield, Burnett, Douglas, Iron, Price, Rusk, Sawyer, Taylor, Washburn
Region 8: Barron, Chippewa, Clark, Dunn, Eau Claire, Pepin, Pierce, Polk, St. Croix
Region 9: Buffalo, Crawford, Jackson, Juneau, La Crosse, Monroe, Trempealeau, Vernon
Region 10: Columbia, Dane, Dodge, Jefferson, Marquette, Sauk
Region 11: Grant, Green, Iowa, Lafayette, Richland, Rock

Table 4: Geographic Distribution

WDA	Survey[1]	DSPS[2]
Southeast (Region 1)	3.6%	3.2%
Milwaukee (Region 2)	15.8%	16.3%
WOW (Region 3)	15.5%	14.1%
Fox Valley (Region 4)	6.4%	5.4%
Bay Area (Region 5)	6.2%	6.3%
North Central (Region 6)	8.2%	8.0%
Northwest (Region 7)	1.9%	1.7%
West Central (Region 8)	6.0%	4.3%
Western (Region 9)	5.3%	7.6%
South Central (Region 10)	18.9%	18.1%
Southwest (Region 11)	2.6%	2.7%
Not in WI	9.6%	12.3%

[1]Source: 2012 Physician Assistant Survey
[2]Source: DSPS, Custom Report.

III. Survey Results

Section II indicates that the survey responses are well distributed across some important characteristics of the workforce. This suggests that it is reasonable to make some general assumptions about the PA workforce as a whole from the survey results. The survey provides a great deal of valuable information, but data users should focus on the overall trends rather than the exact numbers.

Practice Status

About 95% of survey respondents work as a PA in Wisconsin. This seems to contradict the data in Table 4, which indicates about 90% of PAs are located in Wisconsin. However, the survey data in Table 4 represents a place of residence while the data in Table 5 represents a place of work. A variation in the two numbers is expected because of cross-state commuting.

Table 5 touches on two important points: 1) a high level of participation overall, and 2) high retention rates across age cohorts. Almost 95% of survey respondents actually work in Wisconsin. Participation rates for PA appear to be similar to the registered nurse (RN) workforce. The 2010 RN Survey, which captured data for 100% of RNs, indicated that 87.4% of Wisconsin's licensed RNs work in the state.

In general, it is reasonable to expect the share working PAs to decline with age because of retirement and burnout. The rates do decline slightly, but they are remarkably steady until the 65 and above age cohort. The difference between the highest and lowest participation rate among the under 65 age cohorts is less than five percentage points.

Table 5: Practice Status by age group

Current Status	Working as a PA in WI	Not Working as a PA or not Working in WI
Under 25	95.0%	5.0%
25-34	97.4%	2.6%
35-44	95.1%	4.9%
45-54	94.3%	5.7%
55-64	92.9%	7.1%
65 and above	61.5%	38.5%
Total	94.9%	5.1%

Source: 2012 Physician Assistant Survey

Principal Specialty

The specialties displayed in Table 6 match the groupings used in "Physician Assistant Census Report: Results from the 2010 AAPA Census", a nationally focused report produced by the American Academy of Physician Assistants (AAPA). Overall, the survey distribution of PAs is similar to the national distribution. The biggest discrepancy between the two sources is a higher share of primary care PAs and a lower share of PAs working in other specialties. Further investigation will be needed to determine if the discrepancy was caused by sampling or by a real difference between Wisconsin and the U.S.

Table 6: Principal Specialty

Principal Specialty Type	All Respondents
Primary Care	35.7%
Internal Medicine Subspecialties	12.4%
Pediatric Subspecialties	1.6%
General Surgery	2.5%
Surgical Subspecialties	22.7%
Emergency Medicine	12.2%
Other Specialties	12.9%

Source: 2012 Physician Assistant Survey

Location of Education

Table 7 and Table 8 touch on the dynamics of PA education. The share of survey respondents that received their PA education outside of Wisconsin is greater than the share of PAs that attended high school outside of Wisconsin. This suggests that a good number of Wisconsin's PAs leave the state for education then return to their home state to practice as a PA. The survey only allows for a look at one direction of this dynamic. The missing piece is a look at how many PAs come to Wisconsin to receive an education then practice in a different state.

Table 7: High School Location

Location	All Respondents
In Wisconsin	68.5%
Not in WI	31.5%

Source: 2012 Physician Assistant Survey

Table 8: Institution for PA Program

School	All Respondents
Marquette University	16.3%
UW-La Crosse	3.4%
UW-Madison	30.4%
Not In WI	49.9%

Source: 2012 Physician Assistant Survey

Practice Restrictions

A common suggestion for the future of the health care industry is to allow professionals to practice at the full extent of their education and training. About 40% of respondents indicated that their employer places limits on practice that are not required by state law. The most common limit indicated by respondents was that the employer requires a co-signature on all charts.

Table 9: Practice Restrictions

Restrictions	All Respondents
No Additional Restrictions	60.1%
Additional Restrictions Indicated	39.9%

Source: 2012 Physician Assistant Survey

Concerns and Frustrations

Respondents were asked to indicate the "biggest concern or frustration facing their job today". The question was made available to all respondents that provided patient care in Wisconsin during the past year. About 1 in 5 identified salary negotiations as their top concern. Respondents did not have the option to chose "no concerns at this time", but they could skip the question altogether. A little under 8% of respondents skipped the question, which indicated that they did not have any major concerns or frustrations. The five most common responses are listed in Table 10.

Table 10: Top 5 Concerns and Frustrations

Concerns	All Respondents
Salary negotiations	19.5%
Other	14.1%
Reimbursement Issues	13.1%
Patient Load	11.6%
Hours Worked	9.7%

Source: 2012 Physician Assistant Survey

Project Background

The 2012 Physician Assistant Survey was funded with a *State Health Care Workforce Development (SHCWD)* planning grant from the Bureau of Health Professions/HRSA/DHHS. The grant was awarded to the Area Health Education Centers (AHEC) program at the University of Wisconsin School of Medicine and Public Health, in partnership with the Department of Workforce Development. The survey was developed with the assistance of the Wisconsin Academy of Physician Assistants (WAPA) and approved by the Medical Examining Board as part of the 2012 PA license renewal process. The Department of Safety and Professional Services assisted in the implementation of the survey. The Office of Economic Advisors at DWD serves as custodian of the data.

The survey covered topics including demographics, education and licensure, practice specialty, current employment status and retirement plans, and patient care practice characteristics. PAs answered up to seven questions designed specifically to provide information for the Health Professions Shortage Area. Most questions were straightforward and had simple "select one" response items or short fill in. A few were multipart questions. The survey did not include opinion questions, Likert or other scaled response items. The median survey completion time was a little over 18 minutes, and about 85% of PAs completed the survey in less than half an hour.

Nancy Sugden, Assistant Dean, Academic Affairs, UWSMPH and principal investigator for the Workforce Development planning grant, developed the survey in consultation with the members The Wisconsin Healthcare Workforce Data Collaborative (WHWDC) and assistance from the Wisconsin Academy of Physician Assistants (WAPA). A variety of questionnaires from other states and national organizations were reviewed in compiling the questionnaire, include:

American Academy of Physician Assistants, 2010 AAPA Census
Wisconsin Academy of Physician Assistants survey, 2009
HRSA Proposed Minimum Dataset for Physician Assistants (Draft, distributed February 2011 to SHCWD grantees)
1996 Physician Assistant Profile Survey (Wisconsin OCI/OHCI)
Wisconsin RN Workforce Survey (most recent revision of survey, for implementation in January 2012)
Wisconsin MD Workforce Survey (most recent revision of survey, for implementation in January 2012)

Acknowledgments

This project would not have been possible without the leadership of Nancy Sugden and the assistance of current and former DWD staff, including Dennis Winters, Victoria Udalova and Rita Black-Radloff. DSPS staff, including Thomas Ryan, Carolann Puster, Craig Lovell, Gene Hulpert and the DSPS IT staff, were essential in coordinating with the license renewal process and providing valuable workforce data from the DSPS database. Anne Dopp at the Primary Care Office in DHS consulted on questions related to the health professions shortage areas and prior surveys done by DHS. The survey was reviewed and tested by a small workgroup that included Anne Hletko, Lou Falligant, Christine Everett, and Virginia Snyder. Special Thanks to Raymond Fang, Vice President for Research at the American Academy of Physician Assistants for allowing us to use questions from the AAPA's national survey of physician assistants. The HRSA National Center for Health Workforce Analysis and the Center for Workforce Studies at the American Association of Medical Colleges (AAMC) provided additional information and assistance.

Jennifer Thelen and staff at Chamberlain Research were very adept and efficient in working with the various agency partners involved in implementing the survey.

The UW School of Medicine and Public Health and the Area Health Education Centers (AHEC) program contributed Ms. Sugden's time for the project. Support for programming and hosting the survey online, and the time of DWD staff for consultation and data analysis, is provided through a State Health Care Workforce Development (SHCWD) Planning Grant from the National Center for Health Workforce Analysis at the Bureau of Health Professions (BHPr)/Health Resources and Services Administration (HRSA).