

TESTIMONY OF
RODERICK S. HOOKER, Ph.D.
BEFORE THE
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS
UNITED STATES SENATE
REGARDING
THE PRIMARY CARE HEALTH WORKFORCE AND
REAUTHORIZATION OF THE PUBLIC HEALTH SERVICE ACT'S
TITLE VII HEALTH PROFESSIONS PROGRAMS

February 12, 2008

Good morning. Thank you, Senators Kennedy, Enzi, and other members of the committee for the opportunity to provide comments this morning on the primary health care workforce. I will address the implications for reauthorization Title VII Health Professions Programs under the Public Health Service (PHS) Act.

My name is Roderick Hooker. My role in health care began many years ago as a Hospital Corpsman in the U.S. Navy. I have been a physician assistant for thirty years. In addition, I hold an MBA in Health Care Management and Organization and a PhD in Health Policy. I am a physician assistant in the Department of Veterans Affairs Medical Center in Dallas, Texas. I am also an Associate Professor at the University of North Texas, School of Public Health, and the University of Texas Southwestern Medical School. My research career has focused on the medical workforce and organizational efficiency in health care delivery.

I am particularly interested in the critical role of physician assistants (PAs) and nurse practitioners (NPs) and how they expand access to primary health care. The research shows that absent a PA or NP, some populations would have no access to health care.

Today, I'd like to briefly share my thoughts on the supply and demand of PAs and NPs in the United States. There is a critical need to reinvigorate the Title VII program's investment to increase the supply, diversity, and distribution of PAs in medically underserved communities. (NP programs receive federal funding support through Title VIII of the PHS Act.)

Physician Assistants

Physician assistants are licensed health professionals. They:

- practice medicine as a team with their supervising physicians
- exercise autonomy in medical decision making
- provide a comprehensive range of diagnostic and therapeutic services, including physical examinations, taking patient histories, ordering and interpreting laboratory tests, diagnosing and treating illnesses, suturing lacerations, assisting in surgery, writing prescriptions, and providing patient education and counseling.

PA educational preparation is based on the medical model. They practice medicine as delegated by and with the supervision of a doctor. Physicians may delegate to PAs those medical duties that are within the physician's scope of practice and the PA's training and experience, as allowed by law. A physician assistant provides health care services that were traditionally only performed by a physician.

Overview of Physician Assistant Education

All physician assistant programs provide students with a primary care education that prepares them to practice medicine with physician supervision. PA programs are located at schools of medicine or health sciences, universities, teaching hospitals, and the Armed

Services. All 139 PA educational programs are accredited by the Accreditation Review Commission on Education for the Physician Assistant and offer a bachelor or master's degrees.

Title VII Support of PA Education Programs

The title VII support for PA educational programs is the only federal funding available, on a competitive application basis, to PA programs.

Targeted federal support for PA educational programs is authorized through section 747 of the Public Health Service Act. The program was reauthorized in the 105th Congress through the Health Professions Education Partnerships Act of 1998, P.L. 105-392, which streamlined and consolidated the federal health professions education programs. Support for PA education is now considered within the broader context of training in primary care medicine and dentistry.

P.L. 105-392 reauthorized awards and grants to schools of medicine and osteopathic medicine, as well as colleges and universities, to plan, develop, and operate accredited programs for the education of physician assistants with priority given to training individuals from disadvantaged communities. The funds ensure that PA students have continued access to an affordable education and encourage PAs, upon graduation, to practice in underserved communities. These goals are accomplished by funding PA education programs that have a demonstrated track record of: 1) placing PA students in health professional shortage areas; 2) exposing PA students to medically underserved communities during the clinical rotation portion of their training; and 3) recruiting and retaining students who are indigenous to communities with unmet health care needs.

The Title VII program works as intended.

- A review of PA graduates from 1990 – 2006 demonstrates that PAs who have graduated from PA educational programs supported by Title VII are 59% more likely to be from underrepresented minority populations and 46% more likely to work in a rural health clinic than graduates of programs that were not supported by Title VII.
- A study by the UCSF Center for California Health Workforce Studies found a strong association between physician assistants exposed to Title VII during their PA educational preparation and those who ever reported working in a federally qualified health center or other community health center.

The PA programs' success in recruiting underrepresented minority and disadvantaged students is linked to their ability to creatively use Title VII funds to enhance existing educational programs. For example, a PA educational program in Iowa used Title VII funds to target disadvantaged students, providing mentoring opportunities for students, increasing training in cultural competency, and identifying new family medicine preceptors in underserved areas. PA programs in Texas use Title VII funds to create new clinical rotation sites in rural and underserved areas, including new sites in border communities. They establish non-clinical rural rotations to help students understand the

challenges faced by rural communities. One Texas program developed web based and distant learning technology and methodologies so students can remain at clinical practice sites. A PA program in New York, where over 90 percent of the students are ethnic minorities, used Title VII funding to focus on primary care training for underserved urban populations. They did this by linking with community health centers, expanding the pool of qualified minority role models that engage in clinical teaching, mentoring, and preceptorship for PA students. Several other PA programs use Title VII grants to leverage additional resources to assist students with the added costs of housing and travel that occur during relocation to rural areas for clinical training.

Without Title VII funding, many special PA training initiatives would be eliminated. Institutional budgets and student tuition fees are not sufficient to meet the special, unmet needs of medically underserved areas or disadvantaged students. The need is very real, and Title VII is critical in leveraging innovations in PA training.

The clinical training opportunities that are made available through the Section 747 program are substantial and documented. They result in the delivery of essential health care services in medically underserved communities that would otherwise not be available.

Title VII and the Distribution of Health Care Professionals

The Health Resources and Services Administration (HRSA) estimate the need for an additional 7,802 health professionals to remove the Primary Care Health Professional Shortage Areas (HPSAs) designation nationwide.

The Title VII programs are the only federal education programs that are designed to address the supply and distribution imbalances in the health professions. Since the establishment of Medicare, the costs of physician residencies, nurses, and some allied health professions training has been paid through Graduate Medical Education (GME) funding. However, GME funding has never been available to support PA education. More importantly, GME was not intended to generate a supply of providers who are willing to work in the nation's medically underserved communities.

There is compelling evidence that race and ethnicity correlate with persistent, and often increasing, health disparities. Further evidence substantiates the need for increasing the diversity of health care professionals. Title VII programs recruit providers from a variety of backgrounds.

Changes in the health care marketplace reflect a growing reliance on PAs as part of the health care team. The supply of physician assistants is inadequate to meet the needs of society; demand for PAs is expected to increase. Title VII continues to provide a crucial pipeline of trained PAs to underserved areas. The US Bureau of Labor Statistics, US News and World Report, and Money magazine all speak to the growth, demand, and value of the PA profession. Medically underserved communities need additional

assistance to attract health care professionals who are in high demand in the private market.

Need for Increased Title VII Support for PA Education Programs

Despite the increased demand for PAs, funding has not increased for Title VII programs. More is needed to educate and place physician assistants in underserved communities. Nor has Title VII support for PA education kept pace with increases in the cost of education. In fact, Title VII support has decreased sharply. A review of HRSA section 747 grants reveals that 42 PA educational programs received a total of \$7,011,443 million in FY 2005, compared to \$3,292,535 million awarded to 27 grantees in FY 2006, and just \$2,616,129 awarded to 15 grantees in FY 2007.

Recommendations for Reauthorization

The Title VII Health Professions Programs needs to be reauthorized by the 110th Congress. Little needs to be tweaked or substantially changed during the reauthorization process. I do, however, believe that Title VII needs to be reinvigorated, valued, and recognized as providing an important public good. Evidence now supports the notion that Title VII has lived up to the expectations of its early creators.

Support for the education of primary care providers is sorely needed. There is a pressing need to recruit underrepresented minorities and disadvantaged populations. Doing so provides quality health care in medically underserved communities; a cornerstone and A

Finally, an increased emphasis must be placed on support for PA educational programs through the reauthorization process. The current funding for primary care medicine and dentistry has been at the expense of funding support for PA education. I believe that PA educational programs must be eligible to participate in all Title VII programs. In particular:

- Section 738 (a)(3) Loan Repayments and Fellowships Regarding Faculty Positions;
- Section 736(g)(1)(A) Programs of Excellence in Health Professions Education for Under-represented Minorities; and
- Sections 701-720 Health Education Assistance Loan (HEAL) Program.

I appreciate the opportunity to provide comments during the committee's roundtable discussion. Thank you.

Roderick S. Hooker, PhD, PA
Department of Veterans Affairs,
University of Texas Southwestern Medical Center
Dallas, Texas