PAs in urology practice are essential members of the urology treatment team. Their medical training and commitment to team practice prepare them to effectively and compassionately treat urology patients while easing the urologist’s work load and increasing overall practice productivity. PAs practicing in urology perform a broad range of diagnostic and therapeutic procedures as they enhance coordination of care and patient satisfaction.

PAs in urology play roles as varied as the practices and patients they serve, in settings including academic medical centers and hospitals, outpatient clinics, VA hospitals and other government institutions. In all states, the District of Columbia and the majority of US territories, physicians may delegate to PAs medical duties that are within the physician’s scope of practice, the PA’s training and experience and as authorized by state law. In the case of federally employed PAs, federal agency guidelines rather than state law determine their scope of practice.

Physician assistants are educated in PA programs accredited by the Accreditation Review Commission on the Education for the Physician Assistant. PA program applicants are generally required to have health care experience prior to admission along with appropriate course credits with high GPAs.
The average PA program is 27 months and is characterized by a rigorous, competency-based curriculum with both didactic and clinical components. The programs are offered at medical schools, colleges and universities, teaching hospitals and through the U.S. Armed Forces.

The first year of PA education provides a broad grounding in medical principals with a focus on their applicability. In the second year, students receive hands-on clinical training through a series of clerkships or rotations in a variety of inpatient and outpatient settings. PA students complete on average more than 2,000 hours of supervised clinical practice prior to graduation.

The physician-PA team enhances the quality and coordination of medical care by design. The education of PA students in a traditional medical school model, including intensive studies in basic medical sciences and clinical subjects, is key to their future close clinical collaboration with physicians.

A PAs scope of practice in urology typically includes taking in-depth patient histories, performing physical exams, ordering laboratory data and studies, formulating a differential diagnosis and establishing treatment plans, performing surgical procedures, prescribing medications and providing patient education about treatment of urological conditions.

**PAs in Action**

*The following accounts of effective team practice in urology illustrate the range of versatility of PAs in this specialty—and the important ways in which they improve quality of life for both patients and physicians.*

One prominent urologist describes the following benefits of working with a PA:

- Increased and more timely access to appointments for patients, including urgent cases
- Increased workflow efficiency and coordination of care: The PA provides initial examinations, sees postoperative patients, performs procedures and surgical first assists in the OR
- PAs see inpatient consults, which is very cost-effective
- PAs treat a wide range of urology-related conditions

**PAs Increase Access to Care at Pioneering Florida Robotic Medicine Institute**

A versatile PA is an integral part of a practice that specializes in robotic surgery treatment for urology/GU oncology patients. As clinical manager for Global Robotics Institute at Florida Hospital in Orlando, she provides care to oncology patients and contributes to the success of the integrated multidisciplinary surgical team.

This PA typically sees between 20 and 25 patients a day, primarily genitourinary oncology patient follow-ups and many patients with benign prostatic hypertrophy and elevated PSAs. She performs numerous procedures including cystoscopies for evaluation of a bladder neck/urethral scarring, cystoscopy with stent removal, intraurethral suppository and intracavernosal injection in the outpatient office setting. She also performs transrectal ultrasound and biopsies of the prostate in the OR.

She provides hospital and ER consults and facilitates quicker appointments for patients. Patient education is a passion for this PA—she teaches a weekly class on post prostatectomy expectations and care. Her role as both clinician and liaison between patients and physicians promotes coordination of care and a better experience for patients undergoing urology treatment.

With the urologist, she sees pre-op patients during his one day a week clinic. Together, they develop plans of care. The PA sees these patients post-operatively and for any post-op rehabilitation issues, illustrating the important role of PAs in managing the process of treatment from beginning to end, and guiding patients through the complexities with kindness and educational support.

**A Dynamic Academic Medicine Center Benefits from PA-MD Teams**

A PA in the Department of Urology at UT Southwestern Medical Center has a multifaceted role that reflects the complexities of the urology field and the needs of urology patients. For him, “Urology is a great mix of surgery, oncology, and internal medicine. The ability to combine outpatient clinic, procedures, and the OR is unique—the variety keeps you looking forward to the next day.” As part of UT Southwestern’s busy research program, the PA sees
patient participants in ongoing clinical trials. Most patients are involved in studies for BPH, prostate cancer and bladder cancer trials.

This PA treats patients with a wide variety of urologic conditions, with a focus on general urology and sub specialization in male sexual dysfunction. He and fellow PAs in this large academic practice commonly initiate workups on new patients, screening them for surgical conditions to be sent to the most appropriate urologist while managing many of the non-surgical cases: “We help to free up the surgeons to see patients who need surgery.”

All of the PAs in the UT Urology department first assist on robotic prostatectomies, cystectomies, partial nephrectomies, sacrocolpopexies and pyeloplasties.

In the outpatient setting, he performs procedures including cystoscopy, transrectal ultrasound needle biopsy, and transrectal ultrasound-guided insertion of fiducial markers to aid radiation oncologists' treatment of patients with prostate cancer; treats men who have undergone prostatectomies for prostate cancer to assess their continence and sexual function; and offers education/therapies to aid their recoveries in these areas.

The PA also sees prostate, bladder and kidney cancer patients for long term follow up after their surgeries: “a lot of urology is non-surgical and follow-up care can be effectively managed in a team based approach that provides for the best possible patient outcomes.”

**Expert Urology Teams at Vanderbilt**

Another PA is employed by Vanderbilt University's Department of Urologic Surgery and has been in urology practice for more than 10 years, having started his training in the specialty while in the Navy and receiving special training in urology through the Army. After leaving the military, he became the first PA in Vanderbilt’s urology department and has helped inaugurate a model of team practice that has inspired the hiring of several more non-physician providers to the department.

His versatile and varied schedule reflects the flexible manner in which PAs in urology practice can be deployed to support urologists and patients. Three days a week, the PA works in clinic on his attending physician’s schedule. Together, they see a mix of new and returning patients, and have evolved a team approach that frees the physician to focus on complex procedures, finalize discussions regarding surgery and manage the treatment of patients with complicated problems. Two days a week, the PA runs his own clinic to care for new and returning patients, where he sees patients with urgent operative complications and complaints from established patients.

Patients appreciate being cared for by a well-integrated team with two skilled clinicians sharing their time and skills, affording them twice as much access to treatment, education and support. He offers improvements to the quality of his attending physician's life, too: “I serve as a liaison between the competing demands of staff, patients and family on my attending physician’s time...I’m in clinic more and able to field those routine communications for my attending so he can focus on the challenging issues.” In this team practice model, everyone benefits.

**PA Specialist in Men’s Health**

At a busy St. Paul, Minn., urology office, a PA is dedicated to the treatment of male sexual dysfunction, a specialization that grew out of his previous practice in a men's health clinic and is perfectly suited for PA practice: “The nature of the evaluations necessary for patients with sexual dysfunction is uniquely suited for the training of a PA. These visits often require more time due to the multiple and complex organic and psychological issues associated with sexual dysfunction.”

The PA and the urologist have a developed an effective patient-centered team, one aspect of which is the PA's pre-operative patient education class to discuss surgery and common post-op complications. Spouses and partners attend these classes along with patients.

The PA’s primary responsibilities include performing complete assessments, evaluations and diagnosis of men with conditions including ED, Peyronie’s disease and hypogonadism, and the non-surgical treatment of male sexual dysfunction. When the sexual
dysfunction is either related to surgery (radical prostatectomy) or requires surgery, the PA is central to the evaluation process.

His involvement is both peri-operative and intra-operative: He performs both assessments and general urologic procedures including catheter changes and management, urethral dilations and wound management. Building on the patient-centered flexibility of the team practice model, collaboration of this MD-PA team increases access to excellent urology treatment in their community.

**Reimbursement**

Nearly all private payers cover medical and surgical services provided by PAs. However, private health insurance companies do not necessarily follow Medicare’s coverage policy rules. Because of the potential variation among insurance companies, practices should verify each company’s specific payment and coverage policies for PAs. AAPA has extensive information about private payer policies available at [www.aapa.org](http://www.aapa.org).

Medicare pays the PA’s employer for medical and surgical services provided by PAs in all settings at 85 percent of the physician’s fee schedule. These settings include hospitals (inpatient, outpatient, operating room and emergency departments), nursing facilities, offices, clinics, the patient’s home and first assisting at surgery. In certain settings, services that PAs provide may be billed at 100 percent under the supervising physician’s provider number by meeting the “incident to” or shared visit billing requirements.

For more information about PAs and third-party coverage, visit AAPA online at [www.aapa.org](http://www.aapa.org).

**The PA Answer**

Effectively treating a growing population of patients with urological conditions requires provider availability for treatment, education, counseling and follow-up care. PAs are a perfect solution for providing that extra measure of clinical expertise, time and attention that patients are sure to appreciate.

With PAs on their team, urologists are free to concentrate on more complex cases and enjoy the ease of coordinated care and streamlined schedules.

For more information about employing a PA, please contact AAPA’s Jennifer Anne Hohman at 571-319-4351 or jhohman@aapa.org. The Urological Association of Physician Assistants is online at [http://www.uapanet.org](http://www.uapanet.org) and offers a wealth of information of interest to urology employers.