The Expanding Role of Physician Assistants in An Oncology Practice

by Lisa Schnabel, P.A.-C., and Julie Solley, P.A.-C., M.H.S.

Physician assistants are a relatively new category of health care professional that has established a strong foothold in health care services over the past three decades. Also referred to as PAs, these health professionals are licensed to practice under the supervision of a physician. Currently, more than 37,000 PAs practice in the U.S. and its territories.

In oncology, PAs represent only about 4 percent of the PA workforce, and many of these oncology PAs work in bone marrow transplant centers. This relatively small percentage of PAs in oncology, however, is likely to rise. According to the U.S. Bureau of Labor Statistics, the total number of PA jobs is projected to increase by 48 percent from 1998 to 2008. Because oncology practices are likely to treat more hematology and oncology patients as "baby boomers" live well into their senior years, the number of PAs in the oncology field should increase accordingly.

PAs are protected to practice their profession under state law in all 50 states. While state laws vary in how PAs practice, all states require the PA to be under a physician's supervision. In addition, some states require the physician to be physically present during the PA-patient interaction, while in other states, telephone availability alone may constitute appropriate supervision. Before adding a PA to your health care team, you should obtain a copy of the PA practice laws for your state from the state professional regulatory commission and read them carefully. In many states the same medical board that licenses physicians also oversees regulation of PAs; however, a few states have separate boards.

Forty-six states have enacted laws or regulations that allow supervising physicians to delegate prescription authority to PAs. Thirty-nine of these states (85 percent) allow controlled medications to be written. We have found that prescribing by PAs, as regulated by the state and by the physician supervisor, can improve patient access to comprehensive care and provide for increased efficiency and cost effectiveness. Controlled medications are generally subject to special provisions in both state and federal laws. Not all states with prescribing privileges allow PAs to sign for controlled drugs, so physicians may need to co-sign narcotics.

Prescription privileges allow the supervising physician to experience fewer interruptions throughout the day and less downtime for the PA waiting for a signature. This is particularly important in a rural setting.

THE ONCOLOGY OFFICE SETTING

A PA can easily integrate into an oncology office practice by sharing in the responsibility of oncologic surveillance visits. The PA can take a proficient history and physical of the patient for assessment of possible progression of disease and schedule appropriate lab and X-ray follow up. Furthermore, the PA can discuss patient concerns, as well as provide pertinent patient education, including, for example, instructing patients on self-breast examination.

Often during patient encounters, new findings may warrant prompt evaluation and appropriate workup. The PA is capable of initiating the appropriate evaluation. For example, an emergent MRI may be needed to rule out spinal cord compression or a follow-up CT scan may be required to document the progression of the disease. Each situation is unique and the action taken will vary.

Due to the nature and treatment of the disease, the cancer patient requires close monitoring during regular chemotherapy regimens. The PA can readily perform necessary toxicity checks, assess the need for interruption of therapy or dose adjustment, and clear the patient for further treatment. Although these chemotherapy visits may be weekly, thanks to the PA, the physician need only see his or her patient about once every four weeks.

An oncology practice may have many patients on high-dose chemotherapy. This treatment regimen requires interval count-check visits, toxicity evaluation, and assessment of the need for growth factor support. A PA can monitor these visits and assess information on the patient's tolerance or the side effects experienced during that particular course of treatment. If changes need to be made for the next treatment cycle, a PA can assist in formulating a plan in advance.

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A PA who is already familiar with patients can be a valuable asset in dealing with the "urgent walk-in" patient. He or she can assess the problem, discuss it with the physician if needed, and initiate a course of action. For instance, a patient presenting with persistent nausea and vomiting may be given antiemetics and IV hydration, possibly avoiding the need for hospitalization. Sometimes the urgent problems may be better suited with a referral back to the appropriate specialist. Community awareness is a plus.

Instructing, then allowing PAs to perform office procedures, such as paracentesis, administering chemotherapy via an Omaya™ reservoir, or bone marrow biopsies, can save physicians considerable time in the office. Training, support, and confidence are all that is needed.

Most oncology practices also see patients for hematological problems. The PA can follow patients with anemia of chronic disease, hemachromatosis, or bone marrow dysfunctions, to name a few.

Finally, many community practices are now participating in different types of research protocols. Often these studies require frequent visits for which the PA's clinical skills, ability to ensure continuity of care, and adherence to protocol guidelines are particularly well suited. PAs can also be very active in cancer control studies and even serve as sub-investigators in clinical trials.

HOSPITAL RESPONSIBILITIES

If a patient requires hospital admission from the oncology office, the PA can initiate the arrangements, write the order and/or the note, and discuss the plan of treatment with the patient and appropriate family members. These actions then free the doctor from these tasks.

Many PAs have responsibilities that extend outside of the office setting to the hospital (about one in five PAs works full time in the hospital). The duties include taking admission histories and physicals, writing daily progress orders and notes, checking lab and X-ray results, and dictating discharge summaries. In addition, a PA who is familiar with the inpatients can take calls from hospital nurses, give treatment orders, and even make a return visit to the inpatient for a new problem. The PA can also talk with key family members who might not be present at physician morning rounds. Working with the hospital staff to coordinate supportive care and to review discharge instructions with the patient and family helps to foster continuity of care in the transition back to the office setting. By allowing the PA to take on these responsibilities, the physician has more time for new consults and critical patient care. Keep in mind that the proximity of the office to the hospital will probably have a bearing on the PA's hospital involvement.

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EDUCATIONAL REQUIREMENTS

PAs undergo intensive medical training accredited by the Commission on Accreditation of Allied Health Education Programs. Their program parallels the model of a standard medical school curriculum. The majority of students have a BA/BS degree and 45 months of health care experience before admission to a PA program. The number of programs across the country has grown to 120.

After graduation, PAs may enter into all types of practice, including medical subspecialties. Some PAs elect to continue their training with postgraduate residency programs. However, a residency is not required for licensure or employment.

The credential P.A.-C. (physician assistant-certified) means that a person has met the defined study criteria and has undergone testing by the National Commission on Certification of Physician Assistants (NCCPA). Most states require this formal certification. To maintain P.A.-C. status, a graduate must log 100 hours of continuing medical education every two years and pass the recertification examination every six years.

The American Academy of Physician Assistants (AAPA) is the national organization that represents PAs in all specialties and all employment settings. The academy supports the professional and personal development of PAs. The PA profession is committed to maintaining the interdependent relationship of the physician-PA team.

REIMBURSEMENT ISSUES

Generally, PA services are covered by most insurance plans, although PAs do not bill directly for any services rendered. Instead, the employing physician or hospital bills for PA services. You should check with your particular state board for more detailed directions.

Outpatient services. PA outpatient services are usually covered for reimbursement. If the physician has delegated the PA to provide a particular service, the physician can bill for that service rendered.

Government-sponsored insurance. Both Medicare and Medicaid cover PA services. Medicare Part A is reimbursed to institutional providers. Medicare Part B pays for physician services (which may be rendered in hospitals, private offices, nursing homes, or a patient's home) and services that are incidental-to-care provided by that physician.

PAs are covered differently than physicians, and this coverage varies with the location of the service rendered. For PA care rendered on a hospital ward, Medicare Part B provides reimbursement at 85 percent of the physician rate. In a rural health professional shortage area or in a nursing home, the rate of reimbursement for a PA is 85 percent. However, those services commonly

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given in a physician's office and services necessary to the care provided and performed under the direct supervision of the physician are billed indirectly or "incident to." These are covered at 100 percent.

Under Medicare, billing under the "incident to" provision requires the following:

- The service must be the one that is typically performed in the physician's office.
- The service must be within the PA's scope of practice as allowed by state law.
- The physician must be in the suite of offices when the PA renders the service.
- The physician must personally treat the patient on the patient's first visit to the practice, or any established patient who comes to the office with a new medical condition.

The term "direct supervision" does not mean the physician is physically in the room during the service but rather that the physician has reliable communication access available to provide direct assistance if needed. If a state law regarding supervision is more restrictive, then the state law should be followed.

Also, Medicare requires all PAs who treat Medicare patients to have a provider identification number (PIN). Obtain HCFA Form #855-provider/supplier application form to apply for a PIN.

Medicaid. This type of coverage for PAs is determined by the individual state's authorization. Some cover PAs at physician rates, while others pay with discounts. The exception is those areas federally designated as rural health clinics, which are reimbursed on a cost basis according to state regulations.

Private insurance companies and managed care. Typically, PA services are covered when billed under the supervising physician's name and provider number.

HOW TO HIRE YOUR PA

An oncology practice contemplating hiring a PA might consider advertising through the professional organizations for PAs (the American Academy of Physician Assistants or the Association of Physician Assistants in Oncology) as well as contacting your nearest PA program for interested applicants. Another way to gain more exposure to PAs is to offer the oncology practice as an elective clinical rotation site. Doing so would allow both the physician and the potential candidate an opportunity to evaluate each other on a trial basis.

Once you have hired a PA, be prepared to invest time in teaching for at least several months. Oncology is a field that requires ongoing education for all those involved. The more knowledge shared and confidence gained, the more effective the PA can be. We highly recommend introducing the PA to patients and "conferring with" the PA during joint patient visits. Having the patient get to know the PA instills confidence, and that's important for everyone. Let the patients know that they will be seeing the PA in the future.

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Hiring a PA brings many advantages to the physician and the practice. Here are just a few:

- Having a "health care extender" in the office may allow a practice to potentially increase its patient volume.
- More flexible scheduling of patient visits and increasing the number of patients seen and treated may increase the practice's revenues.
- The flexibility of having multiple providers in the office to see patients on different days or at different times may increase coverage and continuity of care.
- PAs can generate revenue for the practice when the physician is out of the office or at the hospital.
- In addition, it is easier for the PA, who is already familiar with the patients, to follow up with patients and continue their treatment plan as opposed to having an unfamiliar physician add them on to an already busy schedule.

If there are concerns about the acceptance of PAs among the patients or the staff, we haven't experienced them. In fact, our patients have been very vocal about their appreciation for our delivery of quality care. Our patients have expressed much satisfaction in having another provider involved in their care. Both of our nursing staffs have been very supportive and have agreed that we are an advantage to everyone. Having access to another provider improves the quality care we all deliver. It has proven to be a win-win situation for all involved.

PAs are a valuable asset to an oncology practice for a variety of reasons. One of the PA's strongest points is his or her ability to compassionately listen to patient concerns and fears, which in turn improves patient satisfaction. While financial considerations play a role in deciding whether to add a PA to a practice, the contributions of a PA should not be measured by the profit margin alone, but rather by overall patient satisfaction and the improved quality of care the PA delivers.

SUGGESTED READINGS

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