

# Provider

LONG TERM & POST-ACUTE CARE

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GUEST COLUMN

## Certified PA-Cs Integral to Expansion of Palliative Medicine

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10/4/2018

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Sometimes, just sitting with a patient, having a conversation, or touching their hand emits more healing power than any prescribed medication. These gestures are especially valuable for patients battling long-term chronic diseases and illnesses. As care providers, these expressions of comfort can fall under the umbrella of palliative care, which treats the whole person by nourishing the mind, body, and spirit.

However, patients and even some providers may be unaware of what palliative care is and how it works. This article aims to provide information about certified physician assistants (PA-Cs) and their expansion into long term and post-acute care LT/PAC.

Palliative care programs have experienced tremendous growth and change over the past few years, from the types of programs offered to who delivers that care. As the specialty continues to evolve, one notable trend is the entrance of PA-Cs into the palliative care arena, including LT/PAC settings. The nation's PA-Cs are valuable assets within palliative care programs because, like physicians, they deliver frontline care. PA-Cs diagnose, develop the care plans, order diagnostic tests, prescribe medication, and counsel patients about treatment options and what to expect in the future.

### New Developments

A recent amendment made to HR 1284—Medicare Patient Access to Hospice Act of 2017— now recognizes PA-Cs as a “distinct and important part of the hospice interdisciplinary team with the ability to provide care to terminally ill Medicare patients.”

This allows PA-Cs to effectively serve as the attending physician for hospice patients, according to the National Hospice and Palliative Care Organization. It also loosens limitations on PA-Cs who now have an unencumbered opportunity to extend palliative care services and help address workforce shortages in LT/PAC.

Another development that enhances the PA-C workforce is HR 1676—Palliative Care and Hospice Education and Training Act— passed in August 2018. This approves grants to enhance educational programs, research, and workforce development in palliative medicine. These grants are designed to improve the education of PA-Cs in palliative care, support continuing education programs, and encourage PA-Cs to teach or practice palliative medicine through incentive programs.

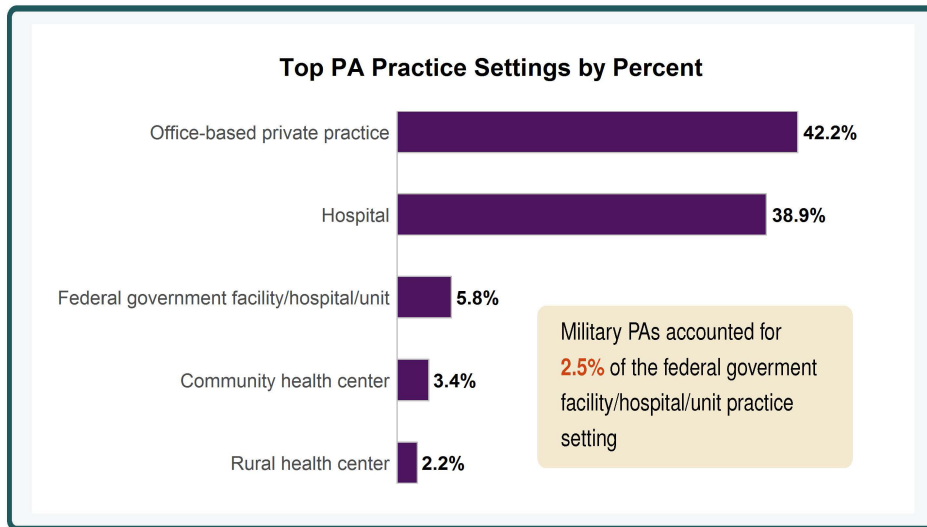
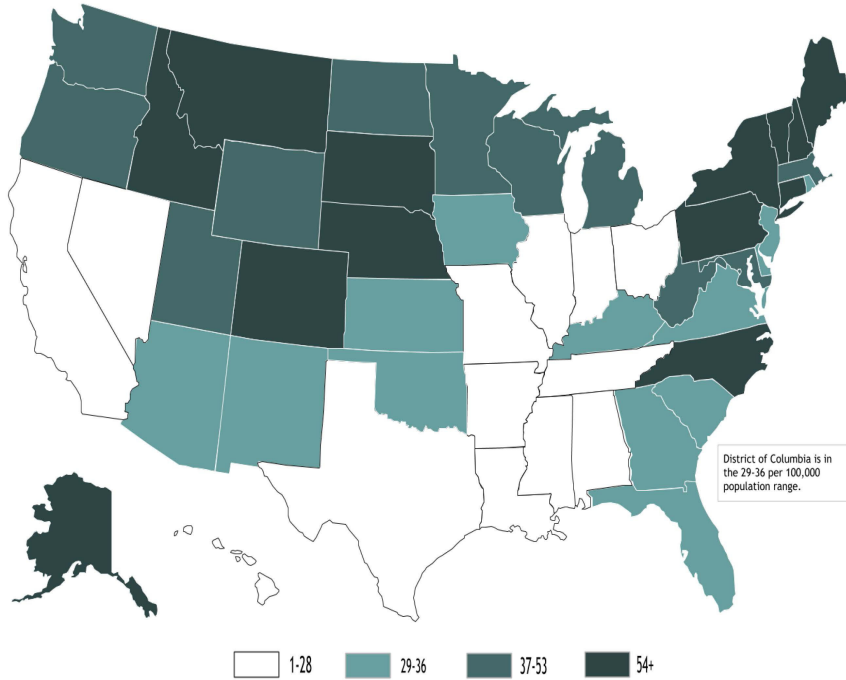
### Meeting Demographic Demands

These are developments that will affect the PA-C workforce in a positive way. However, access to palliative for patients remains inadequate.

According to the legislation in HR 1676, over the next 20 years there will be no more than a 1 percent growth in the physician workforce, while patients eligible for palliative services will increase by over 20 percent.

What's more, according to a 2014 Institute of Medicine report, a rapidly aging population coupled with large numbers of patients taking advantage of hospice—more than 1.5 million patients annually means expansion of PA-C practice in hospice and palliative settings is timely.

### Certified Physician Assistants per 100,000 Population



2016 Statistical Profile of Certified Physician Assistants by Specialty, NCCPA

## Filling a Gap

The nation's more than 123,000 certified PA-Cs can address the access issue and fill palliative care gaps in LT/PAC. While it is projected that there will be a shortage of 18,000 palliative care providers over the next few years, there has been close to 50 percent growth in the PA-C profession over the past decade.

And with the legislative amendment (HR 1284) that allows PA-Cs to practice in hospice and palliative care, there will continue to be a rise in palliative care PA-Cs as the subspecialty grows and the ranks expand. PA-Cs will be integral in the growth of these services because they are highly qualified care professionals who can provide life-saving diagnostic and therapeutic services. Additionally, collaboration with physicians has been a hallmark of PA practice since the profession's inception, and this continues in palliative medicine.

The greatest value proposition is the compassionate care PA-Cs can provide as patients and families cope with the physical, psychological, and emotional toll of medical treatment. In addition, PA-Cs expand health care access to patients, offering appointments sooner and spending additional time to educate and counsel patients.

## Caring in All Settings

It is important to note that all PA-Cs can administer palliative care, not just those employed in specialized palliative care centers. PA-Cs in emergency medicine, hospital medicine, and LT/PAC, among others, often treat patients who concurrently need the effective benefits of specialized programs, or coordinate closely with members of the palliative care team. This involves developing meaningful relationships with patients and their families, managing intractable symptoms, and coordinating additional care or the transfer of patients to LT/PAC centers.

Two-way communication is also essential to ensuring strong palliative care programs in LT/PAC. PA-Cs can lead such efforts by educating and answering patient as well as family questions and concerns about their illness and course of care. During consultations, PA-Cs can talk with patients about what they understand about the disease process, help them vocalize what is an acceptable quality of life based on their values and priorities, and coordinate obtaining the support they may need.

## Important Partners in Palliative Care

Today, certified PA-Cs are mainstream in the LT/PAC workforce, providing care in settings ranging from rural centers to the nation's largest long term care systems. PA-Cs are well qualified for the role. Like physicians, they commit to lifelong learning through continuing medical education and maintain certification through a rigorous process that includes assessments every 10 years. They also work on interdisciplinary teams, better enabling high-quality, patient-focused care.

Additionally, certified PA-Cs are educated in the core areas integral to the delivery of palliative care, including patient and family communication skills. Their education focuses on interdisciplinary collaboration and teamwork in the delivery of care that can alleviate the burdens caused by provider shortages and increase access to the more than 6 million people in the United States who could benefit from palliative care services.

Legislation like HR 1676 further advances the role of PA-Cs in palliative care by funding programs that will prepare students in direct and related areas of medicine, support continuing education programs, and encourage more PA-Cs to teach or practice palliative medicine through career incentives.

With the aging of the population and more people living with chronic diseases, experts anticipate demand for quality palliative care programs to grow substantially in the next decades. With more PA-Cs choosing to specialize, they will certainly play a greater role in the care of seriously ill patients, like those in LT/PAC settings, in the years to come. The PA-C profession continues to proliferate, adding 8,000 newly-certified PA-Cs to the workforce every year.

*Dawn Morton-Rias, Ed.D, PA-C is president and chief executive officer of the NCCPA, the only certifying organization for physician assistants (PA-Cs) in the United States. The PA-C credential is awarded by NCCPA to PA-Cs who fulfill certification, certification maintenance, and recertification requirements. NCCPA also administers the Certificate of Added Qualifications program for experienced Certified PA-Cs practicing in seven specialties. For more information, visit [www.PA-Cs DoThat.net](http://www.PA-Cs DoThat.net).*