

# SPECIALTY PRACTICE

## ISSUE BRIEF



### PAs IN PALLIATIVE CARE

Physician assistants (PAs) provide effective and versatile palliative care to patients in a wide variety of settings. Their rigorous medical education, team practice orientation and skills as compassionate communicators make them ideal providers in this much-needed area of medicine.

PAs provide palliative care in hospitals, outpatient clinics, VA facilities and other government institutions. In all states, the District of Columbia and most U.S. territories, physicians delegate to PAs medical duties that are within the physician's scope of practice, the PA's training and experience, and authorized by state law. PAs may prescribe medications, and nearly all states include controlled substances in that authority.

PA education programs, designed in the medical model, are located in medical schools, universities, teaching hospitals

and the military. The programs are 24 to 27 consecutive months in length and require three to four years of biological and behavioral college prerequisite courses prior to program entry. There are 159 accredited PA programs located across the country. Nearly all award a master's degree.

PA programs are accredited by the Accreditation Review Commission on Education for the Physician Assistant. Applicants typically have health care experience prior to admission, along with appropriate course credits and high grade point averages.

## PAs in ACTION

*The following accounts of effective team practice in palliative care 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.*

PAs offer:

- Increased access to quality care for patients
- Educational, compassionate support for patients and family
- Increased efficiency and coordination of care
- Clinical excellence and versatility

### PA PROVIDES COMPASSIONATE PALLIATIVE TREATMENT IN NORTH CAROLINA

One PA is part of a group that provides palliative care services to several western North Carolina skilled nursing facilities (SNFs), assisted living facilities (ALFs) and an outpatient clinic. She also makes rounds at three area hospitals as a consultant. Her patients range from neonates to geriatric patients with multiple medical problems.

The PA's practice team includes several physicians, a registered nurse, a licensed clinical social worker and chaplains. The PA and her physician partners discuss every patient during morning rounds and consult throughout the day, as complex issues merit. The team identifies family concerns and helps to set goals for medical decision-making: "The biggest part of my job is establishing the patient's goals of medical care, which involves disease education and discussion of the

patient's values and expectations for medical care."

As goals are set, the PA coordinates discharge planning, explains Medicare/Medicaid reimbursement for SNF, ALF and hospice care and helps patients and families navigate the complexities of advanced care directives.

She assists with terminal extubations in the intensive care setting, which involves family education and aggressive symptom management.

Many of her patients have advanced chronic obstructive pulmonary disease; adjustments of their benzoids or opioids is a key responsibility. For renal patients, the PA treats uncontrolled pain, nausea and depression, adjusts medications regimens if necessary and assesses functional status in anticipation of discharge needs.

For elderly patients who have been in long-term dialysis treatment and are not transplant candidates, the PA convenes discussions about future goals and when it may be appropriate to consider discontinuation of dialysis. For patients who are facing the end of life, she provides counseling and symptom management and helps them transition to hospice care.

### PA KEY IN PALLIATIVE CARE AT THE FARGO VA HEALTH CARE SYSTEM

Patients at the Fargo Veterans Affairs Health Care System in North Dakota benefit from a skilled, compassionate PA who practiced originally in the oncology/hematology unit. Her patients are all veterans, about 95 percent male and the majority over age 55.

"Palliative care is a team effort, with multiple disciplines to address physical, emotional, social and spiritual needs," she says. Her presence makes possible a great expansion of medical coverage at this facility, with roughly 225 veterans consistently on service and an additional 10 patients a month assessed for community hospice eligibility.

The PA provides medical care to more than half of the patients and takes the lead with internal medicine residents, enabling the physician to stay in the clinic and focus on research and other pressing issues. She orders medications, including controlled medicines, and coordinates care, streamlining treatment to the benefit of patients and physicians. A truly effective partnership, the PA and physician support one another's best practices by discussing cases, sharing insights and providing collegial support.

The PA refers patients to resources and specialists as needed, adjusts medical treatment plans and manages patients in the outpatient clinic. In the acute care setting, she handles inpatient consultations and follow-up. In the community living center setting (a step-down, transitional care unit), she provides chart reviews with referrals for community hospice.

For intensive care unit (ICU) patients, she facilitates daily family meetings. The meetings are time-intensive



and effective in fostering clarity and informed decision-making in a highly emotional situation.

“All care is customized to the patient and family and their situation,” she says. “Patients often come in to see us with despair and fear and leave our office much more encouraged, with an increased sense of understanding and direction. Many patients say how important it was to have their provider take time to listen and help them.”

#### HIGHLY COORDINATED PHYSICIAN-PA TEAM IN ACTION

A PA at the VA Medical Center in Phoenix, Ariz., has been a member of the palliative care team since it was formed in 2009, and she is the only full-time clinician on the team. She brings to this role several years of experience as a PA in hospital medicine. The PA and attending physician respond as a team to palliative care consultation requests from the acute-care wards in the hospital and see patients who come to the emergency department.

The PA and physician perform rounds and visit the ICU daily to support critically and terminally ill patients and

their families. During daily rounds, the team discusses recommendations with the house staff teams, teaching them about palliative medicine. Medical teams routinely contact the PA with new consultations, questions or issues that involve palliative care, and she covers the consultation service when her attending physician is on leave.

The team assists the house staff, hospitalist attending physicians and ICU teams with family meetings to discuss goals of care and advance care planning. The PA provides symptom management in patients with terminal and life-limiting diseases, concentrating on the patient’s wishes and goals, and working to restore and maintain their quality of life as they live with a terminal illness. This involves coordinating care with the patient, family and various other departments and specialists.

As an Education in Palliative and End of Life Care Certified Trainer, this PA has taken on a leadership role in training all of the core palliative care team members and other staff on topics related to caring for patients and their families at the end of life. She also teaches medical/podiatric/PA students and medical residents about palliative treatment.

#### PA SPECIALIST IN PEDIATRIC PALLIATIVE CARE

A PA who has specialized in pediatric critical care for 17 years is currently a partner in a group of intensivists who contract with a pediatric hospital. She and other palliative team members perform rounds and meet with families. The team consists of the PA, an

attending physician, subspecialists, social workers and chaplains.

The PA performs histories and physical exams on her young patients and assists families in understanding the trajectory of their child’s illness. She clarifies treatment options and provides information to help families with difficult decisions about end-of-life care and withdrawal of artificial support when indicated.

She coordinates care to patients leaving the pediatric intensive care unit (PICU) so they may die at home, making the time a family has left with their child the best it can be. This PA has educated resident physicians and other staff about palliative care, establishing a lecture series that explores cultural diversity and sensitivity during the death and dying process. She has developed a palliative care referral tool for PICU patients and self-care resources for clinicians engaged in the rewarding but emotionally challenging work of palliative care.

#### REIMBURSEMENT

Medicare, Medicaid and the majority of private payers cover services delivered by PAs. Generally, if a service is covered when provided by a physician, that same service will be covered when delivered by a PA, as long as those services are allowed under state law.

There may be confusion when discussing coverage for palliative care, due to Medicare’s payment policies associated with care provided in a hospice setting. There are no “palliative care services” defined by Current

Procedure Terminology codes. However, services provided to hospice patients are often referred to as palliative care services.

Medicare's current hospice coverage policy does not cover PAs when they deliver care to a patient who has chosen Medicare's hospice benefit, if that service is directly related to the medical condition that qualified the patient for hospice care. For that reason, some mistakenly believe that PAs are not covered for any palliative care service.

If the PA is not employed by the hospice facility, medically necessary services required by the patient that are not related to the hospice medical condition are covered when provided by a PA.

Nearly all private payers cover medical and surgical services provided by PAs;

however, they do not necessarily follow Medicare's coverage policy rules. Because of 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).

## THE PA ANSWER

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Patients and physicians richly benefit from the caring and clinical versatility of PAs. For more information about employing a PA, please contact AAPA's Jennifer Anne Hohman at 571-319-4351 or [jhohman@aapa.org](mailto:jhohman@aapa.org). The Physician Assistants in Hospice and Palliative Medicine Association, online at [www.pahpm.com/index.html](http://www.pahpm.com/index.html), offers a wealth of information of interest to palliative care employers.



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