

SPECIALTY PRACTICE

ISSUE BRIEF



PAS IN ONCOLOGY

Physician assistants (PAs) practicing in oncology are versatile, skilled and compassionate members of cancer treatment teams. They can undertake a range of duties, including performing physical exams, diagnosing conditions and developing treatment plans. PAs also provide health counseling, prescribe medications (including chemotherapy) and assist in surgery. Adding PAs to an oncology practice not only helps physicians to deliver timely and efficient treatment, but also helps them provide high-quality care.^{1,2}

PAs practice medicine with physician supervision and can diagnose and treat patients with a range of medical conditions. PAs' generalist medical education provides a solid foundation from which to address the diverse aspects of oncology practice.

PAs are trained in intensive medical educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant. The average PA program is about 27 months and is characterized by a rigorous, competency-based curriculum

with both didactic and clinical components.³ Before they can practice, PAs are required to pass the national certifying examination administered by the National Commission on Certification of Physician Assistants.

All states, the District of Columbia and most US territories authorize PAs to practice. In those jurisdictions, and in federal agencies, physicians may delegate to PAs medical duties that are within the physician's scope of practice, the PA's training and experience and that are allowed by law.

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PAS IN ACTION

AAPA's Jennifer Anne Hohman had an opportunity to interview leading PAs in their specialties, and the following examples taken from the interviews attest to their range of work.

PA ROLE IN UROLOGIC ONCOLOGY

Employing PAs for more than 20 years, the M.D. Anderson Cancer Center in Houston currently employs nearly 180 PAs.

The work of one PA in the urologic oncology department best demonstrates a PA's flexibility in oncological care. Working closely with his supervising physician, the PA participates in patient assessments, educates patients about treatment options, tracks and interprets test results, manages the surgery schedule and first assists in the OR.

The PA usually begins his week by seeing new patients and developing treatment plans with his supervising physician. At the clinic, the PA tracks test results, answers questions and monitors the progress of follow-up patients. Midweek, the PA first and second assists in the OR for surgeries such as prostatectomy, cystectomy, nephrectomy and partial nephrectomy. He also performs transrectal ultrasound and biopsy of the prostate.

Coordinating treatment, the PA ensures that all diagnostic tests and procedures proceed on schedule. His personal engagement in patients' care keeps the patients informed and empowered throughout the treatment process.

RESIDENT HOURS AND PAS

Duke University Medical Center's steady expansion of the PA role is reflected in the practice of a 12-year veteran of the oncology unit. Initially, her duties were limited to performing admissions and conducting histories and physicals. Today, as senior PA in a 30-bed chemotherapy unit, she is an integral member of a team comprising an attending physician, two other PAs, medical interns and a first-year oncology fellow.

Here, PAs fill gaps in settings where practitioners change frequently due to the federal limits on house staff hours. The PAs coordinate care for up to 10 patients each. Collectively, they help manage all stages of the patient hospital visit, from admission to discharge; they arrange tertiary care when required; and they address questions concerning recuperation from chemotherapy, medication and at-home care. The PAs also provide compassionate end-of-life counseling for patients and their families.

DIVERSE PA CAREER IN ONCOLOGY

In just a few years, this PA has participated in several areas of oncology. As a new graduate, she began her career in an oncology practice in upstate New York where she assisted a group of three oncology specialists. The group provides services to the local hospital oncology unit, where the PA admitted patients and shared inpatient care duties with physicians.

Next, she joined a Florida bone marrow transplant practice with six physicians and six other PAs. There, she managed critically ill patients undergoing bone marrow transplants. She also assisted her supervising physicians with procedures, including bone marrow biopsies, lumbar punctures and skin biopsies. The PAs saw new patients in the clinic, performed histories and physicals and organized each patient's extensive medical record.

Currently, this PA works in a private hematology-oncology office with three physicians. She helps streamline the physicians' schedules; and by rounding on patients in the hospital, she helps the physicians have more time for office visits. Her own daily office schedule averages 15-17 follow-up patients who have many types of cancer, including lung, breast, colon, leukemia and lymphoma.



The PA sees all patients one week after chemotherapy to assess side effects and symptoms. This follow-up allows for personalized treatment adjustments. In addition, if a patient calls with treatment-related difficulties, she sees them that day—timely care that helps patients avoid unnecessary and tiring hospital admissions.

PA PIONEERS ROLE IN RADIATION ONCOLOGY

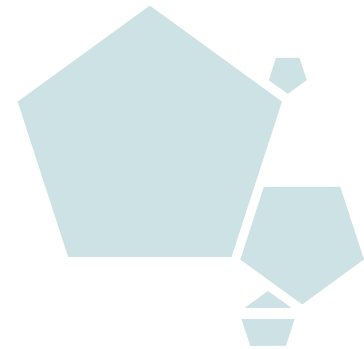
This PA was the first PA on staff for Duke University's head and neck radiation oncology division. She undertakes both research and clinical responsibilities. As a research associate and sub-investigator in head and neck protocols, she organizes projects and performs protocol-specific procedures in a team led by her supervising physician. As an administrator, she prepares source documents and clinical research forms and files all regulatory paperwork.

In addition to research work, the PA is involved in all aspects of patient care. She evaluates and examines new patients and presents them to the attending physician. She manages patients under treatment and monitors follow-up patients after treatment completion. Her scope of practice also includes all protocol-specific procedures, including biopsies and administration of protocol drugs.

Prior to her employment, the clinic physician or a resident addressed acute patient problems. Today, her work ensures greater consistency of care for patients who are faced with the pain and morbidity risk of cancer. By seeing individual patients two or three times a week, she can address patients' pain management needs, hydration issues and nutrition difficulties as they occur.

This PA's supervising physician is a professor at Duke, and their team practice extends to the academic sphere. She teaches PA students at the Duke PA Program and, with her supervising physician's encouragement, developed a radiation oncology and otolaryngology rotation for second-year PA students to better expose them to general oncology and to specific head and neck oncology.

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REIMBURSEMENT

Most private payers cover medical and surgical services provided by PAs. However, private health insurance companies do not necessarily follow Medicare's coverage policies. Practices should verify each company's specific policies for PAs. AAPA has extensive information about private payer policies available at www.aapa.org/advocacy-and-practice-resources/reimbursement/payer-profiles.

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.

All 50 states and the District of Columbia cover medical services provided by PAs under their Medicaid fee-for-service or Medicaid managed care programs. The rate of reimbursement is either the same as or slightly lower than that paid to physicians.

For more reimbursement information, visit AAPA's Resources page at www.aapa.org/advocacy-and-practice-resources/reimbursement.

THE PA ANSWER

Oncology practices and treatment facilities have much to gain by adding PAs to the provider team. PAs' unique education — fusing medicine with an emphasis on patient education and compassionate care — provides the ideal preparation for roles in oncology treatment.

For more information about PAs, their scope of practice and hiring a PA, contact Jennifer Anne Hohman at 703-836-2272 ext. 3220. Or, you can view additional issue briefs at www.aapa.org/advocacy-and-practice-resources/issue-briefs.

For more specific information about PAs in oncology, see the Association of Physician Assistants in Oncology's (APAO) Web site at <http://apao.cc/>.

REFERENCES

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