



Statement of the American Academy of Physician Assistants

for the Hearing Record of the Senate Finance Committee

on

*Chronic Illness: Addressing Patients' Unmet Needs*

July 15, 2014



On behalf of the more than 95,000 clinically practicing physician assistants (PAs) in the United States, the American Academy of Physician Assistants (AAPA) is pleased to submit comments for the record regarding the Senate Finance Committee's recent hearing, *Chronic Illness: Addressing Patients' Unmet Needs*. AAPA applauds the Committee for directing attention to the need to improve healthcare delivery for the growing number of Medicare beneficiaries with complex, chronic medical conditions. It is the view of the AAPA that increased utilization of complex care coordination holds tremendous benefit for patients, patients' families, and our nation's healthcare system.

PAs are already leaders in chronic care management, and PAs are poised to be leaders in the transition to better and more coordinated care for our patients with complex and on-going needs. PAs are one of three primary care providers along with physicians and NPs. Over the last 50 years, PAs have been providing their patients with access to high-quality care and have seen the benefit of a more coordinated approach to care.

Because of their broad-based medical knowledge, embrace of team-based, patient-centered care, and commitment to patient education and advocacy, PAs are naturally suited to helping coordinate the medical care and on-going needs of patients with chronic conditions. The following case studies highlight several examples of how PAs are working today to provide complex, chronic medical care coordination.

### ***Sickle Cell Unit, Louisiana State University Health Science Center***

Most sickle cell patients seek emergent/ immediate treatment for an acute pain crisis. Generally they can be treated with relatively low level interventions – i.e., rest, IV fluids, and IV pain medication

A PA-hematologist team determined that their facility could provide better care for patients with sickle cell disease if treatment for sickle cell pain crisis was coordinated. In August of 2010 they opened a sickle cell day treatment unit; the success was almost immediate. The unit started with three beds and quickly expanded to five. In the first two months, ER visits by sickle cell patients were reduced by 85%. Hospital admissions were also reduced.

The facility is staffed by a PA and RN. The attending physician in the clinic is the consulting physician for the day treatment unit. The PA is the coordinator of the day treatment unit, as well as adult sickle cell services. Additionally, the PA organized a sickle cell orthopedic clinic, the first in the area, and formed a sickle cell support group that meets weekly to discuss various aspects of the disease. The clinic serves as the primary care provider for most of the sickle cell patients. Patients are encouraged to maintain good health through preventive services, which are evaluated and refined on a regular basis.



### ***Metropolitan Nephrology Associates, Metropolitan DC Area, MD and VA***

Begun in 1974, Metropolitan Nephrology Associates is a group practice providing expertise in the field of fluid and electrolyte disorders, physiological and pathological conditions affecting kidney function, hypertension, and renal failure. The group includes six nephrologists and one PA. The PA plays an integral role in dialysis treatment, coordinates research grants, and leads the practice's education program for patients facing end stage renal disease.

The PA is responsible for all dialysis patients and covers three hospitals and six dialysis centers in two states. Because of the multiple jurisdictions involved, different hospital systems, and the complex issues that affect nephrology patients, communication and a concentrated effort to improve health care across the care continuum are critically important. The PA uses electronic records and hand-held devices, allowing her to be the principal point of contact with vascular surgeons, physicians, and NPs at other facilities who also care for the nephrology and transplant patients.

### **Medical Center of Central Georgia/Mercer University School of Medicine Macon, Georgia**

A PA runs the house call program for the family medicine residency program at Mercer University School of Medicine, affiliated with the Medical Center of Central Georgia in Macon. Most of her patients are elderly, suffer from multiple chronic diseases and are bed-bound, making an office visit nearly impossible. Advancement in the creation of new technologies allow her to conduct lab studies, EKGs, and other tests in a patient's home. Care is coordinated with medical center specialists, social service agencies, and home support providers.

The in home care coordination provides patients with access to greater emotional support and allows them to benefit from an improved relationship with their healthcare team. In addition, the PA can gather more comprehensive information on the patient, family, and their environment than in the office setting. Daily living activities can be readily assessed, with the opportunity to observe some of them first hand. Bedbound patients and their families avoid stretcher transportation and are more likely to receive timely interventions which can decrease hospitalizations.

### ***Premier Physicians Medical Group in Irvine, California***

Premier Physicians Medical Group is a Pioneer ACO in southern California. The lead PA has instituted a coordinated care project for seniors and supervises additional PAs who are care coordinators for patients in the group's five clinics.



The PAs meet with patients, review their healthcare questionnaires, and develop a full picture of the patient's health status and concerns. The PAs are responsible for meeting prevention metrics and assuring appropriate patient education. Each PA is also in charge of a transformation of care project for one metric.

The PA spends one-half day a week in the care coordination role and the rest of the week practicing as a PA in the clinic in which they serve as care coordinator. This allows them to connect with patients in both roles while maintaining their clinical skills and enjoying the variety of coordination and clinical practice. The medical group plans to hire additional PAs to enhance their ACO practice.

These are only a few examples of the many ways PAs are working to improve care for patients with chronic conditions. AAPA supports the Committee's efforts to explore ways to move our health care system towards a more comprehensive approach and to utilize the unique benefit of PAs to realize that goal.

#### Reforming Medicare to Support Better Coordinated Care

AAPA considers the SGR repeal and reform legislation reported by the Finance Committee, as a solid policy framework upon which to develop policy specific to complex, chronic care. The Committee's SGR legislation laid a strong foundation to address the growing and costly chronic care needs of our nation's aging population by –

- Incenting quality and cost-effectiveness by focusing on value over volume and promoting alternative payment models
- Encouraging complex chronic care coordination by extending codes for complex chronic care management services to physicians, PAs, and nurse practitioners
- Modernizing Medicare to remove barriers so healthcare professionals can practice at the top of their licensure; including reimbursing PAs for providing and managing hospice care for their patients electing the Medicare hospice benefit, as well as permitting PAs to supervise cardiac and pulmonary rehabilitation services in critical access hospitals.

AAPA supports passage of the Committee's SGR repeal and reform legislation as the first step in addressing complex, chronic medical conditions.

#### Full Integration of PAs in Complex, Chronic Care Policy

Because PAs are a critical partner in addressing the health needs of our chronically ill patients, we support policy and legislative changes that recognize the full contribution of PAs to the healthcare delivery system. In order to realize the full benefit of the quality



medical care and efficiencies offered by PAs, AAPA recommends that PAs be fully and expressly integrated into all healthcare policy designed to encourage the use of complex chronic care coordination. Additionally, as health technology is so integral to care coordination, AAPA encourages Congress to make electronic health records incentives available to PAs in the same way that they are available to physicians and NPs.

### PA Profession

The PA profession was created nearly fifty years ago in response to a shortage of primary care physicians. Today, PAs provide high quality, cost-effective medical care in virtually all health care settings and in every medical and surgical specialty. PAs are one of three health care professionals providing primary medical care in the U.S.

All PAs must graduate from PA educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant. The mean duration of PA educational programs is 26 months. Ninety-one percent of PA educational programs offer a master's degree. PA education includes instruction in core sciences: anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory science, behavioral science, and medical ethics. PAs also complete more than 2,000 hours of clinical rotations, including family medicine, internal medicine, obstetrics and gynecology, pediatrics, general surgery, emergency surgery, and psychiatry.

After graduation, PAs must pass a national certifying examination developed by the National Commission on Certification of Physician Assistants. To maintain certification, PAs must log 100 hours of continuing medical education hours every two years, and they must pass a rigorous recertification exam every ten years. To practice, PAs must hold a state license or, in the case of federally employed PAs, be nationally certified. PAs practice medicine with a high level of autonomy, developing and managing treatment plans for patients. The PA profession's team-based approach reflects the changing realities of healthcare delivery and fits well into the patient-centered medical home model of care, as well as other integrated models of care management.

PAs have their own patient panels and serve as Medicare beneficiaries' principal healthcare professional. In rural and other medically-underserved communities, a PA may be the only healthcare professional in the community. State laws increasingly allow PAs to own their own medical practices. The Medicare statute recognizes PA-owned rural health clinics.



PAs are uniquely flexible in adapting and responding to the evolving needs of the U.S. healthcare system by virtue of comprehensive educational programs that prepare PAs for a career in general medicine and for a team-based approach to providing patient-centered medical care.

Results from the 2013 AAPA Annual Survey indicate that the expanding PA role reflects evolving demands on the healthcare system brought about by new legislation and the ever-changing healthcare market place. The survey reveals –

Every year, a typical PA treats 3,500 patients.

- 80 percent of PAs provide acute care management
- 64 percent of PAs provide chronic disease management (most PAs see patients with multiple chronic diseases).

Thirty-seven percent of PAs work in medically underserved counties in the U.S.

- PA report, on average, 23 percent of their [patients are enrolled in Medicaid and 14 percent are dual eligible
- Additionally, 16 percent of their patients are uninsured.

As noted above, PAs currently provide complex medical care and care coordination for Medicare beneficiaries and the dual eligible population. States are increasingly providing greater authority for PAs to practice at the top of their license (commensurate with their education and experience) and to own their own medical practices.

#### Conclusion:

In conclusion, we look forward to working together on a bipartisan basis to realize the hope of addressing the unmet needs of our patients with chronic conditions through better coordinated quality health care.

Thank you again for the opportunity to submit a statement to the Finance Committee Hearing Record on *Chronic Illness: Addressing Patients' Unmet Needs*, which took place on July 15, 2014. Should you have any questions, please do not hesitate to contact Sandy Harding, AAPA senior director of federal advocacy, at 571-319-4338, or at [sharding@aapa.org](mailto:sharding@aapa.org).