

PAAs in Hospice and Palliative Medicine

PAAs are established providers of palliative medicine—some provide primary palliative medicine and others provide specialty secondary or tertiary palliative medicine.^{i,ii} Finding a PA providing hospice care has been rare because for decades Medicare did not recognize PAAs as hospice providers. A change in federal law effective January 1, 2019, enables PAAs to provide and manage care for their patients who have been admitted to hospice.ⁱⁱⁱ

EDUCATION AND CERTIFICATION

Comprehensive master’s degree programs provide PAAs with a rigorous generalist medical education. Programs typically last 27 months^{iv} and employ curriculum modeled on medical school. During the classroom phase, PA students take more than 75 hours in pharmacology, 175 hours in behavioral sciences, more than 400 hours in basic sciences and nearly 580 hours of clinical medicine. This is followed by clinical rotations in family medicine, internal medicine, general surgery, OBGYN, emergency medicine, pediatrics, and psychiatry. PA students complete at least 2,000 hours of supervised clinical practice by the time they graduate.^{v,vi} PA program accreditation standards require education on palliative care and end-of-life issues.^{vii}

PA education by the numbers

27 months

75 hours of pharmacology

175 hours in behavioral sciences

400+ basic sciences

580 hours clinical medicine

2,000+ hours in clinical rotations

After graduation, PAAs must pass a national certifying exam and obtain a state license. To maintain certification, PAAs complete 100 hours of continuing medical education (CME) every two years and must pass a national recertification exam every 10 years.^{viii}

PAAs are lifelong learners who seek additional training for varied reasons, such as to practice in a specialty, to demonstrate competence for credentialing, or to gain expertise in a clinical subject. For example, some PAAs practicing as palliative medicine specialists participate in programs such as the University of Colorado’s Palliative Care master’s degree,^{ix} University of Washington’s Cambia Palliative Care Center of Excellence graduate certificate,^x California State University’s (CSU) Shiley Institute for Palliative Care,^{xi} and Harvard’s Center for Palliative Care.^{xii}

ACTIVISTS FOR BETTER PATIENT CARE

In addition to lobbying for improvements in Medicare law, PAAs participate in other national hospice and palliative medicine activities. PAAs in Hospice and Palliative Medicine (PAHPM) has teamed up with CSU’s Institute for Palliative Care to design an online course, “What Every PA Needs to Know about Palliative Care.”^{xiii} PAAs are active members of the American Academy of Hospice and Palliative Medicine (AAHPM), where they have created a special interest group. PAHPM belongs to the National Coalition for Hospice and Palliative Care and has served on the National Consensus Project for Quality Palliative Care (NCP), which defines national guidelines for providing quality hospice and palliative care.^{xiv}

PA ROLES IN PALLIATIVE MEDICINE

PA students graduate having many skills central to providing quality care in hospice and palliative medicine, including pain and symptom management, communicating bad news, leading goals of care discussions, and providing guidance in completing advance directives.^{xv} Advanced skills in hospice and palliative medicine develop with further clinical experience.^{xvi}

Inpatient care unit

The acute palliative care unit at Montefiore Medical Center, Bronx, New York, is an open, 15-bed unit (5 beds for patients on ventilators) with a palliative care board-certified medical director, attending physicians, and a team of PAs who provide 24/7 front-line coverage. The acute palliative care service meets the same standards of clinical competence and financial responsibility as other medical-surgical acute care units in the medical center.^{xvii}

PA hospitalists cover nights

In order to provide 24-hour coverage of a palliative care unit (PCU) at Brookdale University Hospital Medical Center in Brooklyn, New York, two PAs from the hospitalist unit cover nights for the nearby PCU. The PAs respond to urgent needs and communicate with family members and palliative specialists, as needed.^{xviii}

Palliative medicine for veterans

In 2005, a PA at the Veterans Affairs Medical Center (VAMC) in Fargo, North Dakota, identified a need for palliative care among seriously ill veterans. The resulting pilot program, modeled on the Advanced Illness Coordinated Care Project,¹ led to eight VAMCs receiving funds for interdisciplinary palliative care teams and a spectrum of end-of-life services.^{xix} Similar growth has been noted on the inpatient palliative care service at the Phoenix VAMC in 2009 (email communication from Donna Seton, PA-C, July 17, 2018). What began as an inpatient consultative service has expanded to include an inpatient hospice unit in the on-campus nursing home and a steadily growing outpatient clinic.

Dana-Farber/Brigham and Women's Hospital

PAs are first responders for patients in the 12-bed intensive palliative care unit (IPCU) at Dana-Farber Cancer Institute/Brigham and Women's Cancer Center. The interdisciplinary team includes five PAs, one physician, one social worker, a pharmacist, and registered nurses. This IPCU model results in low 30-day readmission rates, more documented goals of care, and more patients choosing "do not resuscitate/do not intubate" status over "full code" status than patients who were not admitted to IPCU. Researchers attribute the differences to communication training, a culture of normalizing advance care planning discussions, and a strong interdisciplinary team.^{xx,xxi}

- PA program accreditation standards require education on palliative and end-of-life care.
- PA program graduates have learned many of the skills necessary to deliver high-quality hospice and palliative care.
- Most institutions provide specific training for all palliative care providers, who come from myriad backgrounds.

¹ A model of care developed by Daniel Tobin, MD, and Dale Larson, PhD, to help patients with advanced illnesses who did not yet qualify for hospice care to better understand their illnesses, communicate with providers, and obtain palliative care or support.

Four Seasons' award-winning program

PAs practice on interdisciplinary teams for an innovative palliative care program developed by Four Seasons Compassion for Life. This nonprofit provider in western North Carolina added palliative care to its hospice services in 2003. In 2008, a study to improve the program's financial viability led to the addition of PAs, standardization of patient visits, and mentoring of providers to ensure consistent palliative care competencies. These changes expanded the program from 10.5 providers serving 305 patients per day to 14 providers serving 620 patients per day and resulted in healthier finances. The organization has received numerous awards for its innovations, including a \$9.5 million Centers for Medicare and Medicaid Services Innovation Award to expand community-based care.^{xxii,xxiii}

THIRD PARTY REIMBURSEMENT

Medical and surgical services delivered by PAs are covered by Medicare, Medicaid, TRICARE, and nearly all commercial payers.

The Medicare program covers services provided by PAs in all practice settings at a uniform rate of 85 percent of the physician fee. Generally, all covered services for which Medicare would pay if provided by a physician are also reimbursed when performed by a PA, in accordance with state law. All 50 states and the District of Columbia cover medical services provided by PAs under Medicaid. As noted above, Medicare will begin covering PAs as hospice "attending physicians" on January 1, 2019. The PA profession is seeking an additional federal legislative update that would allow PAs to order hospice for their patients (under current law, only physicians are authorized to order hospice) and perform the face-to-face encounter for re-certification after a patient has been under the hospice benefit for 180 days.

Nearly all commercial payers reimburse for services provided by PAs, however, they do not necessarily follow Medicare guidelines. Because of variation in claims submission policies, it is important to verify each payer's specific coverage policies for PAs. For more information about third party coverage, visit <https://www.aapa.org/reimbursement>.

CONCLUSION

Patients with advanced or terminal illness would benefit from earlier and more available access to hospice and palliative medicine. An AAHPM task force, projecting potential supply and demand for specialist hospice and palliative medicine physicians through 2040, predicted that the need will range from 10,640 to 24,000 physicians and supply will range from 8,100 to 19,000.^{xxiv} The task force concluded that current training capacity will not keep up with demand for services. Numerous other studies suggest provider numbers will fail to meet demand by a large margin.^{xxv-xxvii} PAs can help to close that gap. With a solid medical background and skills necessary for palliative and hospice medicine, PAs have much to contribute.

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