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New CMS Rule Threatens Patients Timely Access to Care / Rule Promises to Clog Hospital Admissions Process

Disruptive Effect of IPPS Rule on Team-Based Medical Care in Hospital Admissions

A recently published CMS rule creates new requirements in the hospital admissions process that make it virtually impossible for physician assistants (PAs) and other qualified healthcare practitioners to continue to admit patients to hospitals. The new requirements will create tremendous problems for PAs and other qualified healthcare practitioners who currently admit patients, physicians who delegate responsibility in the admissions process, hospitals – and most importantly, patients. If implemented, the rule will create unnecessary delays in hospital admissions and patient care, increase emergency department wait times and length of stay, increase administrative burden, and ultimately decrease patient satisfaction. Access to care will be compromised in all settings, but will be exacerbated for patients in rural and other medically underserved communities.

PAs are highly educated medical providers who work on teams with physicians to provide the broad spectrum of patient care. The ability of physicians to work with PAs and to delegate to PAs extends the reach of medicine and creates efficiencies in medical practice. Patients and hospitals rely heavily on PAs in the admissions process. In Critical Access Hospitals and other rural hospitals, a PA may be the only qualified healthcare practitioner onsite. Hospitals and medical practices are increasingly utilizing PAs in new roles, particularly in the off-hours and overnight, as well as for daily care. By requiring the attending physician of record to be physically on-site in order to admit a patient, the new rule will create a significant barrier to patient care, as well as an enormous challenge to hospital staffing.

Where is the New Policy Located?

The new hospital admissions policy is located in 42 CFR, Section 412.3(b) (page 1896-1897), FY 2014 Policy and Payment Changes for Inpatients Stays in Acute-Care and Long-Term Care Hospitals. The final rule was published in the August 19, 2013 *Federal Register*, and is effective October 1, 2013.

American Academy of Physician Assistants (AAPA) Request for Action

- AAPA has expressed serious concerns to Department of Health and Human Services (HHS) Secretary Kathleen Sebelius. We ask you to join us in sharing your urgent concerns with CMS Administrator Marilyn Tavenner about the adverse impact of this rule on PAs, hospitals and patients in your community

- Please urge CMS to delay implementation of this rule until CMS has removed, modified or clarified section 412.3(b) so that PAs may continue to admit patients to hospitals.

New Rule Restricts the Role of PAs in Hospital Admissions

Section 412(3)(b) contains three new requirements that will disrupt the current role of PAs and others in the admissions process:

1. The new rule will require PAs and other qualified practitioners to have "admitting privileges" at the hospital. PAs currently have privileges at hospitals and write orders, including orders for admission. However, hospitals currently only provide "admitting privileges" to physicians. PAs and others currently furnish the order to admit through the delegation of a physician.
2. The new rule will require PAs and other qualified practitioners to be permitted by State law to admit patients to hospitals. All State laws currently allow physicians to delegate orders to PAs. However, State laws currently do not specifically address admitting privileges for PAs or others.
3. The new rule will *prohibit* physicians from delegating the hospital admission order to PAs and other qualified practitioners. PA practice is predicated on the ability of physicians to delegate to PAs, and is clearly defined in state laws.

Together these provisions will create monumental problems in the hospital admission process. The prohibition on delegation is antiquated thinking that is not supported by current collaborative practice models. There is no evidence that this additional administrative burden will reduce inappropriate admissions.

Background: PA Practice in the Hospital Setting

Approximately 40 percent of PAs work in hospitals; many are involved in the admissions process. PAs most often practice in emergency departments, inpatient services, operating rooms, outpatient clinics, and critical care/intensive care units. Typical hospital duties include evaluating and treating patients in the emergency room; performing histories and physicals; admitting patients on behalf of physicians; providing surgical first assisting for daily and emergency operating schedules; conducting daily patient evaluation and management on rounds; evaluating changes in patients' conditions; issuing orders for medications, treatments and laboratory tests; performing bedside procedures, and facilitating care transitions, including discharge.

How PAs are Currently Utilized in Hospital Admissions

Physician assistants in hospitals may perform the admission history and physical (H+P) and write diagnostic and therapeutic orders as delegated by a physician (MD/DO). The admission H+P and orders are medical functions associated with the process of admitting a patient to a hospital and are not to be confused with the term "admitting privilege", which imparts to a practitioner the "right" to admit a patient to a hospital or medical center. A physician is involved either prospectively or contemporaneously in the decision to admit; the actual order is then generated, often by a PA, after the decision has been made by the physician. This is common practice and is predicated on the current Medicare Conditions of Participation for Hospitals which allow the admitting/attending physician to delegate the admission functions to a PA.

Example from comments received

- At an Arlington, VA hospital, PAs are wholly responsible for all admissions every weekend. If a pneumonia patient hits the emergency room (ER) door at 6 AM Saturday morning, would Medicare like them to linger (or die) in the ER for 48 hours until a more "suitable" practitioner becomes available to admit them? It is highly unlikely the hospital will hire 6 more doctors just because Medicare doesn't like who is on-call.