SPECIALTY PRACTICE

ISSUE BRIEF

PAs in Rheumatology

Physician assistants (PAs) practice medicine with physician supervision and work in all medical and surgical settings. The physician-PA team approach to medicine can improve the efficiency of a busy practice, reduce appointment waiting times, increase patient satisfaction and boost patient compliance with challenging treatment regimens. PAs in rheumatology help coordinate care and provide valuable patient education. Both rheumatology practices and patients benefit from the added care PAs provide.

Physician assistants (PAs) are effective providers of physician-directed care. Rheumatology PAs offer medical expertise and patient education skills that are invaluable resources for practices in search of competent, compassionate providers.

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 27 months and is characterized by a rigorous, competency-based curriculum with both didactic and clinical components.1

Before they can practice, PAs are required to pass the national certifying examination administered by the National Commission on Certification of Physician Assistants.

Physician-PA team practice is flexible and, under state law, physicians decide how and what to delegate. The PA’s scope of practice includes taking patient histories, performing physical exams, ordering laboratory data, formulating a differential diagnosis and establishing treatment plans, prescribing medications and providing in-depth patient education about treatment.
As an aging population increases the demand for rheumatologic care, rheumatologist-PA teams will be an effective answer to that demand.

By adding a PA to their practice, many rheumatologists have more time for difficult cases or research. Adding a PA can expand capacity, ease the pressure on the staff, improve patient satisfaction and help address patient problems earlier. As an aging population increases the demand for rheumatologic care, rheumatologist-PA teams will be an effective answer to that demand.

PAs in Action
AAPA interviewed leading PAs in rheumatology. The following accounts, taken from these interviews, illustrate PA range and versatility in the workplace.

Widening Access
A Connecticut practice specializing in arthritis care has employed PAs since 1988. Here, a rheumatologist, orthopedic surgeon and two PAs care for a variety of patients.

An established base of patients with chronic pain neuropathies appreciate the support PAs add to the practice. In a close-knit team with their supervising physicians, the PAs treat patients for rheumatologic and comorbid conditions, including rheumatoid arthritis, gout, Lyme disease, lupus, lumbar herniated discs and carpal tunnel syndrome. A PA-run fast track system allows for quick appointments and timely modifications to treatment programs.

Typically, the senior PA sees two to three new patients a day and about 25-30 follow-up patients. The PA and rheumatologist often discuss cases to consider clinical issues from a different point-of-view. PAs see patients at the practice and provide hospital consults, admissions, testing and follow-up, interpretation of X-rays and lab results, and pharmacologic interventions.

Pediatric Rheumatology Focus
The Medical University of South Carolina’s world-renowned Bone and Joint Center is an academic outpatient facility with a mission of “discovery and healing,” ably carried out by its team of six physicians and one PA.

The PA provides treatment to the center’s youngest patients. Treating juvenile rheumatoid arthritis and lupus patients, along with a smaller number of adult patients, she explains complex diseases and medications using vivid analogies. Patients and parents appreciate her down-to-earth decoding of painful symptoms and treatments.

She helps them weigh medication risks and benefits, and her honesty and sympathetic counsel fosters strong connections between the clinic, pediatric patients and their parents.

The PA also sees her supervising physicians’ patients when the doctors are out of the office. The PA’s work keeps the office on schedule and frees the rheumatologists to focus on research that is critical to the Bone and Joint Center’s academic mission.

Team Care in Battle Creek
A Michigan physician-PA team practice demonstrates coordination and responsiveness to patient and physician needs. Here, two board-certified rheumatologists and a PA with 29 years of experience treat a broad range of rheumatologic conditions, including osteoarthritis, rheumatoid arthritis, systemic lupus and a variety of soft-tissue rheumatology syndromes.

Most new patients see one of the physicians, who establishes a diagnosis and formulates a treatment plan. The patient then sees the PA for outcome monitoring of the treatment plan, and the PA will adjust the plan based on each rheumatologist’s preferred approach. The PA addresses patient questions and, in his consultations, is careful to reinforce the particular rheumatologist’s approved treatment options.

During his many years of practice, this PA has developed expertise in treating
osteochondritis, rheumatoid arthritis and soft-tissue rheumatology syndromes (including bursitis, tendonitis and fibromyalgia). When the presenting situation exceeds the PA’s scope and experience, he readily consults with one of the rheumatologists.

The PA helps the practice run smoothly by monitoring standing-order lab work; ordering lab, radiographic or imaging studies; making referrals to other specialists; reviewing all clinical reports; and responding to correspondence, prescription refill requests and telephone messages.

The PA also shares hospital and call duties. He is a staff member at the local hospital and performs consults, rounds, and admission histories and physicals as needed. Along with patient responsibilities, the PA also participates in research at the clinic’s patient infusion centers.

**INNOVATIVE TEAMWORK**

Constant variety characterizes the clinical duties of a PA (one of two) in an Arizona rheumatology practice, where she teams with one of five supervising physicians. The team consults on undiagnosed musculoskeletal problems, ranging from focal issues to complex systemic rheumatologic diseases. The clinic’s collegial atmosphere fosters teamwork, and the supervising physicians are readily accessible for consultation on complex cases and patient progress.

Patients are pleased to receive quick appointments and appreciate the PAs’ caring, unrushed manner as they monitor adverse medication effects and address co-morbid conditions. The PAs also manage the injection clinic, where patients from area medical providers come for joint aspirations and injections of cortisone and hyaluronic acid.

Both PAs participate in research in a field one describes as “vast enough to continually offer variety and complexity.” The PAs work with research participants and provide them with follow-up care.

**GROWING THE PATIENT BASE**

In Oklahoma, a rheumatology practice with a focus on autoimmune rheumatology conditions benefits from the teamwork of a physician and two PAs. The exceptionally close and collegial relationship between the rheumatologist and PAs has helped the practice thrive.

Treating lupus and connective spinal arthritis are practice specialties. New patients see one of the PAs, who performs a detailed history and physical and drafts a treatment program. The rheumatologist then reviews the PA’s findings and meets with the patient and PA to refine the plan and answer patient questions.

Most patients return three months after their initial visits and are seen by the PAs or supervising physician to assess and refine the course of treatment. Established patients see PAs for counseling and joint and trigger point injections, work that frees the supervising physician to treat complex cases.

**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 policies for PAs. AAPA has information about private payer policies available at [www.aapa.org](http://www.aapa.org).

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 www.aapa.org.

THE PA ANSWER

PAs provide needed help to overstretched rheumatology practices. Adding a skilled and compassionate PA to the practice team shortens patient waiting times and relieves the schedules of busy physicians. Given PAs’ excellence as patient educators, physicians also can expect greater patient compliance with rheumatology treatment plans.

For more information about PAs in rheumatology, see the Society of PAs in Rheumatology’s Web site at www.rheumpas.org.

REFERENCES