Physician Assistants in Geriatrics

As part of the geriatric medical team, physician assistants (PAs) are a vital link between older patients, physicians and other providers. An article published in *Clinical Geriatrics* holds that “[p]hysician assistants are well positioned to contribute to caring for our elderly population...a PA can assume the role of a geriatric medicine provider who can offer comprehensive geriatric assessment with a focus on the functional status, cognitive status and special needs of the patient.”

PAs practice medicine as part of a physician-PA team and are educated in PA programs accredited by the Accreditation Review Commission on Education for the Physician Assistant. The average PA program is 26.9 months and is characterized by a rigorous, competency-based curriculum with both didactic and clinical components.

Accreditation standards call for PA programs to provide clinical experiences in the long-term care setting and require supervised clinical practice in geriatrics, including psychological development topics and end-of-life issues.

In all states, the District of Columbia and the majority of US territories, PAs are authorized to practice with the supervision of a physician. Within these jurisdictions, PAs may also prescribe drugs when physicians delegate...
this authority (most states include scheduled medications as part of this prescriptive authority).

**PAs’ generalist training and emphasis on patient relationships make them valuable geriatrics team members.**

**PA Geriatric Care**

PAs treat elderly patients in a variety of settings, including outpatient clinics and long-term care facilities. Their generalist training and emphasis on patient relationships make them valuable geriatrics team members. PAs can treat many acute problems immediately; for those that require physician-level care, their established relationship with a supervising physician allows for timely physician attention.

Research on PA employment in long-term care confirms the benefits associated with PA use. One early study revealed that when a PA was added to a long-term care facility’s medical team, the amount and quality of care residents received increased.³

Another study found that, after the introduction of PAs to the nursing home, the number of annual hospital admissions fell by 38 percent.⁴ A subsequent study published in the *Journal of the American Geriatrics Society* in 2004 concludes that “PAs in the NH [nursing home] setting were associated with reducing potentially preventable hospitalizations.”⁵ The study measured ambulatory care-sensitive conditions, defined as conditions for which hospitalization is preventable. The conditions researched include angina pectoris, asthma, cellulitis, chronic obstructive pulmonary disease, congestive heart failure, gastroenteritis and pneumonia.

**PAs in Action**

AAPA’s Jennifer Anne Hohman interviewed leading PAs in geriatrics. The following accounts, taken from these interviews, illustrate PA range and versatility in the workplace.

**Caring for Patients at Home and in Facilities**

A PA with a long-established geriatrics career exemplifies a PA’s ability to coordinate treatment. She manages the treatment of patients in their homes, in care facilities, in her employer’s family practice and in the hospital setting. One week each month, she serves as the primary on-call clinician, performing initial consults and follow-up care.

Through close communication with her supervising physician, patients and their families, this PA coordinates treatment in effective ways. Recently, she managed the care of a patient with end-stage liver disease, both at home and in the hospital. She also helped his wife establish his end-of-life directives.

A sound relationship with her supervising physician facilitates her multi-site practice. They stay in contact by phone, maintain a chart review schedule and alternate routine nursing home visits as required by Medicare.

In the nursing home, the PA performs acute and regular care visits, assesses new patients and guides their initial management. If they require hospitalization, she is authorized to admit patients; she then follows up at discharge with house calls and nursing home visits. To provide guidance on aspects of dementia and other geriatric syndromes, the PA leads nursing home rounds with family medicine residents, geriatrics fellows, PA students and medical students.
A PA practicing in geriatrics (with a doctoral degree in gerontology) has created a rich career in this specialty. Her clinical practice is based at a rehabilitation hospital, primarily in the outpatient clinic, but she also assists with inpatient care.

The PA specializes in managing co-existing, chronic medical conditions. She has worked with her neurologist supervising physician for 18 years, and their mutual respect is the foundation of their working relationship. Together they provide patient care and collaborate on teaching and research. They treat patients with primary neurodegenerative dementia/Alzheimer’s disease, often in association with other contributing medical conditions.

The PA’s clinical responsibilities are diverse. Focusing on cognition and functional status, she takes initial and interval histories from patients and caregivers. For a patient’s initial visit, the PA also reviews medical records; assesses medications; performs comprehensive physical examinations and problem-focused physical examinations (including complete neurological evaluation and mental status screening); orders and interprets tests; and arranges hospital admissions, referrals and consultations.

She provides ongoing case management and, between visits, answers questions from patients and their families. In addition to easing case management for the physicians, her work provides families with needed emotional support.

Improving Quality of Life for Geriatric Patients

This PA’s availability is an asset to his employer and patients. He sees same-day appointments, performs preoperative evaluations and pre-admission exams, staffs an on-site outpatient clinic at a retirement facility and sees patients who have been advised to follow up acute illnesses at the direction of their primary care providers. This PA also provides services at a large retirement community with an on-site clinic and skilled nursing facility.

An employee of the practice for 25 years, the PA works closely with two supervising physicians: a geriatrician and an internist. He manages a range of geriatric problems and partners with other department internists to follow up complex patient cases. He seeks help when cases are beyond his experience or require specialty consult.

In addition, the PA conducts rounds at a skilled nursing facility. There, he works with a group of plastic surgeons to treat chronic wounds—traumatic, stasis, vascular, diabetic and postsurgical. Often coordinating with home care nursing staff, he also treats older patients with abdominal pain, chest pain, depression, anxiety, cellulitis, rashes, vaginitis and dementia.

Reimbursement

As PAs have become increasingly incorporated into long-term care, Medicare and Medicaid have established regulations regarding reimbursement for their services. PAs may perform medically necessary services within the scope of practice defined by state law in all care settings. Effective January 1, 2011, Medicare also allows PAs to sign the initial certification or recertifications for skilled nursing facilities. However, only physicians can perform the required full comprehensive visit in skilled nursing facilities. Physicians may delegate to PAs alternating follow-up visits in skilled nursing facilities, and they also may delegate acute care visits as medically necessary. For nonskilled nursing facilities, PAs may perform initial comprehensive visits, follow-up visits and certifications as long as the PA is not directly employed by the facility.
PAs are an excellent addition to the geriatrics practice environment for several reasons. Their medical training allows physicians to delegate essential patient care responsibilities as trusted clinician-agents. Not only do PAs coordinate care, but their communication skills and educational background bolster patient and family morale. PAs’ clinical abilities combined with interpersonal warmth help make them “just what the doctor ordered” in busy geriatric practices.

For more information about PAs in geriatrics and hiring a PA, contact Jennifer Anne Hohman at 571-319-4351 or at jhohman@aapa.org. You can also contact the Society of Physician Assistants Caring for the Elderly at www.geri-pa.org.

References


