



October 17, 2016

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention CMS-4168-P
P.O. Box 8016

RE: CMS-4168-P; RIN 0938-AR60

On behalf of more than 108,500 PAs (physician assistants), the American Academy of PAs (AAPA) appreciates the opportunity to submit comments on the Centers for Medicare and Medicaid Services/Department of Health and Human Services' (CMS/HHS') proposed rule to revise and update the requirements for the Programs of All-Inclusive Care for the Elderly (PACE) under the Medicare and Medicaid programs. Specifically, AAPA encourages adoption of the provision in the proposed rule to grant PACE greater operational flexibility by expanding the currently restrictive primary care physician role to permit PAs to provide primary medical care through the PACE Interdisciplinary Team (IDT). Additionally, AAPA encourages CMS to grant greater operational flexibility to PACE by permitting PAs to practice to the top of their educational ability and serve as PACE medical directors, just as PAs currently serve through federally qualified health centers and other practice settings.

AAPA applauds CMS for recommending that PAs, rather than only a primary care physician, may be part of the core IDT, a much-needed update to PACE. Extending this medical role to PAs is supported by PA education and practice, the demonstrated value of the PA profession throughout the nation's healthcare delivery system, and PAs' contribution to chronic disease management and care coordination.

PA Education and Practice

CMS recently attested to the quality of PA education through a proposed rule published in the June 16, 2016 Federal Register. In justifying a recommended change CMS stated, "PAs are trained on a medical model that is similar in content, if not duration, to that of physicians. Further, PA training and education is comparable in many ways to that of APRNs, and in some ways, more extensive." (Federal Register/Vol. 81, No. 116/Thursday, June 16, 2016, page 39452.)

PAs receive a broad education over approximately 27 months which consists of two parts. The didactic phase includes coursework in anatomy, physiology, biochemistry, pharmacology, physical diagnosis, behavioral sciences, and medical ethics. This is followed by the clinical phase, which includes rotations in medical and surgical disciplines such as family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, emergency medicine, and psychiatry. Due to these demanding rotation requirements, PA students will have completed at least 2,000 hours of supervised clinical practice in various settings and location by graduation.

The majority of PA programs award a master's degree. PAs must pass the Physician Assistant National Certifying Examination and be licensed by a state in order to practice. The PA profession is the only medical profession that

requires a practitioner to periodically take and pass a high-stakes comprehensive exam to remain certified, which PAs must do every ten years. To maintain their certification, PAs must also complete 100 hours of continuing medical education (CME) every two years.

Demonstrated Value of PAs in U.S. Healthcare Delivery System

PAs add value to our nation's healthcare delivery system by increasing access to healthcare, providing quality care for patients, and improving patient outcomes. There is a clear body of clinical evidence and real-world examples from across medical specialties that demonstrate the quality and comprehensiveness of medical care provided by PAs. A few examples are:

- A study by the [Peterson Center on Healthcare](#) and Stanford University looked at the best primary care practices in the country and put together a list of what makes them so good. Those practices that work closely with their PAs and ensured that PAs were able to work to the full extent of their education and experience ranked the highest.
- A recent study by the [Kaiser Family Foundation published in the Journal of the American Medical Association](#) showed that a greater percentage of the nation's newly insured are seeing PAs and NPs for their primary care needs than are seeing physicians.
- A [2013 study in the Journal of Thoracic and Cardiovascular Surgery](#) found that when PAs made home visits to heart surgery patients as part of a home care program, it lowered 30-day hospital readmissions by 25 percent.
- A 2013 study in the [Journal of Oncology Practice](#) showed that leukemia patients in the hospital for chemotherapy cut their stays by about six days and were less likely to be readmitted within 14 days when cared for by PAs instead of physicians in training.
- A study published in the October 2015 edition of the [Journal of the American College of Cardiology](#) found that the quality of outpatient care provided by healthcare teams that included PAs or NPs was equivalent to or better than care provided by a physician-only model, across several categories of comparison.
- A [2016 study](#) that tracked the outcomes of more than 7,200 patients with chronic obstructive pulmonary disease (COPD) found that patients cared for solely by PAs or NPs had lower rates of emergency room visits for COPD and a higher follow-up rate with specialists after a hospitalization. The study's author, Dr. Amitesh Agarwal, a physician in UTMB's Division of Pulmonary Critical Care & Sleep Medicine, even said, "There is no difference (in outcomes) and for some processes of care, the outcomes are somewhat better with nurse practitioners and physician assistants."
- A 2016 [report](#) written by the American Congress of Obstetricians and Gynecologists (ACOG) named PAs as one of the providers best suited to lead healthcare teams under new team-based models. The report represents more than a year of collaborative efforts by a multidisciplinary healthcare task force of 20 national medical organizations representing physicians, PAs and APRNs.

PAs' Contribution to Chronic Disease Management and Care Coordination

PAs practice and prescribe medication in all 50 states, the District of Columbia, and all U.S. territories with the exception of Puerto Rico. They manage the full scope of patient care, often handling patients with multiple comorbidities. In their normal course of work, PAs conduct physical exams, order and interpret tests, diagnose and treat illnesses, assist in surgery, and counsel on preventative healthcare. PAs are one of three healthcare

professionals named in the Affordable Care Act to provide primary medical care. PAs manage their own patient panels, lead patient-centered medical homes, and often serve as Medicare beneficiaries' principal healthcare provider. In rural or medically underserved areas, a PA may be the only healthcare provider for miles. As a result, some states allow PAs to own their own medical practices. The rigorous education and clinical training of PAs enables them to be fully qualified and equipped to manage the treatment of patients who present with conditions ranging from routine to complex.

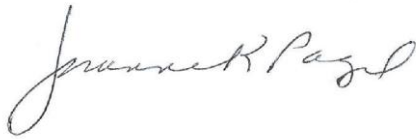
Chronic disease management is a key component of a typical PA's practice. AAPA's 2015 Annual Survey revealed that PAs saw between 350 and 400 million patients during the year. For the typical PA, 95% of the PA's patients had more than one chronic condition; 50% had four or more chronic conditions.

PAs are well-suited to caring for patients served by PACE, the majority of whom have multiple chronic diseases and disabilities.

Thank you for the opportunity to submit comments on the proposed rule to revise and update PACE requirements. New policy initiatives, including increased utilization of the PA workforce, hold great promise in expanding access to care for one of our nation's frailest and most vulnerable patient populations.

Should you have any questions or require additional information regarding AAPA's comments, please do not hesitate to contact Sandy Harding, AAPA senior director of federal advocacy at 571-319-4338 or sharding@aapa.org.

Sincerely,

A handwritten signature in cursive script that reads "Josanne K. Pagel".

Josanne K. Pagel, MPAS, PA-C, Karuna RMT, DFAAPA
President and Chair of the Board