The Role of the Physician Assistant in AL

Priscilla Warnock

More than ever, Physician Assistants (PAs) are working hand-in-hand with physicians in a variety of care settings—including assisted living. Transportation is an issue older patients struggle with while trying to access medical care. Physician assistant visits to the facilities eliminate that problem.

The concept of physician assistants isn't new. It was more than 30 years ago when physicians first hypothesized the concept of PAs. The idea was these practitioners could enable physicians to treat more patients and make best use of their time and skill levels. Today, there are more than 60,000 PAs practicing in the U.S., and many of them serve residents in long term care settings such as assisted living. The American Academy of Physician Assistants, the professional group representing these professionals, defines PAs as "health professionals licensed or, in the case of those employed by the federal government, credentialed, to practice medicine with physician supervision."

The training for PAs is medically rigorous. Admission to a PA training program requires roughly two years of science-based college coursework prior to application. Students in their first year study the basic medical sciences and physical examination techniques, followed by a clinical phase of training, which includes classroom instruction and clinical rotations in medical and surgical specialties. Overall, the PA completes over 2,000 hours of supervised clinical practice prior to graduation. The didactic and clinical training takes an average of 26 months.

In all states, the District of Columbia, and Guam, physicians may delegate medical duties to PAs that are within the physician's scope of practice, the PA's training and experience, and state laws. These duties may include performing physical examinations, diagnosing and treating illnesses, ordering and interpreting lab tests, assisting in surgery, and making rounds at facilities such as nursing homes and other care settings. In 48 states (as well as the District of Columbia) PAs have prescriptive authority as well (see Table 1).

Photo: American Academy of Physician Assistants

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PAs in Assisted Living Facilities

As a PA, I especially enjoy seeing patients in ALFs. The six facilities I regularly visit (five monthly, one weekly) have a wide array of residents—some live essentially independently, some need varying amounts of assistance, and others are receiving hospice or end-of-life care, all in the same setting. The variety is interesting and challenging.

Duties with my AL patients are the same as those I would perform in a visit to the office. I handle the same kind of activities that physicians do, including physical exams, ordering diagnostic tests, management of chronic conditions, and addressing problems such as acute changes, infections, and falls. Often, the facilities will call and ask for input on incoming or newly admitted residents; I also help with those activities. We try to keep our patients out of the hospital, when appropriate, and treat them in the home-like environment of the ALF. I handle many types of wound care onsite so that the resident doesn't have to go the hospital, a specialty clinic, or the practice's office to receive ongoing evaluation and treatment.

In my typical day at the ALF, I check through lab results first thing on arrival. I discuss with the residents, families, and staff what the results mean and what additional steps, assessments, and treatments are appropriate.

At the same time, the nurses keep a list of acute issues that I need to address, eg, blood pressure changes, colds, or weight loss. While working on these issues, I am

Table 1.
PA Authority to Prescribe by State

Jurisdiction	Rx Status	Restrictions	Controlled Substances
Alabama	Rx	Formulary	
Alaska	Rx		Sch. III-V
Arizona	Rx		Sch. II-III limited to 14-day supply with board prescribing certification (72-hrs. without); Sch.IV-V not more than 5 times in 6-month period per patient
Arkansas	Rx		Sch. III-V
California	Rx	PAs may write "drug orders" which, for the purposes of DEA registration, meet the federal definition of a prescription.	Sch. II-V
Colorado	Rx		Sch. II-V
Connecticut	Rx		Sch. II-V
Delaware	Rx		Sch. II-V
DC	Rx		
Florida	Rx	Formulary of prohibited drugs	
Georgia	Rx	Formulary	Sch. III-V
Guam	Rx		Sch. III-V
Hawaii	Rx		Sch. III-V
Idaho	Rx		Sch. II-V
Illinois	Rx		Sch. III-V
Indiana			
Iowa	Rx		Sch. III-V; Sch. II (except stimulants and depressants)
Kansas	Rx		Sch. II-V
Kentucky	Rx		
Louisiana	Rx		Sch. III-V
Maine	Rx		Sch. III-V (Board may approve Sch.II for individual PAs)
Maryland	Rx		Sch. II-V
Massachusetts	Rx		Sch. II-V
Michigan	Rx		Sch. III-V; Sch. II (7-day supply) as discharge meds
Minnesota	Rx	Formulary	Sch. II-V

frequently stopped in the hall and asked to address other problems residents may have. Handling these acute issues takes most of the day.

Of course, I carry a beeper; and I'm usually alerted often during the day by my office or other ALFs to discuss unexpected developments. All in all, it's a very busy but ultimately satisfying day.

Listening, Talking, and Writing It Down

Communication and documentation are an important part of my AL activities. I work with the facilities to help ensure that the treatment plan for each resident is feasible and carried out appropriately, and that there is adequate and accurate documentation regarding these plans. I also help ensure that treatments are implemented and documented, eg, when they are initiated and when and why they are discontinued.

Communication and documentation are key PA activities.

I often get involved in family meetings, particularly when there is a disagreement over medically related care issues and what should be done for a loved one. A common conflict is when a resident has progressive dementia and reaches a point where he or she is no longer able to self-administer medications safely. Hesitation may be rooted in loss of independence or finances or difficulty in accepting the changes in an aging family member. Sometimes it takes artful and compassionate conversation—from all team members—to help them understand that the change

Jurisdiction	Rx Status	Restrictions	Controlled Substances
Mississippi	Rx		Sch. II-V
Missouri	Rx		
Montana	Rx		Sch. II-V (Sch. II limited to 34-day supply)
Nebraska	Rx		Sch. II-V
Nevada	Rx		Sch. II-V
New Hampshire	Rx		Sch. II-V
New Jersey	Rx		Sch. II-V (certain conditions apply)
New Mexico	Rx	Formulary	Sch. II-V
New York	Rx		Sch. III-V
North Carolina	Rx		Sch. II-V (Sch. II-III limited to 30-day supply)
North Dakota	Rx		Sch. III-V
Ohio			
Oklahoma	Rx	Formulary	Sch. III-V
Oregon	Rx		Sch. II-V
Pennsylvania	Rx	Formulary	Sch. III-V. Limited to 30-day supply unless for chronic condition
Rhode Island	Rx		Sch. II-V
South Carolina	Rx	Formulary	Sch. V
South Dakota	Rx		Sch. II-V (Sch. II limited to 48-hr supply)
Tennessee	Rx		Sch. II-V
Texas	Rx	In specified practice sites	Sch. III-V (limited to 30-day supply)
Utah	Rx		Sch. II-V
Vermont	Rx	Formulary	Sch. II-V
Virginia	Rx		Sch. III-V
Washington	Rx		Sch. II-V
West Virginia	Rx	Formulary	Sch. III-V (Sch. III limited to 72-hr supply)
Wisconsin	Rx		Sch. II-V
Wyoming	Rx		Sch. II-V

Source: American Academy of Physician Assistants, 2005.

is in the resident's best interest.

My efforts towards open communication and accessibility with residents and staff alike help build a relationship of trust. My facilities appreciate that I am accessible. The whole experience is rewarding—and fun—for all of us.

PA Reimbursement

The first Medicare coverage of PA services was authorized by the Rural Health Clinic Services Act in 1977. Over the next 20 years, Congress expanded Medicare Part B payment for services provided by PAs. Finally, in 1997 the Balanced Budget Act extended coverage in all practice settings at one uniform rate.

Medical practice in AL is billed according to Medicare guidelines. My attending physicians and I have Medicare billing numbers. Patients are seen only for medically necessary visits. Often, there is a learning curve with patients and families that this is business and not a social call.

What Will the Future Hold?

I don't know of any PAs that work exclusively in ALFs. However, as the acuity of ALF residents increases, more facilities embrace a medical model of care, and baby boomers age and demand the ability to age in place, it is entirely possible that both physicians and physician assistants will have a growing presence in this care setting.

In the meantime, PAs will continue to enjoy the variety and challenge of caring for AL residents and the relationships we build with facility staff. ALC

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