



**Canadian Association of Physician Assistants  
Association canadienne des adjoints au médecin**

# **Physician Assistants**

## Caring for Canada's Seniors

The Canadian Association of Physician Assistants

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## Introduction

Physician Assistants (PAs) play a valuable role in helping to improve care for our seniors. PAs are currently practicing across Canada in the Canadian Armed Forces and in the public healthcare system in Alberta, Manitoba, Ontario and New Brunswick. In these jurisdictions PAs are increasing access to quality care in a cost-effective manner and helping to reduce wait times and improve overall patient outcomes. There are a number of PAs working with seniors in long-term care settings and in primary care models, working as part of homecare programs. In this capacity PAs are helping to enhance medical care for our aging population.

In today's environment, healthcare delivery is increasingly challenging: new funding frameworks and resource allocation issues call for increased efficiency in the system. Canadians require improved access to quality medical care that provides them with acute care, preventative health care, and chronic disease management through the use of primary care networks and collaborative teams. The healthcare delivery system in its current framework cannot accommodate the anticipated growth of the aging population. Given the projection of the number of patients who will require care; our healthcare system will need to adapt to keep up with the demand.

Canadian national and provincial commissions have highlighted the need for primary care reform and an increased level of care for seniors, while international surveys of primary care physicians in seven countries show the current inadequate status of Canada's primary care system in comparison to other nations.

PAs can play a valuable role in helping to overcome these challenges. By increasing the number of PAs in Canada we can ensure that there are a sufficient number of qualified health providers to properly care for our elderly. The College of Family Physicians of Canada supports the use of Physician Assistants<sup>1</sup> in collaborative practices. Similarly, the Canadian Medical Association supports the inclusion of PAs in collaborative practice and speaks to the need for increased resource allocation to care for our seniors, to integrate more health providers, and in expanding their scopes of practice placing the patient at the centre of the circle of care. The Canadian Association of Physician Assistants (CAPA) has been part of these discussions and fully supports this concept and believes that the health system will need to evolve to meet this growing need.

CAPA also believes we need to support our seniors. Systems need to be put in place to help them stay healthy and at home longer, reducing strain on hospitals and long-term care homes. This includes expanding our health human resources in primary care, home care and long-term care settings.

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<sup>1</sup> College of Family Physicians of Canada (2011). *Position Statement on Physician Assistants*. Retrieved from: [http://www.cfpc.ca/uploadedFiles/Resources/Resource\\_Items/Health\\_Professionals/CFPC%20Position%20Statement\\_Physician%20Assistants\\_FINAL%20ENGLISH.pdf](http://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/CFPC%20Position%20Statement_Physician%20Assistants_FINAL%20ENGLISH.pdf).

## Scope of Physician Assistant Profession

To understand how PAs can positively impact seniors care one must have a clear understanding of the PA profession. The Physician Assistant scope of practice mirrors that of their supervising physician. PAs practice independently under the supervision of a physician. PAs possess a defined body of knowledge building on medical sciences and clinical medicine that includes clinical and procedural skills, and a professional philosophy to support effective patient care. PAs apply these competencies to collect data and interpret information, develop and further investigate differential diagnoses, make appropriate clinical decisions, and carry out required diagnostic, procedural, and therapeutic interventions<sup>2</sup>. They practice medicine within a formalized physician/PA relationship. PAs supplement, not supplant, the work of physicians as both a philosophy of the profession, and a reality of clinical practice with tasks varying based on the PAs level of experience and expertise. PAs practice in all clinical settings including specialty areas such as surgery, internal medicine, family practice, emergency medicine, long-term care, geriatrics, rehabilitation, orthopaedics, obstetrics and oncology. PAs provide care in any area within traditional physician practice.

The principal utilization of PAs focuses on clinical situations where duties normally performed by the physician can be delegated. The relationship with a supervising physician is essential to the PA's ability to practice. The delegation of these duties frees up the physician's time to address more complex issues that require the extensive and unique knowledge of a physician while potentially expanding the physician's practice and improving the overall quality of care provided. In addition, this collaborative relationship allows for the assessment and treatment of more patients within a unit of time, thus increasing the efficiency of an already over-taxed medical system.

### **The principles behind the profession include:**

- PAs function in a collaborative autonomous role which extends medical care to more patients in a cost-effective and efficient manner.
- PAs make a significant contribution to patient care through their flexible and dynamic scope of practice with an ability to extend physician services across specialties and program services including long-term care, community care, and geriatrics.
- PA utilization is efficient and economical and does not result in increased resource allocation; PAs are designed to improve the health system and enhance efficiencies.<sup>3</sup>

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<sup>2</sup> Canadian Association of Physician Assistants. (2012). *Scope of Practice and National Competency Profile*. Retrieved from: [http://capa-acam.ca/en/Scope\\_Of\\_Practice\\_\\_National\\_Competency\\_Profile\\_55](http://capa-acam.ca/en/Scope_Of_Practice__National_Competency_Profile_55)

<sup>3</sup> Morgan, Shah, Kaufman and Albanese. (2008). *Impact of Physician Assistant Care on Office Visit Resource Use in the United States*. *Health Research and Educational Trust*. Vol. 43, No. 5, p.p. 1906 – 1919

- Physician Assistants provide the capacity of meeting the needs of the population in a safe and competent manner. This is supported by successful integration and use of PAs in primary care settings within Canada and globally.

## Physician Assistant Education

### Canada has four Physician Assistant accredited academic programs:

- McMaster University Physician Assistants Education Program, Bachelor of Health Sciences Degree (Physician Assistant);
- Canadian Forces Health Services Training Centre Physician Assistant Program, Physician Assistant Baccalaureate in an Allied Health Program;
- The Consortium of Physician Assistant Education (which includes: the University of Toronto; The Northern Ontario School of Medicine and the Michener Institute for Applied Health Sciences) Bachelor of Science Physician Assistant Degree; and
- University of Manitoba Master of Physician Assistant Studies program.

## Challenges in Caring for Seniors

Before we can appropriately provide care for our elderly population, it is important to understand the challenges that they are struggling with on a daily basis. **Some of these include:**

- Mobility issues and transportation limitations
- Financial access to medical services and medication
- Identification, recognition and appropriate follow-up
- Fear of doctors and medical institutions, and being removed from their homes
- Vulnerable living conditions
- Lack of personal support and/or caregiver burnout
- Increased acuity of disease secondary to increased lifespan

Many seniors are living in less than adequate conditions. In some cases, their environment may not be clean and they may not be eating, sleeping nor bathing appropriately. This puts them at a higher risk when living independently without any support systems. By integrating seniors into a home care program or mobilizing them to long-term care centres, we can help remove many of these threats and remedying the challenges with access to care.

## PA's and Long-Term Care

In long-term care facilities, having a PA onsite providing care has resulted in significant decrease in hospital transfer rates as well as readmission rates for seniors. Further, PAs in these settings are assisting seniors in accessing routine care and are providing the necessary oversight to prevent escalation of disease and illness. Many of the PAs working in long-term care speak to the value of consistency. Having the PA interact with the patients on a daily basis not only improves the level of comfort for seniors but also helps to distinguish when there is an acute or worsening medical issue. PAs act as the liaison to their supervising physician but also to other specialties such as psychologists, pharmacists, physiotherapy, dietary and dental. PAs can monitor patients including overseeing their treatment, medications and providing patient education. The enhanced presence of PAs in long-term care can help to ameliorate the increasing demand for medical care resulting from the increasing medical acuity of patients entering long-term care facilities. In palliative situations PAs can be the main contact with the family and help them through this difficult time. Often the physician is not able to be onsite where the PA is and can act in this role.

## PA's and Home Care

There is evidence that demonstrates keeping seniors in their homes improves their long-term health outcomes. Across Canada there is a movement towards caring for seniors in their homes. Not only does it make seniors more comfortable but it also saves the healthcare system a substantial amount of money. Home care is a growing specialty area for PAs. More and more PAs working in primary care clinics are conducting home visits. Delegating this work to a PA has been very beneficial for the health team in that it typically saves 1.5 to 2 hours per day of the physicians' time. Home care helps to overcome mobility challenges that seniors are faced with and also allows for the PA to assess their environment and whether the living conditions are safe. It also allows the PA to do overall assessments that eliminates falls and other risks. Similar to long-term care settings, PAs also act as a liaison to other specialists and often consult with these other health professions regarding the healthcare plan for the patient.

Having PAs provide homecare services make good financial sense. When comparing the cost of a hospital bed to providing care in the home the savings are astronomical. Canadian seniors account for 85% of patients in hospital beds who could be receiving care elsewhere, a problem that will only grow as more baby boomers enter the system.<sup>4</sup> The average cost of a hospital bed per day is \$842 compared to \$126 for long-term care and \$42 for care at home.<sup>5</sup>

## The Value for Seniors Care

Across the country provincial governments have started to put an emphasis on seniors care. The focus is on helping seniors to live longer, healthier and more enjoyable lives. The government is attempting to accomplish this through various Seniors Care Strategies. Some provinces have chosen to focus on new program development in home care, additional beds in long-term care homes and a better distribution of health resources in primary care and long-term care centres. From our perspective increasing the number of health providers who are working to their full scopes of practice will ensure that seniors have timely access to medical care. Offering onsite resources in long-term care facilities and expanding on PAs in home care will prevent escalation of medical illness and disease and can also minimize the stress on seniors from displacement for hospital transfers. Further, seniors in these environments will experience better health outcomes.

Evidence of this can be measured from various US studies. A study focused on the use of PAs and nurse practitioners in long-term care found that medical attention increases (defined as the number of visits and medical orders) to nursing home residents when primary care is provided by PAs and nurse practitioners in these facilities.<sup>6</sup> PAs can also have an important preventive role in the care of geriatric patients.<sup>7</sup> Most nursing homes and long-term care facilities do not have a full-time medical staff. Physicians typically visit such facilities on a weekly basis. Patients with acute problems are generally treated over the phone or sent to an emergency department. This research suggested that “having a full-time PA on staff at a nursing home or long-term care facility can translate into patients being evaluated sooner and can prevent transfer to the hospital in many cases. Further, PAs in long-term care

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<sup>4</sup>Seniors in hospital beds costly for health system. CBC News, Dec 1 2011. Retrieved from: <http://www.cbc.ca/news/health/seniors-in-hospital-beds-costly-for-health-system-1.1069802>

<sup>5</sup> Home Care Ontario. Facts and Figures Publicly Funded Home Care. Retrieved from: <http://www.homecareontario.ca/home-care-services/facts-figures/publiclyfundedhomecare>

<sup>6</sup> Caprio, Thomas, V., MD. *Physician Practice in the Nursing Home: Collaboration with Nurse Practitioners and Physician Assistants*. The Annals of Long-Term Care (2006). Vol. 14, No. 3. p.p. 21. Retrieved from: <http://www.annalsoflongtermcare.com/attachments/5474.pdf>

<sup>7</sup> Hooker, Cawley and Asprey. (2010). *Physician Assistant Specialization: Nonprimary care*. PA Specialty Care. Ch. 7. p.p. 235.

settings have been shown to decrease the hospital admission rates for seniors.”<sup>8</sup> It has been demonstrated that “PAs can reduce the annual hospital admission by 38% after a PA was introduced into a nursing home.”<sup>9</sup> A review of data from four long-term care facilities in Central Ontario showed a decrease in hospital transfers after the introduction of a PA from 27 to 21 per year, 66 to 43 per year, 21 to 17 per year and 46 to 33 per year respectively.

## Conclusion

PAs are a safe, efficient and cost-effective patient-centered model of care that increases access to quality care for patients. The elderly represent a large group of Canadians with unmet healthcare needs. Recruiting and training PAs to provide services to geriatric populations can be an avenue to address the unmet health care needs of this population. Expanding on the PA profession as part of provincial seniors care strategies can provide a significant advantage in helping to care for our aging population particularly from a preventative care standpoint.

Canada’s healthcare environment is changing and provincial governments are being forced to do more with less. Cutbacks in healthcare resources are occurring just as the needs of a growing population are increasing. The PA profession is a sustainable economic solution for health human resources and stressed resources required to deliver the high level of quality care that seniors deserve.

The Canadian Armed Forces have been employing PAs for over 40 years and are very satisfied with the standard of care that these professionals provide. A number of Canadian provinces have already incorporated PAs into their public health care teams and are thriving. Our neighbours to the south provide an excellent example of how the profession can positively impact health care delivery from a seniors care standpoint.

It is time to be innovative and move away from the traditional model of health care delivery in Canada and start to maximize our current health work force and to introduce new valuable solutions like PAs. Seniors would be the winners with increased access to care.

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<sup>8</sup> Hooker, Cawley and Asprey. (2010). *Physician Assistant Specialization: Nonprimary care*. PA Specialty Care. Ch. 7. p.p. 235.

<sup>9</sup> Caprio, Thomas, V., MD. *Physician Practice in the Nursing Home: Collaboration with Nurse Practitioners and Physician Assistants*. The Annals of Long-Term Care (2006). Vol. 14, No. 3. p.p. 22. Retrieved from: <http://www.annalsoflongtermcare.com/attachments/5474.pdf>

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