TOPIC: **Policy Recommendations to Leverage PAs During COVID-19**
DATE: **April 8, 2020**
FROM: **Canadian Association of Physician Assistants**

BACKGROUND

Almost 500 physician assistants (PAs) currently practice in Ontario under the supervision of licensed physicians, extending the reach of doctors and playing key roles in hospitals and on health care teams. PAs are trained as generalists in the medical model and among advanced practice providers they have the most flexible scope of practice, making them a key resource that can be effectively redeployed to respond to the COVID-19 pandemic.

A PA's scope of practice is physician-delegated, meaning all medical services within the scope of practice of supervising doctors can be assigned to the PA, provided the physician has confidence in the PA's skills, training, and experience. The type of clinical work the PA performs is documented through medical directives. Key functions of PAs include:

- conducting patient interviews and taking medical histories
- conducting physical exams
- ordering and interpreting tests
- prescribing medications (except controlled substances)
- formulating treatment plans
- providing patient counseling and preventative health care
- assisting in surgery; and
- performing other tasks within the supervising physician's scope of practice that the physician deems the PA qualified to complete.

SUMMARY OF RECOMMENDATIONS

To bolster Ontario's health workforce capacity in the weeks and months ahead and to help limit the spread of COVID-19, CAPA is proposing that the Ministry of Health and College of Physicians and Surgeons of Ontario (CPSO) temporarily modify policies that will streamline how PAs practice and how physicians bill for PA services. These include the CPSO Delegation of Controlled Acts Policy and the Ontario Schedule of Benefits.

These measures are intended to give physicians, PAs, and hospitals the agility to respond to the ongoing COVID-19 pandemic and allow PAs to work to the top of their education, training, and experience.

Recommendation 1 — Determining PA oversight at the practice level

The Ministry of Health and the CPSO should *issue a temporary order that will allow physicians to delegate acts and give orders when there is no pre-existing physician-patient relationship without penalty*. *The requirement of immediately meeting and assessing a patient after a delegated act has been performed should also be waived*. This determination of delegation and supervision on the ground at the practice level will empower physicians and hospitals to deploy their PA workforce where they are most needed during this crisis, while still maintaining necessary and appropriate supervision of the care that is delivered.

Additionally, the exemption to allow delegation to occur in the absence of a physician-patient relationship in remote and isolated regions should be updated to include PAs. (Endnote #7)

Recommendation 2 — Modifications to the Schedule of Benefits

The Ministry of Health should *temporarily establish new fee codes or modifiers* to allow physicians to bill at a discounted rate for services and procedures rendered by PAs.

For procedures delegated by a physician to a PA which are eligible to be billed to OHIP, the Ministry should *temporarily remove the requirement that the physician be physically present at all times in the office or clinic*. Further, the requirement that *assessments, consultations, interviews, and diagnostic interpretations must be personally rendered by the physician in order to be payable by OHIP should be temporarily withdrawn*.

It should be noted that the requirement to be physically present is a requirement of the Schedule of Benefits for billing purposes. It is not a requirement in the practice model in Ontario or in any other jurisdiction where PAs practice.

Recommendation 3 — Extend existing PA prescribing rights, allowing them to renew prescriptions for controlled substances

PAs currently prescribe medication, with the exception of controlled substances, under the authority of their supervising physician and medical directives. Prescriptions generated by PAs include reference to the delegated authority, the name and CPSO number of the authorizing physician, and the name, designation, and contact information of the PA.

The Ministry of Health should temporarily permit PAs in certain specialties (long-term care, surgical specialties, oncology) to extend and renew prescriptions for controlled substances to allow patients to receive treatment with minimal delay.

Recommendation 3 — Extend PA authority to certify death

The Ministry of Health should expand PA authority to complete a Medical Certificate of Death in specific circumstances that align with current nurse practitioner (NP) practice in Ontario.

DELEGATION AND BILLING: CURRENT STATUS

Ontario PAs practice in primary, acute, and specialty medicine. They work under the supervision of a licensed physician via the CPSO's Delegation of Controlled Acts Policy (#5-12).

As the province prepares for a surge in COVID-19 cases, sections of this policy will limit how PAs can extend the function of physicians, meet the needs of hospitals, and meet patient needs in many settings, but most notably emergency departments (EDs), critical care units, long-term care homes, and primary care.

Further, the inability of physicians to bill at a discounted rate for services rendered by PAs is another systemic limitation that will restrict how PAs can be deployed in those same priority areas mentioned above and elsewhere in the health system.

Limitations of the Delegation of Controlled Acts Policy and Schedule of Benefits

In a surge scenario, the requirements described below in Table 1 and 2 will impose significant challenges, severely limit the efficiencies PAs are intended to deliver, and prevent Ontario from leveraging their role in the pandemic or redeploying PAs effectively.

With a large volume of patient interactions now occurring virtually, these rules impose undue hardship on the physician-PA relationship. They also prevent doctors from maximizing the PA role to help them see more patients, accept new patients, or spend more time with complex patients.

Table 1: Key Sections of Concern in the CPSO Delegation of Controlled Acts Policy

Direct Order The policy currently states that "a direct order is to take place after a physician-patient relationship has been established."
Physician-Patient Relationship The policy states that delegation "can only occur in the context of an existing physician-patient relationship, unless patient safety and best interests dictate otherwise. This will usually mean that the physician has interviewed the patient, performed an appropriate assessment, made recommendations, obtained an informed consent to proceed, and ordered a course of therapy." In instances where this is not possible, "it is expected that a delegating physician under whose authority the controlled act has been performed will meet and assess the patient as soon after it has been

performed as possible.”

Table 2: Key Sections of Concern in the Schedule of Benefits

Services Required To Be Rendered Personally By a Physician For OHIP Payment Assessments, consultations, counseling, interviews, and diagnostic and surgical procedures must all be rendered personally by the doctor in order to bill for these services.
Delegated Procedures For procedures delegated to a non-physician to be payable by OHIP, the physician must “at all times be physically present in the office at which the service is rendered…”

CONSIDERATIONS AND CASE STUDIES

The following examples describe current limitations in different specialities and how our policy recommendations will optimize the care provided by the physician-PA team. The PA model is well-established in Ontario and PAs and physicians can effectively judge the best method of supervision in their environment. Further, experienced PAs have the knowledge and training to identify when direct physician involvement is needed and when it is not. Allowing these decisions to occur at the practice level during a pandemic, without fear of repercussion, will help ensure that patients receive timely and appropriate care, while taking all possible steps to reduce community transmission of the virus.

Emergency Department

Current limitation	Benefit of proposed temporary measures
• Many hospitals will split their EDs into “hot” zones for COVID-19 and other respiratory cases and “cold” zones for all other conditions. • Physicians isolated in the hot zone would be unavailable, even for the brief patient encounter required to establish the physician-patient relationship. • Further, physicians and patients should not face the unnecessary risk of exposure to individuals who may be COVID-19 positive for an encounter that does not have a significant impact on the quality of patient care, especially for more stable patients who will be treated in cold zones.	• Eliminate the repetition of tasks already completed by the PA simply to establish a physician-patient relationship. • Prevent unnecessary exposure to individuals who may potentially be COVID-19 positive, for both patients and physicians. • Allow ED physicians to focus on the most acute and complex patients. • Help hospital EDs maintain the quality of care delivered to non-COVID-19 patients during the pandemic—PAs may run cold zone EDs with remote access to physicians, thus preserving precious resources for critically ill patients.

	• In smaller communities, PAs can help hospitals keep ED doors open, while physicians are working in different areas of the hospital or maintaining their community family practice.

Internal Medicine and Critical Care

Current limitation	Benefit of proposed temporary measures
• Hospitals may designate existing ICUs for COVID-19 patients and use an alternate area for non-COVID critical care patients. • This will prevent Internists and other specialists from having direct access to all patients, limiting how PAs can function. • Under the current CPSO definition of physician-patient relationship, the Internist must duplicate work like histories and exams to establish the relationship. • The current Schedule of Benefits restricts billing for most services rendered by PAs and prevents physicians from truly maximizing the role.	• Significantly increase the efficiency of Internists and other specialists by allowing PAs to deliver more patient care, while they focus on critical patients. • In smaller communities without access to Respiratory Therapists and Intensivists, the demand on Internists will only increase but a PA can be an essential assist. • Updating the Delegation policy and Schedule of Benefits would allow PAs to function at their full scope and truly extend physician services.

Inpatient Care

Current limitation	Benefit of proposed temporary measures
• The current policy limits the implementation of medical directives unless the physician is physically available – a huge challenge in a hospital in a surge situation. • It means the doctors are unnecessarily duplicating tasks PAs have already done and that PAs must approach physicians for discharge paperwork, signatures, and discussion.	• Physicians could review cases virtually, allowing PAs to be a true extension of the doctor and avoid duplicating tasks during a critical time. • With physicians focusing on COVID-19 patients, PAs could see non-COVID patients, with a once-daily review of the current case load or virtual consultation as required. • Hospitalist PAs cover acute, inpatient surgical, and ALC patients to increase the

	efficiency of discharges. This function is key to bed flow and minimizing the overflow of these patients, and even more vital in a surge situation.

Long-Term Care

Current limitation	Benefit of proposed temporary measures
• Even before COVID-19 staffing shortfalls in LTC were well-documented, but they will now become more acute. • When physicians who cover LTC homes and nurses who work in them are exposed to the virus and must self-isolate, it will severely impact the ability of these sites to maintain appropriate levels of care.	• PAs can help limit the exposure of patients to COVID-19 by handling a significant portion of assessment and follow up tasks for non-COVID patients, while consulting physicians virtually. • During COVID-19 outbreaks, doctors will be rightly focusing on the most vulnerable patients and PAs should be utilized to manage more stable residents.

Primary Care

Current limitation	Benefit of proposed temporary measures
• With many appointments now conducted virtually, it is challenging for the physician and PA to be physically together. • Physicians face greater risk of exposure to COVID-19 by coming into the office to be "physically present" when a PA performs procedures that are eligible for OHIP billing when delegated. • Physicians cannot delegate routine elements of a visit like assessments, consultations, or counselling to PAs. This means fewer appointments are available and there is less time for complex patients. • When the surge hits smaller communities, community doctors will be called up to work in hospitals. Their PA could run their practice, but the physician would be forced to pay out of pocket or leave their practice unattended.	• Physicians will have the capacity to spend more time (virtually or in person) with more acute and complex patients. • Physicians can limit their exposure to patients who may be COVID-19 positive by having PAs perform certain procedures. • The measures will eliminate the need for physicians to repeat many elements of a patient encounter that a PA is trained to conduct, simply for billing purposes. • In smaller communities, PAs can help keep family practices and other specialty clinics running when physicians are called to work in hospitals, cover ED shifts and move their focus to COVID-19 patients.

AUTHORITY TO CERTIFY DEATH

PAs, like their nurse practitioner colleagues, should be granted the authority to complete a Medical Certificate of Death in the *Vital Statistics Act*. These circumstances should include when:

- the supervising physician had primary responsibility for the deceased's care
- the death was expected
- there is a documented medical diagnosis of terminal disease by a medical practitioner
- there was a predictable pattern of decline, and
- no unexpected events or complications occurred.

This policy measure would allow for the further extension of physician services, most notably in long-term care. This would reduce delays and support the well-being of loved ones.

RENEWING PRESCRIPTIONS FOR CONTROLLED SUBSTANCES

Temporary exemptions permitting PAs in certain specialties (long-term care, surgical specialties, oncology) to extend and renew prescriptions for controlled substances would allow patients to receive treatment with minimal delay.

It is important to balance risk with the need to ensure that, during the lockdown period of the pandemic, patients have access to appropriate treatment, especially those in rural, remote and northern communities.

ADDITIONAL INFORMATION

Please consult our brief on the PA role in Canada for details on PA education, certification, maintenance of competency, scope of practice, standards of practice, regulatory status, and professional liability coverage.

NEXT STEPS

Ontario PAs are ready, willing, and able to serve patients and help the Government of Ontario do everything possible to get through the COVID-19 pandemic.

We are submitting our policy considerations in the spirit of collaboration and innovation and would be pleased to discuss these issues with officials at the Ministry of Health, Ontario Medical Association, and College of Physicians and Surgeons of Ontario. We would also be pleased to arrange consultations with experienced PAs, supervising physicians, and hospital leadership who can provide insight on why these policy steps should be enacted without delay.

Contact Information

Leslie St. Jacques, CCPA
President
lstjacques@capa-acam.ca

Sahand Ensafi, CCPA
Provincial Director, Ontario
sensafi@capa-acam.ca

Patrick Nelson
Executive Director
pnelson@capa-acam.ca