ISSUE: **Leveraging the Physician Assistant Model of Care to Enhance Medical Coverage in Long-Term Care**
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FROM: **Canadian Association of Physician Assistants**

BACKGROUND: WHAT IS A PHYSICIAN ASSISTANT

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 delegated to the PA, provided the physician has confidence in the PA's skills, training, and experience. Specifically, PAs work under the supervision of a licensed physician via the CPSO's Delegation of Controlled Acts Policy (#5-12).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.

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The PA Role in Canada

Please consult our information brief for details on:

- education
- certification
- maintenance of competency
- scope of practice
- standards of practice
- regulatory status, and
- professional liability coverage.

PAs IN LTC MAKE MEDICAL CARE MORE ACCESSIBLE

By shifting medical tasks to PAs, through substitution or delegation, physicians are freed up to deliver care to more complex patients. The PA model of care allows for the efficient reorganization of the workforce and, thanks to the versatility of the PA scope of practice, provides one viable solution for improving medical coverage, efficiently using human resources, and increasing capacity.

Below are examples of benchmarks where PAs onsite in LTC homes can have the greatest impact.

Extending and Maximizing Physician Services (Physician Liaison)

Because physicians are not consistently onsite in LTC residences, the PA's broad, physician-delegated scope of practice is helpful in bridging the gap during those absences, including handling admissions, assessing changes in status, ordering tests, adjusting medications, gathering information, communicating and developing rapport with the health care team, and participating in administrative functions (committee meetings) etc.

Other benefits of the physician extender and liaison role include:

- **Rounds**—the PA handles daily rounds, allowing physicians more time to devote to critical issues on their rounds and to consult with family members, as needed.

- **Minimizing disruption to daily clinics**—with the PA handling so many delegated tasks, the disruption to a physician's daily clinic and/or off-hour time is significantly reduced.

- **E-Consults**—through this service the PA can consult with a specialist virtually. This helps to eliminate a resident's stress from leaving the facility, avoid expensive transportation costs, and generally keep the health care team informed.

- **Wound care**—wound care is a key priority in LTC and, through collaboration, the addition of a PA is highly successful in preventing the development of wounds and successfully treating those that do arise.

- **Effective management of chronic disease**—PAs can take on more specialized functions and improve the management of residents with chronic diseases like diabetes, hypertension, and dementia.

- **Handovers to emergency physicians**—PAs play a key role in minimizing miscommunication when the transition of elderly residents to the emergency department cannot be avoided.

Further, from the physician's perspective, we often hear that without a PA on their team they would strongly consider giving up their work in LTC because of the large patient load. The challenges would otherwise be too great in terms of balancing their clinics, on-call duties, and hospital practices.

Quarterly Medication Reviews

With growing concern about polypharmacy among the elderly, medication reviews are essential to optimize the care provided to residents. PAs help ensure that medication reviews are conducted, documented, and submitted on time. Where physician time can be limited, a PA can more closely monitor blood pressure, weight, and the use of drugs of concern like psychiatric medications, PPIs, narcotics etc.

A common result in homes using the PA model is a decline in the rates of antipsychotic drug use. One home saw this rate decrease from 65% to 19%. We anticipate that these positive results will grow with further PA involvement in comprehensive medication reconciliation.

Reducing Acute Care Transfers

When physicians are funded for a maximum number of site visits per week, and if they can't arrive to assess a resident when an acute incident occurs, the result is often a transfer to acute care. The PA role allows for more timely assessments of residents with a change in their health status and often minimizes transfers to acute care hospitals. Further, the PA onsite gives nurses and other staff members the reassurance that a resource will be available to assess residents and liaise with the physician virtually.

Eliminating Delays in Care

- **Lab results**—Abnormal lab results are often faxed to physicians, but with a PA onsite they are addressed without delay and physicians are kept informed and consulted, when required. In addition, the PA manages all INR results and any required medication adjustments.

- **Psychiatric referrals**—A PA can initiate these referrals, allowing for better bridge between the resident, physician, and psychiatrist. Because the PA is onsite, they can more closely monitor medication changes and behaviours of residents.

- **Admissions**—By the time the physician is ready to see a new resident, the PA has completed their physical exam, reviewed their medical history, reviewed their medications, obtained copies of medical reports, and ordered any required lab tests. This allows the physician to focus on key issues of concern upon admission.

- **Procedures**—suturing, biopsies, toenail removals etc. are performed in house by the PA.

Improving Continuity of Care

In a setting where physicians aren't always onsite and many staff health professionals work part-time, the PA plays a vital role as a reliable and constant resource. PAs are involved in the circle of care of every resident and are a continuous presence in the home.

Enhancing Resident and Family-Centred Care

- The PA role enhances onsite support for residents who remain in homes for palliation, as well as support for family members. The PA will often lead discussions around goals of care and keep the physician and family briefed on health status and symptom relief concerns.

- Enhancing communication and building rapport with family members is a huge part of the PA role. Families often turn to the PA with questions or concerns because the PA is more easily accessible. The value of this role should not be underestimated in a setting where the transition of part-time workers can contribute to the breakdown of family-centred communication.

Supporting and Leading Quality Improvement Initiatives

With PAs onsite full time, they can be more intimately involved in quality improvement initiatives, data collection, and reporting. They also play a larger role in identifying opportunities for improvement in areas like deprescribing etc.

ADDITIONAL REFERENCES

1. *Exploring the Role of Physician Assistants and Nurse Practitioners in Long-Term Care* by Michael Kary. BC Care Providers Association, May 2015.
2. *Physician Assistants: Caring For Canada's Seniors*. The Canadian Association of Physician Assistants. January 24, 2018.
3. *Skill mix change between physicians, nurse practitioners, physician assistants and nurses in nursing homes: A qualitative study*. Nursing & Health Sciences. Volume 21, Issue 3, September 2019, pages 282-290.
4. *Substituting physicians with nurse practitioners, physician assistants or nurses in nursing homes: a realist evaluation case study*. Lovink MH, et al. *BMJ Open* 2019;9:e028169. doi:10.1136/bmjopen-2018-028169.
5. Conference Board of Canada Reports on Physician Assistants in Canada. 2016-2017.

NEXT STEPS

It is clear that urgent steps need to be taken to enhance the quality and accessibility of medical care in Ontario's nursing homes. The impact of COVID-19, coupled with existing issues surrounding the growth and complexity of our aging population, has laid bare the fault lines in our LTC workforce.

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. And while there is no single solution to these challenges, Ontario can capitalize on the unique and flexible skillset of the growing PA profession to bolster its workforce and deliver the high quality care that our seniors deserve.

CAPA is submitting this brief in the spirit of collaboration and innovation and we would be pleased to discuss these issues with Ministry officials. We would also be pleased to arrange consultations with experienced PAs, supervising physicians, and LTC home leadership who can provide insight on why implementing the PA model of care is an essential policy decision at this time.

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