

Background

- Physician Assistants (PAs) are academically trained physician extenders capable of providing a range of medical services within a defined scope of practice
- In 2019, the Canadian Cancer Society¹ predicted a continuing increase in the number of new cases and cancer-related deaths due to the aging population
- New approaches are required to meet this growing demand, while ensuring that patients remain a priority
- The US utilizes oncology PAs in a variety of roles²
- Radiation Medicine Program (RMP) at the Princess Margaret Cancer Centre has introduced 1 PA in 2014 and a 2nd in 2020
- During the COVID-19 pandemic, it is very likely that cancer care will need to be prioritized, deferred (within limits) and reduced due to capacity issues from health care worker absence and decreased efficiency

Purpose

- Assess the role and describe the integration of a PA within an academic center for the delivery of high-quality patient care.

Materials and Methods

- In 2019, Department of Radiation Oncology (DRO) was staffed by 37 Radiation Oncologists (ROs), and 1 PA
- PA was assigned to 9 half-day clinics per week, with the remaining half day allocated to CME and indirect patient care.
- Data representing the number of new patients seen in DRO in 2019 total and per site group was collected
- Data from PA clinical activities prospectively collected from January to December 2019
 - For consistency, data was analyzed only from sites of continuous PA participation
- Indicators relating to practice profile (clinical, educational, and administrative), new patient consultations, outpatient clinical follow-ups, and on-treatment reviews were captured

Results

- RMP is divided according to disease site groups
- From 2015 to 2019, PA has been an active clinical member in all 12 disease site groups
- PA role and schedule has an adaptable component in response to the clinical needs, with emphasis on the PA assigned to high-volume clinics and/or clinics without trainees

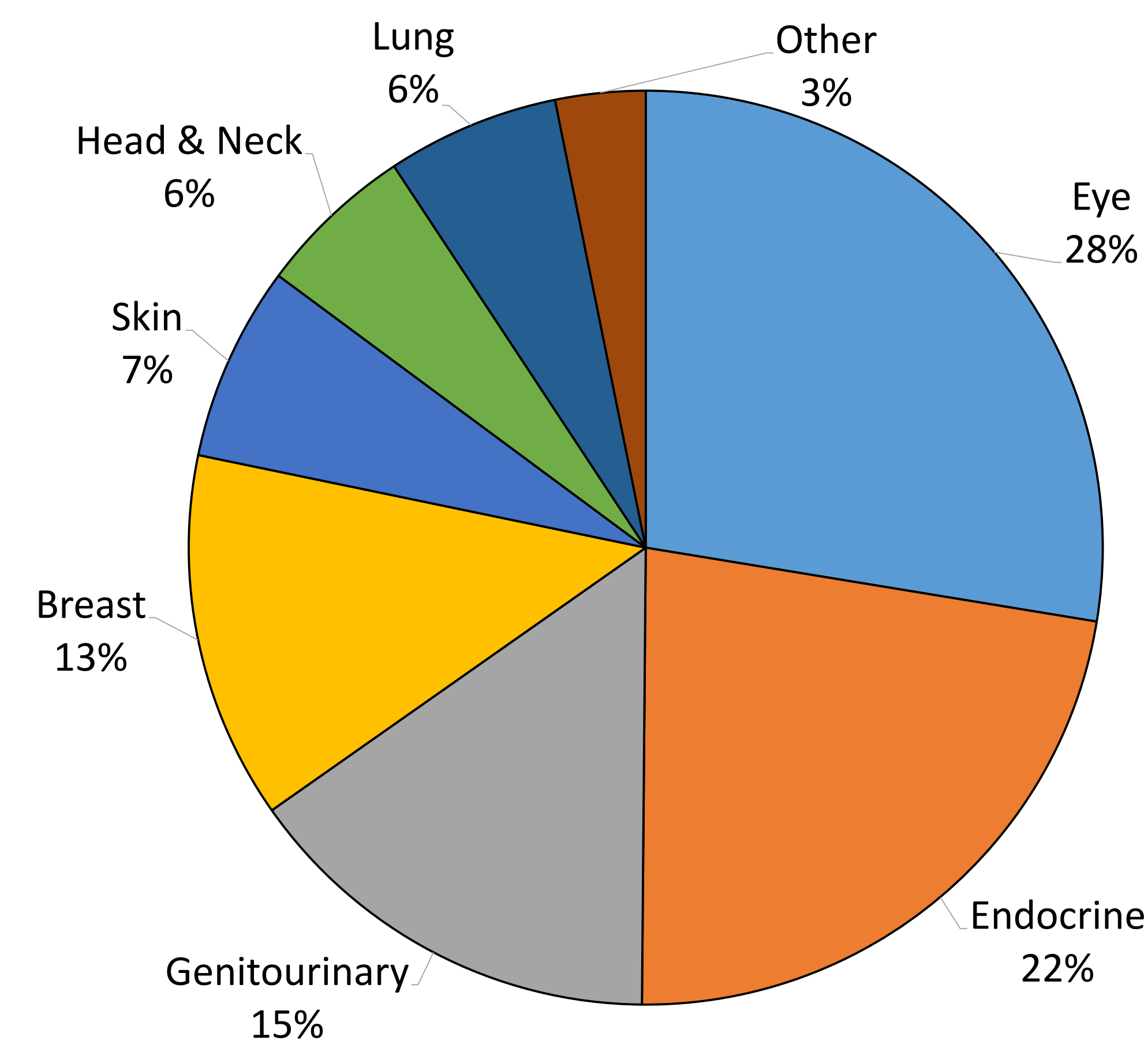


Figure 1: New Patients (NPs) assessed by the PA per disease site group in 2019

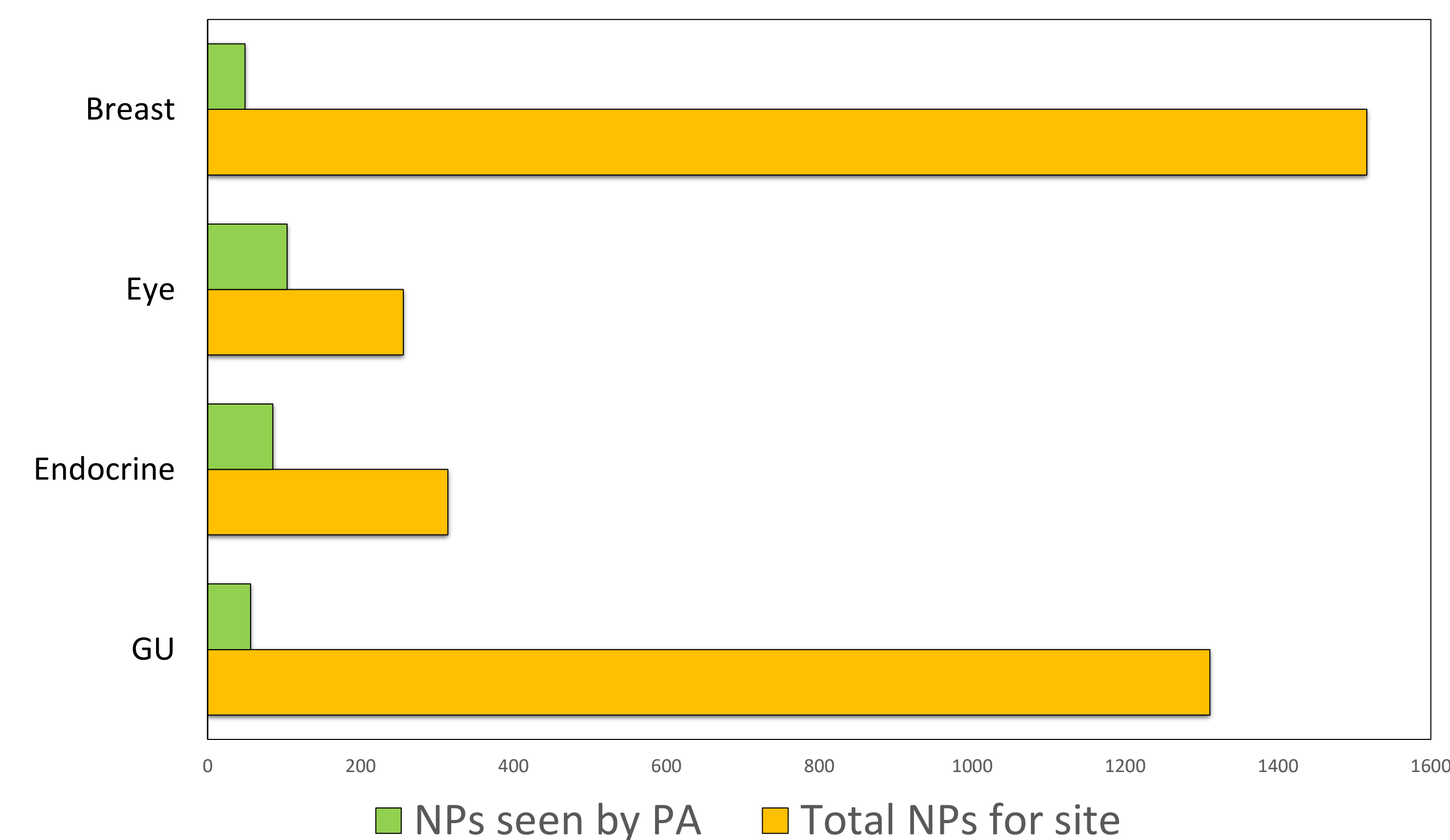
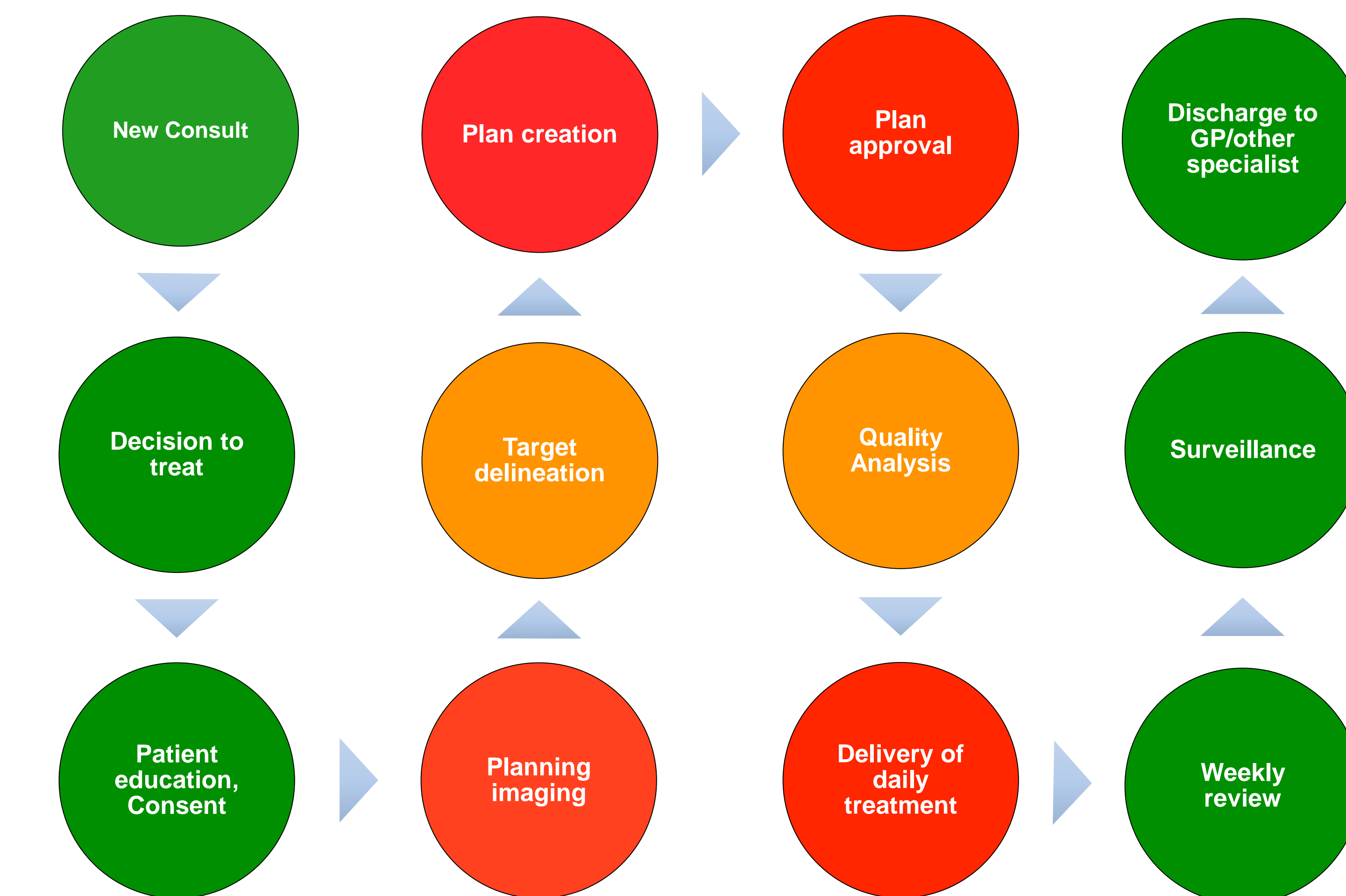


Figure 2: Comparison of NPs seen by PA and total NPs seen in RMP for year 2019 for the disease site groups highlighted

- PA's contribution (measured by NP consults) is proportional to the size of the site group (measured by total consults and # of ROs):
 - PA saw 3.2% of Breast NP alongside 11 ROs
 - 39.2% of Eye NP with 2 ROs
 - 27% of Endocrine NP with 2 ROs
 - 4.3% of GU NP with 10 ROs
- Considering an average of 20 minutes saved per NP, PA freed up ~7,540 hours for 22 supervising ROs for other activities in 2019
- For new consultations, PA consistently performed the following tasks: history-taking, physical examination, interpretation and ordering of relevant imaging and bloodwork, development of treatment plans, management of symptoms, case presentation, patient education, informed consent, radiation booking (eBooking, Mosaiq prescription), facilitate additional referrals, and documentation in medical record
- In addition, PA provided care for surveillance patients in the clinics and for symptom management for patients undergoing RT
- Radiation Oncology PA can and has been involved in multiple aspects of a cancer patient's journey



- PA's current participation in patient care (Green)
- Potential future role for PA's participation (Orange)
- Other team members' roles (RO, physicist and radiation therapist) (Red)

Figure 3: Flowchart of cancer patient's journey drawing attention to PA involvement

- PA role in indirect patient care included facilitating patient navigation, following up on diagnostic imaging, pathology, and bloodwork, addressing patient queries, completing forms, as well as discussing complex cases at Multidisciplinary Case Conferences

Discussion

- Direct mentorship by supervising ROs is integral to obtain oncology-based knowledge in order to function in a sub-specialized role
- PA, as physician extender, enhanced workflow by freeing up RO time for personalized treatment development, research, administrative tasks, and leadership roles
- PA works in a collaborative environment alongside residents and clinical fellows, allowing for more teaching time by the staff ROs and developing a teaching role for the PA
- PA in DRO has introduced PA learners for observerships and supervised PA clerks during their elective rotations, expanding the academic scope of practice
- PA role has the flexibility to evolve and adapt across disease sites and scope of practice
- During the COVID-19 pandemic PAs provided virtual care as appropriate and 1 PA was redeployed to inpatient units to ensure delivery of high-quality patient care, demonstrating versatility of PA role

Conclusions

- PA provides an additional, highly adaptable model of care within a variety of tumor sites
- Oncology PAs have the ability to enhance access to care by developing the competence to share tasks traditionally undertaken by ROs
- PA is not a substitute for MDs; rather, the role of a PA is complimentary and can be introduced in busy cancer centers to increase capacity for patient care, education and research activities

Future Directions

- PA role impact on patient wait times, patient satisfaction and experience
- Value assessment of PA model in radiation oncology departments
- Understand the scope of oncology PAs Canada-wide and internationally to identify areas of role expansion

References

- Canadian Cancer Statistics Advisory Committee. Canadian cancer statistics 2019. Toronto: Canadian Cancer Society; 2019.
- Ross AC et al. Understanding the Role of Physician Assistants in Oncology. J Oncol Pract 2010; 6(1):26-30.
- Kelvin JF et al. Non-physician practitioners in radiation oncology: advanced practice nurses and physician assistants. Int J Radiat Oncol Biol Phys. 1999;45(2):255-263. doi:10.1016/s0360-3016(99)00180-7.