



SPECIALTY PRACTICE

ISSUE BRIEF



PHYSICIAN ASSISTANTS IN NEPHROLOGY

Physician assistants (PAs) practice medicine with physician supervision. Nephrology PAs increase the availability of high-quality, efficient treatment in all points of care — including hospitals, outpatient clinics and dialysis clinics. Nephrology PAs see, on average, 110 outpatient dialysis patients a week, and provide office follow-up to approximately 23 patients weekly.¹ From patient education to managing patients on dialysis, PAs are versatile members of the medical team.

By design, the physician-PA team enhances medicine. PA students are trained in a traditional medical model, including intensive study in basic medical sciences and other clinical subjects. This training prepares them to be effective providers of physician-directed care. PA programs are accredited by the Accreditation Review Commission on Education for the Physician Assistant, and before PAs can be authorized to practice, they must pass the National Physician Assistant Certifying Examination administered by the National Commission on Certification of Physician Assistants.

All states, the District of Columbia and the majority of US territories authorize PAs to practice. PAs' education and skills complement the work of their supervising physicians. This can ease case management and enable practices to be more responsive to the needs of their patients.

PAs are also covered Medicare and Medicaid providers. For the care of end-stage renal disease, the final physician fee schedule allows for reimbursement at the full physician level for the monthly capitated visits when the physician performs the comprehensive visit.

PAS IN NEPHROLOGY

PAs in nephrology work in private practices, outpatient dialysis centers and hospitals. Though always backed by a supervising physician, much of a PA's work is autonomous. The physician and PA establish communication and supervision levels that meet the requirements of state law. When the physician and PA are in separate locations, the physician is available via telecommunication.

The duties of PAs in nephrology vary depending on the needs of the practice or institution. PAs can provide anemia management; evaluate and treat kidney stones; order and follow up laboratory and imaging studies; monitor hypertension, diabetes and dyslipidemia; provide follow-up care for kidney transplant patients; direct and monitor day-to-day patient care in hemodialysis centers; and assist in the diagnosis and management of all aspects of kidney disease.

The comprehensive PA education also prepares them to care for patients with chronic co-morbid conditions such as diabetes, addictions, depressive disorders, congestive heart failure and chronic obstructive pulmonary disease. In the hospital, PAs perform admission histories and physicals, hospital rounds, consults, post-surgical follow-ups and procedures such as placement of vascular catheters for hemodialysis and plasmapheresis patients.

PAS IN ACTION

AAPA's Jennifer Anne Hohman interviewed leading PAs in nephrology. The following accounts, taken from the interviews, illustrate the ways a few nephrology offices have integrated PAs into their practices.

As reflected in 2008 data by the American Academy of Nephrology Physician Assistants, nephrology PAs provide important services for employers and patients:²

- 92 percent of respondents treat dialysis patients
- 70 percent treat chronic kidney disease patients at stage 5
- 67 percent provide access management
- 63 percent treat chronic kidney disease patients at stage 4
- 60 percent perform hospital rounds for their employers
- 43 percent perform daily hemodialysis
- 38 percent take call for their employers

PAS IN THE HEARTLAND

In Peoria, Ill., a nephrology group employs five PAs to work with its nine nephrologists and two surgeons. These PAs first assist in surgery, perform postoperative rounds on 40-50 patients a day in three hospitals and provide inpatient medical management. The PAs have hospital privileges to start femoral dialysis lines, assist in the insertion of catheters and remove Permcaths. The PAs attend to only inpatients, giving the physicians more time to spend in their offices, which in turn increases opportunities for patient access, consultations and outpatient diagnostic testing.

PA GOES THE DISTANCE IN THE NORTHWEST

A nephrology group practice in the Pacific Northwest employs a PA who sees patients in three dialysis units, helps with hospital rounds and consults and directs regular chronic kidney disease (CKD) clinics. Seeing approximately 120 dialysis patients each week, the PA travels to one hospital-based dialysis unit, one freestanding center in town and another rural freestanding center. In addition, the PA and supervising physicians alternate daily hospital inpatient rounds and consultations. Once a week, the PA directs a CKD clinic in the office

and administers, monitors and adjusts medications; provides management for anemia; arranges for tests and other evaluations; and provides patient and family education.

PA COORDINATES CARE FOR RENOWNED MEDICAL CENTER

Duke University Medical Center employs a PA to work in the hospital with three separate nephrology services. This PA's responsibilities include performing histories and physicals, placing hemodialysis catheters, performing daily rounds, dictating discharge summaries and addressing the myriad medical issues that arise for hemodialysis inpatients. This arrangement provides inpatients with consistent and timely treatment, facilitates communication between the patients and nephrologists and saves the hospital money.

A VITAL LINK IN DIALYSIS CARE

An urban nephrology group associated with Yale University comprises 10 physicians and four PAs who coordinate coverage of three hospitals, four dialysis units and their office. The PAs provide coverage in all settings, managing the three hemodialysis units and one peritoneal/home hemodialysis unit. They also are involved in clinical research, present at national meetings and publish in nephrology journals.

Each PA has his or her own outpatient dialysis shift where he or she sees patients in the unit on a weekly or

biweekly basis. PA responsibilities include managing the dialysis prescription, writing medication orders and, in consultation with the physicians, making medication changes and ordering hospitalizations or procedures.

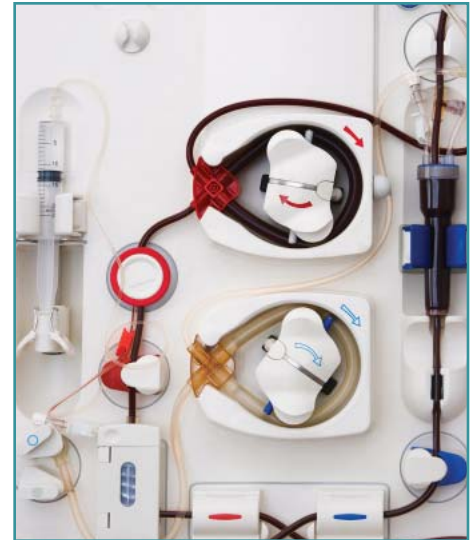
The PAs also manage inpatients. Due to the complex medical issues affecting most inpatients, teamwork is crucial. To further coordinate team practice, the PAs participate in monthly meetings with the attending physicians and nursing staff to discuss care plans and modify dialysis policies.

From patient education to managing patients on dialysis, PAs are versatile members of the medical team.

REIMBURSEMENT

Nearly all private payers cover medical and surgical services provided by PAs. However, private health insurance companies do not necessarily follow Medicare's coverage policy rules. Practices should verify each company's policies for PAs. AAPA has extensive information about private payer policies available at www.aapa.org/advocacy-and-practice-resources/reimbursement/payer-profiles.

Generally, Medicare covers medical services provided by PAs at 85 percent of the physician fee schedule. Medicare



allows PAs to deliver the same services as physicians (within the PA's scope of practice as determined by state law) using the same Current Procedural Terminology (CPT) codes.

Medicare pays a capitated fee for outpatient dialysis services based on four physician visits per month, plus additional payments for any ancillary services a dialysis center may provide.

Medicare now reimburses at 100 percent of the physician fee schedule when the PA performs three of the four monthly visits as long as the physician performs the comprehensive visit. If the comprehensive visit and additional three visits are made by the PA only, Medicare reimburses at 85 percent of the physician fee schedule.

Medicare abides by PA regulations in each state regarding the degree of physician supervision required. Under Medicare's guidelines, the physician



supervisor need not be physically present with the PA when a service is being performed, unless the state requires it. For more information about third-party coverage, visit the AAPA Reimbursement page at www.aapa.org/advocacy-and-practice-resources/reimbursement.

DIALYSIS CENTER POLICIES

In addition to state PA practice laws and hospital bylaws, nephrologist-PA teams should be aware of the bylaws and policies of the national dialysis corporations and of individual dialysis centers. The physician-PA team may find it necessary to negotiate new

policies if the ones in place do not support effective PA utilization — such as overly restrictive chart review or impractical supervision requirements. Most centers and administrators are open to modifying their policies once they understand the positive impact a physician-PA team can have on their organizations and patients.

FURTHER INFORMATION

PAs' superior clinical skills and patient focus make them ideal additions to the nephrology provider team. To cope with health challenges, patients with chronic nephrology conditions require compassionate, communicative and engaged clinicians — and PAs have all of these qualities to bring to busy nephrology practices.

For more information about PAs in nephrology, PA scope of practice and hiring a PA, contact Jennifer Anne Hohman at 703-836-2272 ext. 3220 or jhohman@aapa.org. You can also visit the AAPA Resources page at www.aapa.org/advocacy-and-practice-resources/issue-briefs. For additional information about nephrology PAs, see the American Academy of Nephrology Physician Assistants' Web site at www.aanpa.org.

REFERENCES

- ¹ American Academy of Nephrology Physician Assistants. (2007–2008). *AANPA membership survey*. Retrieved October 20, 2008, from www.aanpa.org/memberarea/pdf/AANPA%202008%20Survey%20Report.pdf.
- ² Ibid.



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