

# SPECIALTY PRACTICE

## ISSUE BRIEF



### PHYSICIAN ASSISTANTS IN CARDIOLOGY

Physician assistants (PAs) practice medicine as part of a physician-led team. PAs can perform a range of diagnostic and therapeutic procedures. In the field of cardiology, PAs' rigorous medical education, versatility and commitment to patient care are "just what the doctor ordered." Adding a PA to a practice offers a busy cardiologist the benefits of higher patient satisfaction levels, greater coordination of care and a more flexible work schedule.

By design, the physician-PA team enhances medicine. The training of PA students in a traditional medical school model, including intensive study in basic medical sciences as well as clinical subjects, prepares them to be capable providers of physician-directed medical care. This educational foundation enables the PA to be an effective team member, and gives the cardiologist time to care for patients suffering from more complex and urgent disorders. In all states, the District of Columbia, and the majority of US territories, physicians may delegate to

PAs medical duties that are within the physician's scope of practice, the PA's training and experience and that are allowed by state law.

Cardiology PAs' work is wide-ranging and varied. They perform patient histories and physical exams, administer stress tests and cardiac catheterizations, perform admissions, take call, make daily patient rounds, provide important patient education and lifestyle counseling, and write discharge summaries. Cardiology PAs' knowledge of ventilator management,



artificial cardiac devices and the pharmacologic effects of vasoactive/ cardiotoxic drugs facilitates the treatment of inpatients and outpatients with cardiac conditions. Additionally, by sharing the task of rounding, PAs not only free physicians to spend more time on difficult cases but also act as vital communication links between patients, families and physicians.

Further, the Association of American Medical Colleges (AAMC) estimates a rising shortage of cardiologists over the next 20 years.<sup>1</sup> To help alleviate the inefficiencies that will be caused by this shortage, they advocate adding PAs to a cardiology practice. And adding PAs also makes sense financially. According to the AAMC, adding PAs to a cardiovascular practice adds about \$300,000 in revenue, which is almost three times as much as the cost of PA compensation.<sup>2</sup>

## AN EXAMPLE OF PA CARDIOLOGY CARE

*AAPA's Jennifer Anne Hohman had the opportunity to interview a cardiac PA and gained a first-hand account of a cardiac PA's scope of practice.*

The PA, who works in a large East Coast cardiology practice, demonstrates the range and versatility of cardiology PAs. On a typical day, this PA takes histories and physicals of new patients and obtains the details of each patient's cardiovascular health and general habits. The PA presents the essentials of the patient history to the cardiologist, who then directs patient care.

Consulting with the physician throughout the process, the PA conducts key tests, including stress tests, nuclear stress tests and tilt table tests. She consults in the hospital and revisits patients after discharge from myocardial

infarctions and blood pressure medication titration. The PA explains cardiology procedures to patients, performs site checks after placement of catheters or pacemakers and monitors chest pains that do not require ED evaluation.

In the hospital, a cardiologist reviews the PA's notes on the tests, adding notes to her interpretation and electronically signing the reports. Typically, the cardiologist will call the referring physician with any "positive" stress results. The PA's inpatient responsibilities also include seeing non-intensive care unit (ICU) patients. She writes orders and progress notes, sees patient consults and dictates the consultations. By seeing patients, writing notes and orders, and dealing with labs and X-rays in advance, the PA enhances continuity of care and eases case management, while the cardiologist gains time to focus on critical cases.

At the office, the PA sees patients for follow-up visits. She performs post-procedure site checks, titrates blood pressure, coordinates medications and promotes recovery by discussing diet, exercise and lifestyle issues. Whether in the hospital or at the office, patients and their families appreciate having their questions and concerns addressed by the PA.

## A STUDY IN PA EXCELLENCE

PAs successfully perform important cardiology procedures in many settings. A university hospital has been using PAs in cardiothoracic surgery for more than 30 years. At this hospital, the PAs harvest the greater saphenous veins or radial arteries to use as bypass conduits for almost every coronary bypass procedure.<sup>3</sup> Another study found that after introducing a full-time PA staff, a



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hospital's cardiothoracic ICU underwent significant changes: improved survival after cardiac arrest, decreased length of stay and very low complication rates with invasive procedures.<sup>4</sup> The authors conclude that "[t]he PA staff added a new dimension to the clinical team. The surgical experience and insight gained from caring for [their] patients in the OR augmented quality of postoperative care."<sup>5</sup>

In addition, a study carried out by Duke University in 2001 found that trained and supervised PAs performed cardiac catheterizations with skill and efficiency.<sup>6</sup> The study confirmed that PAs can perform diagnostic cardiac catheterization, including coronary angiography, with procedural times and complication rates similar to those of cardiology fellows. The incidence of major complications — such as myocardial infarction, stroke, arrhythmia requiring defibrillation or pacemaker placement, pulmonary edema requiring mechanical ventilation and vascular complications requiring surgical intervention — were nearly identical in both groups. For PAs, the complication rate was 0.54 percent, compared to a 0.58 percent complication rate for cardiology fellows. The study demonstrates the effectiveness of PAs trained thoroughly in cardiac catheterizations. The implications for cardiologists: by having a PA participate in patient testing, physicians can devote more time to research and consultations. With a skilled PA partner, cardiologists can concentrate on the data generated by catheterization and are able to focus on the challenges of cardiac follow-up care.

## BOOSTING PATIENT SATISFACTION

Many studies have confirmed that PAs enhance patient satisfaction.<sup>7-9</sup> One

such study conducted by the Kaiser Foundation Research Institute found patient satisfaction levels with PAs high, ranging between 86 and 96 percent.<sup>10</sup> PAs support patient health and contentment through counseling in both preventive measures and in medication usage, through improved coordination of care when the cardiologist is in the laboratory and by acting as an important communication link to family members and other health care providers. With a PA on staff, patient waiting times can be lessened, improving patient satisfaction through increased access to care. No cardiologist can be available to patients every moment of every day, and adding PAs to a medical team can greatly improve continuity of care and patient compliance.

## PA 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. Because of the potential variation among insurance companies, practices should verify each company's specific payment and coverage policies for PAs. AAPA has extensive information about private payer policies available at [www.aapa.org/advocacy-and-practice-resources/reimbursement/payer-profiles](http://www.aapa.org/advocacy-and-practice-resources/reimbursement/payer-profiles).

Medicare pays the PA's employer for medical and surgical services provided by PAs in all settings at 85 percent of the physician's fee schedule. These settings include hospitals (inpatient, outpatient, operating room and emergency departments), nursing facilities, offices, clinics, the patient's home and first assisting at surgery. In certain settings, services that PAs provide may be billed at 100 percent under the supervising physician's

provider number by meeting the "incident to" or shared visit billing requirements.

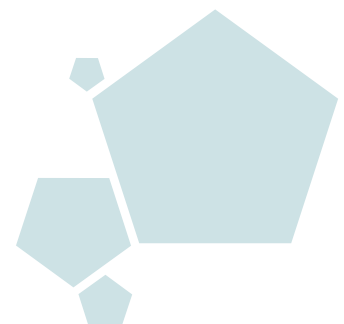
All 50 states and the District of Columbia cover medical services provided by PAs under their Medicaid fee-for-service or Medicaid managed care programs. The rate of reimbursement is either the same as or slightly lower than that paid to physicians.

For more information about third-party coverage, visit AAPA's Reimbursement page at [www.aapa.org/advocacy-and-practice-resources/reimbursement](http://www.aapa.org/advocacy-and-practice-resources/reimbursement).

## THE PA ANSWER

Cardiologists and cardiology patients benefit from the dedication, medical skills and adaptability of PAs. Proficient at preventive care and able to shoulder many aspects of their supervising cardiologists' workload, PAs are a valuable investment for their employers. To learn more about hiring and working with a PA, please contact Jennifer Anne Hohman at American Academy of Physician Assistants (AAPA) at 703-836-2272 ext. 3220 or [jhohman@aapa.org](mailto:jhohman@aapa.org).

Information also is available from the Association of Physician Assistants in Cardiology (APAC) at 866-970-2272, [apac@aapa.org](mailto:apac@aapa.org) or [www.cardiologypa.org](http://www.cardiologypa.org). Both associations' Web sites include pages where employers can post job openings ([www.aapa.org/joblink](http://www.aapa.org/joblink) and [www.cardiologypa.org](http://www.cardiologypa.org)).



## REFERENCES

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