The Role of Nurse Practitioners and Physician Assistants in Home Care

Complex home bound patients often require significant medical, emotional, social and spiritual care. There is also a large amount of coordination of care and family/caregiver education and support required. Nurse practitioners (NPs) and physician assistants (PAs) can provide a quality and cost-effective way of dealing with many of the needs of this challenging population. As part of the 1997 Medicare Balanced Budget Act, NPs and PAs were given the ability to bill for services provided within their “scope of practice” regardless of site, subject to state regulation. Prior to this change, NPs and PAs generally needed to have their physician supervisors physically present, which discouraged their use in home visits. NPs and PAs can bill at 85% of the physician allowable.

The Role of Nurse Practitioners in Home Care

According to the American College of Nurse Practitioners, “Nurse practitioners (NPs) are registered nurses who are prepared, through advanced education and clinical training, to provide a wide range of preventive and acute health care services to individuals of all ages.”

Nurse practitioners are advanced practice nurses who provide high-quality healthcare services including assessment, diagnosis and treatment. With a nursing background, nurse practitioners have a unique approach that stresses both care and cure. In addition to clinical care, nurse practitioners focus on health promotion, disease prevention, health education, counseling and care coordination. The number of NPs more than tripled between 1992 and 2008 from 48,237 to 158,348 (Source: U.S. Department of Health and Human Services- http://bhpr.hrsa.gov/healthworkforce/msurvey/initialfindings2008.pdf)

Nurse practitioners’ education is generally in family, adult or geriatric medicine. NPs can also become specialized in areas such as cardiology, palliative care, ostomy and wound care, and psychiatry. Most NPs are nationally certified in their area of specialty.

Nurse practitioners are licensed in all states, generally by the state board of nursing. They practice under the rules and regulations of the state in which they are licensed. It is very important to be familiar with the applicable state laws. For example, sixteen states allow nurse practitioners to practice independently without supervision while other states require varying degrees of supervision or collaboration. To find out specific state regulations go to the individual state’s board of nursing website. Collaborative agreements vary depending on the collaborative relationship. These agreements can be written by the involved parties and define the practice relationship. To see examples of collaborative agreements go to www.npfreebies.com.

Certification: Nurse practitioners must maintain certification to practice, and this will differ depending on type of practice. For NPs who graduate from family or adult nurse practitioner programs, certification examinations are given by the American Academy of Nurse Practitioners and the American Nurses Credentialing Center. Recertification is
every 5 years. For nurse practitioners who graduate from specialty programs (population focused) such as women’s health, gerontology, or pediatrics, certification is often in that specialty. NPs can maintain more than one certification. Depending on education level and certifying body, nurse practitioners have different initials after their name and this can be confusing. A convenient guide for 189 abbreviated credentials is found at: http://www.all-acronyms.com/tag/nursing_credentia

**Salaries:** A 2010 online survey of approximately 3000 NPs documented a small overall salary increase for Nurse practitioners. The average full time NP salary was $90,770 as compared to $89,579 in 2009. According to this survey, NPs working in emergency departments had the highest income while house call NPs made $93,390. [http://nurse-practitioners-and-physician-assistants.advanceweb.com/Features/Articles/National-Salary-Report-2010.aspx](http://nurse-practitioners-and-physician-assistants.advanceweb.com/Features/Articles/National-Salary-Report-2010.aspx).

**Malpractice**
Claims experience is substantially lower for nurse practitioners than for physicians. An analysis of the National Practitioner Data Bank entries compared to physicians among the 50 states found that on average there was one report for every 4 physicians (MD or DO), but only one report for every 166 NPs. This lower rate of claims is reflected in lower malpractice premiums, typically only 5-10% of the cost of their physician counterparts (although this varies substantially by state). [http://www.pearsonreport.com/tables-maps/category/npdb-rates/](http://www.pearsonreport.com/tables-maps/category/npdb-rates/)

**NPs in practice organizations**

In some states nurse practitioners can have independent practices. Independently practicing NPs need to build referral networks to manage more complicated patients. For homebound patients, this requires a network that includes home visiting physicians. At the other extreme, NPs are hired by physician groups to manage simple primary care problems and do not care for more complex or challenging patients. This model focuses on increased efficiency using a lower cost nurse practitioner.

There are generally two forms of collaborative models. In one model, the physician and nurse practitioner are both primary care providers for their own panels of patients and the physician has a consultative role for the nurse practitioner’s patients. In practices like this, the physician’s panel of patients tends to be larger than the nurse practitioner’s panel. Typical fulltime NP panels range from 50 patients (typical in many VA Home-Based Primary Care programs) to 150 homebound patients. In the second model, the nurse practitioner and physician jointly share a panel of patients. This arrangement more efficiently uses physician time with ¼ of a physician working with a fulltime nurse practitioner caring for 100-120 patients. These ratios can vary greatly depending on the practice type and location.

A somewhat different model focuses on specialty NPs to enhance a practice’s capacity for specific problems such as behavior management or wound care. In this model, the nurse practitioner often serves as a consultant for the primary care physician.
The Role of Physician Assistants in Home Care

Development of the Physician Assistant Profession
The concept of the physician assistant (PA) began in the mid 1960s, in response to the shortage of primary care physicians, as physicians began to branch off into specialty medicine. In 1961, Dr. Charles Hudson, President of the National Board of Medical Examiners, delivered a speech to the House of Delegates, stating the need for a new type of physician extender. Dr. Eugene Stead applied for a National Institutes of Health grant and began the first two-year PA program, on October 4, 1965, at Duke University, educating ex-Navy corpsmen and graduating three students. Physician assistants believe in the team concept of care and always work under the supervision of a physician.

Expansion and Accreditation
In 1972, the Health Manpower Act provided funding for PA programs, and from 1971-1973, 31 new PA programs were established. By 1985, 76 new PA programs were developed and accredited by the Accreditation Review Committee for Physician Assistants (ARC-PA). Currently, there are over 140 ARC-PA accredited PA programs in the United States. These programs are typically 24-32 months long, require four years of college and some health care experience prior to admission. 80% of these programs award master’s degrees and only graduates from an accredited program are eligible to sit for the Physician Assistant National Certification Exam (PANCE). PAs receive national certification from the National Commission on Certification of Physician Assistants (NCCPA). Specialty certifications are being developed by the NCCPA, although at present they do not include home care, palliative medicine or geriatrics. PAs are licensed by the Board of Medicine in most states and must earn and log 100 CME hours every two years. They must recertify every six years by completing the NCCPA’s Physician Assistant Recertification Exam (PANRE). State regulations vary but most allow physician supervision via telecommunication. Any practice considering working with physician assistants should review the laws and regulations of the state, in which they are providing care. State PA associations and the American Academy of Physician Assistants also maintain information on appropriate practice and reimbursement.

Work Settings, Specialties, and Scope of Practice
PAs may practice and prescribe in all 50 states, the District of Columbia, and Guam. Greater than 43% practice with a group or solo practitioner, one-third in the hospital setting, and the remainder in rural clinics, community health settings, long-term care facilities, and other settings. Many PAs are employed in subspecialties; including orthopedic surgery, dermatology, emergency medicine, and others. In general the scope of practice of the physician assistant is considered to be limited to that of his/her supervising physician.

Roles of PAs in Home Health Care
With the growing number of homebound patients, PAs are increasingly taking on the role of home health care providers. Between 2005 and 2009 the number of home visits by physician assistants, billed via the CPT coding system, increased dramatically from 43,
337 to 166,923. PA training emphasizes medical management of chronic disease and requires training in geriatrics and end of life care, skills which are integral to home care. Additionally, PAs can perform many diagnostics on-site, including taking vital signs, performing ECGs, sterile urine collections, INR testing, bladder scanning, and many others. PAs may also prescribe medications, order more complex diagnostics such as CT scans and MRIs, and help arrange for home health nursing and physical and occupational therapy when necessary. PAs also provide education to families and the caregivers of patients.

**Salary Profiles, Reimbursement Rates, and Malpractice Premiums**

According to the 2009 American Academy of Physician Assistants (AAPA) census survey, the mean total income for PAs was $93,105 annually, with a median salary of $87,500. Malpractice premiums vary regionally and by the risk profile of the PA’s practice, but generally are only a fraction of the physician’s malpractice costs. Most employers provide malpractice insurance, but individual policies for physician assistants are available through the American Academy of Physician Assistants.

Medicare reimbursement for home visits by PAs is 85% of the physician fee schedule and PAs are eligible for a 10% bonus if 60% of visits are in long-term care or home health visits – essentially making up for the 15% percent difference in reimbursement rates. It should be noted; however, that home visits are not eligible for “incident to” and must be billed under the provider who made the visit.

**Practice Models**

Physician assistants do not practice independently. Depending on each organization's needs, they may follow their own panel of patients, manage only routine visits, provide acute visits, or any combination that is efficient for the group. Physician supervisors should be available to offer advice regarding care of complex patients. Each physician/PA team develops their own pattern of supervision. In some states, physician assistants may own the practice and hire physicians to supervise them.

**Resources:**

http://www.npfreebies.com: provides free downloads regarding working with nurse practitioners, examples of collaborative agreements, employment agreements, disease specific protocols, and more.

Advance practice nursing organizations:
American Academy of Nurse practitioners:  [www.AANP.org](http://www.AANP.org)
American College of Nurse Practitioners:  [www.acnpweb.org](http://www.acnpweb.org)
Gerontological Advanced Practice Nurses Association:  [www.GAPNA.org](http://www.GAPNA.org)

Physician Assistant Organizations/Resources
American Academy of Physician Assistants: www.AAPA.org
Most states have PA associations.
National Commission on Certification of Physician Assistants: www.nccpa.net