ATTENTION: Members, Medical Board of California
SUBJECT: Presentation on History and Scope of Practice of Physician Assistants
STAFF CONTACT: Kevin A. Schunke

BACKGROUND:

The Physician Assistant Committee (PAC) of the Medical Board of California serves and protects consumers of California through licensing, approving physician assistant (PA) training programs, and enforcement of the laws governing the Physician Assistant Practice Act. PAs are highly skilled professions who, under the supervision of a physician and surgeon, provide patient services ranging from primary medicine to very specialized surgical care.

The Board heard a scope of practice regulatory proposal from PAC Chair, Robert Sachs, at the May 2012 meeting. Members requested a presentation on PAs to better understand their scope of practice in order to make informed decisions on future issues related to PAs.

A presentation will be made to discuss the history of PAs, the PAC's relationship with the Board, and the scope of practice of PAs.

Elberta Portman has served as Executive Officer of the PAC since 2007. Prior to that, she was a manager at the Medical Board of California in the Complaint Processing and Discipline Coordination Units and was a Diversion Case Manager in 2000.

Beth Grivett, PA-C, is a PA specializing in family medicine. She graduated with a BS in kinesiology from UCLA and received her certificate in Physician Assistant Studies from USC. Beth has been a PA for 17 years and currently works for a medical group in Orange County. She has worked extensively with both the American Academy of Physician Assistants and the California Academy of Physician Assistants and has been instrumental in helping improve the practice act for PAs in California by working on legislative and regulatory changes on behalf of PAs. She recently released the second edition of her book, ***So You Want to be a Physician Assistant***.

Physician Assistant Committee

Medical Board of California Meeting

July 20, 2012

Legislative Intent

In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature established the PAC in 1975.

The purpose is to encourage the more effective utilization of the skills of physicians…by enabling them to delegate health care tasks to qualified PAs

Who We Are

- The PAC is a 9 member regulatory board within the Department of Consumer Affairs and comprised of:
- 1 physician who is a member of the MBC
- 4 public members
- 4 PA members

What We Do

- Regulate over 8,500 licensees
- License PAs
- Approve PA programs
- Investigate complaints
- Discipline licensees who violate PA laws and regulations
- Manage a drug & alcohol diversion program

Mission Statement

- Protect and serve consumers through licensing, education and objective enforcement of the PA laws and regulations

#1 Priority - Consumer Protection

PAC/MBC Relationship

- SP and PA relationship
- MBC provides PAC with complaint and investigation services
- Provides IT services
- MBC physician as PAC member
- Scope of Practice regulations

California Physician Assistant

Medical Board of California
July, 2012

Beth Grivett, PA-C

Family Medicine, Premier Physicians Medical Group, South Orange County, CA

Past President, CA Academy of Physician Assistants

Past Legislative Chair, CAPA

Past President, Student Academy of American Academy of Physician Assistants

What is a PA?

- Health care professionals licensed to provide health care services with physician supervision
- Provide a broad range of diagnostic and therapeutic services
- Primary and specialty care in medical and surgical practice settings in rural and urban areas
- Duties may include educational, research, and administrative activities

Origins of the Profession

- Born on the battlefields of Vietnam
- Major future health "manpower" shortage predicted in the 1960s
- Retraining highly skilled corpsmen as "physician extenders" seen as one solution
- First class of PAs graduated from Duke University on October 6, 1967
- 156 accredited PA training programs in the United States; 9 in California
- 85,000 PAs in practice nationally; 8,500 in CA

PA Education

- Historically competency based rather than degree based
- Significant preparation with college pre-requisites required
- Average training 24 months in length
- First year (12 months) is didactic classroom instruction
  - Anatomy
  - Biochemistry
  - Pathophysiology
  - Microbiology
  - Pharmacology
  - Physical Diagnosis

PA Education

- Second phase of training (14-20 months) in supervised clinical clerkships (over 2,000 hours of supervised clinical practice prior to graduation)
- Rotations in:
  - Family medicine
  - Obstetrics and gynecology
  - Internal medicine
  - Pediatrics
  - Emergency Medicine
  - Surgery and surgery specialties (orthopedics)
  - Psychiatry

PA Education

- Master's degree has become the entry level degree
- Why is this important in CA?

Stanford	USC
San Joaquin College	Western
Riverside College	Touro
Loma Linda	Samuel Merritt
UC Davis	

- Seeking Accreditation

Southern CA College of Optometry	
Chapman	Charles Drew

Initial Licensure

To obtain the initial CA License, a PA must be certified by the National Commission on Certification of Physician Assistants (NCCPA)

To obtain certification, a PA

- Must be a graduate of an accredited PA program
- Must pass the national exam administered by the NCCPA

To Maintain Certification

- Must log 100 hours of continuing medical education (CME) every 2 years
- Must sit for recertification exam every 6 years (will be every 10 years)

- CA does not require maintenance of certification
  - 50 hours Category 1 CME every 2 years

Typical PA Duties

- History and physical examinations
- Order and interpret laboratory tests
- Develop and initiate treatment plans
- Patient education
- Write prescriptions (drug orders)
- Perform minor outpatient surgical procedures
- First assist at surgery
- Research, administration, and education

California PA Demographics

- Approximately 8,500 licensed PAs in California
- Less than 50% practice in "primary care" specialties

- Approximately 55 applicants are licensed each month

California Laws Governing Physician-PA Practice

- Any licensed physician in good standing with the MBC may supervise a licensed PA – no additional paperwork required
- Physician and PA must have a "Delegation of Services Agreement" on file at each practice location
- Physician may delegate those duties that are within the physician's scope of practice

California Laws Governing Physician-PA Practice

- Delegated Autonomy
- PA is an "agent" of the Physician
  - PA orders are treat by regulation as if they were given by the physician
- Supervising Physician (SP) can supervise up to four PAs at any one time
- PAs can perform duties and procedures customary to the practice of their SP

Supervision Requirements

- Physician must be on site or available via telecommunication
- Physician and PA must establish guidelines for supervision. Must include:
  - Adoption of protocols (texts accepted)
  - Charts with Schedule II medications require physician signature within 7 days
  - 5% chart signature and review

Reimbursement

- Services are generally reimbursed to the physician at the physician rate for services performed by a PA
- Medicare deducts 15% from the physician rate for most services when performed by a PA

Healthcare Reform

- Preventive Services
- Chronic Condition Management
- Annual Wellness Visits for Medicare
- Case Management
- Quality Metrics
- Patient Satisfaction

Questions ?

Delegation of Services Agreements – Change in Regulations

Recently, Title 16, Division 13.8, Article 4, section 1399.540 has been amended to include several requirements for the delegation of medical services to a physician assistant. There are four specific changes with this amendment:

Background:
The Delegation of Services Agreement (DSA) is a document used by supervising physicians and physician assistants to meet requirements of Section 1399.540. The DSA is the foundation of the relationship between a supervising physician and the physician assistant, and specifies the names of the supervising physicians and what types of medical services the physician assistant is allowed to perform, how they are performed, how the patient charts will be reviewed and countersigned, and what type of medications the physician assistant will transmit on behalf of the supervising physician.

Regulatory Requirements:

1) A physician assistant may provide medical services, which are delegated in writing by a supervising physician who is responsible for patients, cared for by the physician assistant. The physician assistant may only provide services which he or she is competent to perform, which are consistent with their education, training and experience, and which are delegated by the supervising physician.

2) The delegation of services agreement is the name of the document, which delegates the medical services. More than one supervising physician may sign the delegation of services agreement only if each supervising physician has delegated the same medical services. A physician assistant may provide medical services pursuant to more than one delegation of services agreement.

3) The Physician Assistant Committee or their representative may require proof or demonstration of competence from any physician assistant for any medical services performed.

4) If a physician assistant determines a task, procedure or diagnostic problem exceeds his or her level of competence, and then the physician assistant shall either consult with a physician or refer such cases to a physician.

Question: What if a physician assistant works for more than one supervising physician at a hospital or clinic? Do we need to have separate DSAs for each supervising physician?

Answer: The PAC has had questions regarding how the DSA would be written if a physician assistant works for more than one supervising physician at a hospital or clinic. If the duties and medical services performed are consistent with each supervising physician, then one DSA can be written to include several supervising physicians. Each supervising physician must sign and date the DSA, along with the signature of the physician assistant.

Question: What if a physician assistant works for one supervising physician who is an ob-gyn, and also works for an ortho supervising physician, and both are at the same clinic or hospital?

Answer: If the duties and medical services provided by the physician assistant differ from one supervising physician to another, then it is recommended that a separate DSA be written for each supervising physician. However, one DSA could be used, but it would need to be separated with which duties are allowed under each supervising physician. Again, signatures and dates from all parties must be included on the DSA.

Question: What if the physician assistant works at several different clinics – can one DSA be written?

Answer: A separate DSA should be made for each hospital or clinic, regardless of how many supervising physicians the physician assistant works with.

Alternatively, a physician assistant may have a DSA that specifies what services can be provided at a specific site.

Question: How long should I retain my DSA?

Answer: You should retain the DSA as long as it is valid. Additionally, it is recommended that you keep a copy of your DSA for at least one to three years after it is no longer the current DSA in case you need to reference the document. However, there is no legal requirement to retain the DSA once it is no longer valid and current.

DELEGATION OF SERVICES AGREEMENT
BETWEEN
A SUPERVISING PHYSICIAN AND A PHYSICIAN ASSISTANT
and
SUPERVISING PHYSICIAN'S RESPONSIBILITY FOR SUPERVISION OF A PHYSICIAN ASSISTANT

Title 16, Section 1399.540 of the Physician Assistant Regulations states, in part, "A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant. b) The writing which delegates the medical services shall be known as a delegation of services agreement. A delegation of services agreement shall be signed and dated by the physician assistant and each supervising physician. A delegation of services agreement may be signed by more than one supervising physician only if the same medical services have been delegated by each supervising physician. A physician assistant may provide medical services pursuant to more than one delegation of services agreement."

The following two sample documents are attached to assist you with meeting this legal requirement:

- Delegation of Services Agreement (DSA) Between Supervising Physician and Physician Assistant; and,
- Supervising Physician's Responsibility for Supervision of Physician Assistant Agreement.

These are sample documents. They are for your convenience, information, and use. Please feel free to duplicate or modify them as appropriate and consistent with law.

If you choose not to use the sample documents, please be aware that you are still required by law to execute a DSA with your supervising physician. The DSA must be signed and dated by you and your supervising physician. The original or a copy of this document should be maintained at all practice sites where the physician assistant practices, and should be readily accessible. It is recommended that you retain prior DSAs for one to three years after the DSA is no longer current or valid.

While every practicing physician assistant is required to have a DSA, you are **not** required to submit it to the Physician Assistant Committee. If requested, you must make a copy of your DSA available to any authorized agent of the Medical Board of California, the Osteopathic Medical Board of California, or the Physician Assistant Committee who may request it.

Failure to have a current DSA constitutes a violation of the Physician Assistant Regulations and is grounds for disciplinary action against a physician assistant's license. In addition, failure by the physician assistant and supervising physician to comply with the supervision requirements specified in the Physician Assistant Regulations and in the Delegation of Services Agreement is ground for disciplinary action.

THE ATTACHED DOCUMENTS DO NOT NEED TO BE RETURNED TO THE PHYSICIAN ASSISTANT COMMITTEE

SAMPLE
DELEGATION OF SERVICES AGREEMENT BETWEEN SUPERVISING PHYSICIAN AND PHYSICIAN ASSISTANT (Title 16, CCR, Section 1399.540)

PHYSICIAN ASSISTANT _____
(Name)

Physician assistant, graduated from the _____
(Name of PA Training Program)

physician assistant training program on _____.
(Date)

He/she took (or is to take) the licensing examination for physician assistants recognized by the State of California (e.g., Physician Assistant National Certifying Examination or a specialty examination given by the State of California) on _____.
(Date)

He/she was first granted licensure by the Physician Assistant Committee on _____, which expires on _____, unless renewed.
(Date) (Date)

SUPERVISION REQUIRED. The physician assistant named above (hereinafter referred to as PA) will be supervised in accordance with the written supervisor guidelines required by Section 3502 of the Business and Professions Code and Section 1399.545 of the Physician Assistant Regulations. The written supervisor guidelines are incorporated with the attached document entitled, "Supervising Physician's Responsibility for Supervision of Physician Assistants."

AUTHORIZED SERVICES. The PA is authorized by the physician whose name and signature appear below to perform all the tasks set forth in subsections (a), (d), (e), (f), and (g) of Section 1399.541 of the Physician Assistant Regulations, when acting under the supervision of the herein named physician. (In lieu of listing specific lab procedures, etc. the PA and *supervising* physician may state as follows: "Those procedures specified in the practice protocols or which the supervising physician specifically authorizes.")

The PA is authorized to perform the following laboratory and screening procedures:

_____

_____

The PA is authorized to assist in the performance of the following laboratory and screening procedures:

_____

_____

The PA is authorized to perform the following therapeutic procedures:

_____

_____

The PA is authorized to assist in the performance of the following therapeutic procedures:

_____

_____

The PA is authorized to function as my agent per bylaws and/or rules and regulations of (name of hospital):

_____

_____

a) The PA is authorized to write and sign drug orders for Schedule: II, III, IV, V without advance approval (circle authorized Schedule(s). The PA has taken and passed the drug course approved by the PAC on _____ (attach certificate). DEA #:_____.
Date

or

b) The PA is authorized to write and sign drug orders for Schedule: II, III, IV, V with advance patient specific approval (circle authorized Schedule(s). DEA #:_____.

CONSULTATION REQUIREMENTS. The PA is required to always and immediately seek consultation on the following types of patients and situations (e.g., patient's failure to respond to therapy; physician assistant's uncertainty of diagnosis; patient's desire to see physician; any conditions which the physician assistant feels exceeds his/her ability to manage, etc.)

_____
(List Types of Patients and Situations)

_____

MEDICAL DEVICES AND PHYSICIAN'S PRESCRIPTIONS. The PA may transmit by telephone to a pharmacist, and orally or in writing on a patient's medical record or a written prescription drug order, the supervising physician's prescription in accordance with Section 3502.1 of the Business and Professions Code.

The supervising physician authorizes the delegation and use of the drug order form under the established practice protocols and drug formulary. _____ YES _____ NO

The PA may also enter a drug order on the medical record of a patient at _____
(Name of Institution)
in accordance with the Physician Assistant Regulations and other applicable laws and regulations.

Any medication handed to a patient by the PA shall be authorized by the supervising physician's prescription and be prepackaged and labeled in accordance with Sections 4076 of the Business and Professions Code.

PRACTICE SITE. All approved tasks may be performed for care of patients in this office or clinic located at _____ and, in _____ hospital(s) and
(Address / City) (Address / City)
_____ skilled nursing facility (facilities) for care of
(Name of Facility)
patients admitted to those institutions by physician(s) _____ .
(Name/s))

EMERGENCY TRANSPORT AND BACKUP. In a medical emergency, telephone the 911 operator to summon an ambulance.

The _____ emergency room at _____
(Name of Hospital) (Phone Number)
is to be notified that a patient with an emergency problem is being transported to them for immediate admission. Give the name of the admitting physician. Tell the ambulance crew where to take the patient and brief them on known and suspected health condition of the patient.
Notify _____ at _____ immediately
(Name of Physician) (Phone Number/s))
(or within _____ minutes).

PHYSICIAN ASSISTANT DECLARATION
My signature below signifies that I fully understand the foregoing Delegation of Services Agreement, having received a copy of it for my possession and guidance, and agree to comply with its terms without reservations.

_____ _____
Date Physician's Signature (Required)

_____
Physician's Printed Name

_____ _____
Date Physician Assistant's Signature (Required)

_____
Physician Assistant's Printed Name

SUPERVISING PHYSICIAN'S RESPONSIBILITY FOR SUPERVISION OF PHYSICIAN ASSISTANT

SUPERVISOR _____, M.D./D.O. is licensed to practice in California as a physician and surgeon with medical license number _____. Hereinafter, the above named physician shall be referred to as the supervising physician.

SUPERVISION REQUIRED. The physician assistant (PA) named in the attached Delegation of Services Agreement will be supervised by the supervising physician in accordance with these guidelines, set forth as required by Section 3502 of the Business and Professions Code and Section 1399.545 of the Physician Assistant Regulations, which have been read by the physician whose signature appears below.

The physician shall review, countersign, and date within seven (7) days the medical record of any patient cared for by the physician assistant for whom the physician's prescription for Schedule II medications was transmitted or carried out.

REPORTING OF PHYSICIAN ASSISTANT SUPERVISION. Each time the physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the physician assistant shall also enter the name of his or her supervising physician who is responsible for the patient. When the physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.

MEDICAL RECORD REVIEW. One or more of the following mechanisms, as indicated below, by a check mark (x), shall be utilized by the supervising physician to partially fulfill his/her obligation to adequately supervise the actions of the physician assistant named _____.
(Name of PA)

_____ Examination of the patient by a supervising physician the same day as care is given by the PA.

_____ The supervising physician shall review, audit, and countersign every medical record written by the PA within _____ of the encounter.
(Number of Days May- Not Exceed 30 Days)

_____ The physician shall audit the medical records of at least 5% of patients seen by the PA under any protocols which shall be adopted by the supervising physician and the physician assistant. The physician shall select for review those cases which by diagnosis, problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the patient.

_____ Other mechanisms approved in advance by the Physician Assistant Committee may be used. Written documentation of those mechanisms is located at _____.
(Give Location)

_____ INTERIM APPROVAL. For physician assistants operating under interim approval, the supervising physician shall review, sign, and date the medical records of all patients cared for by the physician assistant within seven (7) days if the physician was on the premises when the physician assistant diagnosed or treated the patient. If the physician was not on the premises at that time, he or she shall review, sign, and date such medical records within 48 hours of the time the medical services were provided.

BACK UP PROCEDURES: In the event this supervising physician is not available when needed, the following physician(s) has (have) agreed to be a consultant(s) and/or to receive referrals:

_____ Phone: _____
(Printed Name and Specialty)

_____ Phone: _____
(Printed Name and Specialty)

PROTOCOLS NOTE: This document **does not** meet the regulation requirement to serve as a protocol. Protocols, if adopted by the supervising physician, must fully comply with the requirements authorized in Section 3502 (c) (1) of the Business and Professions Code.

_____ _____
Date Physician's Signature

THIS DOCUMENT IS NOT TO BE RETURNED TO THE PAC
SAMPLE ONLY

DELEGATION OF SERVICES AGREEMENT BETWEEN SUPERVISING PHYSICIAN AND PHYSICIAN ASSISTANT AND WRITTEN SUPERVISION GUIDELINES

This Delegation of Services Agreement ("Agreement") is entered into between [_____ _____, *M.D. ("Supervising Physician")*] [*the physicians whose signatures appear below, each of which shall be referred to herein as "Supervising Physician"*], and _____ _____, *PA* ("PA"), in order to fulfill the purposes set forth below.

1. **Purpose.** The purpose of this Agreement is to comply with the requirements of Title 16, Article 4, of the California Code of Regulations, hereinafter referred to as the "Physician Assistant Regulations." Section 1399.540 of the Physician Assistant Regulations states, in pertinent part, that "A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant." In this Agreement, Supervising Physician hereby delegates the performance of certain medical services to PA. Section 1399.545 of the Physician Assistant Regulations sets forth requirements for supervision by a supervising physician when a PA is caring for patients. This Agreement shall set forth such requirements to be followed by Supervising Physician.

2. **Qualifications.** PA is licensed by the California Physician Assistant Committee. Supervising Physician is licensed by the Medical Board of California or the Osteopathic Medical Board of California and is qualified to act as a supervising physician. PA and Supervising Physician are familiar with the requirements governing the performance of medical services by PAs, and the supervision of PAs by supervising physicians, as set forth in the Physician Assistant Regulations.

3. **Authorized Services.**

(a) PA is authorized by Supervising Physician to perform all the tasks set forth in subsections (a), (b), (c), (d), (e), (f), and (g) of Section 1399.541 of the Physician Assistant Regulations, subject to the limitations and conditions described in this Agreement or established by Supervising Physician in any applicable protocols or otherwise. [*PA is also authorized to perform certain surgical procedures as specified by Supervising Physician in accordance with Section 1399.541(i) of the Physician Assistant Regulations.*]

(b) As required by Section 1399.540 of the Physician Assistant Regulations, PA may only provide those medical services which he or she is competent to perform and which are consistent with PA's education, training and experience. PA shall consult with Supervising Physician or another qualified health care practitioner regarding any task, procedure or diagnostic problem which PA determines exceeds his or her level of competence, or shall refer such cases to Supervising Physician or another appropriate practitioner.

(c) PA shall perform delegated medical services under the supervision of the Supervising Physician as specified in the Physician Assistant Regulations, this Agreement, any applicable practice protocols, and the specific instructions of Supervising Physician.

(d) As required by Section 1399.546, each time a PA provides care for a patient and enters his or her name, signature, initials or computer code on the patient's record or written order, PA shall also enter the name of the Supervising Physician responsible for the patient.

4. Drug Orders.

(a) PA may administer or provide medication to a patient, or issue a drug order, orally or in writing in a patient's chart or drug order form, subject to the conditions and limitations as set forth in Section 3502.1 of the Business and Professions Code, this Agreement, any applicable protocols as described in subsection (b) below, or the specific instructions of Supervising Physician. Such medications may include Controlled Substances in schedules III through V. PA may sign for the request and receipt of samples of drugs specified in the protocols described in subsection (b) below.

(b) Drug orders shall be based on protocols established or adopted by the Supervising Physician. According to the California Code of Regulations Sections: 1399.541(h), 1399.610 and 1399.612, a PA may administer, provide or issue a drug order for Schedule II through V controlled substances without a patient specific approval if the PA completes an approved controlled substance course and his or her Supervising Physician delegates this authority to them. Each drug delegated in this class must be included in the office specific formulary. The undersigned Supervising Physician and PA agree that this PA has met this course requirement [redacted]d is in possession of a certificate of completion on file in this office. This document therefore authorizes such use as described in paragraph (b).

(c) Supervising Physician shall review, countersign, and date the medical record of any patient for whom PA issues or carries out a drug order for a Schedule II Controlled Substance within seven (7) days..

5. Emergency Transport and Backup.

(a) In a medical emergency requiring the services of a hospital emergency room, the patient shall be directed or transported to the **Emergency Room**, the telephone number of which is [redacted] When indicated, PA or practice personnel shall telephone the 911 Operator to summon an ambulance.

(b) In the event Supervising Physician is not available when needed, PA may call and/or refer patients to other authorized physicians as designated by the Supervising Physician, or as otherwise deemed appropriate by PA.

6. **Supervising Physician's Responsibilities.**

(a) Supervising Physician shall remain electronically available at all times while PA is performing medical services, unless another approved supervising physician who has signed a Delegation of Services Agreement for PA is so available.

(b) To the extent required by Section 4(c) above, Supervising Physician shall review, countersign and date within seven (7) days the medical record of any patient for whom PA issues or carries out a drug order for a Schedule II Controlled Substance. For other patients, Supervising Physician shall utilize one or more of the following mechanisms to supervise PA, as required by Section 1399.545 of the Physician Assistant Regulations *(Check one or more of the following, as applicable)*:

_____ Examination of the patient by Supervising Physician the same day as care is given by PA

_____ Supervising Physician shall review, audit and countersign every medical record written by PA within _____ days *(no more than thirty (30) days)* of the encounter.

___X___ Supervising Physician shall audit the medical records of at least ten percent (10%) of the patients managed by PA under protocols which shall be adopted by Supervising Physician and PA, pursuant to Section 1399.545(e)(3) of the Physician Assistant Regulations. Supervising Physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient.

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7. **Protocols.** This Agreement does not constitute the protocols required by Section 3502.1 of the Business and Professions Code or, if applicable, Section 1399.545(e)(3) of the Physician Assistant Regulations. Such protocols are on file at the practice site and may incorporate by reference appropriate medical texts.

8. **No Third Party Beneficiaries.** This Agreement shall not be construed as creating rights in or obligations to any third party. It is the intent of the parties solely to fulfill the requirements of the Physician Assistant Regulations for a Delegation of Services Agreement and for the mechanisms to be used by Supervising Physician in supervising PA.

PHYSICIAN ASSISTANT

Dated: _____

SUPERVISING PHYSICIAN

Dated: _____

Delegation of Services Agreement

DELEGATION OF SERVICES AGREEMENT BETWEEN
SUPERVISING PHYSICIANS AT [redacted]

This Delegation of Services Agreement ("Agreement") is entered into between [redacted] MD; [redacted] MD; [redacted] MD; [redacted] MD; [redacted] MD; [redacted] MD, [redacted], MD; [redacted] MD *("Supervising Physicians")* and [redacted] PA-C *("PA")*, in order to fulfill the purposes set forth below.

1. **Purpose.** The purpose of this Agreement is to comply with the requirements of Title 16, Article 4, of the California Code of Regulations, hereinafter referred to as the "Physician Assistant Regulations." Section 1399.540 of the Physician Assistant Regulations states, in pertinent part, that "A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant." In this Agreement, Supervising Physicians hereby delegate the performance of certain medical services to PA. Section 1399.545 of the Physician Assistant Regulations sets forth requirements for supervision by a supervising physician when a PA is caring for patients. This Agreement shall set forth such requirements to be followed by Supervising Physicians.

2. **Qualifications.** PA is licensed by the California Physician Assistant Committee. Supervising Physician has been granted approval by the Medical Board of California or the Osteopathic Medical Board of California to act as a supervising physician. PA and Supervising Physician are familiar with the requirements governing the performance of medical services by PAs, and the supervision of PAs by supervising physicians, as set forth in the Physician Assistant Regulations.

3. **Authorized Services.**

(a) PA is authorized by Supervising Physicians to perform all the tasks set forth in subsections (a), (b), (c), (d), (e), (f), and (g) of Section 1399.541 of the Physician Assistant Regulations, subject to the limitations and conditions described in this Agreement or established by Supervising Physician in any applicable protocols or otherwise

(b) As required by Section 1399.540 of the Physician Assistant Regulations, PA may only provide those medical services which he or she is competent to perform and which are consistent with PA's education, training and experience. PA shall consult with Supervising Physicians or another qualified health care practitioner regarding any task, procedure or diagnostic problem which PA determines exceeds his or her level of competence, or shall refer such cases to Supervising Physicians or another appropriate practitioner.

(c) PA shall perform delegated medical services under the supervision of the Supervising Physicians as specified in the Physician Assistant Regulations, this Agreement, any applicable practice protocols, and the specific instructions of Supervising Physicians.

(d) As required by Section 1399.546, each time a PA provides care for a patient and enters his or her name, signature, initials or computer code on the patient's record or written order, PA shall also enter the name of the Supervising Physician responsible for the patient.

4. **Drug Orders.**

(a) PA may administer or provide medication to a patient, or issue a drug order, orally or in writing in a patient's chart or drug order form, subject to the conditions and limitations as set forth in Section 3502.1 of the Business and Professions Code, this Agreement, any applicable protocols as described in subsection (b) below, or the specific instructions of Supervising Physicians. Such medications may include Controlled Substances in schedules III through V. PA may sign for the request and receipt of samples of drugs specified in the protocols described in subsection (b) below.

(b) Drug orders shall either be based on protocols established or adopted by Supervising Physicians, or shall be approved by Supervising Physicians for the specific patient prior to being issued or carried out.

(c) PA has successfully completed an approved controlled substances course in accordance with Section 1399.541 (h) and 1399.610 and is authorized by Supervising Physicians to administer, provide or issue a drug order for Controlled Substances in Schedule II through V, without advance approval by the Supervising Physicians, provided such drug is included in the protocols. PA has made the course certificate of completion available for inspection by the supervising physician.

(d) Supervising Physician shall review, countersign, and date the medical record of any patient for whom PA issues or carries out a drug order for a Schedule II Controlled Substance within seven (7) days.

5. **Emergency Transport and Backup.**

(a) In a medical emergency requiring the services of a hospital emergency room, the patient shall be directed or transported to the nearest Emergency Room. When indicated, PA or practice personnel shall telephone the 911 Operator to summon an ambulance.

(b) In the event Supervising Physician is not available when needed, PA may call and/or refer patients to other authorized physicians as designated by the Supervising Physician, or as otherwise deemed appropriate by PA.

6. **Supervising Physician's Responsibilities.**

(a) Supervising Physicians shall remain electronically available at all times while PA is performing medical services, unless another approved supervising physician who has signed a Delegation of Services Agreement for PA is so available.

(b) Supervising Physician shall audit the medical records of at least five percent (5%) of the patients managed by PA under protocols which shall be adopted by Supervising Physician and PA, pursuant to Section 1399.545(e)(3) of the Physician Assistant Regulations. Supervising Physician shall select for review those cases which by diagnosis, problem,

treatment or procedure represent, in his or her judgment, the most significant risk to the patient.

7. **Protocols.** This Agreement does not constitute the protocols required by Section 3502.1 of the Business and Professions Code or, if applicable, Section 1399.545(e)(3) of the Physician Assistant Regulations. Such protocols are on file at the practice site and may incorporate by reference appropriate medical texts.

8. **No Third Party Beneficiaries.** This Agreement shall not be construed as creating rights in or obligations to any third party. It is the intent of the parties solely to fulfill the requirements of the Physician Assistant Regulations for a Delegation of Services Agreement and for the mechanisms to be used by Supervising Physician in supervising PA.

_____ Dated: _____
PHYSICIAN ASSISTANT

_____ Dated: _____
MD - SUPERVISING PHYSICIAN

_____ Dated: _____
MD - SUPERVISING PHYSICIAN

_____ Dated: _____
SUPERVISING PHYSICIAN

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MD - SUPERVISING PHYSICIAN

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MD - SUPERVISING PHYSICIAN

_____ Dated: _____
MD - SUPERVISING PHYSICIAN

_____ Dated: _____
MD - SUPERVISING PHYSICIAN

Protocols for Physician Assistant Practice

As outlined in Sections 1399.541 and 1399.545 of the Physician Assistant Regulations, and Section 3502 of the Physician Assistant Practice Act, the undersigned have adopted the following medical books as the protocols and formulary for the physician assistant practice of medicine. The physician assistant(s) affirms that the following standard texts will constitute the body of information that he or she will consult on a regular basis for clarification of medical issues. A consensus derived from these sources will serve as his or her protocols and formulary in the absence of a patient-specific consultation with a supervising physician. The protocols set forth in these medical books, which shall be kept at the practice site available for reference at all times, shall provide:

(1) Guidelines for the subjective and objective data that should be obtained from patients for each of the diseases included within them;

(2) Guidelines for the management of patients with any of the included diseases; and

(3) The formulary of drugs that may be administered or ordered by the physician assistant. Controlled substances require advance approval from the supervising physician unless the PA has completed an approved course and has delegated authorization, documented in the Delegation of Services Agreement, to provide controlled substances without prior approval. The indications and contraindications for use of the drugs included in the above formulary are found in the Physician's Desk Reference (PDR), which is included in these protocols.

As an agent of the supervising physician, the physician assistant is authorized to provide, administer or order a service, drug, device or procedure specified in these protocols. Except as provided below, the physician assistant may initiate treatment or orders for the patient care services indicated in the protocols specified in these medical books without prior consultation with the supervising physician.

Physician consultation or referral is indicated for the management of patients that have diseases which are not included in the protocols set forth in these medical books and regarding any patient, task, procedure or diagnostic problem that the physician assistant determines exceeds his level of competence. Also, prior approval of the supervising physician is required before issuing or carrying out any drug order for a drug that is not specified in the applicable treatment protocol.

Nothing herein shall be deemed as limiting the discretion of the Physician Assistant, with input from the supervising physician when needed, to exercise professional judgment in the treatment of patients. Deviation from the protocols and guidelines shall not, by itself, be deemed a deviation from the standard of care.

Unless otherwise indicated, all chapters of the following texts shall be included in these protocols.

1. Bonica's Management of Pain (Loeser)
2. Interventional Pain Management (Waldman)
3. Intrathecal Drug Therapy for Spasticity and Pain (Gianino et al.)
4. Harrison's Principles of Internal Medicine (Fauci)
5. Current Medical Diagnosis and Treatment (Lange)
6. Saunders Manual of Medical Practice (Rakel)
7. International Spinal Intervention Society Practice Guidelines

8. Official Disabilty Guidelines
9. American College of Occupational and Environmental Medicine Guidelines

Declaration: Our signatures below signify that we fully understand the forgoing protocols for physician assistant practice and agree with its terms without reservation.

Signed [redacted] Date: [redacted] Signed: [redacted]

Signe [redacted] Date: [redacted]

DELEGATION OF SERVICES AGREEMENT BETWEEN SUPERVISING PHYSICIAN AND PHYSICIAN ASSISTANT AND WRITTEN SUPERVISION GUIDELINES

This Delegation of Services Agreement ("Agreement") is entered into between [redacted], MD, and [redacted], MD ("Supervising Physician"), and [redacted] PA-C ("PA"), in order to fulfill the purposes set forth below.

1. **Purpose.** The purpose of this Agreement is to comply with the requirements of Title 16, Article 4, of the California Code of Regulations, hereinafter referred to as the "Physician Assistant Regulations." Section 1399.540 of the Physician Assistant Regulations states, in pertinent part: "A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant. The writing which delegates the medical services shall be known as a delegation of services agreement. A delegation of services agreement shall be signed and dated by the physician assistant and each supervising physician. A delegation of services agreement may be signed by more than one supervising physician only if the same medical services have been delegated by each supervising physician. A physician assistant may provide medical services pursuant to more than one delegation of services agreement."

In this Agreement, Supervising Physician hereby delegates the performance of certain medical services to PA. Section 1399.545 of the Physician Assistant Regulations sets forth requirements for supervision by a supervising physician when a PA is caring for patients. This Agreement shall set forth such requirements to be followed by Supervising Physician.

2. **Qualifications.** PA is licensed by the California Physician Assistant Committee. Supervising Physician is licensed by the Medical Board of California or the Osteopathic Medical Board of California and is qualified to act as a supervising physician. PA and Supervising Physician are familiar with the requirements governing the performance of medical services by PAs, and the supervision of PAs by supervising physicians, as set forth in the Physician Assistant Regulations.

3. **Authorized Services.**

(a) PA is authorized by Supervising Physician to perform all the tasks set forth in subsections (a), (b), (c), (d), (e), (f), and (g) of Section 1399.541 of the Physician Assistant Regulations, subject to the limitations and conditions described in this Agreement or established by Supervising Physician in any applicable protocols or otherwise. PA is also authorized to perform certain surgical procedures as specified by Supervising Physician in accordance with Section 1399.541(i) of the Physician Assistant Regulations.

(b) As required by Section 1399.540 of the Physician Assistant Regulations, PA may only provide those medical services which he or she is competent to perform and which are consistent with PA's education, training and experience. PA shall consult with Supervising Physician or another qualified health care practitioner regarding any task, procedure or diagnostic problem which PA determines exceeds his or her level of competence, or shall refer such cases to Supervising Physician or another appropriate practitioner.

(c) PA shall perform delegated medical services under the supervision of the Supervising Physician as specified in the Physician Assistant Regulations, this Agreement, any applicable practice protocols, and the specific instructions of Supervising Physician.

(d) As required by Section 1399.546, each time a PA provides care for a patient and enters his or her name, signature, initials or computer code on the patient's record or written order, PA shall also enter the name of the Supervising Physician responsible for the patient.

(e) PA shall also be able to (1) order durable medical equipment for purposes of medicare billing and (2) approve, sign, modify, or add to a plan of treatment or plan of care for home health services

4. **Drug Orders.**

(a) PA may administer or provide medication to a patient, or issue a drug order, orally or in writing in accordance with the provisions of Section 3502.1 of the Business and Professions Code, this Agreement, any applicable protocols as described in subsection (b) below, or the specific instructions of Supervising Physician. Such medications may include Controlled Substances in schedules II through V. PA may sign for the request and receipt of samples of drugs specified in the protocols described in subsection (b) below.

(b) Drug orders shall either be based on protocols established or adopted by Supervising Physician, or shall be approved by Supervising Physician for the specific patient prior to being issued or carried out. Unless the PA has satisfied the requirements of Subsection (c) below, all drug orders for Controlled Substances shall be approved by Supervising Physician for the specific patient prior to being issued or carried out.

(c) PA has successfully completed an approved controlled substances course in accordance with Section 1399.541(h) and 1399.610 and is authorized by Supervising Physician to administer, provide or issue a drug order for Controlled Substances in Schedule II through V, without advance approval by the Supervising Physician, provided such drug is included in the protocols. PA has made the course certificate of completion available for inspection by the supervising physician. [redacted]

(d) Supervising Physician shall review, countersign, and date the medical record of any patient for whom PA issues or carries out a drug order for a Schedule II Controlled Substance within seven (7) days.

5. **Emergency Transport and Backup.**

(a) In a medical emergency requiring the services of a hospital emergency room, the patient shall be directed or transported to the [redacted] or [redacted] Emergency Rooms. When indicated, PA or practice personnel shall telephone the 911 Operator to summon an ambulance.

(b) In the event Supervising Physician is not available when needed, PA may call and/or refer patients to other authorized physicians as designated by the Supervising Physician, or as otherwise deemed appropriate by PA.

6. **Supervising Physician's Responsibilities.**

(a) Supervising Physician shall remain electronically available at all times while PA is performing medical services, unless another approved supervising physician who has signed a Delegation of Services Agreement for PA is so available.

(b) Supervising Physician shall utilize one or more of the following mechanisms to supervise PA, as required by Section 1399.545 of the Physician Assistant Regulations:

> Supervising Physician shall audit the medical records of at least five percent (5%) of the patients managed by PA under protocols which shall be adopted by Supervising Physician and PA, pursuant to Section 3502(c)(2) of the Business and Professions Code. Supervising Physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient.

7. **Protocols.** This Agreement does not constitute the protocols required by Section 3502 or 3502.1 of the Business and Professions Code. Such protocols are on file at the practice site and may incorporate by reference appropriate medical texts.

8. **No Third Party Beneficiaries.** This Agreement shall not be construed as creating rights in or obligations to any third party. It is the intent of the parties solely to fulfill the requirements of the Physician Assistant Regulations for a Delegation of Services Agreement and for the mechanisms to be used by Supervising Physician in supervising PA.

[redacted]

PHYSICIAN ASSISTANT

Dated: [redacted]

[redacted]

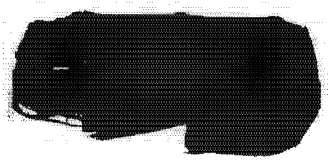
SUPERVISING PHYSICIAN

Dated [redacted]

[redacted]

SUPERVISING PHYSICIAN

Dated: [redacted]



Date: July 1, 2008

To: Cardiothoracic Surgery Physician Assistants

Re: **Delegation of Services Agreement Between Supervising Physician's Responsibility for Physician Assistants**

Title 16, Article 4, Section 1399.540 of Physician Assistant Regulations state in part: A Physician Assistant may only provide Medical Services for which he/she is competent to perform and which are consistent with the Physician Assistant's education, training, and experience and which have been delegated by the supervising physician who is responsible for the patients cared for by the Physician Assistant.

Section 3502 of the California Business and Professional Code describes further Physician Assistant Practice with regards to Written Drug Order, State of Emergency and Immunity from Liability (Good Samaritan Act).

As specified in AB3 Legislation to PA Regulations, the Physicians authorize Physician Assistant's to take required course and to write non-patient specific drug order.

(See Attached List) are licensed physicians who practice in the State of California

Supervisor Required: The Physician Assistant (PA) named in the attached Delegation of Services Agreement will be supervised by the supervising physician in accordance with these guidelines set forth as required under Section 1399.545 of Physician Assistant Regulations, which have been read by the physician assistants whose signatures are at the end of this document. The physicians shall review, countersign, and date within 7 days the medical records for any patient cared for by the physician assistant for whom the physician's prescription, or written drug order was transmitted. Each time a physician assistant provides care for an individual patient, he will enter his name, signature, and the name of the supervising physician. Supervising physicians shall review, audit, and countersign the medical records written by the PA within 30 days and/or will audit 5% of the medical records which have been managed under protocols by the physician assistant.

The Physician Assistant will use the following texts: The Physician Desk Reference, The Manual for Perioperative Care of Cardiac and Thoracic Surgery by Bojar, the Physician Assistant's Prescribing Reference book, which is published quarterly, Harrison's Textbook of Medicine, Conn Medical Therapeutics, The Washington Manual of Medical Therapeutics, Pocket Pharmaco Poeia, and any other pertinent text.

The responsibilities of the physician are listed in the Surgery job description. The PA will function as described in the job description to include, but not limited to: first and second assisting in surgery; harvesting of saphenous vein; open or endoscopic harvesting of radial artery; insertion of arterial lines; insertion of SWAN GANZ, CVP, triple lumen lines, and thoracentesis; insertion of intra-aortic balloon pump; insertion and removal of chest tubes; removal of pacing wires; ICU and floor care; pre and postoperative evaluations of the patient including history and physicals, consults, pre and postoperative orders.

The physician and physician assistant will function as per the Bylaws and/or Rules and Regulations of the individual hospitals for which they have been awarded staff privileges.

Consultation requirements: The PA will see the initial consultation and discuss the patient's treatment plan and diagnosis with the physician who will be the consultant. The PA may write a written drug order form as established under the practice protocols, drug formulary, and physician assistant regulations. The practice site of the physician and physician assistants are listed on the back page.

Emergency transport and backup: The PA will immediately contact the physician on-call or the Cardiothoracic Fellow, depending upon the location of said emergency, should emergencies occur.

This Delegation of Services Agreement is understood by affixing the signature of the PA and the Supervising Physicians on the following pages.

All Physician Assistants with the Department of Surgery will obtain and maintain DEA registration and are authorized to have written drug authority. They are also authorized under section 4061 of the Business and Profession code to order and request professional drug samples.

The following classes of medications are approved for use by physician assistants. They include: Analgesics, antimicrobials, cardiovascular medications including inotropes, or pressors, not limited to dopamine, dobutamine, adrenalin, aramine ephedrine, levophed, milrinone, neosynephriene, calcium channel blockers, ACE inhibitors, antihypertensives, beta-blockers, diuretics, volume expanders, thrombolytic pressors, nitrates, pulmonary medications, beta antagonists combinations, inhaled steroids, endocrine medications, corticosteroids, diabetics, gout related, thyroid related, GI medications including antiemetics, antiulcers, H2 antagonists, laxatives, proton pump inhibitors, hematologic agents, heparin, Lovenox, coumadin, neurology medications, Parkinson's anticholinergic to Parkinson's, dopaminergic, urology medications not limited to: Benign prostate hyperplasia, bladder agents.

The dosages of these medications will be followed within the approved text of the delegation of services agreement. Physician Assistants are specifically approved to write for pain medications in a hospital setting for morphine, Toradol, Vicodin, Tylenol #3, darvocettN-100 and other similar medications. They may not write for morphine or schedule two medications outside of the hospital setting. This formulary has been reviewed by the supervising physicians whose signatures appear on the last page of the Delegation of Services Agreement and also acknowledged by the physician assistants whose signatures is on the last page of the Delegation of Services Agreement.

1.
2.
3.

DELEGATION OF SERVICES AMENDMENT

PA IS AUTHORIZED TO PRESCRIBE SCHEDULE MEDICATION AS DEFINED BY AB3 LEGISLATION EFFECTIVE JANUARY 1 2008, IF THE PHYSICIAN ASSISTANT HAS COMPLETED THE REQUIRED EDUCATION COURSE.

GUIDELINES FOR PHYSICIAN AND PHYSICIAN ASSISTANT

1. IF A PHYSICIAN AND A PHYSICIAN ASSISTANT AGREE THEY THEIR PRACTICE SETTING WILL NOT HAVE PATIENT SPECIFIC PRIOR APPROVAL BY THE PHYSICIAN, THEN IT IS THE PHYSICIAN AND PHYSICIAN ASSISTANT RESPONSIBILITY TO MAINTAIN DOCUMENTATION OF THE EDUCATION COURSE COMPLETED BY THE PHYSICIAN ASSISTANT TO COMPLY WITH SECTION 3502.1, PARAGRAPH (C) PART (2) OF THE B&P CODE, AND TO HAVE AVAILABLE AT ALL PRACTICE SITES FOR INSPECTION BY THE PHYSICIAN ASSISTANT COMMITTEE OR IT'S DESIGNATED REPRESENTATIVE..

Physician Assistant

Cardiovascular and Thoracic Surgery
Management Protocols

Responsibilities:

I. *Review patient records to determine health status.*

A. Obtain health record from Medical Records
B. Review Diagnosis Sheets and Progress Records from previous admissions and clinic visits
C. Interview patient to ascertain present complaint
D. Present patient's present complaint and previous medical history to attending physician in a clear concise manner.

II. *Perform and record history and physical examination.*

A. Interview patient and obtain:
   1. Chief complaint
   2. History of present illness
      a. Identifying statement
      b. Chronological history of presenting complaint
c. Include any objective previously obtained data, such as cardiac catheterization data.
d. Brief differential diagnosis to include pertinent positives and negatives
      e. Any pertinent medications relating to present illness
      f. Reason for admission
   3. Past medical history
      a. Previous medical history to include, hypertension. + -; tuberculosis + -; diabetes + -; malignancy + -; heart disease + -.
      b. Previous operations
      c. Allergies and immunizations
      d. Present medications and diet
   4. Family history (may be in symbol form)
      a. Spouse's age and major medical problems
      b. Children's ages and major medical problems
      c. Parents' ages and major medical problems
      d. Siblings ages and major medical problems
      e. Predominant medical problems
   5. Social history
      a. Occupations: if retired, why disabilities
      b. Domestic situation
      c. Tobacco history
      d. Alcohol and drug history
   6. Review of systems
      a. Major systems review

B. Physical examination
Detailed physical examination is required on all hospital admissions and on all NEW patients seen in clinic.
C. Impression
Major problems list to include as number 1, the presenting diagnosis
D. History and physical examination is recorded
(on the general History and Physical Examination form and supplementary sheets are used if additional sheets are required.)

III. *Write routine admission and preoperative orders.*

Routine order will be written according to the attached copies.

IV. *Assist at Surgery*

A. Assist anesthesia in starting intravenous lines
B. Insert radial arterial monitoring line where applicable
C. Insert Foley catheter where applicable
D. Position patient for procedure
E. Prep patient with antiseptic solutions
F. Drape patient for surgery
G. First or second assist during operation at surgeon's discretion
H. Assist moving patient after surgery
I. Generally supervise and expedite activities in preparation for and between operations.

V. *Complete discharge summaries*

A. Discharge summaries will be dictated according to the outline which appears on all Dictaphones.
B. Access codes are provided
C. Discharge summaries are to be reviewed by the dictator and signed.
D. Discharge summaries are to be kept up to date.

VI. Start intravenous lines

A. Select appropriate size catheter.
B. Ask nurses to prepare intravenous fluid.
C. Prep skin with alcohol or betadine.
D. Insert catheter in upper extremity as far distal as possible.
E. Use local anesthesia for starting 16 gauge or larger catheters.
F. Secure catheter with sterile bandage and tape appropriately.
G. Ask nurse to regulate fluid according to your orders.

VII. Insert Foley catheters.

A. Obtain appropriate size catheter & insertion set.
B. Prepare and drape sterile field.
C. Insert catheter making sure there is urinary return before inflating balloon.
D. Attach catheter to appropriate sterile urinary drainage system.

VIII. Insert nasogastric tubes or feeding tubes.

A. Obtain appropriate size tube.
B. Obtain surgical lubricant.
C. Obtain small glass of water or clear liquid.
D. Cool tube in ice water or freezer to facilitate intubation if necessary.
E. Use gelatin capsule for inserting small flexible feeding tubes along with larger more rigid tube.
F. Ask patient to swallow small amounts of water while inserting tube.
G. Listen over epigastric area for proper placement of tube while injecting small amount of air in tube.
H. Secure tube to nose with adhesive tape, making sure that this is no pressure on nares.
I. Connect tube to appropriate drainage system.

IX. Perform electrocardiogram

A. Obtain ECG machine.
B. Attach leads to appropriate points.
C. Operate machine according to directions.

X. Perform thoracentesis.

A. Review appropriate X-ray with consultant.
B. Obtain appropriate instrument tray.
C. Prepare and drape sterile field.
D. Anesthetize skin and chest wall.
E. Obtain plasma evacuation bottle and tubing.
F. Insert needle into pleural space.
G. remove needle leaving catheter in place.
H. Attach 50 cc syringe and 3-way stopcock to catheter.
I. Obtain specimens in bottles provided.
J. Attach tubing from evacuation bottle to 3-way stopcock.
K. Evacuate effusion.
L. Remove catheter and apply sterile dressing.
M. Review post procedure X-ray with consultant.

XI. Remove chest tubes.

A. Review current X-ray with consultant.
B. Obtain three inch adhesive tape, sponges, vaseline gauze, suture removal set.
C. Remove dressing.
D. Cut securing stitch.
E. Hold vaseline gauze dressings over subcutaneous tract of tube.
F. remove chest tube on full inspiration as rapidly as possible.
G. Tape dressing in place.
H. Order appropriate X-rays.
I. Review post-extubation X-ray with consultant.
J. remove dressing after 48 hours.

XII. Remove monitoring lines.

A. Remove securing stitch and any dressings.
B. Remove line slowly.
C. Pressure dressings are applied over arterial puncture sites using gauze and elastoplast.

XIII. Irrigate chest tubes and Foley catheter.

A. Obtain sterile saline, irrigating syringe and irrigating bowl.
B. Prep chest tubes before interrupting connection.
C. Clamp chest tubes before interrupting connection.
D. Insert syringe in tube, unclamp tube as solution is injected and then reclamp.
E. Reconnect tube to drainage system.
F. Release Clamp.

XIV. Application of dressings and bandages.

All dressings will be changed and applied using sterile gloves and in certain cases with gowns and masks.

XV. **Administer specified medication.**
- A. Will be ordered to be given by a nurse.
- B. Instillation of medication into body cavity will be done according to the irrigation of chest tubes and Foley catheter technique.

XVI. **Administer intravenous fluids.**
This will be ordered to be given by a nurse.

XVII. **Administer transfusions of blood and blood components.**
- A. This will be ordered to be given by a nurse.
- B. Blood crossmatched, but with notation of specific problem with compatibility, will be transfused and signed by the physician's assistant/nurse practitioner.

XVIII. **Perform arterial punctures for arterial blood gases.**
- A. Obtain kit for this purpose.
- B. Prep skin with alcohol or betadine.
- C. Obtain bag of ice for preservation of specimen.
- D. Wash syringe with heparin solution provided.
- E. Insert needle into artery.
- F. Allow syringe to fill by arterial pressure.
- G. Apply pressure over puncture site after needle is removed for at least five minutes.
- H. Remove needle from syringe, evacuate are from syringe, cap end of syringe with cap provider.
- I. Immediately place specimen in ice and send to laboratory.

XIX. **Insert central venous pressure line.**
- A. Review with consultant need for central venous pressure line. Hickman catheter or TPN line.
- B. Obtain appropriate instrument tray.
- C. Prep and drape appropriate area for insertions.
- D. Place patient in flat or preferably Trendelenburg position.
- E. Anesthetize skin at side.
- F. Insert needle into subclavian or internal jugular vein assuring good venous return.
- G. Remove needle leaving catheter in place.
- H. Thread CVP catheter through catheter in vein.
- I. Aspirate for position.
- J. Attach catheter to monitor, transducer or I.V.
- K. Secure catheter with suture.
- L. Apply sterile dressing.
- M. Obtain appropriate X-ray for correct position.
- N. Review post-insertion X-ray with consultant.

XX. **Control of external hemorrhage.**
Will be controlled by (1) direct pressure, (2) pressure point, (3) tourniquet or other measures

XXI. **Cardiopulmonary resuscitation.**
All physician assistants working in the departmentare required to be certified in basic life support.

XXII. **Aseptic and isolation technique.**
Hospital policies and procedures concerning techniques will be followed in all cases.

XXIII. **Suture skin incisions.**
This layer closure will be sutured using the specific technique employed by the attending physician.

XXIV. **Suture fascia.**
In most cases, fascia will be sutured under direct supervision of the attending surgeon. In other cases, this layer closure will be sutured using the specified technique employed by the attending physician.

XXV. **Perform tube thoracostomies.**
- A. Review appropriate X-rays and patient's history with consultant.
- B. Obtain chest tube laceration tray.
- C. Obtain appropriate size chest tube.
- D. Obtain appropriate collection-suction system.
- E. Prepare skin and drape sterile field.
- F. Anesthetize insertion site with local anesthesia.
- G. Incise skin and chest wall in appropriate location.
- H. Prepare a tube tract with blunt instrument or use a trocar with chest tube.
- I. Connect chest tube to collection tubing.
- J. Secure tube into position.
- K. Dress wound.
- L. review post-intubation X-rays with consultant.

XXVI. **Venipuncture.**
- A. Obtain blood tubes needed.
- B. Obtain vacutainer and needles or syringe and needle.
- C. Prep skin with alcohol or betadine.
- D. Insert needle in vein and withdraw blood.
- E. Remove needle and apply sterile Band-Aid.

XXVII. Perform venous cutdown.

A. Review need for venous cutdown with consultant.
B. Obtain appropriate instrument tray.
C. Prepare and drape sterile field.
D. Anesthetize skin.
E. Make skin incision perpendicular to vein.
F. Dissect vein free.
G. Obtain proximal control with encircling ligature.
H. Insert catheter through skin and into controlled vein. Tie off vein distally only if required for homeostasis.
I. Attach catheter to I.V.
J. remove encircling ligature.
K. Secure catheter to skin with skin stitch.
L. Close wound.
M. Apply sterile dressing.

XVIII. Make incisions at operation.

All incisions at operation will be made at the discretion of and under direct supervision of the attending physician.

XXIX. Close sternum.

Closure of the sternum will be accomplished at the discretion and under the direct supervision of the attending physician.

XXX. Set-up and operation of volume controlled ventilator.

Respirator settings will be ordered according to formulas listed under Respiratory Care Protocol. Set-up and operation of the ventilator will be accomplished in conjunction with the Respitory Therapy Department.

XXXI. Set-up and operation of intra-aortic balloon pump.

This procedure will be done under direct physician supervision and in conjunction with the extracorporeal profusionists.

XXXII. Operation of Doppler measuring equipment.

A. Obtain Doppler and probe.
B. Place lubricating conducting gel over artery.
C. Place blood pressure cuff proximal to site.
D. Place probe over artery obtaining the best possible signal.
E. Inflate blood pressure to point at which Doppler signal is lost.
F. Ankle Arm Index is calculated by dividing ankle pressure by brachial artery pressure.

XXXIII. Remove endocractracheal tube postoperatively.

A. Obtain post-weaning arterial blood gases to meet following criteria:
   1. pH 7.35
   2. PCO_2 < 48 min.
   3. PO_2 > 60
   4. HCO_3 > 21
B. Perform spirometry mechanics to meet the following criteria:
   1. Tidal volume = at least 3 cc/kg
   2. Forced vital capacity = at least 10 cc/kg.
C. Communicate with attending physician if extubation criteria are questionable or unclear.
D. Suction trachea.
E. Remove endotracheal tube on full inspiration.
F. Apply mist mask at appropriate F10, setting.
G. Extubation note with the above data now entered in progress note.

XXXIV. Arterial cutdown for monitoring.

A. Review with attending physician decision to perform cutdown.
B. Prepare and drape sterile field.
C. Anesthetize skin.
D. Incise skin.
E. Dissect artery to be cannulated and control with ligature.
F. Insert sheathed needle into artery through skin.
G. Connect to appropriate transducer.
H. Secure needle or catheter into position.
I. Close wound
J. Dress wound.

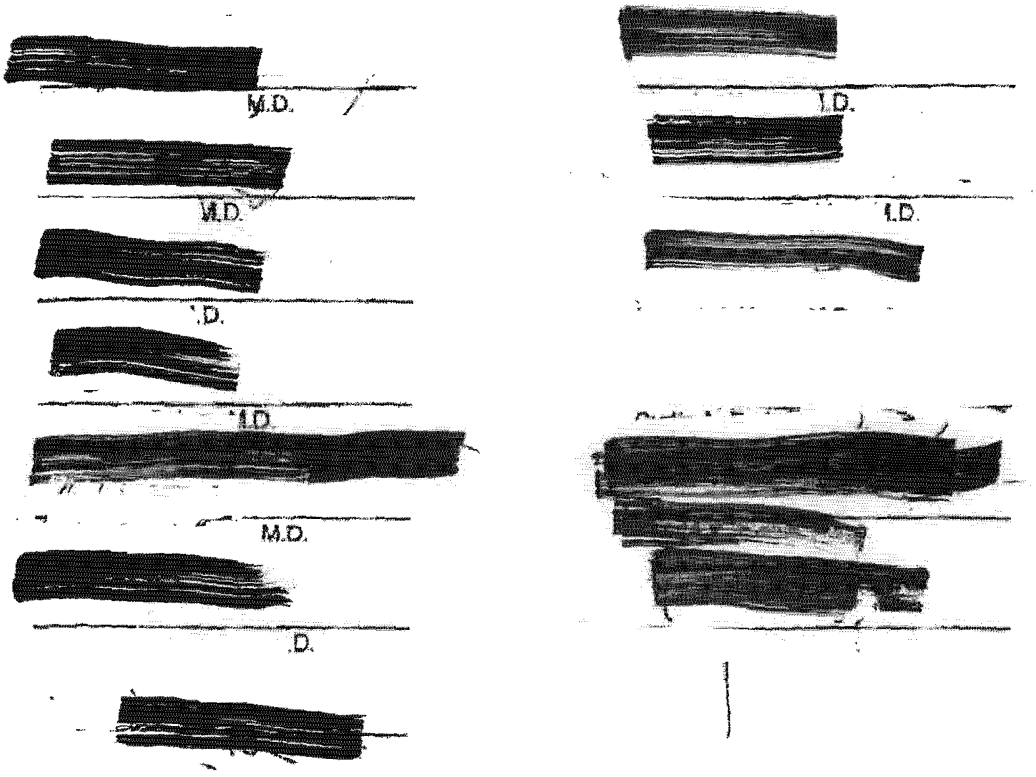
XXXV. Remove saphenous vein for coronary artery bypass. OPEN, OR ENDOSCOPIC

This procedure will always be done under direct supervision of the attending physician.

XXXVI. Percutaneous Arterial Catheterization.

A. Prepare and drape sterile field.
B. Anesthetize skin.
C. Puncture skin with one size larger needle than is to be used for arterial catheterization.
D. Insert sheathed needle into artery.
E. Connect to appropriate transducer.
F. remove air from line with syringe at stopcock.
G. Flush catheter with infusion bag solution.
H. Secure catheter and immobilize with armboard and appropriate dressing.

APPROVED BY:



Virtual Mentor

American Medical Association Journal of Ethics
May 2012, Volume 14, Number 5: 411-414.

POLICY FORUM

Physician Assistants and Their Role in Primary Care

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In the mid-1960s, the need for greater patient access to general medical services was a principal motivator for establishment of the physician assistant (PA) profession. Since then, PAs have effectively helped to deliver primary care services in many settings. But the supply of clinicians in this field remains a major issue. While the absolute number of primary care physicians, nurse practitioners, and physician assistants is expected to rise in the coming years, the increases are not expected to meet the demands of an aging population, changes in service use, and trends connected with a major expansion of insurance coverage. The best estimates continue to indicate that there will be significant shortages in primary care clinicians. According to the DHHS Agency for Healthcare Research and Quality, only about one-third (208,000) of American physicians practicing in 2009 [1], 43.4 percent (30,300) of PAs practicing in 2010, and 2 percent of nurse practitioners (NPs) practicing in 2010 worked in primary care [2]. It is believed that these numbers are insufficient to meet current and future demands for these services [3].

PAs: Definition and Scope of Practice

Physician assistants are health care professionals licensed to practice medicine with physician supervision. PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and write prescriptions. A PA's practice may also include education, research, and administrative services [4].

Utilization in Practice

There appears to be increasing reliance on PAs and NPs to deliver primary care services. Recent data from the National Center for Health Statistics attests to this trend based on information from hospital outpatient departments. According to the data brief, hospital outpatient department visits handled by PAs and advanced practice nurses (including APNs and NPs) increased from 10 percent in 2000 and 2001 to 15 percent in 2008 and 2009 [1], indicating greater use of PAs and other nonphysicians, particularly in settings where a good deal of primary care is delivered.

The same study found that PAs also more often delivered care in clinics associated with nonteaching hospitals and handled a higher percentage of Medicaid, Children's Health Insurance Program (CHIP), and uninsured patients, as well as younger patients [1]. These data suggest that PAs are used to a greater degree in smaller facilities located in nonurban areas to serve populations that may otherwise be

medically underserved, trends that are consistent with the intentions of the profession's creators [1].

Of particular interest to some is the finding that PAs saw a higher percentage of preventive care visits (17 percent) than visits for routine chronic conditions or pre- and postsurgical care [1]. It has long been speculated that PAs (as well as NPs) have the potential to provide care that is more prevention-oriented than physician care, and it appears that they may be fulfilling this potential. Further delineation of this trend is warranted. Practicing preventive medicine may offer justification not only for the widespread use of PAs and NPs in primary care but also for policy changes leading to greater levels of reimbursement for preventive services by third-party health payors.

Longer-term trends point to a future for PAs and NPs as the principal front-line deliverers of primary care with physicians assuming more managerial and executive functions and a greater focus on inpatient specialty practice. One physician and professor of medicine at Yale School of Medicine recently observed that "in the decades ahead, it is likely that the main role of the generalist physician will be to supervise those providing primary care and to personally care for patients with complex illnesses who are hospitalized, an idea already well established as the hospitalist movement" [6].

In 2012, 34 percent of practicing PAs reported that their specialty was one of the primary care fields: family/general medicine (25 percent), general internal medicine (7 percent), or general pediatrics (2 percent) [5]. The percentages of PAs working in these primary care fields has been steadily declining, down from fully 50 percent in 1997 and 43.1 percent in 2002 [3]. Although the proportion of PAs choosing primary care has declined, the absolute number of PAs in primary care has continued to increase due to the rapid growth in the number of PAs overall. For example, while the number of PAs in primary care grew only about 45 percent between 1997 and 2006 (from about 16,000 to 23,000), the total number of PAs practicing in America doubled [5].

Increasingly popular specialties for PAs include general surgery/surgical subspecialties (25 percent), emergency medicine (12 percent), the subspecialties of internal medicine (11 percent), and dermatology (4 percent). More than 9 percent work in orthopedics; only 2 percent are in obstetrics/gynecology.

Education, Accreditation, and Certification

Because of the close working relationship they have with physicians, PAs are educated in graduate-level, medical-model programs designed to complement physician training. There are 164 accredited programs in the United States, the majority of which offer master's degrees. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency responsible for establishing the standards for U.S. PA education and for evaluating programs to ensure their compliance with the standards.

The curriculum is rigorous, comprising basic science, behavioral science, and clinical courses. The required content areas of the preclinical curriculum are anatomy, physiology, pathophysiology, pharmacology and pharmacotherapeutics, and genetic and molecular mechanisms of health and disease. The average U.S. PA program takes 26.5 continuous months of study to complete.

In essence, PA education more closely resembles a condensed version of medical school than does any other health professions curriculum. Clinical education is required in a variety of settings, including outpatient and inpatient settings as well as emergency and long-term care facilities, typically in academic teaching settings. Inpatient clinical rotations are usually conducted in an experiential team format consisting of PA students, medical students, and residents, led by a staff attending physician. The required areas for clinical education are emergency medicine, family medicine, general internal medicine, general surgical care (including operative experiences), geriatrics, pediatrics, prenatal care, and women's health.

Economic Aspects

Data from the Medical Group Management Association's (MGMA) 2009 Physician Compensation and Production Survey supply estimates of the amount of care provided annually by primary care clinicians [7]. (The MGMA statistics reflect productivity at larger group practices, which are not necessarily representative of productivity in smaller group settings [7].) Each year, PAs in family practice have 42 percent of ambulatory encounters with patients (physicians have the other 58) [7]. Using relative value units (RVUs; indicators of service effort used for Medicare reimbursement) that reflect personnel time and level of skill involved with care, PAs have almost as many RVUs as family practitioners (48 percent, to physicians' 52). Use of average, annual patient encounters as the productivity measure may be leading to underestimation of the contribution of PAs because, though in some practices the PA might provide the majority of the care during a patient visit with the physician participating only at the end (e.g., to prescribe medication), these encounters are typically coded as physician encounters [7].

These numbers suggest that hiring a PA in a large practice could be the equivalent of having 0.73 to 0.96 of a full-time (FTE) family practice physician. For general internal medicine and geriatrics, the percentages are somewhat lower (ranging from 70 to 85 percent [7])—perhaps reflecting the complexity of adult cases. For NPs, average annual ambulatory visits and RVUs are lower, possibly reflecting greater use of NPs for administrative and other non-patient-care activities. Although primary care practices differ in how they use certified nurse practitioners (NP-Cs) within a team, these numbers suggest that an NP-C offsets the work of 70 percent to 90 percent of an FTE primary care physician, on average. Additional research on the implications of greater use of NPs and PAs on demand for physicians would be useful.

Conclusions

PAs are likely to continue to be used increasingly in a wide variety of medical practice settings in American medicine, including primary care. They have been shown to be clinically versatile and cost-effective clinicians, extending the services of physician practices and improving delivery of care to underserved populations, and have thus become an important component of the U.S. health care workforce.

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