

# About Optimal Team Practice

In May 2017, AAPA's House of Delegates approved a new policy to expand access to care and align the PA profession to the current healthcare marketplace

## The New Policy Calls for Laws and Regulations that:

**Emphasize PAs' commitment to team practice**



**Authorize PAs to practice without an agreement with a specific physician—enabling practice-level decisions about collaboration**



**Create separate majority-PA boards to regulate PAs, or give that authority to healing arts or medical boards that have as members both PAs and physicians who practice with PAs**



**Authorize PAs to be directly reimbursed by all public and private insurers**



The updates to AAPA policy represent a natural evolution of the PA profession. Patients, especially in rural and underserved areas, will benefit from greater access to the high quality care that PAs provide.

~ Bill Finerfrock, Executive Director, National Association of Rural Health Clinics

## New Policy is Good for Everyone

### **Patients**

will have greater access to healthcare



### **Physicians**

will be relieved of unnecessary administrative and legal burdens



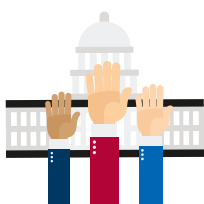
### **PAs**

will be able to practice to the full extent of their education, training and experience

## Next Steps?



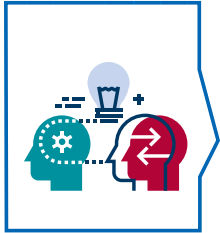
State PA chapters will decide whether and when to pursue changes to state laws and regulations



AAPA will lay the ground work and advocate for statutory changes to Medicare to authorize direct PA reimbursement and eliminate physician supervision language in the definition of PA services

# 6 Things to Know About Optimal Team Practice

The 2017 AAPA House of Delegates approved new policy, often referred to as Optimal Team Practice, as updates to AAPA Guidelines for State Regulation of PAs.



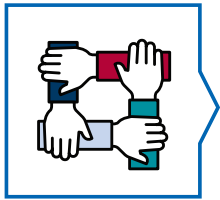
## 1. PAs do not want independent practice.

PAs value a sustained partnership with physicians, have great respect for the depth of physician training, and rely on the PA-physician team in clinical practice. Indeed, the profession is deeply committed to team practice. PAs simply want to remove the requirement for a PA to have an agreement with a specific physician in order to practice. This also removes physician liability for the care that PAs provide and reduces physician risk of disciplinary action for administrative reasons unrelated to patient care.



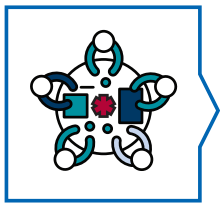
## 2. PAs do not want to change the PA role.

The PA role is well established. PAs will continue to be legally and ethically obligated to consult with and refer patients to physicians based on the patient's condition, the standard of care, and the PA's education and experience.



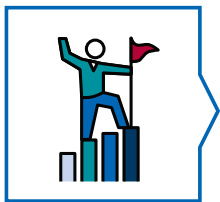
## 3. PAs want to strengthen healthcare teams.

Optimal Team Practice will make healthcare teams stronger by reducing administrative burdens and enabling practice-level decision making. State laws should not dictate to physicians how many PAs they may collaborate with or which charts must be co-signed. Those decisions should be made at the practice level, where the care is being provided.



## 4. PAs want to have meaningful input into the regulation of their profession.

PAs want what physicians and nurses already have: regulatory boards that have current knowledge of their profession. Whether that requires a separate PA board—or just the addition of PAs and physicians who work with PAs as members of a medical or healing arts board—this should be determined on a state-by-state basis.



## 5. PAs want a level playing field with NPs.

In a 2017 survey, 45% of PAs said they have personally experienced NPs being hired over PAs due to the administrative burden imposed on employers and physicians requiring that PAs have an agreement with a specific physician.



## 6. PAs want to remain viable in the changing healthcare marketplace.

Unlike physicians and advance practice nurses, PAs are not eligible for direct reimbursement under Medicare. This means that PAs cannot work with certain staffing companies or in some corporate medical structures because PAs cannot reassign their insurance payment to their employers. This puts PAs at a disadvantage in the healthcare marketplace.

# PAs Face New Obstacles in a Changing Market

\*See citations below for data sources

## Financial Incentives for Physicians to Supervise PAs are Changing

### Fewer than Half of Physicians Own Practices

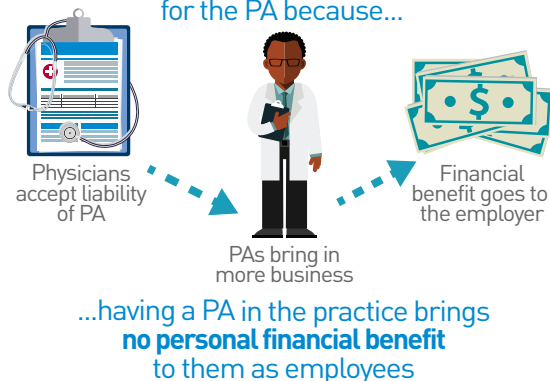
**76.1%** of Physicians Were Practice Owners in 1983<sup>1</sup>

**47.1%** of Physicians Were Practice Owners in 2016<sup>2</sup>

**38%** Decrease in % of Physicians Who Own Practices from 1983 to 2016<sup>1,2</sup>

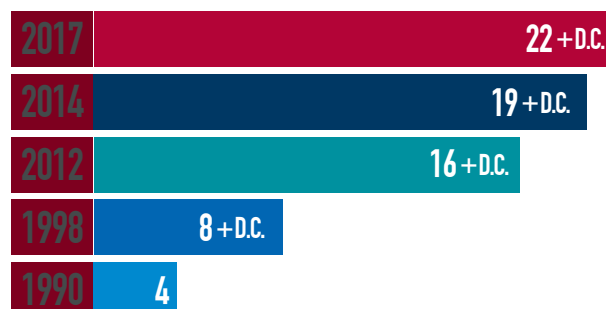
### Physicians Are Increasingly Reluctant to Enter Into Supervisory Agreements With PAs

Physicians who are employees **don't want to accept liability** for the PA because...



## Laws in Many States Do Not Require NPs to Have a Supervisory Agreement

### Number of States Where NPs Have Full Practice Authority by Year<sup>3</sup>



## Community Health Center CEOs Make PA vs NP Hiring Decisions Based on Practice Laws<sup>4</sup>

### Broader PA and NP Authority<sup>5,6,7</sup>



Increases **Access** to Care



Doesn't Diminish **Quality** of Care



Can Reduce **Cost** of Healthcare

## PA Experiences Validate Marketplace Obstacles

**45% of PAs**

say they have personally experienced NPs being hired over PAs due to supervision requirements<sup>8</sup>

1. Kane, Carol K. "Updated Data on Physician Practice Arrangements: Inching Toward Hospital Ownership," AMA Economic and Health Policy Research, July 2015. | 2. Kane, Carol K. "Updated Data on Physician Practice Arrangements: Physician Ownership Drops Below 50 Percent," AMA Policy Research Perspectives, June 2017. | 3. Summers, Lisa. "Update: Transition to full practice authority for APRNs," <http://www.theamericannurse.org/2016/08/10/update-transition-to-full-practice-authority-for-aprns/> | 4. Pittman, Patricia, Leah Masselink, Bianca Frogner, and Leighton Ku. "Factors Determining Medical Staff Configurations in Community Health Centers: CEO Perspectives," *Journal of Healthcare Management* 61:5 September/October 2016: 364-377. | 5. Martsof, Grant R., David I. Auerbach, Aziza Arifkhanova. "The Impact of Full Practice Authority for Nurse Practitioners and Other Advanced Practice Registered Nurses in Ohio" RAND Corporation, Santa Monica, CA, 2015. | 6. Timmons, Edward J. "The Effects of Expanded Nurse Practitioner and Physician Assistant Scope of Practice on Medicaid Patient Access," Mercatus Working Paper, Mercatus Center at George Mason University, January 2016. | 7. Kurtzman, Ellen T., Burt S. Barnow, Jean E. Johnson, Samuel Simmons, Donna Lind Infield, and Fitzhugh Mullan. "Does the Regulatory Environment Affect Nurse Practitioners' Patterns of Practice or Quality of Care in Health Centers?" *HRS: Health Services Research* 52:1, Part II, February 2017. | 8. AAPA, "2017 Full Practice Authority and Responsibility Survey Report: A Report to the Joint Task Force on the Future of PA Practice Authority," February 2017.