

Don't Wait To Properly Supervise and Delegate!

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The U.S. Department of Labor estimates that employment for physician assistants (PAs) will grow 38 percent between 2012 and 2022, significantly faster than other occupations within the healthcare industry. This statistic confirms that PAs will play an increasingly significant role in providing healthcare services. Physicians who already look to PAs to perform many tasks in their practices can expect this trend to continue.

Michigan's Public Health Code allows physicians to delegate, with proper supervision, the provision of certain "medical care services" (a service within the scope of practice of a properly licensed physician) and prescribing authority to a licensed PA. However, proper physician delegation and supervision of PAs is carefully defined by the statute and regulations. Therefore, physicians, hospitals, and other healthcare providers who incorporate PAs into their practices should pay careful attention to and follow these laws, and consider drafting internal policies to make physicians and PAs aware of these laws. What follows is a brief discussion of Michigan law addressing physician delegation and supervision of PAs. Although outside the scope of this article, careful attention should be paid to any additional rules on delegation or supervision imposed by federal health care programs or third-party payors.

The basic rule for delegation is that the delegated medical care services must be within the scope of practice of the supervising physician, which the physician is qualified to perform by his or her education, training, or experience, and must be consistent with the PA's training. A PA may also make calls or go on rounds under the supervision of a physician in private homes, public institutions, emergency vehicles, ambulatory care clinics, hospitals, intermediate or extended care facilities, health maintenance organizations, nursing homes, or other health care facilities.

The Board of Medicine may prohibit or restrict delegation of certain medical care services or require higher levels of supervision to the extent that the service requires extensive medical training, education, or ability or poses serious risks to the health and safety of patients. For example, abortion services may not be delegated to a PA. A

physician may not delegate to a PA if, under standards of acceptable and prevailing practice, the service requires the level of education, skill and judgment required of the physician. While performance of certain services may be delegated, ultimate responsibility for the quality of the services cannot be delegated by the supervising physician to a PA. Further, a PA may not delegate the performance of medical care services to another individual.

In addition to medical care services, a supervising physician may delegate prescribing authority to a PA, including prescribing Schedule 2 to 5 controlled substances. Both the PA's name and the supervising physician's name must be used, recorded or otherwise indicated in connection with each prescription so that the individual who dispenses or administers the drug knows under whose delegated authority the PA is prescribing. When the prescription is a Schedule 2 to 5 controlled substance, the physician's and PA's DEA registration numbers must be used, recorded or otherwise indicated in connection with each individual prescription. The same rules apply if a supervising physician delegates the ordering, receipt, and dispensing of complimentary starter dose drugs, including Schedules 2 to 5 controlled substances, to a PA.

Physician delegation of the authority to perform medical care services or prescribing authority (or both) to a PA must be documented with a written authorization. The written authorization must include (1) the name, license number, and signature of the supervising physician; (2) the name, license number, and signature of the PA; (3) the limitations or exceptions to the delegation of any medical care services or prescription of schedule 2 to 5 controlled substances; and (4) the effective date of the delegation. Although not required by law for purposes of a written authorization, the written authorization also may include the name and license number of an alternative supervising physician.

The written authorization must be a permanent record kept on file in each separate office location where the delegation occurs. The delegating physician must periodically review and update the written authorization prior to the renewal of the PA's license or in the interim as needed, provided that the delegating physician notes in the written authorization the date when the review occurred. Any amendments to the written authorization must comply with the same requirements of the initial authorization.

Assuming the physician has properly delegated the medical care services and/or prescribing authority to the PA, the physician must also properly supervise the PA. Proper supervision

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requires the physician to oversee or participate in the work of the PA where, at a minimum, the following conditions are met: (1) the continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised PA and the physician; (2) the availability of a physician on a regularly scheduled basis to review the practice of the supervised PA, to provide consultation to the supervised PA, to review records, and to further educate the supervised PA in the performance of his or her functions; (3) the provision by the physician of predetermined procedures and drug protocol; and (4) a predetermined plan for emergency situations, including, but not limited to, the designation of a physician to supervise a PA in the absence of the primary supervising physician. The supervising physician must also (a) verify the PA's credentials; (b) evaluate the PA's performance; and (c) monitor the PA's practice and provision of medical care services.

In day-to-day practice, a supervising physician is not required to countersign orders written in a patient's clinical record by the PA. Notwithstanding any law or rule to the contrary, a supervising physician also is not required to sign an official form that lists the physician's signature as the required signatory if that official form is signed by the PA.

A physician may not supervise more than four PAs. A group of physicians practicing other than as sole practitioners may designate one or more physicians to fulfill the role as supervising physician for a PA. If a physician supervises PAs at more than one practice site, the physician may not supervise more than two PAs by a method other than the physician's actual presence at the practice site.

To avoid licensure problems and ensure patients receive care from appropriately trained and supervised providers, providers are encouraged to implement policies on physician delegation and supervision of PAs that are consistent with Michigan law and require physicians and PAs to periodically review these policies. Compliance with rules on delegation and/or supervision imposed by federal health care programs or third-party payors should also be taken into consideration.



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