DCAPA New Regulations Updates

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Welcome

DCAPA & District of Columbia Legislative Changes and Regulatory Process
Welcome

History of regulatory changes

Overview of regulation changes

Specifics in regulation changes
  ◦ Pronouncement of death
  ◦ Elimination of co-signature regulations
  ◦ Documentation of supervisory meeting

Practice changes in the pike
  ◦ Work entry

Reimbursement: Implications of the elimination of co-signature

Panel to field questions

Conclusion
History of Regulatory Changes

Early 2000s
◦ DCAPA worked for regulation changes including delegation agreement
◦ Changes instituted

March 2010 DCAPA proposed changes to board including disaster role for PA
◦ Discussing with BOM committees, stakeholders

Fall BOM 2012 sent approved changes to DC attorneys

December 2012 opened to public comment

March 2013 changes were officially set into regulation
Changes to DC PA Regulations

1. Ability to Pronounce Death when Delegated

2. Elimination of Co-Signature Requirement
   a) Documented Supervisory Meeting
   b) New Delegation Agreement

3. Change in Accreditation Body – ARC

4. Work Re-Entry Policy
Ability to Pronounce Death when Delegated
Ability to Pronounce Death

Subsection 4911.3 is amended to read as follows:

4911.3 Physician assistants may pronounce the death of patients under their care and authenticate with their signature any form that may be authenticated by a supervising physician, consistent with the permission granted by their supervisors, if such is specifically included among the permitted responsibilities outlined in the delegation agreement.
Ability to Pronounce Death

If delegated in the NEW delegation agreement

Pronounce death of patients
(Subsection 4911.3, Chapter 49 PHYSICIAN ASSITANTS of the District of Columbia Municipal Regulations – final rulemaking action February 8, 2013)
Physician Assistant may pronounce death of patients  Yes_____  No_____

“Can authenticate with their signature any form that may be authenticated by a supervising physician”

--------MAY NOT SIGN THE DEATH CERTIFICATE--------
Elimination of Counter -Signature
Countersignature by the supervising physician shall not be required prior to the execution of any orders, but shall be accomplished within thirty (30) days of the execution of the order.
-(10) days for outpatient settings.
Subsection 4914.4 is amended to read as follows

4914.4 It is the obligation of each team of physician(s) and physician assistant(s) to ensure that the physician assistant’s scope of practice is identified; that delegation of medical tasks is appropriate to the physician assistant’s level of competence; that the relationship of, and access to, the supervising physician(s) is defined; and that a process for evaluation of the physician assistant’s performance is established. If the PA is authorized to practice in a licensed health care facility or other practice setting, that entity is also responsible for assuring the above through its credentialing and privileging or equivalent process.
Elimination of Counter-Signature

This means:

Health care facility:
- Any health care facility that credentials a PA is responsible for ensuring that the care provided by that PA is within their scope of practice.

Supervising Physician:
- It is your responsibility to ensure that the physician assistant you supervise is competent to perform the tasks you delegate and that any other physician who supervises your PA is aware of the competencies, limitations and scope of training of that PA.

Physician Assistant:
- You must practice in a manner that is consistent with the delegated duties and within the scope of practice set forth by any credentialing institution.
Elimination of Counter-Signature

Considerations pertinent to elimination of counter signature

Supervising Physician Comfort Level

Group / Office / Clinic / Hospitals Bylaws

Reimbursement Issue

Provider Numbers

*Must continue to identify your supervising physician on all notes, orders and prescriptions.*
Subsection 4914.9 is amended to read as follows:

4914.9 Each physician assistant and one of the supervising physicians listed on the delegation agreement must complete a practice advisory review on a quarterly basis and document the review on a form kept on file in a personnel file at the location in which the PA practices.

Must complete the first review meeting and have form on file in any place of practice by Dec 31, 2013.
Physician Assistant Practice Advisory Quarterly Review Form
(To be included in the Physician Assistant Personnel File)

This form should be completed on a quarterly basis and kept in a personnel file at the location in which the Physician Assistant practices.

Physician Assistant: ______________________  Supervising Physician: ______________________

Date of Review: ________________  Practice Location: ______________________

The ongoing practice advisory review has been conducted and based on this review:

☐ Briefly summarize the case/cases or content discussed with the physician assistant (i.e., type of diagnoses, procedures, prescribing trends or specific clinical situations):

  ______________________
  ______________________
  ______________________

☐ Select which aspect of competency was discussed. Select all that apply:
  (based on the major headings of the PA professional competencies)
  ○ Patient Care
  ○ Medical Knowledge
  ○ Practice-based learning and improvement
  ○ Interpersonal and communication skills
  ○ Professionalism
  ○ System-based practice

Describe in general any practice recommendations of those competencies discussed:

  ______________________
  ______________________
  ______________________

☐ Give examples of any articles, best practices, practice guidelines or materials that were included in the review that promote the practice of evidence-based medicine:

  ______________________
  ______________________
  ______________________

_________________________________________  ______________________

Physician Assistant  Date

_________________________________________

Supervising Physician
Elimination of Counter-Signature

PAs This Means:

You are no longer required to obtain counter-signature on all orders, history and physicals, progress notes or charts if agreed on by your supervising physician.

If you are credentialed by a health care facility you must however abide by the regulations set forth by that facility; regulations which may require counter-signature.

To ensure you are practicing as a team and that proper supervision is in place, you must complete a quarterly review meeting.

- The quarterly review meeting provides an additional opportunity for you and your supervising physician to discuss the patient care you provide, any relevant practice updates and review complex cases in order to improve the efficiency and effectiveness of the team.
Elimination of Counter-Signature

Supervising Physicians This Means:

You are no longer required to counter-sign all orders, history and physicals, progress notes or charts.

As a means of ensuring oversight and quality assurance of the care provided by the PA, a quarterly review by a supervising physician must occur and be documented on the provided review form.

A copy of the form must be kept on file at the practice site where the PA provides care.

Health Care Facilities This Means:

The supervising physician is no longer required to counter-sign all orders, history and physicals, progress notes or charts.

As a means of ensuring appropriate oversight and quality assurance of the care provided by the PA, a quarterly review by a supervising physician must occur and be documented on the provided review form.

A copy of the form must be kept on file at the location where the PA provides care.
NEW Delegation Agreement

Key Changes:

1. Only need the signature of your Supervising Physician, who then is responsible for deciding who else can supervise you. Similar to that of resident physicians.

2. Do not need a list or obtain signatures from alternative supervising physicians.

3. No update form should now be used. A new delegation form must be submitted if your supervising physician changes.
District of Columbia
Physician Assistant Delegation Agreement Form

This document is to be filed with the Board of Medicine. A duplicate copy is to be kept on site at the physician assistant’s primary place of practice. It is to be updated as necessary. The Delegation Agreement must be signed by the physician assistant and the supervising physician(s).

*Use Form A 2 to terminate the Delegation Agreement. (If there is a change in the physician assistant's employment or employment status)

*Use Form A 3 for the quarterly Physician Assistant practice advisory review

Physician Assistant
Name (first, middle initial, last) __________________________________________
DC License number __________________________________________

Primary Supervising Physician / Department Director
Name (first, middle initial, last) __________________________________________
DC License number __________________________________________

Location (of Practice)
1. Practice Name __________________________________________
Department __________________________________________
Address __________________________________________
Phone number __________________________________________

2. Name __________________________________________
Department __________________________________________
Address __________________________________________
Phone number __________________________________________

Revised April 15, 2013
Delegation of Duties

The physician assistant is delegated to perform the following tasks and procedures that are within physician assistant’s education and training and the supervising physician’s scope of practice. Indicate those that are delegated to be performed in the above practice. If the physician assistant will provide patient care at sites other than the location address above please delineate.

Pronounce death of patients
(Subsection 4911.3, Chapter 49 PHYSICIAN ASSISTANTS of the District of Columbia Municipal Regulations- final rulemaking action February 8, 2013)
Physician assistant may pronounce death of patients Yes ___ No ___

Prescriptive Authority

Physician assistants may prescribe those drugs and devices delegated by the supervising physician. This includes non-scheduled and Schedule II-V medications. List the classes of medications the physician assistant may prescribe.

Controlled substances Yes ___ No ___

Check schedules of medications:
___ Schedule II
___ Schedule III
___ Schedule IV
___ Schedule V

This delegation of prescriptive authority DOES NOT include the following medications:

Revised April 15, 2013
**Supervising Physician Availability**

A supervising physician must be available in person or via electronic communications. Describe when and how a supervising physician is available to the physician assistant while the physician assistant is providing patient care. Describe situations when the physician assistant is caring for patients while the supervising physician is away from the site. For these situations determine how a physician is available to supervise the physician assistant taking into account the skills and the experience of the physician assistant, and the acuity patient problems seen in the practice.

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**Quality Assurance**

Subsection 4914.9 of the C, Chapter 49 PHYSICIAN ASSISTANTS of the District of Columbia Municipal Regulations- final rulemaking action February 8, 2013)

Each physician assistant and the supervising physician listed on this delegation agreement and/or another supervising must complete a practice advisory review on a quarterly basis and document the review on a form kept on file in a personnel file at the location in which the physician assistant practices.

Use form A 3 for the documentation of the quarterly review.

☐ I understand the requirement for quarterly practice advisory review and agree to comply with the regulation.

**Sign and date this form.**

<table>
<thead>
<tr>
<th>Physician Assistant</th>
<th>Date</th>
<th>DC License number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supervising Physician</th>
<th>Date</th>
<th>DC License number</th>
</tr>
</thead>
</table>

Revised April 15, 2013
Change in the accreditation body
Change in the Accreditation Body

Subsection 4902.1 is amended to read as follows:

4902.1 An applicant shall furnish proof satisfactory to the Board that the applicant has successfully completed an educational program to practice as a physician assistant accredited by the Committee on Allied Health Education and accreditation (CAHEA) or its successors by submitting to the Board, with completed application, a certified transcript and an official statement verifying graduation from an educational program.
Mapping Your Career

Re-entry to clinical practice
◦ A return to the discipline for which one was trained after an extended absence unrelated to impairment or disciplinary issues

Plan ahead
◦ Do not stay out more than 23 months and 29 days
◦ Find ways to stay clinically active, even if minimally
◦ Maintain NCCPA certification
◦ Keep up with your CME, clinical journals, etc.
American Academy of Physician Assistant- Policy for Re-Entry to Clinical Practice

If the board uses continuous clinical practice as a requirement for licensure, it should recognize the nature of PA practice when determining requirements for PAs who are reentering clinical practice (defined as a return to clinical practice as a physician assistant following an extended period of clinical inactivity). Physician assistants uniformly practice with physician supervision; reentry provisions the board designs for physicians may not be appropriate for PAs. Each PA reentering clinical practice will have unique circumstances. Therefore, the board should be authorized to customize requirements imposed on PAs reentering clinical practice. Acceptable options could include requiring current certification, mandating specific requirements for supervision, or temporary authorization to practice for a specified period of time. Although it has not yet been determined conclusively that absence from clinical practice is associated with a decrease in competence, there is concern that this is the case. Reentry requirements should not be imposed for an absence from clinical practice that is less than two years in duration.
Proposed Re-entry for PAs

Re-entry practice plan
  ◦ Information regarding the absence
  ◦ Scope of future practice plans
  ◦ Self-Assessment
    ◦ Strengths and weaknesses
  ◦ Plan for enhanced supervision
    ◦ For what period of time
Proposed Re-entry for PAs

The Board can amend the re-entry practice plan

Re-entry applicants must satisfy all licensing requirements for initial applicants (i.e. current NCCPA certification)

Re-entry applicants must be in good standing with all licensing authorities, with which the applicant is licensed

After the Board has approved the re-entry to practice plan, the licensee will be issued a DC PA medical license to practice
Reimbursement implications of the elimination of co-signature
QUESTIONS??????

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DC Board of Medicine PA Documents:  http://doh.dc.gov/node/159672

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Websites

DCAPA  www.dcapa.org

DC Physician Assistant Regulations
    http://doh.dc.gov/node/166752

DC Physician License Application Package
    ◦ Delegation Agreement form
    ◦ Advisory Quarterly Review form
        http://doh.dc.gov/node/159672

DC Board of Medicine Newsletter
    ◦ http://doh.dc.gov/node/120612