

# PSPA: TRANSITION TO PRACTICE



**PENNSYLVANIA SOCIETY OF  
PHYSICIAN ASSISTANTS**

# REGULATORY SCOPE OF PRACTICE

- ◉ Utilization
- ◉ Supervision
- ◉ Prescribing
- ◉ General Information

# GOVERNING BOARDS

- ⦿ State Board of Medicine
  - Primary Supervising Physician: M.D.
  
- ⦿ State Board of Osteopathic Medicine
  - Primary Supervising Physician: D.O.

# UTILIZATION

- ⦿ Office setting
- ⦿ Hospital and long term care facility
  - Review Bylaws
  - Obtain facility credentials
- ⦿ Emergency Room
- ⦿ First Assist at surgery
- ⦿ Moonlighting
- ⦿ House Calls
- ⦿ Industrial sites

# SATELLITE LOCATION

## State Board of Medicine

- Separate approval
- Area of medical need
- M.D. visits site/reviews selected patient records at least every 10 days and notates chart review

## State Board of Osteopathic Medicine

- Separate approval
- D.O. can only have one satellite location
- D.O. sees adult patients every 5<sup>th</sup> visit, infant to 2 years old every 3<sup>rd</sup> visit, age 2-18 year olds every other visit
- PA in main office for one year

# SCOPE OF PRACTICE

- ◉ Screen patients
- ◉ Review records
- ◉ Take history
- ◉ Perform physical examination
- ◉ Developmental screening on children
- ◉ Record data
- ◉ Make management decisions
- ◉ Patient summaries
- ◉ Request labs and imaging
- ◉ Initiate emergency management
- ◉ Provide counseling

# PROCEDURES

- ⦿ Venipuncture
- ⦿ Intradermal tests
- ⦿ Electrocardiogram
- ⦿ Care and suturing of minor lacerations
- ⦿ Casting and splinting
- ⦿ Control of external hemorrhage
- ⦿ Administration of medications
- ⦿ Removal of superficial foreign bodies
- ⦿ CPR
- ⦿ Audiometry screening
- ⦿ Visual screening
- ⦿ Carrying out aseptic and isolation techniques
- ⦿ Other specialty specific procedures

# EXCLUSIONS

- ⦿ Independently bill
- ⦿ Independently advertise
- ⦿ Perform acupuncture
- ⦿ Provide medical services outside of written agreement
- ⦿ Limit four PAs per primary supervisor
- ⦿ Certify death or record cause of death on death certificate



# SUPERVISION

# PRIMARY SUPERVISOR

- ⦿ Obtain approval from respective board
- ⦿ Assumes full medical and legal responsibility for PA
- ⦿ Physical or telecommunication contact required with PA at all times
- ⦿ M.D. to see hospitalized patient at least once
- ⦿ Reviews and co-signs all PA records within 10 days unless the written agreement change form has been approved

# ALTERNATE SUPERVISOR

- ⦿ Assumes full medical and legal responsibility for PA when primary supervisor is away

# PRESCRIBING

# LIMITS AND RESTRICTIONS

These only apply to outpatient prescribing  
not inpatient orders /dispensing.

# PRESCRIBING

## State Board of Medicine

- ◉ Based on the American Hospital Formulary
- ◉ Negative formulary- MD/PA team will determine what categories PA can not prescribe (if any)

## State Board of Osteopathic Medicine

- ◉ Aligned with State Board of Medicine
- ◉ Different for controlled substances

# PRESCRIBING CONTROLLED SUBSTANCES

## State Board of Medicine

Prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose. Notify the supervising physician of the prescription in no longer than 24 hours from the issuance of the prescription. Write a prescription for a Schedule II controlled substance for up to a 30-day supply if it was approved by the supervising physician for ongoing therapy. Clearly state on its face that it is for initial or ongoing therapy.

## ◎ State Board of Osteopathic Medicine

- ◎ Prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose.
- ◎ Notify the supervising physician of the prescription no longer than 24 hours from the issuance of the prescription.
- ◎ The patient must then be examined by the supervising physician and they must approve the prescription of a Schedule II controlled substance by the physician assistant for up to a 30-day supply.



If the patient is chronically ill, the physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply, if the prescription is reviewed by the supervising physician at least every 30 days.

If the patient is terminally ill, the physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if approved by the supervising physician at least every 120 days.

State on its face for initial or ongoing therapy.

# DEA REGISTRATION

- ⦿ PA must register with DEA to prescribe controlled substances

# PRESCRIPTION PAD

- ⦿ Name of PA and supervising and alternate physician names
- ⦿ License number of PA and supervising and alternate physician names
- ⦿ Office address and phone number
- ⦿ Blank for DEA number (pre-printed not permitted)
- ⦿ PA must indicate which physician listed on Rx is supervising (e.g. check their name and your own)

# PRESCRIPTION DOCUMENTATION

- ⦿ Record drug name, amount, dose, frequency, refills and date in chart
- ⦿ Report to supervisor, orally or in writing, within 36 hours if physician is not on site
- ⦿ Documentation co-signature within 10 days unless the written agreement change form has been approved

# SAMPLE MEDICATIONS

- ⦿ Able to request, receive, sign and dispense professional samples
- ⦿ Must document in chart when and what samples are given to patient

# GENERAL INFORMATION

# WRITTEN AGREEMENT

- ◉ Outlines supervision relationship
- ◉ Outlines PA job description
- ◉ Outlines medication that PA won't be prescribing
- ◉ Designates location of PA utilization

# REQUIRED IDENTIFICATION

- ⦿ Public notice posted
- ⦿ Display state approved credentials for PA and supervising physician
- ⦿ Name tag with “Physician Assistant” spelled out in easily readable print



# NEW GRADUATE

## State Board of Medicine

- ⦿ Temporary permit
- ⦿ On-site supervision
- ⦿ No prescribing
- ⦿ Once nationally certified, must have NCCPA notify board to get changed to permanent status

## State Board of Osteopathic Medicine

- ⦿ No provision for a new graduate

# NEW GRADUATE REGISTRATION

- ⦿ Request copies of needed forms and copy of Medical or Osteopathic Practice Act from board
- ⦿ Only use original forms
- ⦿ Complete fully and legibly
- ⦿ Use similar language as the regulations use for written agreement
- ⦿ PA program will need to complete a page of application verifying graduation

# NEW GRADUATE PROVISIONS

- ⦿ Make copies of forms
- ⦿ Send in same envelope by certified mail
- ⦿ Send in correct amount of payment
- ⦿ Wait for Temporary Authorization to Practice license to be sent to supervisor before beginning to practice
- ⦿ Effective April 2013
- ⦿ The State Board of Medicine has 120 days to provide final approval of the written agreement application but the PA may begin to work once TMX number is issued

# PAPERWORK APPROVAL

- ◉ State Board of Medicine meets the third Tuesday of month
- ◉ State Board of Osteopathic Medicine meets second Wednesday of month
- ◉ The SBOM issue TMX numbers to certified PAs only. The full approval process still applies.
- ◉ If change jobs, must have Temporary Authorization number approved before start of work under the State Board of Medicine and State Board of Osteopathic Medicine

# PRACTICING IN ANOTHER STATE

- ⦿ Join the state PA association
  - ⦿ Identify the state regulatory board for PAs
    - Determine if temporary permit an option
    - Review supervising physician application process
  - ⦿ Obtain an application for licensure
  - ⦿ Read the state regulations
    - Note specifics regarding: ratios, countersignature, prescribing, controlled substances, scope of practice, satellite locations, sample medications and practice exclusions
- Become familiar with third party insurance carriers

- ◉ Determine if minimum degree requirement for licensure
- ◉ Determine if additional CME requirement for licensure
- ◉ Identify Malpractice companies that issue malpractice coverage for PAs in that state
- ◉ Review AAPA salary survey to determine new graduate mean salary in that state
- ◉ 2013 AAPA salary and demographics now available to AAPA members

# DEA APPLICATION

- Applications distributed from Philadelphia DEA office only
- \$731.00 for three years
- Request:
  - DEA application
  - Mid level practitioner addendum form
  - Mid level practitioner prescribing manual
- If change jobs, notify of change of address
- Use for Schedule 2-5 medications only

# CONTACT INFORMATION

NCCPA (770)-734-4500

<http://www.nccpa.net>

State Board of Medicine (717)-787-2381

<http://www.dos.state.pa.us/>

State Board of Osteopathic Medicine

(717)-783-4858

DEA (215)-597-9536

American Academy of Physician Assistants

(703)-836-2272

<http://www.aapa.org>



# REIMBURSEMENT SCOPE OF PRACTICE

# REIMBURSEMENT ISSUES

- ⦿ Need to learn about insurance company reimbursement for medical and surgical physician services provided by a PA
- ⦿ Identify major carriers for your practice
- ⦿ Obtain Medicare number and NPI number
- ⦿ Be aware of restrictive supervision requirements
- ⦿ Review HMO practice contracts

# REIMBURSEMENT ISSUES

- ⦿ Visit AAPA and PSPA website for reimbursement information
- ⦿ Attend reimbursement lectures at AAPA and PSPA conferences
- ⦿ Become member of PSPA reimbursement committee
- ⦿ Become STAR contact for AAPA

# MEDICARE REIMBURSEMENT

- Office setting
  - MD on site 100%
  - MD off site 85%
- House call 85%
- Skilled Nursing Facility 85%
- Hospital 85%
- Federal Rural Health Site is cost based reimbursement
- HMO Varies

# MEDICARE INCIDENT-TO

- To obtain 100% reimbursement three criteria must be met:
  - Physician must be on site
  - Physician must see all new patients
  - Physician must see established patient if there is any change in condition

# OTHER INSURANCE CARRIERS

- ◉ **Medicaid** Varies by site but majority is 100% (physician off site)
- ◉ **TRICARE** 85% (surgery 65%)
- ◉ **Private insurance** varies (need physician on site)
  - Blue Cross/ Blue Shield permits physician off site if in medically underserved areas otherwise physician needs to be on site
  - PAs services as a surgical assistant is part of surgeon's surgical fee
- ◉ **Workman's comp** Reimbursed in PA
  - (% depends on service)
- ◉ **FEHB Program** majority cover, but varies
  - Foreign Service no
  - Mail Handlers no
  - Rural Carriers no

# BILLING RULES

- ⦿ Not documented = not done
- ⦿ Not done = not billable
- ⦿ Billing must reflect level and intensity of service documented

# SALARY AND DEMOGRAPHICS



# SALARY AND DEMOGRAPHICS

- ◉ Mean annual income for a new graduate in PA was \$77,000 in 2016
- ◉ Medium annual income for a practicing PA in PA was \$90,00 in 2018
- ◉ Compared to national medium:
  - new graduate is \$80,000
  - practicing PA is \$97,000

Salary surveys available free to AAPA members.

# INCOME VARIABLES

- ◉ Specialty
- ◉ City size
- ◉ Years of experience

# SALARY AND BENEFITS

- ◉ Income can be by salary, fee for service or hourly
- ◉ Benefits vary
- ◉ Malpractice (verify in place before seeing patients and see policy in writing)
  - Supervisor's policy rider
  - Umbrella policy
  - Independent policy

# EMPLOYMENT ISSUES

- ◉ Practice issues:
- ◉ Will PA work in all locations?
- ◉ Expected number of hours of work per week?
- ◉ Will on-call be by phone or into office/hospital to meet patient?
- ◉ Will PA be required to go to office, ER, nursing homes?
- ◉ Has compensation for these been clearly specified?
- ◉ How will holidays be covered?
- ◉ Weekends begin and end at what time?

- ◉ Physician's expectations of what PA will do?
- ◉ Expected number of patients to be seen each day?
- ◉ How will supervision be provided?
- ◉ Availability of the physician for consultation?
- ◉ Relationship to others in the office?
- ◉ Other responsibilities in the office?
  - Quality assurance, in-service training
  - Development of policies/procedures
  - Handling of equipment
  - Supervisory roles
- ◉ Will PA be privileged at hospital(s)?
- ◉ PAs hospital responsibilities?
- ◉ Is hospital committee work required? Possible?
- ◉ PAs nursing home responsibilities?

# LEGAL ISSUES

- ⦿ Necessary paperwork filed with the state licensing board?
- ⦿ State statute/regulations reviewed with the physician?
- ⦿ Nursing home/hospital regulations reviewed?
- ⦿ Probationary period?
- ⦿ Written contract provided?
- ⦿ Malpractice policy type and coverage reviewed with PA?
- ⦿ Is tail coverage provided, if needed?
- ⦿ Provision in contract for re-negotiation in event of expanded responsibilities, workload increases, reduction in services, etc.

# BUSINESS / BENEFITS

- ◉ Malpractice coverage - type, limits, liability?
- ◉ Health insurance provided? For dependents?
- ◉ Dental/Eye insurance?
- ◉ Life/Disability insurance?
- ◉ Vacation/Paid days off?
- ◉ Number of paid holidays?
- ◉ Sick leave?
- ◉ Family/maternity leave?
- ◉ Unpaid leave policy?
- ◉ Paid jury duty?

# PROFESSIONAL EXPENSES

- Certification/recertification exam expenses?
- CME program expense?
  - Dollar amount available
  - Number of paid days off for CME
- AAPA annual membership dues?
- PSPA or state membership dues?
- Professional activity in local, state and national PA organizations permitted?
- Credentialing and licensing fees?



# COMPENSATION

- ◉ Hourly wages or base salary?
- ◉ How often is salary reviewed?
- ◉ Partnership available?
- ◉ Bonuses - based on productivity or review?
- ◉ Profit sharing?
- ◉ Pension?
- ◉ Additional compensation for on-call?
- ◉ Reimbursement of expenses?
  - Travel to hospital, nursing homes, between offices
  - Professional equipment
  - Moving expenses to start new job

# ADVERTISE YOUR ADDITION TO PRACTICE

- ⦿ In town newspaper
- ⦿ In hospital newsletter
- ⦿ Notify hospital and nursing home department heads and nursing units
- ⦿ Educational brochures in waiting room
- ⦿ Letters of introduction to office patients

# GET THE PROFESSIONAL EDGE

Position yourself as source of knowledge  
Provide written information to add clout  
Get the edge in hiring process

# PROTECT YOURSELF FROM MALPRACTICE SUITS

# AVOIDING MALPRACTICE

- ⦿ Diagnostic errors - majority of lawsuits against PCP
- ⦿ “Red flags” complaints with a statistically high probability for lawsuits in primary care
- ⦿ Rule out worst things first
- ⦿ Revisit unsolved problems
- ⦿ Have patient’s chart in front of you when you give phone advice

# MEDICAL CHARTING

- ⦿ Documentation - if it is not written down, you didn't do it
- ⦿ Documentation of telephone calls in the chart (sign, date and time!)
- ⦿ Dispense instruction sheets
- ⦿ Document patients refusal of treatment
- ⦿ Document risks of failure to comply

# ALTERING THE MEDICAL RECORD

- ⦿ New entry with date and reason for addition
- ⦿ Never alter a record by writing in the margin, writing over an entry or changing a date
- ⦿ Never write or stamp “dictated but not read”

# MEDICATION ERRORS

- ⦿ 2<sup>nd</sup> most common / 2<sup>nd</sup> most expensive
- ⦿ Over half of all preventable drug events occur in the ordering process
- ⦿ Causes
  - Incorrect dose
  - Inappropriate drug for the medical condition
  - Failure to monitor for side effects



# WAYS TO LOWER RISK

- ◉ Write legibly
- ◉ Document on a medication flow sheet in the front of the chart (also keep track of refills)
- ◉ Chart herbal medication use
- ◉ Reduce errors
  - Use leading zeros                      0.5 mg
  - Avoid trailing zeros                    5 mg
  - Avoid abbreviations

# SYSTEMS FOR TRACKING FOLLOW-UP

- ◉ Keep logs
  - Diagnostic tests (review daily)
  - Referrals (review monthly)
- ◉ Problem lists
- ◉ Develop a back up system to review labs when a provider is not in the office
- ◉ Checklist charting of visits / preprinted forms
- ◉ Checklist documentation of telephone calls

# NCCPA CERTIFICATION

# NCCPA: WHO ARE THEY?

- ⦿ Primary resource in the assessment and credentialing of Physician Assistants
- ⦿ Formed by 14 organizations in 1975
- ⦿ Responsible for administration of the national certification examination

# NCCPA: INITIAL CERTIFICATION

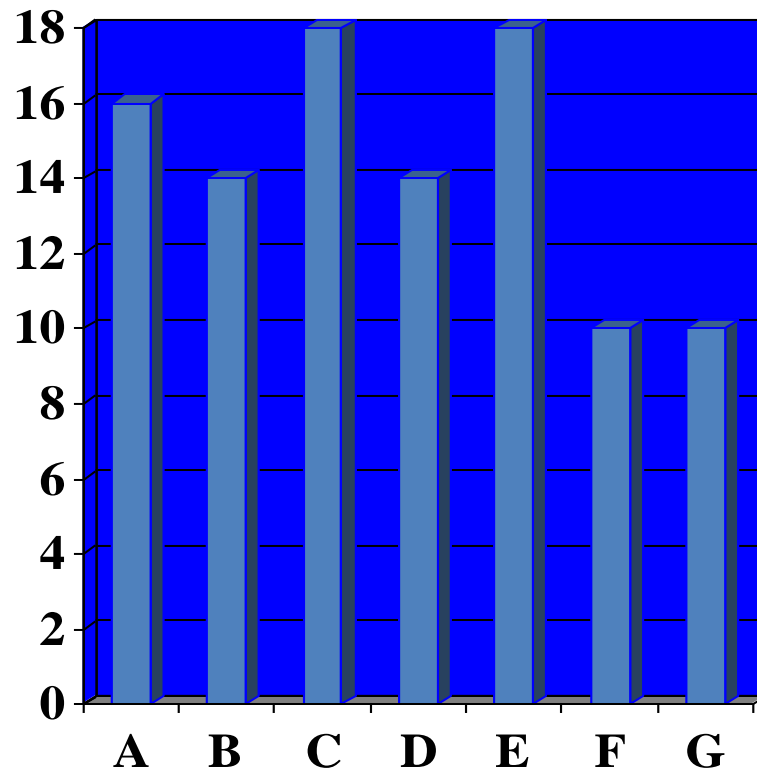
# PANCE: PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION

- ◉ What is PANCE?
  - Initial certifying examination for Physician Assistants
- ◉ General Eligibility:
  - Graduate of, or nearing graduation from an accredited PA program
- ◉ Test Composition
  - Physician Assistant Tasks and Evaluative Objectives
  - Sample Disease/Disorders by Organ System

# PANCE: PHYSICIAN ASSISTANT TASKS AND EVALUATIVE OBJECTIVES

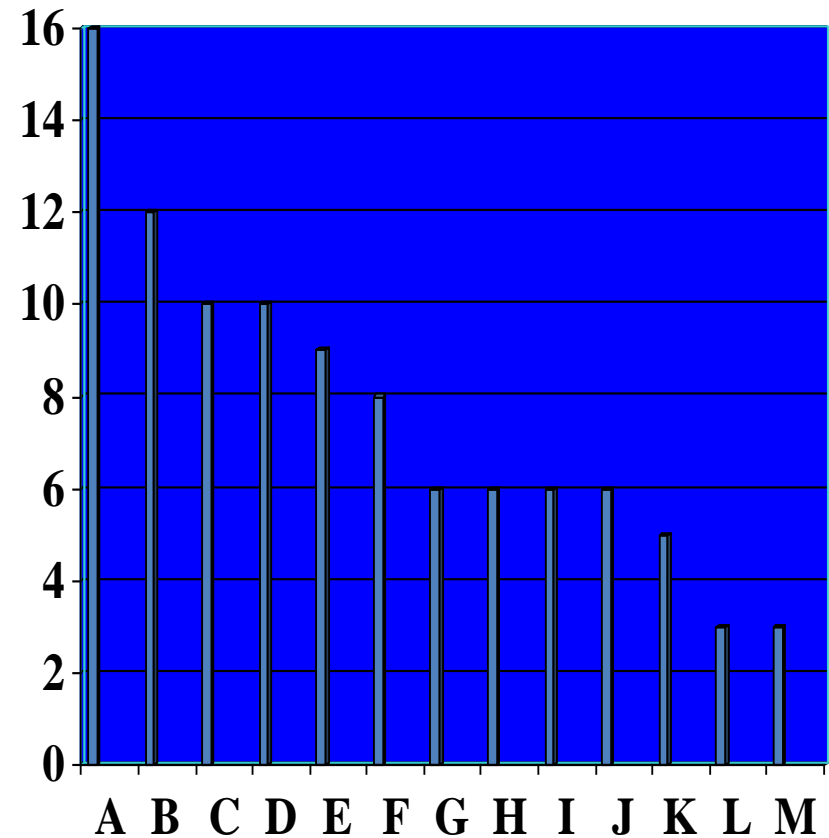
## ■ Seven Categories

- A: H&P
- B: Lab & Diagnostic tests
- C: Diagnosis Formulation
- D: Clinical Intervention
- E: Clinical Therapeutics
- F: Health Maintenance
- G: Application of scientific concepts



# PANCE: SAMPLE DISEASE/DISORDERS BY ORGAN SYSTEM

- A. Cardiovascular
- B. Pulmonary
- C. GI/Nutrition
- D. MS
- E. EENT
- F. Reproductive
- G. Endocrine
- H. Neuro
- I. Psych
- J. GU
- K. Derm
- L. Heme
- M. ID





## PANCE: COMMON QUESTIONS

- What must I score to become certified?
  - 55-65% depending on test version
- What happens if I don't pass my exam?
  - May take numerous times
  - Once in any 90 day period or 3 times a year
  - Lose eligibility/ repeat PA program
- When will I receive my score?
  - Mailed within 2 weeks of exam date
- How do I set up my exam time?
  - Receive verification by e-mail

# TEST REGISTRATION

- ◉ \$475 payment
- ◉ Schedule your exam anytime (depending on testing center availability) within the 180 day time frame established for you based on your expected graduation date and the successful submission of all required materials to NCCPA.
- ◉ You may only take PANCE once in any 90-day period or three times in a calendar year.
- ◉ **There will be no testing between Dec. 21-31, 2016**

- ⦿ Five-hour PANCE exam
- ⦿ 300 multiple-choice questions administered in five blocks of 60 questions
- ⦿ 60 minutes to complete each block
- ⦿ Total of 45 minutes allotted for breaks between blocks
- ⦿ NCCPA does not accept applications until 90 days prior to your expected program completion date (as provided by your program director)
- ⦿ Earliest test date is seven days after your program completion. Date will be in your exam application acknowledgement e-mail

# CME LOGGING

- ⦿ At the present time, the recertification cycle has increased to every 10 years
- ⦿ Earning and logging a minimum of 100 hours of CME every 2 years
- ⦿ Submit a certification maintenance fee to NCCPA by December 31 of their certification expiration year
- ⦿ Begin earning CME credits on May 1 of your certification cycle year and must finish earning them by December 31 of the year your certification expires.

# NCCPA RECERTIFICATION EXAMINATION

# RECERTIFICATION

- PANRE: Physician Assistant National Recertifying Examination

## RECERTIFICATION: CONTINUED

Exam Location	PANRE at Prometric Testing Centers
Format	240 MCQ computer based
Passing Standard	51%-64%
Time Allotted	4 Hours

# PANRE

- ⦿ Must Pass by the End of the 10<sup>th</sup> year
- ⦿ Take in years 9 or 10
- ⦿ Up to 4 attempts to pass
- ⦿ 2 in year 9 and 2 in year 10
- ⦿ Fail to pass must retake for PANCE



# MAINTAINING CERTIFICATION

## ◉ Five Steps (as of January 1, 2014)

- CME logging
- Re-registration
- Recertification
- Performance Improvement CME (optional)
- Self-assessment CME (optional)

# TRANSITION INTO NEW RECERTIFICATION PROCESS

- ⦿ A gradual transition into the new recertification process will occur over the next 5 years
- ⦿ Based on your year of certification
- ⦿ Initial certification in 2013 means transition will occur in 2019
- ⦿ At that time, you may begin participating in PI-CME and SA-CME (optional)
- ⦿ Recertification testing will occur every 10 years

# CME LOGGING

- ⦿ Frequency:

- Every two years must complete 100 hours of continuing medical education

- ⦿ Content:

- 50 of those CME credits must be category 1, the other 50 CME hours can be category 1 or category 2 every 2 years

# RE-REGISTRATION

## ◎ Frequency

- 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, 8<sup>th</sup> year of certificate maintenance process. Complete form and submit payment

## ◎ Deadlines

- Certificates expire every other June
- Recommend complete prior to May to assure continual certification

# QUESTIONS??



**PENNSYLVANIA SOCIETY OF  
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