HEALTH SERVICES QUALITY IMPROVEMENT IMPLEMENTATION GUIDE

EIGHT (INTERIM UPDATE)

Subj: PHYSICIAN SUPERVISION REQUIREMENTS/DUTIES, AND RESPONSIBILITIES OF PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS

Ref: (a) Personnel Manual, COMDTINST M1000.6 (series)
(b) Medical Manual, COMDTINST M6000.1 (series)
(c) Aviation Medicine Manual, COMDTINST M6410.3 (series)

1. PURPOSE. This document is intended to clarify, expand and reemphasize policy guidelines for physician supervision, duties, responsibilities and use of active duty, reserve, and civilian (contract or government service) physician assistants (PAs) and/or family nurse practitioners within the Coast Guard health care delivery system. While the majority of uniformed mid-level providers in the Coast Guard are PAs, occasionally, Physician Assistant /family nurse practitioner (FNPs) that are commissioned officers of the U.S. Public Health Service (PHS) will be employed to fill PA billets. Credentialing, privileging, clinical utilization, duties and responsibilities, and the supervision of FNPs shall be considered synonymous with those of PAs. Except where training, certification or state licensing requirements may differ slightly between PAs and FNPs, the term PAs shall be used synonymously to include FNPs throughout this document. The government service (GS) civilian PA/FNP is considered uniformed for the purposes of supervision.

2. BACKGROUND. Selection and training of CG PAs was initially started for the purpose of improving patient access to the primary care system and lessening the burden of highly trained specialist in primary care roles. Since that time, PAs have become an integral part of the Coast Guard health care team, contributing a valuable admixture of comprehensive and relevant training, substantial experience with the military and military health care delivery system, and a practical, cost-effective and highly effective approach to the delivery of primary care. Initially PAs were trained utilizing multiple civilian PA programs; however, most CG PAs are currently trained at the Interservice PA Program (IPAP). Although the clinical and military status of PAs has changed over the years, the fundamental objective of the PA community has remained the same: to enhance cost-efficient delivery of high quality primary care to our beneficiaries. Coast Guard PAs provide primary and aviation medicine services at ashore units, satellite clinics, aboard Coast Guard afloat assets and when deployed with Port Security Units or other OCONUS units. Procurement and appointment of Coast Guard PAs is addressed in reference (a). FNPs from the PHS have been employed by the Coast Guard from time to time to fill PA vacancies. FNPs of the PHS meet accession and commissioning standards of the PHS, but when employed by the Coast Guard must meet all clinical duties, responsibilities and supervisory requirements of PAs.

3. DEFINITION. Physician Assistants are health care professionals who have successfully completed a physician assistant training program recognized by the Coast Guard, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), and who are certified by the National Commission on Certification of Physician Assistants (NCCPA). State licensing of Coast Guard active duty/reserve and PHS PAs is not required but recommended (for purposes of billing other health insurance and issuance of a DEA number). A federal license waiver is in effect for all PAs who are nationally certified and credentialed by the Coast Guard. The authority to prescribe controlled substances is vested in the scope as authorized by the federal credentialing agency. Since FNP's are commissioned in the PHS, an active, unrestricted state license is required for credentialing and privileging for clinical practice with the Coast Guard. Because of the important working relationship PAs have with physicians, they are educated in an intensive primary care medical model designed to compliment physician training. PAs are credentialed and privileged to practice medicine with general physician supervision. This supervision does not require direct physical oversight, but rather, requires that a physician be appointed to interface with the physician assistant in clinical matters through direct contact in the clinic, ongoing medical record reviews, and/or via other electronic consultative means as operationally required.

4. PRIMARY CARE. Primary care is a type of health care delivery, which emphasizes first contact care and assumes ongoing responsibility for the patient in both health maintenance and therapy of acute/chronic illness. This personal care involves a unique interaction and communication between the patient and the health care provider. Primary care is comprehensive in scope and includes the overall condition of the patient's health care, whether this is preventive or curative, and where the sphere of involvement is biological, behavioral, or sociologic. Appropriate use of consultants and community resources is an important part of effective primary care delivery.

5. DUTIES and RESPONSIBILITIES.

a. PAs exercise a substantial degree of autonomy in the performance of their clinical duties, they must, by definition, function with general physician supervision when performing medical services. The supervision may occur via several means including face-to-face, telephonic, electronic, radio, and written. General supervision is defined as availability of the physician for consultation by the PA/FNP, use of a PA Practice Plan, and the participation of the chart/peer review program.

b. CG/PHS PAs are qualified by their training and board certification to provide primary care and should be assigned to their billets based upon the required level of experience.

c. In addition to the PA primary care core privileges, the Coast Guard privileging body may grant PAs specialty supplemental privileges when the need for the PA's services in that specialty exists, when clinic services and facilities support the specialty level of health care, and when the credentials for that PA confirms current competency for supplemental privileges. PAs may obtain specialty competencies by completing a post-baccalaureate degree or formalized residency in a defined specialty, or by completing other formalized training programs. Some examples (but not all inclusive) of specialty health care by PAs are; aviation medicine, sports medicine, occupational medicine and emergency medicine.

d. PAs will write medical evaluation boards (requires physician counter-signature) and perform routine physical examinations IAW references (b) and (c).

e. PAs must wear a nametag that is clearly visible whenever engaged in direct patient contact and have the words "Physician Assistant" imprinted below the name and the letters "PA-C" after their name.

f. PAs must sign (paper or electronic) the medical record of each patient examined, treated, or referred for treatment, and print or stamp his or her name, grade, title, and/or other identifier as specified by regulating authority below the signature (Should include PA-C, PA-C/APA, or FNP).

g. Evaluation of quality of care provided by every PA in a clinical billet should be included in every officer evaluation report submitted. For civilian contract PAs, performance standards must be established and the quality of performance carefully documented. Contract PAs or FNPs are not considered Medical Officers per reference (b).

h. Every PA will be credentialed and be granted clinical privileges following the provisions in chapter 13 of reference (b)

i. PAs are authorized to write prescriptions including those for controlled substances under provisions and restrictions in chapters 1 and 10 of reference (b).

6. SUPERVISION-GENERAL The PA should be fully integrated into the primary care team and expected to exercise a substantial degree of clinical judgment in ordering studies, requesting consultations, rendering diagnoses, and formulating and initiating treatment plans: thus an open, informal exchange of information between PAs and physicians is necessary. Supervision of the PA/FNP is a duty and a job requirement for USPHS physicians assigned to the CG. General supervision may be exercised by any

physician billeted to a clinical site and the requirements as referenced in paragraph 7a will not apply. It is assumed for the purposes of this policy that general supervision is in place when the normally billeted physician is off-site temporarily. The formal requirement for supervision and review of the clinical work of a PA is specified in chapters 1 and 13 of reference (b), in addition to the guidelines published with the requisite professional practice academy/college (PA and FNP). Recognizing the experience and training of the PA/FNP, supervision shall differ for those PAs with less than 4 years of clinical practice experience. Reference (b) specifically requires that all physician assistants assigned to Coast Guard Health Services facilities must be compliant with:

a. A physician must be designated in writing to supervise and formally review the patient care rendered by each PA. Continuity of supervision must be ensured. An alternate physician should be designated to assume the supervisory responsibilities in the absence of the regularly designated supervising physician. All PAs will complete a Physician Assistant Practice Plan (PAPP) and it shall be reviewed and updated annually with the supervising physician. The assignment of a new graduate PA to a clinic without a permanently assigned and billeted physician is not authorized. PAs with less than four years of experience shall work with their supervising physician for at least six months before becoming deployable TAD. In the spirit of professional development, those PAs with less than four years of experience, should spend at least 80 hours with each new supervising physician when assigned. PAs with more than 4 years of experience shall meet at a minimum once, annually with their supervising physician to review and update the PA Practice Plan. Enclosure (1) contains a sample memorandum and PA Practice Plan (PAPP) which shall be used for this purpose. Supervision of PAs performing emergency medical care may be provided by any physician in the absence of formal designation.

b. Physicians should generally not be designated supervisory responsibility for more than three PAs.

c. Physicians' assigned clinical supervisory responsibility must be credentialed, privileged and engaged in the same general category of health care delivery as the PA being supervised. Physicians designated supervisory responsibilities should be provided through an orientation which describes the experiential and training background of Coast Guard PAs that describes the duties and responsibilities of PAs, as well as clearly prescribes in writing all related administrative and professional supervisory and review responsibilities.

d. The supervising physician will ensure chart review is completed each month that includes 5 charts reviewed by the supervising physician and 5 charts reviewed through the electronic peer review system. On a periodic basis but no less than once a year, the supervising physician and PA should collectively review the peer review results to identify opportunities for professional development. Supervising physicians may elect to perform QA review greater than the records required by policy. A systematic mechanism should be employed for this review, and all reviewed records countersigned (paper or electronic) by the reviewing physician. The new CG-112 electronic peer review system will be the repository of record. The peer review results are considered in re-privileging by the PRC.

e. The supervising physician must participate in the initial and periodic granting of clinical privileges. The supervising physician will be identified in CCQAS and the peer review system. He or she must be advised of privileging actions taken in the case of the PAs to be supervised, and must communicate promptly, through the chain of command to Commandant (CG-1122), any concern that privileges requested/granted may not be appropriate.

f. A senior PA medical officer may administratively supervise other PA's for the purposes of professional development and evaluation. This in no way will interfere with the physician-PA supervisory relationship required for clinical practice.

7. SUPERVISION-REMOTE Due to operational considerations, PAs may be assigned to units without physicians billeted on site (PSU, Ice Breakers, out of hemisphere 378's, and the remote APA). Deployed PAs should engage the duty Flight Surgeon for required consultations with copy email to his/her

supervising physician/flight surgeon. The supervising physician may be any USPHS Coast Guard or DoD physician within proximity to the where the unit is operating or other physician as assigned. A request indicating the need for physician supervision should be sent by HSWL SUPACT to the senior officer present in the area with control over medical assets, through the established chain of command. A copy of the supervising physician's letter will be maintained by the PA's commanding officer, HSWL SUPACT, the PA, and the supervising physician/flight surgeon. An APA must have a flight surgeon supervisor. In those cases, a supervising physician will be appointed from the command and coordinated through the Health, Safety, and Work-life (HSWL) SUPACT.

a. PAs in remote aviation duty stations without a physician billeted shall provide care to active duty members only, except for the provision of first aid and emergency care. All clinical notes will be co-signed by the supervising physician when non-active duty patients are seen at a location normally staffed without a physician. Contract PAs should have on site uniformed physician supervision when seeing non-active duty beneficiaries. Any medical officer may serve as an onsite supervisor as required by the contract when seeing uniformed eligible beneficiaries. The PA may provide services to non-active duty beneficiaries when assigned to clinics with a physician billeted. In the event a contract PA cares for a non active duty member or on those days without a physician onsite, the clinical note will be reviewed and co-signed by a physician within 7 days upon return of a physician.

b. There is an ongoing programmatic review being undertaken to assess CG aeromedical support and optimal utilization of APAs. Remote APA practice (no physician billeted onsite) will be a "co-practice" whereby the Flight Surgeon and the APA will have consistent and shared presence at the remote and main clinic work site. Presently, remotely practicing APAs shall have a supervising Flight Surgeon within 60 minutes from the site of practice or have an CG-112 approved waiver. The PAPP shall include the procedures by which the remotely practicing PA will handle the sites medical emergencies when the supervising physician is unavailable or not on site. At a minimum, the Flight Surgeon and APA will meet at least 12 times per a year to facilitate the "co-practice" model. These meetings should assess practice standards and application of aeromedical and aviation policy. All encounters requiring an "up chit" shall use the CG 6020 with the note co-signed by the supervising Flight Surgeon (or delegate in his absence) in PGUI/EMR within 72 hours. The "up-chit" review cycle should occur in either of the manners detailed:

1. Case discussed with FS before up-chit is signed, up-chit annotated by APA, "Discussed with FS Jones, XX APR 2010", up-chit encounter is sent to FS in PGUI/EMR, and up-chit is routed to CO and placed in health record as final.

2. Up-chit is NOT discussed with FS prior to signing, the APA will annotate the "up-chit" with "This up-chit encounter is being reviewed by CAPT Jones, FS/FST/AMO". Once the encounter has been reviewed in PGUI/EMR by the Flight Surgeon, the APA will annotate the earlier review statement with the date reviewed and initial, and place final up-chit in record.

The up-chit cycle is complete when the encounter has been reviewed, the "up-chit (CG-6020) has been properly annotated with the required statement, and initialed with date once reviewed by the FS/FST/AMO, and placed in the hard copy health record. This practice does not replace frequent discussion related to patient care, which is strongly encouraged. If a supervising CG/DoD Flight Surgeon is unavailable, within 60 minutes travel time, a supervising physician may be requested from the nearest military treatment facility. Aeromedical evacuation decision/recommendation will remain the responsibility of the flight surgeon.

c. PAs with specialized training may exercise the expanded scope provided they have been credentialed and privileged to do so by CG-11. A physician with the same specialty training should be designated as an additional supervising physician if the primary supervising physician determines the need.

8. CONTINUING MEDICAL EDUCATION (CME) and PA CERTIFICATION

a. To maintain their national certification, PAs must log 100 hours of continuing medical education every 2 years and sit for a recertification exam every 6 years. CME may be obtained through mandated operational medicine training, in-service medical training, correspondence course programs, web based programs, and continuing professional educational programs in the command or local civilian community. Commanding officers are strongly encouraged to allow each PA to attend at least one professional meeting annually, if staffing and funding resources permit. Active membership in appropriate professional organizations is encouraged of PAs.

b. Each PA must pursue certification by the NCCPA when the examination is first offered after completion of PA training and regularly thereafter to maintain NCCPA certification. Should any certification examination result in failure, a plan of supervision shall be either continued or established with input/guidance from the PA Force Manager at Commandant (CG-1122) until the PA passes the certification examination and obtains either certification or recertification. If a PA is unable to achieve certification after two examination cycles, they may be reassigned to non-clinical duties and considered for administrative separation.

9. ACTION. Commands and HSWL Field Offices having PAs assigned shall implement policies and procedures that are consistent with those outlined in this QIIG. Any deviations from policy established here shall be described fully and submitted through the chain of command to Commandant (CG-112) for review and concurrent clearance.

ENCLOSURE (1) Physician Assistant Practice Plan (PAPP) Sample