



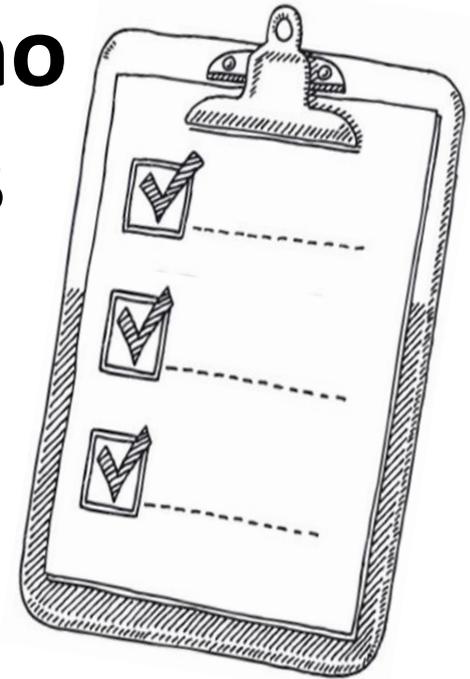
SUPERVISORY AGREEMENTS

Overview of new administrative rules
to define the nature and extent
of the relationship for Iowa physicians
who supervise physician assistants

IOWA BOARD OF MEDICINE
OCTOBER 2, 2017

WHAT'S UP: TODAY'S OBJECTIVES

- New rules for physicians who supervise physician assistants**
- Essential elements of a supervisory agreement**
- Answers for your questions**



TIMELINE: SUPERVISORY AGREEMENT

- ❑ **April 28, 2017 – Rulemaking initiated**
- ❑ **June 13 – Public hearing and written comment deadline**
- ❑ **July 21 – Rulemaking amended and adopted**
- ❑ **September 20 – Rulemaking effective**
- ❑ **January 1, 2018 – Rulemaking enforced**

ELIGIBILITY: WHO CAN SUPERVISE A PA?

- A physician assistant (PA) cannot practice without supervision by an eligible physician.
- An eligible physician delegates medical services to be performed by PA. The physician is ultimately responsible for patient care.
- An eligible physician must have active Iowa license – permanent, special or temporary.
- Resident licensees are not allowed to supervise.
- Physicians with administrative medicine licenses (non-clinical license) are not allowed to supervise.
- An eligible physician cannot have restrictions prohibiting supervision of a PA.
- An eligible physician cannot supervise more than 5 PAs at a time.
- An eligible physician must have written supervisory agreement in place with each PA supervised.

SUPERVISORY AGREEMENTS

- Recognize existing state laws and administrative rules that express expectations for appropriate supervision of a physician assistant
- No new supervisory requirements
- Format determined by the physician
- Must address 7 **essential elements** of appropriate supervision

ESSENTIAL ELEMENTS OF AGREEMENT

(1) Review of requirements. The supervisory agreement shall include a provision which ensures that the supervising physician and the physician assistant review all of the requirements of physician assistant licensure, practice, supervision, and delegation of medical services as set forth in Iowa Code section 148.13 and chapter 148C, this chapter, and 645—Chapters 326 to 329.

ESSENTIAL ELEMENTS OF AGREEMENT

(2) Assess education, training, skills, and experience. The supervisory agreement shall include a provision which ensures that each supervising physician assesses the education, training, skills, and relevant experience of the physician assistant prior to providing supervision. Each supervising physician and physician assistant shall ensure that the other party has the appropriate education, training, skills, and relevant experience necessary to successfully collaborate on patient care delivered by the team. Thereafter, each supervising physician shall regularly evaluate the clinical judgment, skills, performance and patient care of the physician assistant and shall provide appropriate feedback to the physician assistant.

ESSENTIAL ELEMENTS OF AGREEMENT

(3) Delegated services. The supervisory agreement shall include a provision which addresses the services the supervising physician delegates to the physician assistant. The medical services and medical tasks delegated to and provided by the physician assistant shall be in compliance with 645—subrule 327.1(1). All delegated medical services shall be within the scope of practice of the supervising physician and the physician assistant. The supervising physician and the physician assistant shall have the education, training, skills, and relevant experience necessary to perform the delegated services prior to delegation.

ESSENTIAL ELEMENTS OF AGREEMENT

(4) Communication. The supervisory agreement shall include a provision which sets forth expectations for communication. Each supervising physician and physician assistant shall communicate about and consult on patient complaints, medical problems, complications, emergencies, and patient referrals as indicated by the clinical condition of the patient. The supervising physician shall be available for timely consultation with the physician assistant, either in person or by telephonic or other electronic means. *(continued on next slide)*

ESSENTIAL ELEMENTS OF AGREEMENT

(4) Communication. *(continued from previous slide) ...*

The supervisory agreement shall also include a provision which ensures that each supervising physician and physician assistant conduct ongoing discussions and evaluation of the supervisory agreement, including supervision; expectations for both parties; assessment of education, training, skills, and relevant experience; review of delegated services; review of the medical services provided by the physician assistant; and the types of cases and situations when the supervising physician expects to be consulted.

ESSENTIAL ELEMENTS OF AGREEMENT

(5) Chart review. The supervisory agreement shall include a provision which sets forth the plan for completing and documenting chart reviews. Documentation may include, but is not limited to, the supervising physician's placing the supervising physician's signature or initials on the charts reviewed. Each supervising physician shall ensure that an ongoing review of a representative sample of the physician assistant's patient charts encompassing the scope of the physician assistant's practice provided under the physician's supervision occurs and that the findings of the review are discussed with the physician assistant.

ESSENTIAL ELEMENTS OF AGREEMENT

(6) Remote medical site. The supervisory agreement shall include a provision which ensures that the supervising physician visits a remote medical site to provide additional medical direction, medical services and consultation at least every two weeks or less frequently as specified in unusual or emergency circumstances. When visits are less frequent than every two weeks in unusual or emergency circumstances, the physician shall notify the board in writing of these circumstances within 30 days. *(continued on next slide)*

ESSENTIAL ELEMENTS OF AGREEMENT

(6) Remote medical site. *(continued from previous slide) ...*

“Remote medical site” means a medical clinic for ambulatory patients which is **away from the main practice location of a supervising physician and in which a supervising physician is present less than 50 percent of the time when the remote medical site is open.** “Remote medical site” will not apply to nursing homes, patient homes, hospital outpatient departments, outreach clinics, or any location at which medical care is incidentally provided. The board shall only grant a waiver or variance of this provision if substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in this rule.

ESSENTIAL ELEMENTS OF AGREEMENT

(7) Alternate supervision. The supervisory agreement shall include a provision which sets forth the expectations and plan for alternate supervision. If the supervising physician will not be available for any reason, an alternate supervising physician must be available to ensure continuity of supervision. The supervising physician will ensure that the alternate supervising physician is available for a timely consultation and will ensure that the physician assistant is notified of the means by which to reach the alternate supervising physician. The physician assistant may not practice if supervision is unavailable, except as otherwise provided in Iowa Code chapter 148C or 645—Chapters 326 to 329.

ESSENTIAL ELEMENTS: RECAP

- 1. Review requirements**
- 2. Assess education, training, experience**
- 3. Delegated services**
- 4. Communication**
- 5. Chart review**
- 6. Remote medical site**
- 7. Alternate supervision**



REPORTING: TELL THE MEDICAL BOARD

- ❑ A physician who supervises a PA shall notify Board of Medicine of the supervisory relationship within 60 days of provision of initial supervision and at time of physician's license renewal.
 - File report through physician's online account with Board
 - Online renewal form will prompt physician to enter PA's name
 - **DO NOT send supervisory agreement to the Board unless requested by the Board**

SUPERVISORY AGREEMENT: THE FAQs

What is the purpose of the agreement?

The agreement defines the nature and extent of the supervisory relationship and the expectations of the supervising physician and the physician assistant. The agreement must be in place prior to the provision of supervision.

When will the Board begin enforcing the new rules?

January 1, 2018.

Do I need to use an agreement form approved by the Board?

No. A sample agreement is available on the Board's website but you may use the form of your choice.

Do I need to file a copy of the agreement with the Board?

No. However, you must maintain a copy of the agreement and provide a copy to the Board upon request.

SUPERVISORY AGREEMENT: THE FAQs

Does each supervising physician need to have a separate agreement for each physician assistant?

No. Multiple supervising physicians may use a single agreement for each physician assistant when appropriate.

When do I need to notify the Board of a supervisory relationship?

Within 60 days of the provision of initial supervision and at the time of license renewal.

Do the rules change the supervisory requirements at a “remote medical site”?

No. The new rules are identical to the current rules established by the Iowa Board of Physician Assistants.

SUPERVISORY AGREEMENT: THE FAQs

Does each supervising physician need to complete a specific number of chart reviews?

No. Each supervising physician must ensure that meaningful chart reviews occur for each physician assistant, but the chart reviews must be performed by one or more supervising physician. Documentation of the chart reviews may include, but is not limited to, placing the supervising physician's signature or initials on the charts reviewed.

Does the chart reviewer have to be a supervising physician?

Yes. The chart reviewer must be a supervising physician. At least one supervising physician should be familiar with the care provided by the physician assistant.

SUPERVISORY AGREEMENT: THE FAQs

How often do I need to update the agreement?

There is no specific timeline. However, the agreement must include a provision which ensures that each supervising physician and physician assistant conduct ongoing discussions and evaluation of the agreement.

Does the agreement need to include a comprehensive list of every service the supervising physician has delegated to the physician assistant?

No. The agreement may include a summary of the types of services delegated or a comprehensive list of services delegated, at the discretion of the supervising physician and physician assistant. A list of services which may be performed by a physician assistant can be found in Iowa Administrative Code 645-327.1(1).

SUPERVISORY AGREEMENT: THE FAQs

Does an “alternate” supervising physician need to complete a supervisory agreement ?

An alternate supervising physician is a physician who does not regularly provide supervision of the physician assistant and as such the alternate may not have an agreement. The Board reminds all physicians who supervise a physician assistant that the physician is ultimately responsible for care provided.

Does the supervising physician need to document the discussion of chart reviews with the physician assistant?

No. In the supervisory agreement, the supervising physician needs to identify when and how charts are reviewed and how the findings of the review will be discussed with the physician assistant. The supervising physician does not need to document the discussions with the physician assistant.

Do the new rules require a specific number of face-to-face meetings?

No. The rules do not require a specific number of meetings, face-to-face or otherwise.

SUPERVISORY AGREEMENT: RESOURCES

www.medicalboard.iowa.gov

- ARC 3264C - Administrative rules establishing supervisory agreement**
- Laws - Iowa Code 148 (physician licensure)**
- Laws - Iowa Code 148C (physician assistant licensure)**
- Rules - Iowa Administrative Code 653-Chapter 21**
- Rules - Iowa Administrative Code 645-Chapters 326, 327, 328, 329**
- Training schedule**
- Sample agreement**
- Frequently asked questions**
- Today's slide show**

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LET US KNOW IF YOU'D LIKE A PRESENTATION AT YOUR CLINIC!

SUPERVISORY AGREEMENT: TREATISE

- ❑ The new agreement emphasizes and affirms the importance of the professional relationship required between the supervising physician and the physician assistant. This relationship is established in law, not in employment contracts.
- ❑ The new rules do not add additional supervisory requirements, but mirrors the existing minimum requirements established in administrative rules adopted by the Iowa Board of Physician Assistants.
- ❑ The new rules maintain maximum flexibility in supervision at the practice level. The agreement allow the physician-physician assistant team to tailor their relationship and expectations to their individualized practice needs.
- ❑ Committing the supervisory parameters to writing serves the physician-physician assistant team and their patients.

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