SUPERVISORY AGREEMENTS

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

IOWA BOARD OF MEDICINE
OCTOBER 2017
WHAT’S UP: TODAY’S OBJECTIVES

- New rule 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?

- Physician assistant (PA) cannot practice without supervision by an eligible physician
- Eligible physician delegates medical services to be performed by PA
- Eligible physician must have active Iowa license – permanent, special or temporary.
- Resident licensees are not allowed to supervise.
- Eligible physician cannot have restrictions prohibiting supervision of a PA
- Eligible physician cannot supervise more than 5 PAs at a time
- Eligible physician must have written supervisory agreement in place with each PA supervised
SUPERVISORY AGREEMENT: WHAT IS IT?

- Written agreement established prior to supervision
- Defines supervisory relationship and expectations
- Takes into account the PA’s demonstrated skills, training and experience, proximity of the supervising physician, and scope of the medical practice
- Allows individual tailoring at the practice level.
- Agreement format determined by physician, but Board offers sample form
- Supervising physician shall maintain a copy
21.4(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.
21.4(2) **Assessment of 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.
21.4(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.
21.4(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)
21.4(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.
21.4(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.
21.4(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)*
21.4(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.
21.4(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.
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.

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

Biweekly face-to-face meetings are required for physicians who supervise PAs in remote settings. The rule does not require a specific number of face-to-face meetings in clinics where the supervising physician is present at least 50 percent of the time.

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

Each supervising physician must ensure that meaningful chart reviews occur for each physician assistant but the chart reviews may be performed by one or more supervising physician. Documentation of the chart reviews may include signing or initialing the charts reviewed.

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.
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.

This new rule does 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 rule maintains 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.
SUPERVISORY AGREEMENT: TRAINING

Monday, October 2 – 7 a.m., noon, 6 p.m.
Thursday, October 12 – 7 a.m., noon, 6 p.m.
Tuesday, October 17 – 7 a.m., 1:30 p.m., 6 p.m.
Tuesday, October 24 – 7 a.m., noon, 6 p.m.

Wednesday, November 1 – 7 a.m., noon, 6 p.m.
Tuesday, November 7 – 7 a.m., noon, 6 p.m.
Tuesday, November 14 – 7 a.m., noon, 6 p.m.
Tuesday, November 21 – 7 a.m., noon, 6 p.m.
Thursday, November 30 – 7 a.m., noon, 6 p.m.

Tuesday, December 5 – 7 a.m., noon, 6 p.m.
Wednesday, December 13 – 7 a.m., noon, 6 p.m.
Monday, December 18 – 7 a.m., noon, 6 p.m.
Wednesday, December 27 – 7 a.m., noon, 6 p.m.

To participate, click this link or paste it into your browser: https://zoom.us/j/4464949038
Then follow the instructions on the Zoom website to install the Zoom conference software.

You can use your computer’s speakers and microphone for communication or dial in with one of these phone numbers:
(408) 638-0968
(646) 876-9923
(669) 900-6833

Meeting ID: 446 494 9038
SUPERVISORY AGREEMENT: RESOURCES

www.medicalboard.iowa.gov

- Iowa Administrative Code 653-Chapter 21
- Iowa Administrative Code 645-Chapters 326, 327, 328, 329
- Press release on training schedule
- Sample supervisory agreement
- Frequently asked questions

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