

HEALTH SERVICES QUALITY IMPORVEMENT IMPLEMENTATION GUIDE

EIGHT

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

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

1. PURPOSE. This QIIG is intended to clarify, expand and reemphasize policy guidelines for the supervision, duties, responsibilities and use of active duty, reserve, and civilian 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 Assistants /Family Nurse Practitioners (FNPs) that are commissioned officers of the U.S. Public Health Service (USPHS) 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.

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 health care at ashore units, 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 and reserve PAs is not required at this time. Since FNP's are commissioned in the PHS, an active, unrestricted state license and certification by the American Academy of Nurse Practitioners or the American Nurses Credentialing Center is required for credentialing and privileging for clinical practice with the Coast Guard. Because of the close 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. Although 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.
- b. PAs are qualified by training and experience to provide primary care; they should be so assigned.
- 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. 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 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 (PA-C 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 PAs, performance standards must be established and the quality of performance carefully documented.
- 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 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. 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 the requisite professional practice academy/college. Reference (b) specifically requires that all physician assistants assigned to Coast Guard Health Services facilities must have:

- 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. Enclosure (1) contains a sample memorandum which may be used in whole or part for this purpose. Supervision of PAs under 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 conduct at a minimum, a 5% random record review and peer review clinical encounters for adequacy and appropriateness and quality of care provided at established intervals (through paper or electronic means). The record and peer review may be conducted concurrently if performed by the supervising physician. Supervising physicians may elect to record/peer review greater than the 5% required by policy. A systematic mechanism should be employed for this review, and all reviewed records countersigned (paper or electronic) by the reviewing physician. A copy of all records reviews will be provided to the PA and documentation of these record reviews shall be maintained in the clinic's quality improvement files for a period of seven years. Copies of record reviews may be requested by Commandant (CG-1122) for the purposes of provider privileging.
- e. The supervising physician must participate in the initial and subsequent granting of clinical privileges. He or she must be advised of credentialing 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 granted may not be appropriate.
- f. Due to operational considerations, PAs may be assigned to units without physicians. In those cases, a supervising physician will be requested from the command and coordinated through the cognizant Maintenance and Logistics Command (k). The supervising physician may be any Coast Guard physician in close proximity to the where the unit is operating. Under most circumstances, this may be a Coast Guard Flight Surgeon. If a supervising physician is unavailable from these sources, a supervising physician may be requested from the nearest military treatment facility. A request indicating the need for physician supervision should be sent 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, the PA, and the supervising physician.
- g. PA's 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. 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.

8. ACTION. Commands and Chiefs of Health Services having PAs assigned shall implement policies and procedures that are consistent with those outlined in this QAIG. 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) Duties & Responsibilities; Assignment of Supervising Physician Memorandum Example



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6 Apr 2005

MEMORANDUM

From: Chief, Health Services Division

Reply to
Attn of:

To: *Place name here*

Subj: SUPERVISION, DUTIES, AND RESPONSIBILITIES OF PHYSICIAN ASSISTANT
AND NURSE PRACTITIONER

Ref: (a) Medical Manual, COMDTINST M6000.1B, 1-B-10
(b) Aviation Medicine Manual, COMDTINST M6410.3

1. As required by reference (a), _____ is hereby assigned as your supervising physician.
2. Your duties and responsibilities outlined in reference (a) are as follows:
 - a. Provide general health care to sick and injured beneficiaries.
 - b. Conserve the health of personnel by conducting a program of preventive medicine.
 - c. Obtain and record health care data and case histories on prescribed forms, complete medical records, and accomplish medical summaries.
 - d. Perform routine physical examinations per references (a) and (b).
 - e. Order and, if necessary, perform appropriate laboratory and x-ray studies.
 - f. Initiate consultation requests with supervising physician approval.
 - g. Counsel beneficiaries on health related issues such as drug use, diet and weight control, family planning, alcohol, tobacco, and effects of prescribed treatment.
 - h. Perform routine procedures and treatments.
 - i. Diagnose and manage common medical and surgical problems.
 - j. Continue treatments prescribed by the supervising physician, keeping the physician informed as to the progress of the patient.
 - k. Become familiar with the duties and responsibilities of the clinic's health services technicians, and assist them in their study of Coast Guard and professional publications for advancement in rating.
 - l. Supervise the clinic's health services technicians in the performance of their duties.

6 Apr 2005

- m. Provide in-service training for assigned health services technicians and staff as directed.
 - n. Maintain credentials and professional certification as required in reference (a) through correspondence courses or attendance at medical seminars.
 - o. Prescribe medication and treatment as indicated, except that controlled substances must be prescribed in accordance with reference (a).
3. _____ will review 5 percent of your treatment records for adequacy and appropriateness of treatment rendered. All reviewed records must be countersigned and dated by the supervising physician. The following method(s) will be utilized to perform this review:

Check Method Utilized

_____ Random Record Sample – collect ____ records per ____ and forward to supervising physician for review.

_____ Case Review – supervising physician will review cases daily with physician assistant.

_____ Duty Medical Officer Review – records of all patients seen by physician assistant during medical watch (after-hours) will be reviewed by supervising physician.

_____ Other (describe):

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