

July 2, 2004

UTILIZATION OF PHYSICIAN ASSISTANTS (PAs)

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines the Department of Veterans Affairs (VA) utilization of Physician Assistants (PAs) in medical centers, outpatient clinics, and administrative support positions.

2. BACKGROUND

a. A change in the PA Qualification Standards (MP-5, Pt. II, Ch. 2, App. H) on March 12, 1993, established the credentialing requirement of the National Commission on Certification for Physicians Assistants (NCCPA) Certification as a condition of employment. Certification was not required prior to the implementation of this new requirement. The Standards also stipulated that PAs on VA personnel roles, not certified at the time of its implementation, were exempt from this requirement. Due to the developing nature of the profession and evolving state licensure laws, many PAs who were not NCCPA-certified were granted state licensure. This resulted in VA employed PAs with multiple levels and combinations of credentials as illustrated in the summary found in Attachment A, subparagraph 7g.

b. Medication prescribing by PAs was initially authorized by VHA Directive 10-95-020, March 3, 1995, in which NCCPA Certification was established as a requirement for any medication prescribing. In addition, controlled substance prescribing required licensure by a state that authorized such prescribing. Local facilities, in their interpretation of the prescribing Directive, assumed that state licensure could be used in lieu of NCCPA Certification and granted prescribing privileges and approved such prescribing through a scope of practice for licensed PAs who were not certified.

3. POLICY: It is VHA policy to provide clear credentialing requirements for levels of prescribing by PAs, to enable State licensed PAs without current NCCPA certification to continue prescribing medications until a uniform credentialing standard of NCCPA certification is established and to allow sufficient time for non-certified PAs to meet the standard.

4. ACTION: The facility Director is responsible for ensuring that:

a. Credentialing and a Scope of Practice is performed by the facility for each physician assistant in accordance with VHA policy with duties outlined by the physician in consultation with the involved PA.

b. The privileging process will be done through an individualized Scope of Practice (SOP) approved by the facility (see Att. A).

c. The SOP ensures that PAs practice medicine as agents of their supervising physicians with defined levels of autonomy. VA PAs working as agents of a supervising physician, acting

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within their Federally-established scope of practice, may prescribe non-controlled substances notwithstanding state licensure requirements.

d. The credentials of all PAs are verified and kept in a Health Care Provider Credentialing and Privileging Record.

5. REFERENCES

a. Title 21 CFR, Chapter 2, Part 1300, Food and Drug, DEA – Department of Justice regulations.

b. VHA Handbook 1100.19, Credentialing and Privileging.

6. FOLLOW-UP RESPONSIBILITY: The Physician Assistant Advisor and the Chief Consultant for Medical and Surgical Care (111) are responsible for the contents of this VHA Directive. Questions may be addressed to 202-273-8558.

7. RESCISSION: VHA Directive 10-95-020 is rescinded. This VHA Directive will expire July 31, 2009.

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Attachment

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ATTACHMENT A

PHYSICIAN ASSISTANT (PA) SCOPE OF PRACTICE

The Physician Assistant (PA) Scope of Practice (SOP) must contain and address the following headings:

1. Routine Duties. Routine duties are those performed on a regular, repetitive basis. Examples of duties which are often considered routine are as follows:

- a. Performing initial histories and physical examinations.
- b. Providing and coordinating comprehensive care for assigned patients in any care setting.
- c. Performing periodic physical examinations on nursing home and domiciliary residents.
- d. Screening outpatients to determine the need for further health care.
- e. Ordering diagnostic studies such as laboratory tests, X-rays, electrocardiograms (EKGs) specified in each PA's scope of practice.
- f. Carrying out health promotion and disease prevention activities including education and shared decision-making.
- g. Drawing blood specimens or obtaining other specimens for laboratory testing as needed.
- h. Initiating and expediting requests for consultations and scheduling special tests and studies.
- i. Writing orders and prescriptions, as necessary, for the care of the patient in accordance with Federal and State law (see following par. 6 and par. 7).
- j. Making daily rounds to observe and record patient's medical progress, updating and summarizing medical records, changing orders when appropriate (as permitted in the SOP), and notifying the responsible physician of significant changes in the patient's condition. There must be documentation of consultation with the supervising physician. "Notes and Orders" do not routinely have to be cosigned.
- k. Documenting progress notes and summaries in the patient's medical record. The PA may be delegated the task of documenting the discharge summary, but the supervising physician must write a discharge note, or cosign the discharge summary in accordance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.
- l. Obtaining consent and documenting procedures performed for which the PA is responsible.
- m. Providing education and counseling of patients and families in preventive care, medical conditions, and the use of prescribed treatments and drugs.

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2. Non-routine and/or Non-emergency Duties. Non-routine and/or non-emergency duties need to be identified in the SOP in accordance with a PA's skill and proficiency. The SOP must specify the training and experience that qualifies the PA to perform each duty.

3. Emergency Duties. Emergency duties are those carried out for patients in life-threatening situations where a physician is not immediately available. The PA initiates these activities and makes every effort to summon a physician as soon as possible. Examples of emergency duties include:

- a. Cardiopulmonary Resuscitation (CPR) and defibrillation.
- b. Treatment of acute respiratory failure.
- c. Treatment of life threatening traumatic injuries.

4. Additional Duties. The SOP may include activities under this heading, such as:

- a. Administrative duties.
- b. Education of health care students.
- c. Participation in clinical research.
- d. Preventive Medicine program coordination and related duties.
- e. "Emergency Preparedness," i.e., duties that may arise as a result of national health disasters.

5. Medical Supervision of PAs

a. The chief of the clinical service, to which the PA is assigned, should ensure that clinical activities of PAs are monitored and evaluated. The Chief of Staff (COS) is responsible for seeing that such reviews are conducted and for assuring that clinical service chiefs take appropriate action to correct discovered deficiencies.

b. The COS, or the chief of the clinical service, must appoint a member of the regular physician staff to be the official supervisor (hereafter designated as the "supervising physician") of each PA.

(1) Although more than one such supervising physician may be appointed for an individual PA, it is imperative that the scope of each supervising physician's duties be clearly spelled out so that there is no ambiguity as to who is responsible for the action of the PA at any time or in any circumstance.

(2) One supervising physician must be designated the primary supervisor for each PA and shall be the signatory physician on the SOP forms.

c. Each supervising physician and PA must receive written notification of such appointment.

d. Supervising physicians may only supervise the activities that are within the scope of their own privileges.

e. The effectiveness of the supervising physician in overseeing the work of assigned PAs must be reflected in their proficiency reports.

f. Each supervising physician is responsible for the supervision of only those numbers of PAs, which the physician can effectively manage. This number must be specified in local policy. The supervising physician retains both professional and personal responsibility for any act of the PA.

(1) When the supervising physician is unavailable for his supervisory duties (such as vacation or extended leave), another qualified physician must be designated as supervisor.

(a) It is the responsibility of the supervising physician to obtain a substitute supervisor.

(b) A PA must not function in a patient care role without a specifically designated supervising physician.

(2) Occasions may arise that the supervising physician may delegate supervisory responsibilities for certain circumstances and procedures to a consulting physician.

g. Direct on-site supervision is not required as long as the PA and the supervising physician have telephone or other suitable contact available with regard to the PA's patient care activities, as needed.

h. A structured review of the PA's performance by the supervising physician must be conducted every 2 years at the time of the renewal of the SOP. Structured reviews and renewal of SOP for uncertified PAs must be conducted annually.

(1) The review needs to include:

(a) Overall assessment.

(b) Results of departmental/service monitoring and evaluation, drug utilization review, blood use evaluation, medical record review, or surgical case review or any other objective quality improvement data available.

(c) The PA's SOP.

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(2) The results of the review may be incorporated into the annual proficiency report and the health care provider records (77VA10Q) when appropriate.

(3) The chief of the clinical service, to which the PA is assigned, needs to monitor this review process and concur.

6. Writing of Orders

a. The PA may be delegated responsibility for admitting and discharging patients. The physician must be informed of all admissions and enter an admission note in the medical record in accordance with JCAHO standards. The PA may also be delegated the task of documenting the discharge summary, but the supervising physician must write a discharge note, or cosign the discharge summary in accordance with JCAHO standards.

b. PAs may write inpatient orders for controlled substances if they are licensed to prescribe controlled substances (consistent with scope of practice). PAs not authorized by their state of licensure to prescribe controlled substances may transcribe verbal orders for controlled substances from a qualified physician in accordance with VA policy. The ordering physician is required to sign the order within 24 hours. *NOTE: Medical staff rules and regulations may need to be amended to allow PAs to transcribe verbal orders.*

c. If a PA is uncomfortable or disagrees with an order given by a physician that the PA is ordered to write or to follow, the PA needs to first consult the designated supervising physician, then the section or department chief; the final decision for completion of the order resides with the COS.

d. The supervising physician bears final responsibility for the medical appropriateness of orders written by PAs. Such orders, including inpatient medication orders, must be within the PAs SOP. *NOTE: PAs may write inpatient orders for controlled substances only if they also are licensed to prescribe controlled substances by their state of licensure.*

7. Writing of Prescriptions by PAs

a. Non-controlled Substances

(1) It is Department of Veterans Affairs (VA) policy to provide high quality health care to its patients through the proper utilization of well qualified and appropriately credentialed health care providers. Consistent with the Food, Drug and Cosmetic Act, applicable regulations and informal Food and Drug Administration (FDA) guidance, the Under Secretary for Health has determined that for non-controlled substances, VA will exercise its authority in defining inpatient and outpatient medication prescribing privileges for PAs.

(2) VA policy provides that prescriptive, or inpatient ordering authority, for non-controlled substances may only be granted to PAs who maintain current NCCPA certification or, if exempted by VA from NCCPA certification, a current, full, unrestricted, and active license by a

state that authorizes medication prescribing and the prescribing privileges are consistent with the limitations of the license.

(3) PAs without NCCPA certification or state licensure may not prescribe, or write inpatient orders for, any medications.

(4) Locally determined SOPs must be prepared for each PA to include the individual PA's prescriptive authority for non-controlled substances.

(5) PA prescriptions of non-controlled substances within the SOP do not require co-signature. However, the supervising physician bears final responsibility for the medical appropriateness of prescriptions written by PAs within their scope of practice.

b. Controlled Substances. Medication-prescribing or inpatient ordering privileges for controlled substances can only be granted in accordance with the Federal Controlled Substances Act and applicable regulations contained in Title 21 Code of Federal Regulations (CFR) Part 1300.

(1) In order to prescribe or write inpatient orders for controlled substances, the PA's state of licensure or registration must permit the PA to do so. The state license must be current, full, unrestricted, and active.

(2) The facility Director, who permits PAs to prescribe controlled substances or write inpatient orders for controlled substances, is responsible for ensuring that the PAs are authorized to do so by their state of licensure or registration, and for complying with the limitations and restrictions on that authority. *NOTE: Where the PA's state of licensure requires the supervising physician to be licensed in the same state, the PA may prescribe, or write inpatient orders for, controlled substances only where that requirement is met.*

c. If the PA has a current, full, unrestricted, and active license as defined in preceding subparagraph 7(b), from a state other than that in which the facility is located, the license must allow for prescribing of controlled substances, and must be observed for the limits of that prescribing (that is, the PA can only prescribe drugs from those schedules the state of licensure allows for PAs in that state, not the state where the facility is located). In this case, the PA must use the facility DEA number with a suffix that uniquely identifies that PA prescriber (as required by 21 CFR 1301.22).

d. Current certification of all PAs, including those holding state licensure and/or currently exempted from certification, is required for any medication prescribing or inpatient medication ordering after December 31, 2009. Uncertified PAs are strongly encouraged to obtain certification prior to that date. This requirement also applies to those PAs who may be ineligible to take the NCCPA PA National Certifying Examination.

e. All certified PAs will be required to submit verification of required Continuing Medical Education (CME) hours to the appropriate body. Uncertified PAs are required to submit the equivalent number of hours as required by NCCPA to the appropriate office in the facility.

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f. The appropriate authority to prescribe or write inpatient medication orders for each PA must be included in the SOP. Each facility Director, or designee, is responsible for developing appropriate policies and procedures to facilitate the effective and efficient implementation of the medication prescribing authority identified in this Directive, including procedures to ensure that practitioners are prescribing within their identified SOP. These procedures may include reviews of Veterans Health Information Systems and Technology Architecture printouts of prescriptions and/or orders by provider. The prescribing practices of PAs are included in the medication use evaluation process.

g. The following chart summarizes the changes in PA medication prescribing privileges:

Summary of PA Medication Prescribing Changes

PA Credentialing Status	Current	Change at Publication	Change in 2009
NCCPA Certification and State Licensure	Non-Controlled and Controlled ¹	No Change	No Change
No Certification with State Licensure	Not Authorized	Non-Controlled and Controlled ^{1,2}	Not Authorized ³
Current NCCPA Certification No State Licensure	Non-Controlled	No Change	No Change
No Certification No State Licensure	Not Authorized	No Change	No Change

¹ Dependant upon state licensure limitations.

² May prescribe based on State licensure authority and with local approval depending on experience and clinical skill.

³ Certification required after December 31, 2009.