

Talking Points for PAs to Use Regarding Optimal Team Practice

- In May 2017, AAPA passed new policy often referred to as Optimal Team Practice (OTP), which will align the profession to the changing healthcare marketplace and expand access to care for patients.
- The policy is reflected in updates to AAPA's Guidelines for State Regulation of PAs, which offers recommendations for how state laws and regulations can ensure PAs can use their skills and education to optimally serve patients.
- Each state PA chapter will determine when and how to pursue any of the provisions.

New AAPA Policy

- These updates call for state laws and regulations that:
 - Emphasize PAs' commitment to team practice with physicians;
 - Authorize PAs to practice without an agreement with a specific physician—enabling practice-level decisions about collaboration;
 - Create separate majority-PA boards to regulate PAs, or give that authority to healing arts or medical boards that have as members both PAs and physicians who practice with PAs; and
 - Authorize PAs to be directly reimbursed by all public and private insurers.

Marketplace Changes

- Research shows that PAs provide high-quality care. Many of the provisions included in early PA state laws to assure quality are no longer necessary.
- Today, physicians are more likely to be employees than practice owners, and they rarely see a financial benefit to signing a “supervision agreement” with a PA.
- A requirement for PAs to have an agreement with a specific physician in order to practice puts all providers involved at risk of disciplinary action for administrative infractions that are unrelated to patient care.
- In 22 states and D.C., nurse practitioners (NPs) are not required to have an agreement with a specific physician in order to practice.
- The lack of this requirement for NPs often makes physicians consider NPs “easier to work with,” even by those with a stated preference for working with PAs; employers often consider NPs as easier to hire.
- In an AAPA survey, 45% of PAs said they had personally experienced NPs being hired over PAs due to the requirement for PAs to have a specific agreement with a physician in order to practice.

Optimal Team Practice NOT Independent Practice

- Optimal Team Practice is about team practice – not independent practice. PAs are not seeking to practice independently.
- The PA role, which is well established in American healthcare, would remain unchanged.
- The new policy simply seeks to eliminate the legal requirement that a PA enter into an agreement with a specific physician in order to practice and to have decisions about collaboration made at the practice-level.
- In fact, Optimal Team Practice includes two important points that distinguish it from independent practice:

- It reinforces PAs' commitment to team practice with physicians and explicitly states the PA/physician team model continues to be relevant, applicable and patient-centered; and
- It calls for a decision about the degree of collaboration between PAs and physicians to be made at the practice level, in accordance with the practice type and the education and experience of the PA.
- PAs value a sustained partnership with physicians, have great respect for the depth of physician training and rely on the PA-physician team in clinical practice.
- Under the Optimal Team Practice framework, PAs will still be legally and ethically obligated to consult with and refer patients to physicians based on the patient's condition, the standard of care, and the PA's education and experience.
- Optimal Team Practice is not the same as full practice authority being pursued by NPs. It's better. The PA and physician who work together get to keep all the benefits of the team without the legal risks and administrative burdens. Everyone wins.

Direct Reimbursement

- PAs are the only health professionals who bill Medicare that are not entitled to direct reimbursement. This leads to less flexible employment arrangements for PAs (e.g., difficulty in working with staffing companies or in certain group structures).
- Nearly all PAs are employees and would not seek direct reimbursement. However, because PAs can't receive reimbursement directly, they can't re-assign their reimbursement in the same manner as physicians and advanced practice nurses. This puts PAs at a disadvantage in the marketplace.

Separate PA Boards

- The agency or board charged with regulating PA practice varies from state to state with the most common model being PA regulation by a medical board.
- Physicians and nurses are assured that their regulatory boards have current knowledge of their profession, but PAs have no such assurance.
- In Washington State, PAs are regulated by either the Medical Commission or the Board of Osteopathic Medicine and Surgery (BOOMS). There are 2 PAs on the Medical Commission and 1 PA on the BOOMS.

Why Optimal Team Practice is Good for Physicians

- The changes to state laws and regulations that PAs are seeking make sense and have many benefits to physicians, including:
 - Reducing a myriad of administrative burdens and increasing flexibility of team care;
 - Eliminating physician liability for care provided by the PA;
 - Empowering teams to make decisions about team practice and team design at the practice level;
 - Eliminating the threat of disciplinary action for physicians and PAs involved in "paperwork infractions" unrelated to patient care;
 - Ensuring accuracy of data so that the quality and value of care can be measured and attributed to the person providing that care; and
 - Assuring informed regulation of the PA profession which makes PAs more valuable team

members for physicians.

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