

The Physician Assistant: Extending Physician Outreach Without Increasing Professional Liability

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Providing quality patient care in a timely manner and cost-effective environment is a challenge. Greater utilization of the physician's expertise can often be achieved by effective delegation to a qualified physician assistant (PA). However, with delegation comes the increased risk of liability when the PA's duties and responsibilities are misappropriated or over-extended.

While the majority of medical malpractice claims are directed primarily at the physician, an increasing number of claims involve physician extenders under ever increasing theories of liability. Nearly one half of all malpractice claims contain one or more legal and associated issues. Vicarious liability, such as the liability a physician confronts for the acts of another, is among the most prevalent legal theories advanced. "Failure to Supervise" claims may involve several issues and are extremely difficult to defeat. These claims frequently relate to an episode of care that was directed independently by the physician extender without appropriate oversight of the supervising physician or absent defensible documentation to the contrary.

Florida Statute 458.347(1)(e) defines "Physician Assistant" as "...a person who is a graduate of an approved program, or its equivalent, or meets standards approved by the boards and is licensed to perform medical services delegated by the supervising physician." "Supervision" is defined as "...responsible supervision and control. Except in cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. For the purposes of this definition, the term 'easy availability' includes the availability to communicate by way of telecommunication."

The supervising physician must use the general principles adopted by Rule, of the Medical Board in developing the scope of practice of a physician assistant under direct supervision and under indirect supervision.

Credentialing

Appropriate credentialing of the PA supports the intention to provide quality healthcare to patients. A consistently applied credentialing process will also help to avoid allegations of discrimination related to decisions to non-renew or limit the privileges of the PA.

An effective credentialing process for all allied health professionals should include:

- A completed and signed application
- A verified copy of:
 - Educational completion
 - Experience/training for specialty practice
 - Current licensure/certificates
 - CPR certification
 - Current professional liability insurance coverage
- A signed consent for checking applicant's references
- At least two letters of personal reference

- Verified references from other facilities where applicant has worked, including status of clinical privileges
- A criminal background check
- Verification that applicant's health status would not prevent appropriate job performance

Privileging

An appropriate PA privileging program should include:

- A written Collaborative Practice Agreement on file, naming a specific supervising physician
- Delineation of clinical privileges
- Appropriate scope of patients to be seen by PA in the physician's office, as well as in the hospital, including:
 - The type of cases the allied practitioner can handle or manage without direct physician supervision
 - The type of cases or clinical situations/diagnoses that require direct supervision or physician consultation
- Approved pharmacology list for PA prescriptive service
- Clinical care guidelines or pathways, which spell out specific protocols for clinical patient management. Such protocols should be signed by the supervising physician and the licensed physician assistant

Some recommended limitations in the scope of cases include those patients in intensive care units, office patients with signs and symptoms of serious complications, such as chest pain, abdominal pain, or respiratory distress, as well as new office patients that are presenting with serious complaints, illnesses, or as fresh post-operative patients.

Recognition

Appropriate identification and recognition of the PA should include:

- Name tags and professional designation as physician assistant, (never referring to, or allowing a patient to refer to the PA as "Doctor")
- Countersignature of supervising physician, along with physician's brief assessment and support of care plan, medication orders, or treatment plans
- That the entire office staff, physicians, and physician assistants acknowledge the title and are aware of the job description of the PA
- That the patient agrees to be seen by the PA and aware that they may see the physician instead

Whether in the office practice, on hospital rounds, or in specialty areas, such as surgery or interventional procedures, the expertise of the qualified physician's assistant should serve to enhance and extend the skills of a physician. Appropriate delegation of these valuable PAs will not only safeguard patients, but physicians also who rely on them.

Information in this article does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained here are generalized and may not apply to all practice situations. FPIC recommends you obtain legal advice from a qualified attorney for a more specific application to your practice. This information should be used as a reference guide only.