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Analysis of Medical Malpractice Payments and Adverse Actions of PAs Reported in the National Practitioner Data Bank in Relation to State Scope of Practice Laws and Regulations

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- No conflicts or disclosures



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Study Intent

Evaluate the effect of state scope of practice laws and regulations on PA NPDB reported malpractice payments and disciplinary actions

Hypotheses

H₁₀: There is no correlation between PA SOP laws and reported disciplinary actions and malpractice payments against PAs between 2015 and 2019.

H₂₀: PA SOP laws do not moderate the relationship between the number of PAs in a state and the Medical Malpractice Payment Reports (MMPRs) rates, and Adverse Action Reports (AARs), inflation-adjusted MMPR payment amounts, and Adverse Action Reports (AARs) rates.

Methods

Bivariate correlations were calculated to identify the interactions between the ratio of incidents (AARs plus MMPRs) per thousand PAs by the seven SOP elements.

A series of moderated regression analyses was calculated to explore the predictive relationship between SOP factors and MMPR rates, AAR rates, and inflation-adjusted MMPR payments.

Methods (Data Sets)

National Practitioner Data Bank (NPDB) Public Use Data File.

- 2015-2019
- Additional Data for PA Adverse Action Reports (AAR) and Medical Malpractice Payment Records (MMPR) were requested to refine the data set

AHRQ Social Determinants of Health Dataset

- Number of PAs employed per county for each data year in all 50 states and D.C.
- Averages and Ratios of AARs and MMPRs per thousand PAs were calculated

PA State Laws and Regulations

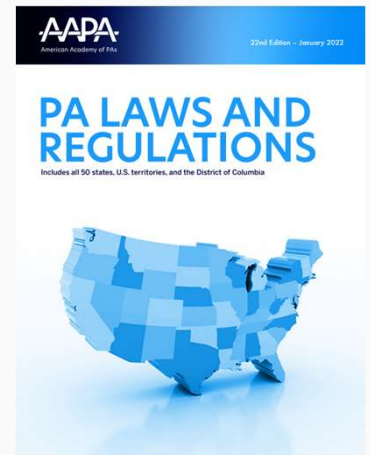
- 2015-2019
- Indicator coding was used to illustrate which SOP elements were present within a state in a given year

National Practitioner Data Bank Factors

- Adverse Accident Reports (AARs), per state
- Medical Malpractice Payment Reports (MMRs), per state
- Inflation-adjusted Medical Malpractice payments, per state
- Incidents (AARs + MMRs), per state

State Laws and Regulation Review

- Laws and regulations for each of the 50 US states and DC
- Evaluated 7 elements of optimal PA practice
 - PAs practice in collaboration or have not formal statutory relationship with a physician
 - SOP determined by the training and competency of the PA; not limited to the scope of collaborating physician
 - PAs have full prescriptive authority (Schedule II-IV controlled substances)
 - Physicians may collaborate with an unlimited number of PAs
 - Physician co-signature, if any, is determined at the practice level
 - SOP determined at the practice site; no submission and approval of a practice agreement by a regulatory body
 - PAs practice without the need for a physical presence or proximity of a physician
- Categorized as “lenient” or “restrictive” PA SOP



Results

The average number of incidents per year (AARs plus MMPRs) per thousand PAs between 2015 and 2019 was 5.4.

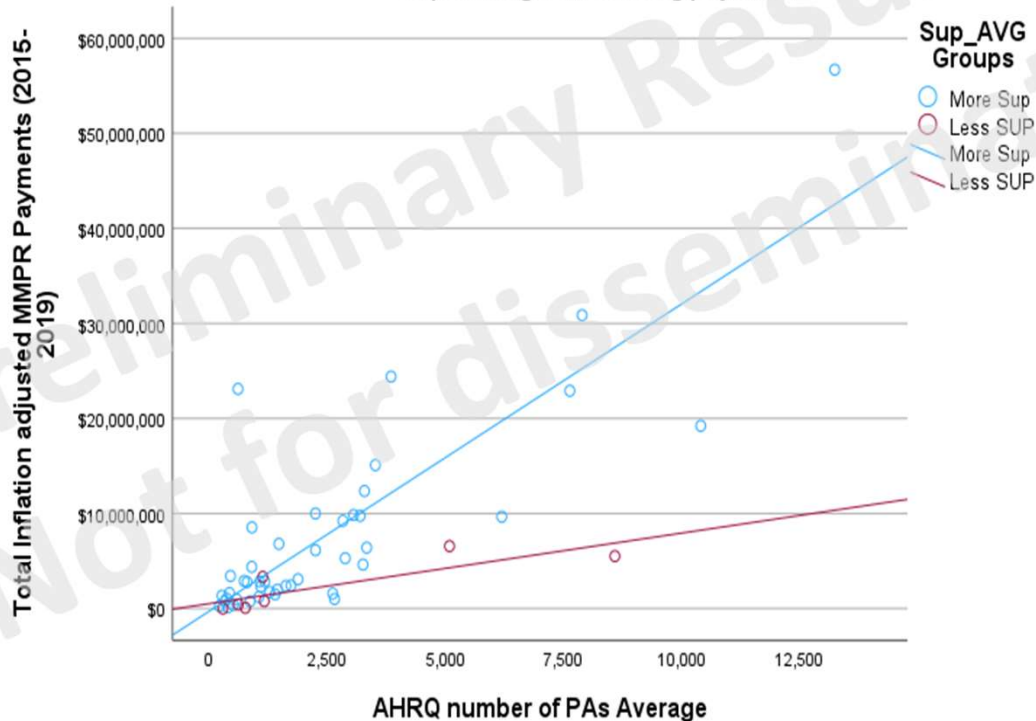
None of the SOP elements correlated with the average ratio of incidents (MMPRs and/or AARs) per thousand PAs.

Some SOP factors were moderate, negative predictors of the interaction between the average number of PAs in a state and average inflation-adjusted MMPR payment amounts.

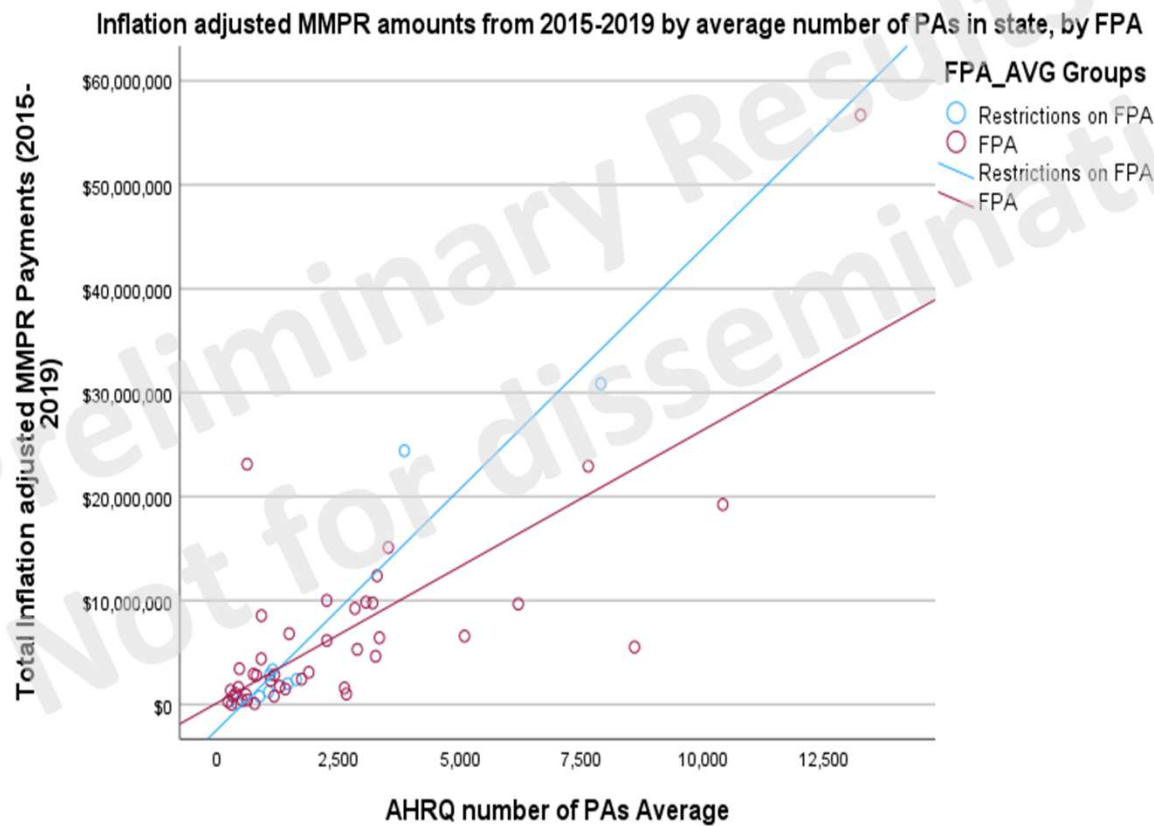
- PA SOP not being limited to the scope of a collaborating physician (p < 0.01, -0.25)
- PAs having full prescriptive authority (p < 0.05, -0.22)
- Allowing physicians to collaborate with an unlimited number of PAs (p < 0.05, -0.19)

PA SOP not being limited to the scope of a collaborating physician

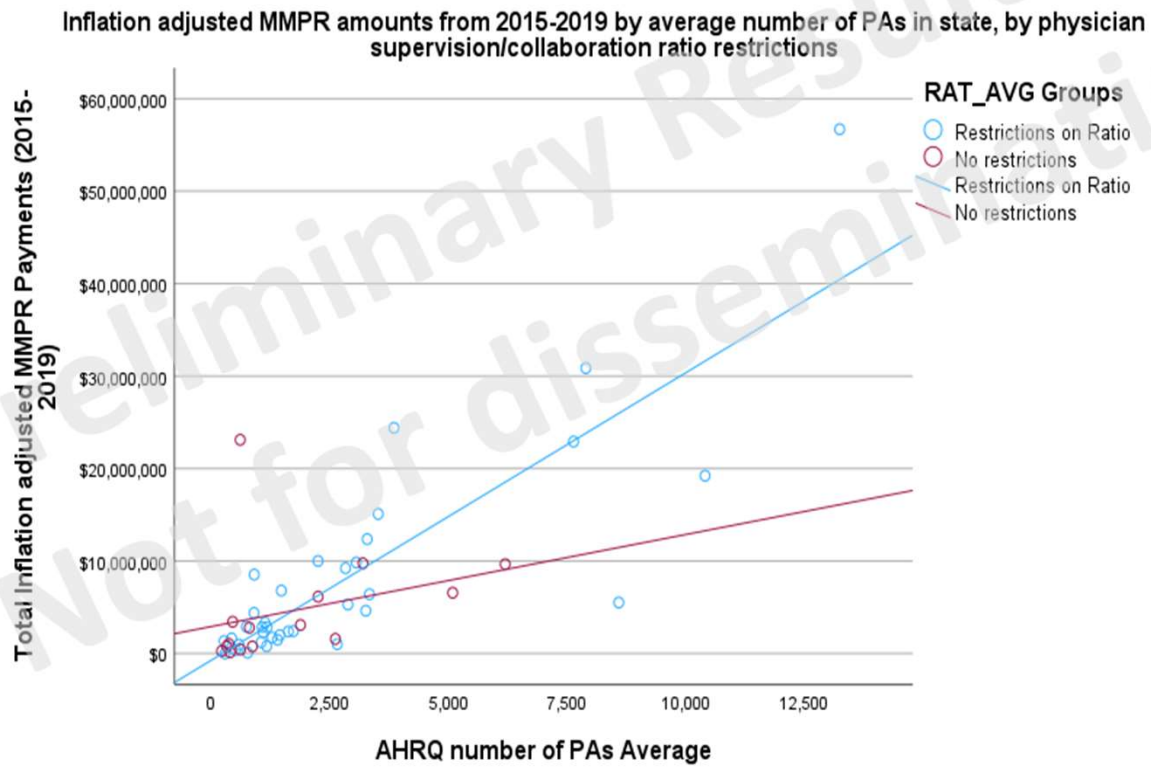
Inflation adjusted MMPR amounts from 2015-2019 by average number of PAs in state, by SOP not limited by supervising/collaborating physician



PAs having full prescriptive authority

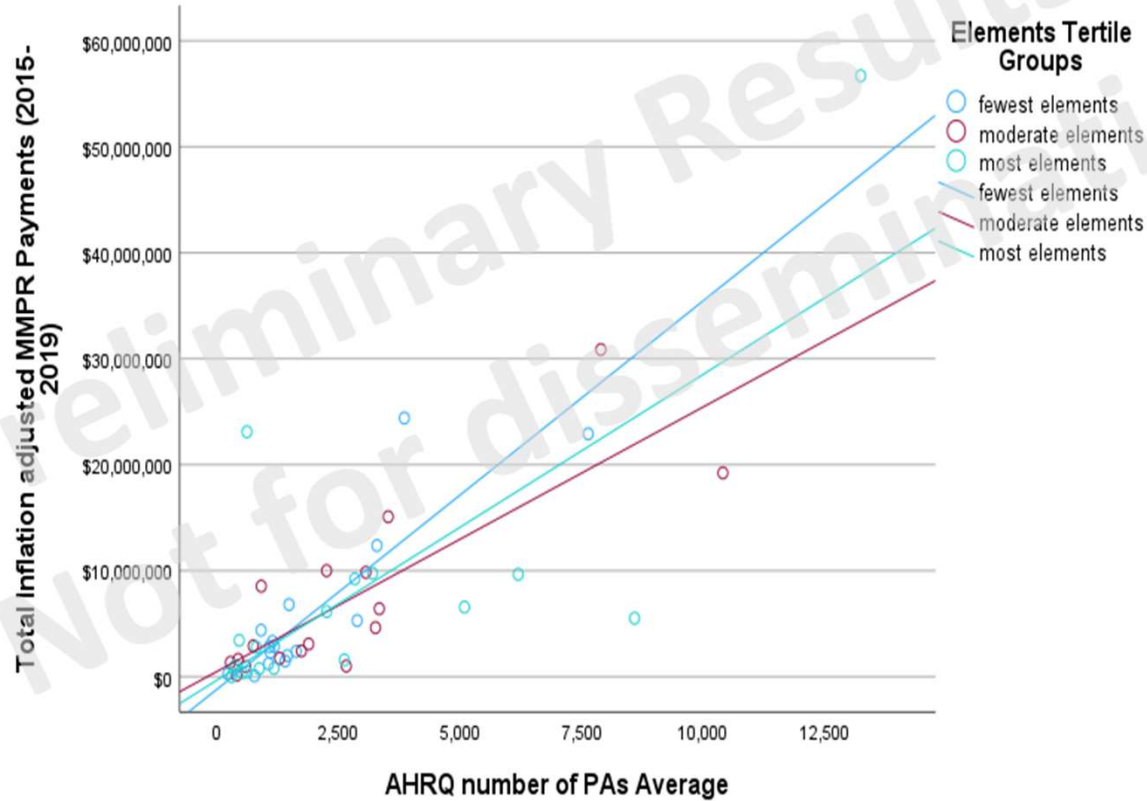


Allowing physicians to collaborate with an unlimited number of PAs



Approaching Significance: All SOP Factors and MMPR Amounts

Inflation adjusted MMPR amounts from 2015-2019 by average number of PAs in state, by SOP elements group



Discussion

- Correlation between number of PAs in a state and reported disciplinary actions and malpractice payments against PAs
 - Increased MMPRs and AARs are expected to increase with the overall number of practitioners
- NO correlation between seven SOP laws and
 - Malpractice payments against PAs
 - Reported disciplinary actions

Discussion – Medical Malpractice Payments

- Association with SOP factors and **fewer** MMPRs and MMPR-related payment amounts
 - State laws and regs not limiting PA’s SOP to that of collaborating physician
 - State laws and regs authorizing full prescriptive authority of PAs
 - State laws and regs allowing physicians to collaborate with unlimited number of PAs
- No statistical support demonstrating
 - Need for regulatory “supervision”
 - Need for physical presence or proximity of a physician to a PA
 - Submission and/or approval of a collaborating agreement by a regulatory body
 - State-mandated co-signature requirements

Discussion – Adverse Actions

- Association with three SOP factors and increased AAR events
 - None of the factors associated with increased AAR events were associated with increased MMPRs or inflation-adjusted MMPR payment amounts
 - 2 of 3 SOP factors associated with increased AARs correlated with fewer MMPRs and MMPR-related payment amounts
 - Not limiting a PA's SOP to that of collaborating physician
 - PAs having full prescriptive authority

Limitations

- Not all adverse actions against PAs are reportable
- Non-compliance of reporting by some states and entities
- Variability in elapsed time between negligent act or omission and a malpractice report to the NPDB
- Data in NPDB may not definitively correspond with unsafe practice or patient harm
- Acts or omissions of PAs may have been attributed to physician or employer (respondeat superior)

Conclusion

- No adverse correlation between lenient compared to restrictive PA SOP factors studied and
 - Medical malpractice payment rates
 - Medical malpractice amounts
 - Surrogate markers of patient safety
- Fewer adjusted MMPR amounts and MMPR events were associated with
 - Not limiting a PA's SOP to that of collaborating physician
 - Authorizing PAs to have full prescriptive authority
 - Allowing physicians to collaborate with an unlimited number of PAs

Future Research

- Preliminary research uncovered opportunities for research method refinement and strengthening
- Plan to incorporate additional parameters to reinforce argument and emphasize patient safety
- Pending publication in peer-review journal for supporting state advocacy efforts



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QUESTIONS?