Major groups support PA practice and collaboration

American College of Obstetricians and Gynecologists[1]

In February 2016, American Academy of PAs (AAPA) endorsed American College of Obstetricians and Gynecologists (ACOG) guidelines, "Collaboration in Practice: Implementing Team-Based Care," the product of a multidisciplinary task force of 20 national organizations representing physicians, PAs, advanced practice nurses, pharmacists, and consumers. The ACOG document provides extensive guidance on team-based care and makes the following observations:

- Patient transitions between providers "require a shift to interprofessional collaboration … away from single-provider care to a team-based approach, which ensures patient centeredness, quality and efficiency."

- "Team leadership is situational and dynamic. The current health care environment necessitates a situational and collaborative approach to team leadership that best meets patient needs and goals. Thus, the team member who can best address the priority needs of the patient assumes the lead health care provider role. 'Shared power' often is used synonymously with collaboration and team care and connotes a collective approach to optimizing care."

American College of Physicians[2]

In its groundbreaking 2013 position paper, "Principles Supporting Dynamic Clinical Care Teams," the American College of Physicians (ACP) observed, "The U.S. health care system is shifting from the prevailing care delivery model in which clinicians operate independently toward team-based care. In this new model, groups of physicians, nurses, physician assistants, clinical pharmacists, social workers, and other health professionals establish new lines of collaboration, communication, and cooperation to better serve patient needs."

ACP offers principles meant to help create dynamic clinical care teams, adaptable partnerships, teamwork, collaboration and smooth transitions of responsibility to meet patient needs. ACP describes the principles as guidance that might help clinical teams to organize care processes and clinician responsibilities in emerging systems of care.

Among the principles are: (excerpts)

- "Assignment of specific clinical and coordination responsibilities for a patient's care within a collaborative and multidisciplinary clinical care team should be based on what is in that patient's best interest, matching the patient with the member or members of the team most qualified and available at that time to personally deliver particular aspects of care and maintain overall responsibility to ensure that the patient's clinical needs and preferences are met. If two team members are both competent to provide high- quality services to the patient, matters of expedience, including cost and administrative efficiency, may contribute to division of that work."

- "A cooperative approach including physicians, advanced practice registered nurses, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals in collaborative team models will be needed to address physician shortages."

- "In a well-functioning team that is providing primary care, collaboration among all team members, using the full range of skills and abilities among primary care clinicians, may help to reduce unnecessary referrals and escalation of care to non–primary care specialists, thereby enhancing access to these specialties for patients who need such services."

U.S. Veterans Health Administration[3]

In 2013, the largest employer of PAs in the country, the U.S. Veterans Health Administration (VHA), updated its policy on utilization of PAs, moving away from physician supervision of PA practice. Directive 1063, defines a PA as "a credentialed health care professional who provides patient centered medical care to assigned patients as a member of a health care team. PAs practice with clinical oversight, consultation, and input by a designated collaborating physician. Although PA's are not Licensed Independent Practitioners, they are authorized to practice with defined levels of autonomy and exercise independent medical decision making within their scope of practice." The directive also established that more experienced PAs should be allowed to work more autonomously than new graduates.

Renal Physicians Association[4]

In a joint statement, AAPA and the Renal Physicians Association (RPA) said, "RPA and AAPA believe that nephrologists and PAs working together is a proven model for delivering high quality, cost-efficient, patient-centered care. RPA and AAPA believe that this integrated model is ideally suited to expanding patient access to the comprehensive, complex care needed by patients with kidney disease."

"Team practice built on a foundation of respect and collegiality, clear communication, joint decision-making, understanding of individual roles, and a commitment to positive outcomes can simultaneously improve quality of care and expand access to many more patients."

AARP[5]

AARP advocates legislative and regulatory support for all professionals working to the fullest extent of their abilities.

- "It is essential to explore ways for all health professionals to provide services to the full extent of their current knowledge, training, experience, and skills."

- "The Centers for Medicare & Medicaid Services (CMS) regulations and policies should be updated as appropriate, to include APRNs and PAs in the interpretation of the terms "physician" and "physician services," adding them as providers of services that are within the APRN and PA scope of practice and that would be covered if furnished by a physician."

- "Medicare legislation and regulations should authorize PAs and APRNs (such as nurse-practitioners and clinical nurse specialists) to certify patients for home health services and for admission to hospice, and should clarify that they are authorized to certify admission to a skilled-nursing facility and to perform the initial admitting assessment."

- "States should allow all professionals to provide services to the full extent of their current knowledge, training, experience, and skills where evidence indicates services can be provided safely and effectively."

Josiah Macy Foundation[6]

Who Will Provide Primary Care and How Will They Be Trained?

"Coupled with efforts to increase the number of physicians, nurse practitioners, and physician assistants in primary care, state and national legal, regulatory, and reimbursement policies should be changed to remove barriers that make it difficult for nurse practitioners and physician assistants to serve as primary care providers and leaders of patient-centered medical homes or other models of primary care delivery. All primary care providers should be held accountable for the quality and efficiency of care as measured by patient outcomes."

WHO WILL PROVIDE PRIMARY CARE? Physicians—Nurses—Physician Assistants

- In the ideal world that conference participants envision, primary care will be provided by teams of health professionals working together to care for a patient, a patient as part of a family, and families as part of communities.
- "Nurse practitioners and physician assistants have been shown to play a particularly important role in improving access in rural areas and for disadvantaged populations."
- "[S]tudies comparing physician and non-physician primary care providers have been quite consistent: Advanced practice nurses and physician assistants can provide care of equal quality for many of the conditions treated in primary care settings."

November 2016

References

1 American College of Obstetricians and Gynecologists Task Force on Collaborative Practice. Collaboration in Practice: Implementing Team-Based Care. 2016. http://www.acog.org/Resources-And-Publications/Task-Force-and-Work-Group-Reports/Collaboration-in-Practice-Implementing-Team-Based-Care. Accessed October 13, 2016.

2 Doherty RB, Crowley RA; Health and Public Policy Committee of the American College of Physicians. Principles supporting dynamic clinical care teams: an American College of Physicians position paper. *Annals of Internal Medicine.* 2013;159(9):620-6. http://annals.org/article.aspx?articleid=1737233. Accessed October 13, 2016.

3 U.S. Department of Veterans Affairs, Veterans Health Administration. VHA DIRECTIVE 1063, Utilization of Physician Assistants (PA). Transmittal Sheet, December 24, 2013. http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2958. Accessed October 13, 2016.

4 Renal Physicians and Physician Assistants: Excellence in Team-Based Medicine. Joint Policy Statement of the Renal Physicians Association and the American Academy of Physician Assistants. 2014. https://www.aapa.org/WorkArea/DownloadAsset.aspx?id=2776 or https://www.renalmd.org/catalogue-item.aspx?id=5118. Accessed October 13, 2016.

5 The Policy Book: AARP Public Policies 2015-2016. Health Care Workforce Continuing Education and Licensing. http://policybook.aarp.org/the-policy-book/chapter-7/71402-1.3091770. Accessed October 13, 2016.

6 Cronenwett L & Dzau V. In: Culliton B, Russell, S, editors. Who Will Provide Primary Care and How Will They Be Trained? Proceedings of a Conference Sponsored by the Josiah Macy, Jr. Foundation; 2010; Durham, N.C. Josiah Macy, Jr. Foundation; 2010. http://www.macyfoundation.org/docs/macy_pubs/JMF_PrimaryCare_Monograph.pdf. Accessed October 13, 2016.