

# HEALTHCARE JOURNAL

of Baton Rouge

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President, CEO, LHA

**Orthopaedics  
in Baton Rouge**

**PAs Seek  
Expanded Practice**

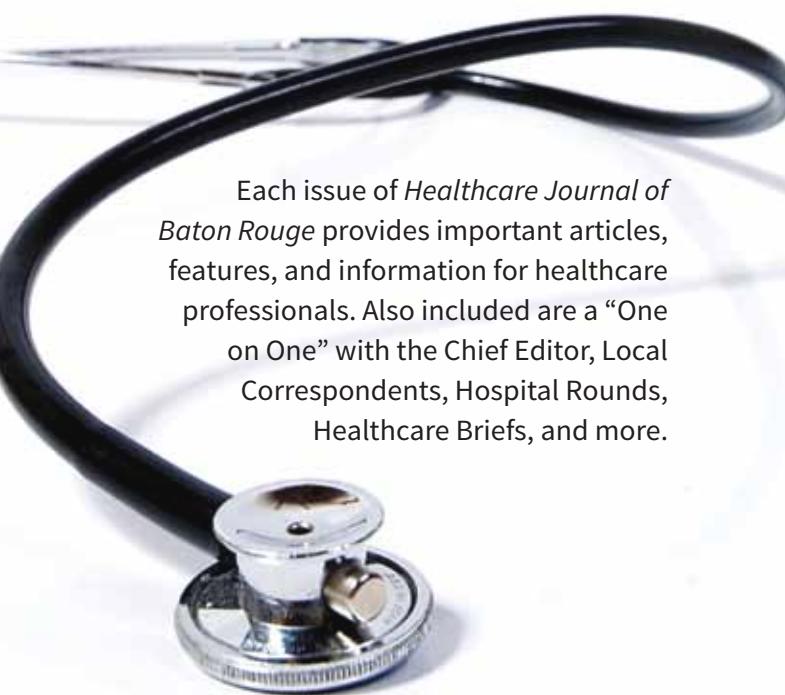
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# Frustrated Dream or Possible Reality?

The most recent effort to bring about rule changes for physician assistants (PA) in Louisiana failed. This is not the first time the Louisiana American Academy of Physician Assistants (LAAPA) has attempted to get restrictions lifted on their scope of practice. Now they plan to ask state legislators for help. | *By Margo Pierce*



## THE ISSUE HAS TAKEN ON A NEW SENSE OF URGENCY...

"The Louisiana State Board of Medical Examiners (LSBME) basically has done their usual (thing) with us, which is they try to pigeonhole us into a very simplistic scope of practice – that we should not be outside direct supervision," said Lena Opitz Osborne, chair of the Legislative Committee of the LAAPA. "We plan, through legislation, to advance our practice law. In no way am I going to sit here and wait for the LSBME to grant us permission to go forward with what we need. We need to get it done."

The issue has taken on a new sense of urgency. The aging Baby Boom population and the millions newly insured under the Affordable Care Act mean more people

accessing medical care than ever before. Who will care for all those people? Physician assistants, who are considered mid-level medical providers, are trained to provide the bulk of the care provided in a primary care setting, which is where most of the new demand will likely be.

PAs have been offering care in the United States since the first formal training program was established in the mid-1960s. A national certification program governs the licensing of PAs, but states regulate their practice. While PAs can also specialize, like physicians, in areas such as oncology,

"If you have 21 million additional customers or patients, we are going to have this **tsunami of needed care.**

Why would you do anything to restrict a completely qualified individual from providing that care?"

—Lawrence Herman  
MPA, PA-C, DFAAPA

surgery or pediatrics, licensure guarantees a minimum standard of knowledge as they practice under the supervision of physicians. But the current system of delivering care isn't staffed to the coming challenges.

"Folks tend to agree that about 85 to 90 percent of medical care that would be provided by a physician in the family practice setting can be provided by a PA in that setting," said Lawrence Herman, MPA, PA-C, DFAAPA, president of the American Academy of Physician Assistants (AAPA). "If you have 21 million additional customers or patients, we are going to have this tsunami of needed care. Why would you do anything to restrict a completely qualified individual from providing that care?"

Louisiana has a pool of medical professionals who can begin providing that care as soon as the state's rules are changed. The rules in place now were written and are enforced by the state's physician medical boards. Only new legislation can force the boards to change their position.

**The team approach**

PAs participate in a nationally certified training program (approximately two years in duration) after completing a bachelor's degree. They are trained to provide much of the same care as physicians. In fact, many medical students and aspiring PAs attend the same classes (anatomy, physiology, clinical laboratory science, medical ethics, etc.). Unlike many MDs, PAs are trained in a team approach, collaborating with allied medical fields to provide well rounded care. They focus on wellness, preventative care, education, and basic medical treatment. When a deeper knowledge is needed to address a problem or question, the PAs consult with supervising physicians. They might also consult with nutritionists, orthopedists or other professionals in their practices to make sure patients have positive outcomes.

Viewed by many states as an essential component to meeting the growing demands of healthcare in this country, PAs elsewhere have much greater freedom and authority to practice. The AAPA defined a set of six principles for Physician Assistant practice, which are also embodied in AAPA's Model State Legislation and the Guidelines for State Regulation of Physician Assistants. States adopt these in varying degrees based on their healthcare infrastructure and need.

By the end of 2013, 42 states and the District of Columbia had enacted changes to their laws and regulations that govern PA practice, according to Herman. These expand the scope of work a PA can perform.

Indiana, South Carolina, and Texas authorized Schedule II prescriptive authority for PAs.

South Dakota expanded PAs' ability to care for patients with psychiatric disorders.

North Dakota and New Mexico increased coverage for PAs under those states' Medicaid programs.

By contrast, Louisiana's Medicaid program only adopted regulations to allow PAs to apply fluoride in rural health clinics.

The Veterans Health Administration, the largest employer of PAs in the country,



**“Folks tend to agree that about 85 to 90 percent of medical care that would be provided by a physician in the family practice setting can be provided by a PA in that setting.”**

recently issued Directive 1063, expanding the use of physician assistants as part of its team approach to providing medical care. This means PAs employed by the VA in Louisiana or any other state can order needed tests, write prescriptions, and take responsibility for the majority of a patient's care while under the guidance of a physician.

**Arbitrary and onerous**

The only way PAs in Louisiana are going to be able to make a greater contribution to healthcare is to eliminate arbitrary restrictions in the state, according to Dr. Susan Nelson of Our Lady of the Lake Physician Group in Baton Rouge. Two rules put an undue burden on supervising physicians, she said. First, every single progress note that a PA makes on a patient's chart must be

“signed off” – that is, reviewed and approved by a supervising physician. Second, a physician is not allowed to supervise more than two PAs at a time.

“Probably the most onerous is that every physician assistant progress note has to be co-signed by their supervising physician within 24 hours. Which is interesting, because farther down in the law it says the physician only has to visit the practice site every seven days,” Nelson said. “The regulations themselves are incongruent ... and those were written before electronic health records.”

“If you're using co-signing of the physician assistant note as a way to judge competency, that's really not the best way to do it. I suspect that most people just don't read them. So, it just puts an added burden of signing



the note when there's other ways if you're trying to make sure that they're doing the right thing. It should be more education and supervision than the co-signing of the note."

Those and other regulations eliminate the discretion of the medical professionals and ultimately undermine the care that patients receive, according to Nelson.

"It really should be that the co-signature should be determined at the practice site. If a group of physicians employs a group of physician assistants for any medical care, we should all peer review," she said. "In Louisiana, a physician is only allowed to supervise two physician assistants, and there shouldn't be a numerical limit. I know that there's some concern that some people aren't going to get any oversight whatsoever. In other states that don't have the requirement – in fact,

most states don't – there's not been any issue. If there are issues, that should be taken up in some other form."

Because of the profession's longevity, research studies and best practices are available to guide a thoughtful and reasoned approach to PA regulations, according to the AAPA. Numerous studies quantify the high level of satisfaction patients report. One outcome of significance is the low level of lawsuits filed against PAs compared to physicians. And a number of physician organizations are adding their experiences to the information pool. The American Osteopathic Association and the American College of Physicians have both authored papers in support of PAs practicing medicine. But

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more practical evidence of this is found in the number of state regulations eliminated or changed to allow the profession to perform successfully.

But the most telling example of the importance of PAs is one that's based in Louisiana.

"They're able to expand my practice so that more patients are seen," Nelson said. "Having someone else with appropriate education and training can assist with taking care of the patients. Chronic medical problems that need oversight and education are really a valuable place for PAs' top work."

Nelson would like to see a balance brought to the regulations. Regulation of medical care is necessary to make sure exploitation or neglect don't occur. But over-regulation can hinder the delivery of integrated team care. There is a precedent for this kind of successful collaboration. Nurse practitioners in Louisiana have similar training and yet enjoy much more freedom to practice medicine.

Even though Nelson would prefer to see her peers involved in oversight learn from other states in order to collaborate to eliminate the need for intervention from the State Capitol, she understands why it has come to this.

"We need to develop the system in order to have the patients get the best care possible by whoever is capable and educated to do that," Nelson said. "Physician assistants are playing a more and more important role in the medical care of patients in our world. They are well trained and work in collaboration with physicians to provide the best care possible for patients. I hope that we can work on making sure Louisiana is a great place for the PA students that we're training to stay." ■