First Question:
What is a Physician Assistant?

• A physician assistant is:

  A licensed health professional who performs medical acts and practices in a physician-led team. This includes diagnosing and treating patients, prescribing medication, assisting in surgery, etc.

How are Physician Assistants Trained?

• PAs are trained in the medical model in accredited PA programs
  – An applicant to a PA program must complete at least two years of college courses in basic science and behavioral science as prerequisites to PA training.
  – Most PA students have earned a bachelor’s degree and have about three years of health care experience before entering a PA program.
  – A prospective PA must complete his or her education at an accredited PA program.
    • Accreditation is granted by the Accreditation Review Commission on Education for the Physician Assistant.
    • PA programs are approximately 27 months long and include classroom and clinical instruction.
How are Physician Assistants Trained?

• Before a PA can practice, he or she must pass the Physician Assistant National Certifying Exam administered by the National Commission of the Certification of Physician Assistants. Only graduates from accredited PA programs are allowed to take the PANCE.
• When a prospective PA passes the PANCE, then he or she can use the credentials “PA-C”, which stands for “Physician Assistant-Certified.”
  – To maintain national certification, a PA must complete 100 hours of continuing medical education every two years and pass the Physician Assistant National Recertifying Exam every six years.

Mississippi College
Physician Assistant Program

Curriculum and Admissions


Curriculum: Pre Clinical

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1/1/2011
Curriculum: Clinical

Clinical Practicums Include:
- Internal/Family medicine I (outpatient)
- Internal Med II (inpatient)
- General Surgery
- Pediatrics
- Women’s health
- Behavior Medicine
- Emergency Medicine
- Critical Care
- Elective

Advanced Practicums:
- Primary Care
- Surgery
- Critical Care

Admission

- Competitive
- Interview Process
- Bachelor’s Degree required
- Pre-Requisites Courses
- GPA 3.0 on 4.0 scale
- Quality points earned in Biology, Chemistry, and Physics courses.
- Quality and quantity of direct and indirect patient care experience.
- GRE test scores
- Letters of recommendation.
- Student essay and expressed goals congruent to the mission of the PA program.
- Test scores from other standardized tests such as the Medical College Admissions Test or the Health Sciences Reasoning Test.
- Honors, awards and community service.
- State of Residence
- Prior work experience.

Practice Settings and PA Practice

Practice Settings
- Private practices and clinics
- Hospitals
- HMOs
- The armed forces and other federal government agencies

PA Practice
- PAs deliver a range of medical and surgical services, including
- Taking medical histories and performing physical exams
- Ordering laboratory tests
- Diagnosing and treating illnesses
- Counseling patients and promoting wellness
- Assisting in surgery
Some PA Fast Facts

✓ There are 81,000 PAs currently in clinical practice with nearly 6,000 entering the workforce each year

✓ PAs account for:
  • more than 307+ million patient visits per year
  • more than 264+ million prescriptions per year
  • hundreds of millions of recommendations for OTC products

Source: AAPA 2010 Annual Conference Survey & 2008 Census

Number of PA Graduates

Percent Distribution of Clinically Practicing PAs by Type of Specialty 1991-2008

Physician Assistants in Mississippi

- What do you need to know?
  - PAs are licensed through the MS Board of Medical Licensure (http://www.msbml.state.ms.us/)
  - Requirements:
    - Graduation from an accredited PA program
    - Masters Degree
    - Current NCCPA certification

Elements of PA Practice Determined by State Law

- Regulation: http://www.msbml.state.ms.us/regulations/may2011/May2011.pdf

Statute and Regulations Determine:
- Scope of Practice
- Prescriptive Authority
- Supervision
Scope of Practice

• Mississippi Code §73-26 defers to the Board of Medical Licensure to determine PA scope of practice.
  - However, law states PAs are not authorized to administer or monitor general inhaled anesthesia, epidural anesthesia, spinal anesthesia, or monitored anesthesia utilized in surgical procedures.

• Regulations state:
  - PAs must practice according to board-approved protocol agreed upon by PA and supervising physician.
  - PAs may perform those duties and responsibilities as delegated by their supervising physician(s). PAs may provide any delegated medical service when service is:
    1. within PA’s training and skills.
    2. forms component of physician’s scope of practice and
    3. is provided with supervision.
  - PAs are considered agents of supervising physician in performance of all practice related activities including ordering of diagnostic, therapeutic and other medical services.

Prescriptive Authority

• Board-approved protocol to include categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed.

• A physician may delegate to a PA the authority to prescribe and order Schedule II-V controlled substances and all legend drugs.

• PA may administer controlled medications pursuant to physician order and according to physician-PA protocol.

Prescriptive Authority (continued)

• PA must apply to board for authority to prescribe controlled substances (Schedules II-V):
  - Must complete board approved educational program prior to application.
  - PAs must comply with physician regulations on maintenance of records, use of diet medication, use of controlled substances for chronic pain and prescription guidelines.

• PAs who prescribe controlled medications must register with DEA. PAs who only order inpatient meds not required to register with DEA.
Supervision

Supervision means overseeing and accepting responsibility for medical services provided by PA.

Supervising physician must be MD or DO with unrestricted license who is in full time practice of medicine and who has been approved to supervise PAs.

Supervision must be continuous but does not necessarily require physical presence of physician except that newly graduated and newly licensed PAs require on-site supervision for 120 days.

Supervising physician must provide adequate means for communication with PA. Includes telephone, radio, fax, modem, or other telecommunication.

Supervising physician must review and initial 10% of PA charts monthly.

PA must practice in primary office or clinic of supervising physician or any facility within the same community where supervising physician holds privileges. Board may grant exceptions.

Physician may not supervise more than 2 PAs at any one time. Physician supervising 2 NPs may not supervise a PA.

MSSPs

- State Law
- State regulatory agencies (Dept of Health, etc)
- Joint Commission/other accrediting bodies
- Medicare Conditions of Participation
- Hospital Medical Staff Bylaws, Rules and Regulations
- Payment policy (Medicaid, Medicare Part B, etc.)
The Joint Commission
Licensed Independent Practitioner

**Definition:** An individual permitted by law and by the organization to provide care, treatment, and services without direct supervision. A licensed independent practitioner operates within the scope of his or her license, consistent with individually granted clinical privileges. When standards reference the term licensed independent practitioner, this language is not to be construed to limit the authority of a licensed independent practitioner to delegate tasks to other qualified health care personnel (for example, physician assistants and advanced practice registered nurses) to the extent authorized by state law or a state’s regulatory mechanism or federal guidelines and organizational policy.

TJC Online manual, CAMH, Glossary, April 2011

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The Joint Commission
Physician assistant

**Definition:** An individual who practices medicine with supervision by licensed physicians, providing clients with services ranging from primary medicine to specialized surgical care. The scope of practice is determined by state law, the supervising physician’s delegation of responsibilities, the individual’s education and experience, and the specialty and setting in which the individual works. When standards reference the term “licensed independent practitioner,” this language is not to be construed to limit the authority of a licensed independent practitioner to delegate tasks to other qualified health care personnel (for example, physician assistants and advanced practice registered nurses) to the extent authorized by state law or a state’s regulatory mechanism or federal guidelines and organizational policy.

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Credentialing + Privileging for PAs

- PA provide a “medical level of care”
- Thus, must be credentialed and privileged through the medical staff process:
  - *Medicare S+C-05-04 dated 11-12-04
  - * The Joint Commission Booster Pak Jan 2011
- For CMS hospitals, the equivalent process previously recognized by TJC is no longer allowed (announced in Jan 2011)
Credentialing checklist

- State license
- NCCPA Certification: [www.nccpa.net](http://www.nccpa.net)
- AMA profile—same as for physicians
- NPDB—same as for physicians
- DEA registration, if applicable

FPPE/OPPE

- Required for PAs too.
- Same process as for physicians.
- Based on same competencies.
- Based on privileges.
- Data often not extractable for the PA from hospital systems—poses a challenge for OPPE.
Some standard metrics

- Abbreviations
- Complete H+P (all elements as required by bylaws)
- Date and time entries
- SCIP orders and documentation (antibiotics ordered 1 hr prior to incision, DVT prophylaxis, d/c foley, etc.)
- AMI/CHF treatment measures
Opportunities/Future

- Hospitals are deploying PAs to cover the new residency work-hour reductions; MSSPs are increasingly facing credentialing and privileging, often in departments where PAs have not previously been privileged.
- Consider forming PA Committee as a function of the Credentialing Committee. Peer review and FPPE/OPPE will need PA participation.
- May need to revise bylaws, rules and regs to maximize utilization of these practitioners.

MAPA and AAPA Can Help

- Websites: www.missipas.org or www.aapa.org
- karmenclark@yahoo.com MAPA President
- tmarriott@aapa.org Advocacy Dept
  Reimbursement/Billing
  Joint Commission
  Medicare CoPs
  Credentialing/Privileging
  Utilization