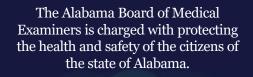
Policy Updates, Procedures, and Proficiencies for Collaborative Practice and Supervisory Agreements



KIMIE BULEY, BS, DIRECTOR OF ADVANCED PRACTICE PROVIDERS SUZANNE POWELL, BSN, RN, QACSC COORDINATOR



MISSION

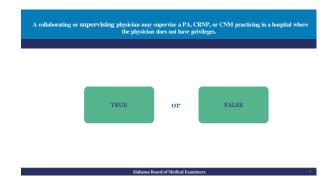
William M. Perkins, Executive Director

Alabama Board of Medical Exami

A PA may hold an active Alabama license without an active registration to a supervising physician.

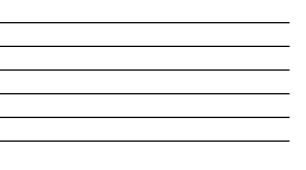


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Objectives					
Summarize Application Process	Summarize the application process for collaborative and supervisory practice including eligibility requirements.				
Responsibilities of physicians, NPs, and PAs	State the responsibilities of physicians, nurse practitioners, nurse midwives, and physician assistants who are in a collaborative or supervisory practice agreement.				
Identify Common Problems	Identify common problems seen in a collaborative or supervisory practice and methodologies to correct them.				
Describe Regulations for Prescribing and QA Review	Describe regulations for prescribing drugs, participating in a quality assurance review and practicing in various practice settings, including remote sites.				
	Alabama Board of Medical Examiners 6				



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Pain Management Sevices

Physician Reentry Into Practice

Collaborative Pharmacy Practice

Appendices

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Physician Assistant Reentry Into Practice

Physician Supervision of Athletic Trainers

Physician Recommendation of the Use of Medical Cannabis

Limited Purpose Schedule & Permit (LPSP)

The Practice of Medicine or Osteopathy Across State Lines (Repealed 10/15/22)

Guidelines and Standards for the Utilization of Controlled Substances for Weight

Qualified Alabama Controlled Substances Registration Certificate (QACSC) for C Nume Practitioners (CRNP) and Certified Numa Midwives (CNM)

Policy on Data 2002: Guidelines for the Treatment of Opioid Addiction in the Me (Repealed 10/15/2023)

Joint Rules of the Alabama Board of Medical Examiners and the Medical Licensu Alabama Concerning the Interstate Medical Licensure Compact



Chapter \$40-X-16

Chapter 540-X-17

Chapter 540-X-18

Chapter 540-X-19

Chapter 540-X-20

Chapter 540-X-21

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Chapter 540-X-23

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Chapter 540-X-1

Chapter 540-X-2

Chapter 540-X-3

Chapter 540-X-4

Chapter 543-X-3

Chapter 540-X-6

Chapter 540-X-7

Chapter 540-X-8

Chapter 543-X-9

Chapter 540-X-10

Chapter \$40-X-11

Chapter \$40-X-12

Chapter 540-X-13

Chapter 540-X-14

Chapter \$40-X-15

Organization and Administration

Certificate of Qualification

Controlled Substances Certificate

Conduct of Hearings in Contested Cases

Advanced Practice Numers Collaborative Practice

Chapter 540-X-24 Guidelines for the Use of Lasers and Other Modalities Affect

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Hearings and Appeals

Assistants to Physicians

Micelaneous

Office-Based Surgery

Alabama Physician Health Program

Continuing Medical Education

Telehealth (Repealed 12/23/15)

Definitions

CRNP	РА
Collaboration	Registration
Collaborative Practice	Supervisory Practice
Collaborating Physician	Supervising Physician



IMPORTANT DEFINITIONS	
EDUCATIONAL REQUIREMENTS	
COLLABORATION AND SUPERVISION REQUIREMENTS	
FTELIMITATIONS	
QUALITY ASSURANCE REVIEW REQUIREMENTS	

# What is a Collaborative or Supervisory Practice?

- A formal relationship between a physician and a CRNP/CNM or PA.
- A collaborative (CRNP/CNM)/registration agreement (PA) is subject to the approved rules as well as written protocols approved by Board of Medical Examiners and Board of Nursing (CRNP/CNM).
- A collaborative/registration agreement provides for medical oversight and direction by the collaborating/supervising physician.
- It includes a detailed job description for the PA and an approved standard protocol for the CRNP/CNM as well as any approved additional skills.

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· It requires a quality assurance review plan.

# What is a requirement to qualify as a collaborating/supervising physician?

- A. Collaborating/supervising physician has a current Alabama Controlled Substance Certificate
- B. Collaborating/supervising physician has practiced medicine for at least 4 years
- C. Collaborating/supervising physician is board certified
- D. Collaborating/supervising physician has a current, unrestricted medical license in Alabama

# Requirements to Qualify: Collaborating/Supervising Physician

- · Current, unrestricted medical license in Alabama
- · Practiced medicine for at least three (3) years
- Practiced medicine for one (1) year and is certified by one or more boards recognized by the American Board of Medical Specialties or the American Osteopathic Association
- Practiced medicine for one (1) year and the collaboration/registration
  practice site is limited solely to a general acute care hospital, critical
  access hospital, or a specialized hospital licensed as such by the
  Department of Public Health
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#### A collaborative/registration agreement may consist of:

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- Core Duties and Scope of Practice/ Standard Protocol
- Practice Sites of the PA/CRNP/CNM
- Supplemental Certificate of Employment (PA)
- · Approved Formulary for Legend Drug Prescribing
- · Covering Physician Agreements
- · Disclosure of existing supervisory and collaborative agreements
- · Any additional skill requests



# Scenario:

PA submits a covering physician request

Covering physician does not currently meet the educational requirements

Covering physician submits a waiver request to act as a covering physician

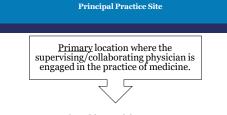
Covering physician's waiver request states that he/she wishes to act as a covering physician so the PA may assist physician in the OR at the hospital

Staff asks PA to add the hospital as a practice site on their registration agreement as the only site listed on their registration agreement is a clinic location

PA states she/he already practices at the hospital

Result: PA and supervising physician receive an educational letter regarding the practice of the PA at a site without prior approval

ALL practice sites must be approved by the Board! Alabama Board of Medical Examiners



Not the address of the corporate office!

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# Approved Formulary for Non-Controlled Prescribing Specialty Legend Drugs



# Protocols: Standard and Specialty

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Physician and CRNP/CNM/PA determine skills that will be performed from the Standard Protocol.

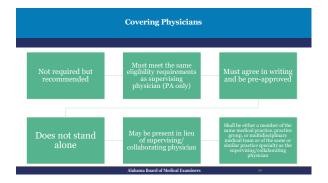
Check only skills that are appropriate to the individual practice of the physician. PA/CRNP/CNM should not perform skills outside of the supervising/collaborating physician's scope of practice. Physician should routinely perform the skill the PA, CRNP, or CNM will perform. What type of location is a remote practice site?

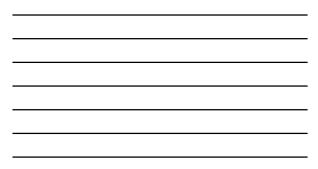
- A. Physician's principal practice site
- B. Acute Care Hospital
- C. Licensed assisted living facility
- D. Practice site without a supervising or covering physician on-site

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 Physician's Principal Practice Site
 Acute Care Hospitals
 Skilled Nursing Facilities

 Assisted Living Facilities, Special Care ALF
 End Stage Renal Disease Treatment Facilities (Licensed by ADPH)
 Certified Mental Health Group Homes





# How to verify current covering physicians:

PA or Supervising Physician:
1. Go to wave allows gov

2. Select "license search"

3. Select "Search for Licensees"

4. Select license type "RA"

Type in PA's first and last name only
 Select "I'm not a robot"

7. Find RA with applicable supervising physician's name

8. Select printer icon in the "details" column

Covering physicians and other details regarding registration agreement will be listed!

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#### How to verify current covering physicians:

CRNP/CNM or Collaborating Physician: 1. Go to <u>worve allows any</u> 2. Select "Search for Learnese" 4. Select license type "CP" 5. Type in collaborating physician's first and last name only 6. Select Tim not a robot" 7. Find CP with applicable XP's name 8. Select printer icon in the "dealls" column

Covering physicians and other details regarding collaborative agreement will be listed! Alabama Board of Medical Examiners

# 60 Day Temporary Supervising/Collaborating Physician

In the event of an unanticipated, permanent absence of a collaborating/supervising physician, a previously approved covering physician may be designated as a temporary supervising/collaborating physician for a period of up to sixty (60) days.

During the sixty (60) days, a new commencement or registration application designating a new supervising/collaborating should be submitted for approval.

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Scenario 1

Office administrator calls the Board of Medical Examiners. The physician just notified them that he plans to retire in a month. They would like to utilize the 60-day temporary agreement.

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# Scenario 2

Physician Assistant calls the Board of Medical Examiners with news that their supervising physician is deceased.

Which scenario would allow the 60-day temporary agreement to be utilized?

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Disclosure of Existing Supervisory and Collaborative Agreements

Out of state collaborations and registrations count towards the allowed 360 hours!

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Interim Approval of Registration Agreement

# RESTRICTIONS

May continue until application is approved or denied by the Board

Additional requested duties not included

A PA granted <u>temporary</u> approval of their license may not obtain interim approval

Temporary Approval of Collaborative Practice (CRNP/CNM)

· Issued by the Alabama Board of Nursing

- Limited to the standard protocol and formulary approved by the Joint Committee of the Alabama Board of Nursing and the Board of Medical Examiners and does not include the authority to:
  - 1. Perform additional skills as provided in Rule 540-x-8-.10.

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2. Prescribe drugs that are listed in the standard formulary with "Restrictions."

Collaborating & Supervising Physician:

Responsibilities and Medical Oversight

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#### Collaborating/Supervising Physicians

Medical Oversight • Concurrent/ on-going • Direct consultation • Reviews, QA, etc. Readily Available • Telephone, radio, etc. • Consultation, referral • Direct medical intervention

Direct Medical Intervention • Physical presence of physician to attend to the patient

Minimum Presence Requirements of Collaborating/Supervising Physicians:

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Less than 2 years/4,000 hours of experience in a registration/collaborative agreement, or entering into a new registration/ collaborative agreement with a physician who has a dissimilar primary specially than the previous physician: Physician must be present to % of NP/PAs scheduled hours

Greater than 2 years/4,000 hours of experience in a registration/collaborative agreement: Physician must visit remote site no less than twice a year and meet with NP/PA no less than quarterly

# What is "QA"?

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- a. Quarterly Assurance
- b. Quick Analysis
- c. Qualified Assurance
- d. Quality Assurance

How a. I frequently b. 7 must Quality Assurance be performed? d. 7

a. Daily b. Yearly c. Quarterly d. Weekly

# Overview of Medical Oversight Components

Scenario

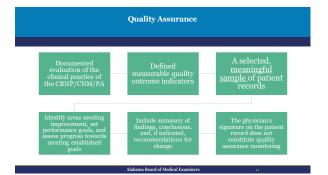
However, PA and supervising physician see each other two days a week during clinic and discuss specific cases or problems face to face

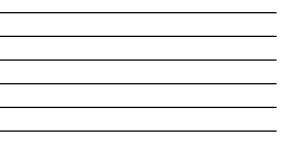
Quality Assurance documentation not readily available at the time of site visit

Quality assurance documentation is submitted which appears to be patient charts
Staff of BME is unable to identify the quality indicator being reviewed or proof of any discussion
However, the documentation submitted does have the physician's signature on the patient chart
Is this appropriate QA?

In addition, all charts are signed off on

CHART REVIEW	COLLABORATION/SUPERVISION	QUALITY ASSURANCE
Review of charts is a clinical decision between practitioners	Time spent together in discussion or consultation	Review a <u>meaningful sample</u> of charts against selected <u>outcome</u> <u>indicators</u> with documentation using patient identifier
Signature of physician on the notes is not required	Time spent in review of Quality Assurance data required quarterly	Data can be pulled by anyone with understanding of the criteria
<u>Chart review does not</u> constitute Quality Assurance <u>Review</u>	Years of experience determine how much direct collaboration or supervision is required	Quarterly meeting to review the QA data (QA data should be <u>readily retrievable</u> )





COLLECTIVE ON REPORT. VII MANAGEMENT	Abbana Ph Lisava # <u>91</u>		Page 1 of 1
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When performing Quality Assurance, what percentage of adverse events should be reviewed?

- a. 10 %
- b. 100 %
- **C.** 50 %
- d. None

# Quality Assurance

- A physician supervising/collaborating with more than four FTEs per week shall engage in documented quality assurance reviews with each PA/CRNP/CNM every month for six (6) months following the collaboration/registration with a new PA/CRNP/CNM.
- Documentation of any quality assurance review shall be maintained by the collaborating/supervising physician for the duration of the collaborative/supervisory practice and for three years following the termination of the collaborative /supervisory practice agreement.

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Will a PA's, CRNP's, or CNM's specialty skills automatically transfer to a new registration/collaborative agreement?



### Scenario

PA was approved to perform Orthopedic Specialty Protocol skills within registration agreement with Dr. Pepper

Dr. Pepper retired

PA entered into a new registration agreement with a new physician, Dr. Lucy, for the same practice locations

PA continued to perform the skills he/she was previously approved to perform under the registration agreement with Dr. Pepper as PA thought the skills would automatically transfer as the PA's practice sites didn't change

PA and new supervising physician, Dr. Lucy, received a Letter of Concern for their failure to request a transfer of skills

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#### Additional Skills & Specialty Protocols

- Additional skills and specialty protocols must be pertinent to the current collaborative or supervisory practice
- Physician must request and receive approval to train CRNP/CNM or PA from the Board of Medical Examiners before training beeins
- Physician must routinely perform the skill
- Skills do not automatically transfer
- All training must be completed and submitted within 1 year from the date of approval. If transferring a request to train, training period is not extended.

# Specialty Protocols

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Critical Care Specialty Protocol

Critical Care: Advanced Level (Level I or II Trauma Centers Only)

Orthopedic Specialty Protocol

Otolaryngology Specialty Protocol

Botulinum Toxin Protocol for Hyperhidrosis

Botox Protocol for Chronic Migraines

Insertion of Non-Tunneled CVL Less than 14 French

# Specialty Protocols - New!

Dermato	logy Specialty Pro	tocol (PAs only)			
Fluorosc	opy Protocol (PAs	only)			
Insertior	of Tunneled Cen				
	or runneleu cen	irai venous Lines (n	coniy)		
		ic Specialty Protocol			
Modifica • Additio	tions to Orthoped	ic Specialty Protocol			
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Skill	Total number required for certification*	Allowed in Simulation Lab	Annual Maintenance Requirement
Central Venous Lines: Internal Jugular- 9F	10	5	5
Central Venous Lines: Femoral- 9F	10	5	5
Central Venous Line: Subclavian (physician must be present)	50	N/A	25
Central Venous Line, Remove and Replace over Guide Wire (Only for practitioners who have previously been approved or are requesting CVL placement, II and Femoral)	5	N/A	5
Central Venous Line Insertion Less than 14F: Internal Jugular	25	10	15
Central Venous Line Insertion Less than 14F: Femoral	5	2	5
Removal of percutaneous Central Venous Line (CRNP Only)	10	0	5
Removal of Tunneled Central Venous Lines-Insertion of Tunneled catheters is NOT approved	10	0	5
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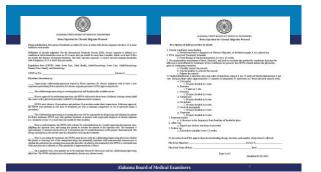
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		Adapted 371 (2009		
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#### Botulinum Toxin for Hyperhidronis Protocol

- 2 Requirements Experivising/volumentamp physician for PA/CRNP must be a based-certified Demotiologist Demotiologist Demotion of the physician competition of the physician certified Demotiophic at a supervision/collecting physician PA/CRNP must observe 10 precedures performed by supervising/ocillaborating physician torating physician for PA/CRNP must be a board-certified
- val to train Once observation requirement has been met, supervising/collaborating physician must complete a request to train the PA/CRNP
- Hillines and Pretcise Requirements There approach to train has been granted, PACCRNP most demonstrate H proceedures in each approved in analoutic location under the distributive training of the straining and the othermost to ALBME and ALIN (CRNP) for final spectral location of training and the othermost to ALBME and ALIN (CRNP) for final spectral location and the straining and the othermost of training is not received by ALEME (approval histor PACCPD may prefere the back).
- remote Requirement PAUCRNP will perform and document no less than 10 procedures yearly at each approved anatomic location to maintain certification (keep copies at your facility).
- supposition of the second s
- Becalinum toxin injections for hyperhidroxis may only be performed on the palms, soles of the feet, and the axilla.



# Termination of a Collaborative/Registration Agreement

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Termination of Collaborative Practice or Registration Agreement

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- No third- party submi
- Effective Date/

PA/Supervising Physician: Form on ALBME Website/ Email ALBME

CRNP/CNM: ABN Website Collaborating Physician: Licensee Portal on ALBME Webs

How many AMA PRA Category 1 credits are PAs required to have to annually renew their Alabama license?



## Effective January 1, 2025

Alabama Board of Medical Examiners



Every two calendar years, each PA licensed by the Board must earn not less than fifty (50) hours of AMA PRA Category 1 Credits™ or the equivalent as defined in this rule of continuing medical education as a condition precedent to receiving his or her annual renewal of license, unless he or she is exempt from the minimum continuing medical education requirement.

You are required to annually renew your collaborative practice agreements/registration agreements.

> True False

Physician Assistant License Renewal: October 1<sup>st</sup>- December 31<sup>st</sup>

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#### License: \$100

- Registration Agreements
- Not Renewed
- Should be **reviewed** each year during renewals to determine if modifications should be made

January 1- 31

- Between January 1 and January 31, submit a completed renewal application, pay the renewal fee of \$100, and <u>certify completion</u> of the continuing medical education hours required for renewal.
- February 1 and thereafter
  - February 1 and thereafter, submit a completed renewal application, pay the renewal fee of \$100, and <u>submit proof of completion</u> of the continuing medical education hours required for renewal.



