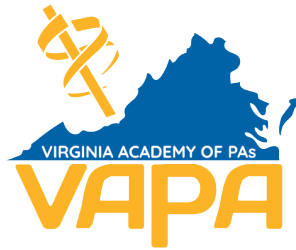


Virginia Academy of PAs 2019 Legislative Executive Summary

The PA-Physician relationship has undergone change, where patient-centered care is shared and the care plan jointly determined. The PA profession has grown and proven itself; when in the remote past it may have been critically watched and directed, the practice standard now is jointly determined care with collaboration. The term supervision is outdated and has been misunderstood in the administrative world, risking disenfranchisement. The term collaboration will ensure ongoing communication between the PA and Physician team, ensuring the delivery of safe, cost-effective, and quality health care that the patients we serve will benefit from.

Please be advised the following are the 2019 changes:

- ❖ Complete removal of the term ***supervision*** from the language that defines the relationship between a physician and a PA
- ❖ PA-Physician relationship now defined as collaboration and consultation
 - "Collaboration" means the communication and decision-making process among health care providers who are members of a patient care team related to the treatment of a patient that includes the degree of cooperation necessary to provide treatment and care of the patient and includes (i) communication of data and information about the treatment and care of a patient, including the exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.
 - "Consultation" means communicating data and information, exchanging clinical observations and assessments, accessing and assessing additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.
- ❖ PA-Physician relationship will be defined collectively as a patient-care team. Each patient-care team will require at least one physician or podiatrist.
- ❖ PAs are health care professionals who have met the requirements of the board of licensure as a PA. Removal of the terms *physician* and *supervision* from our definition.
 - PAs practice medicine as authorized by the Board of Medicine.
 - Removal of the term "delegated act".
- ❖ Practice Agreement completely determined at the practice level. The Practice Agreement is essential to the practice of medicine as a PA and needs to be



collaboratively created, regularly reviewed, and edited/updated as appropriate and needed.

- **PAs are now responsible for managing and reproducing the document to the board upon request. Not the physician or the practice.**
- Practice Agreements must contain at least one patient-care team physician.
- ❖ A patient-care team physician must be available at all times for consultation and collaboration.
 - Physician physical presence is not required; electronic means as appropriate
- ❖ PA-Physician ratio remains at 6:1 at any given time in the clinical setting. A physician may collaborate with an unlimited number of PAs on paper or within a practice/business setting as long as at any given moment only 6:1 are working together clinically
- ❖ Removal of language that described how emergency department physician and PA would work together. Moved to the practice agreement and will be determined by education, training, and experience.

Questions may be directed to:
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