POLICY
It is the policy of Riverside Physician Network to support the use of physician extenders within the practices of its contracted physicians.

PURPOSE
Established state and federal regulations such as the California Code of Regulations, Code of Federal Regulations, Business and Professional Code, and California Vehicle Code as well as governing bodies such as the Medical Board of California, JCAHO and the California Board of Registered Nursing all provide governance to providers for the supervision of Physician Assistants and Nurse Practitioners. This document will attempt to provide physicians a summary of the guidelines based on the above referenced agencies and regulations but is not intended to summarize the guidelines in their entirety. Knowledge of and compliance with these laws and regulations is the responsibility of the provider and the extenders themselves.

PROCEDURE
I. Duties and Responsibility of the Supervising Physician.
   1. The Supervising Physician will insure that a Delegation of Service Agreement (DSA) (Attachment 1) for his or her Physician Assistant(s) has been executed and is available for review by Riverside Physician Network (RPN). In addition, a Supervising Physician Responsibility document (Attachment 2) will also be signed and maintained by all RPN providers utilizing extenders. (Title 16, California Code of Regulations)
   2. The Supervising Physician (SP) will execute a set of Standardized Procedures for his or her Nurse Practitioners (NP). (Business and Professional Code, Chapter 6)
   3. A Practice Protocol Document for each Physician Assistant may be developed and completed for each PA. The document used for the purpose of meeting the state requirement under Title 16 of the California Code of Regulations is at the discretion of the physician and PA and must be tailored to the individual PA’s education and training. Protocols are specific to either diagnosis (i.e., Asthma, Acne, Headache) or to procedure (i.e., Well Woman Checks, Exercise Tolerance Test) and are not adaptable to open appointments such as in an Urgent Care facility and should be used with careful attention.
paid to the elements of the Protocol as outlined in the applicable California directives. 
*(California Business and Professional Code 3502 (c))*

4. The Supervising Physician will be responsible for all medical services provided by the 
PA under his or her supervision. The Supervising Physician will delegate to the PA only 
those tasks and procedures consistent within the scope of the SP’s specialty or usual and 
customary practice. The Supervising Physician shall observe or review evidence of the 
PA’s performance of all delegated task and procedures until the PA’s competence is 
assured. The Supervising Physician has the responsibility to follow the progress of the 
patients and thereby make sure that the PA does not function beyond the scope of their 
PPD. *(Title 16, California Code of Regulations)*

5. The Supervising Physician must see the patients whenever the PA requests his or her 
evaluation, expresses concern and desires assistance in the care of the patient, when the 
patient has an acute condition and has not responded to therapy as expected, or when the 
PA feels that management of the patient exceeds his scope of practice. *(Title 16 of the 
California Code of Regulations)*

6. The Supervising Physician must be available in person or by electronic communication at 
all times when the PA is performing medical services. The PA and the Supervising 
Physician will establish in writing transport and back-up procedures for the immediate 
care of patients in need of emergency care or care beyond the scope of practice of the PA 
when the Supervising Physician is not on the premises. A sample of such a policy is 
attached. *(Attachment 3)* *(Title 16 of the California Code of Regulations)*

7. A Supervising Physician cannot supervise more than four PAs at a time. He or she may 
supervise both PAs and Nurse Practitioners at the same time but the total extender 
number may not exceed four. *(Title 16 of the California Code of Regulations)*

8. The Supervising Physician shall utilize one or more of the following mechanisms to 
supervise PAs. This methodology will be outlined in the Supervising Physician 
Responsibility document and discussed with the PA prior to initiating any patient contact. 
*(Business and Professional Code, Chapter 7.7)*
   a. Examination of each and every patient seen by the Physician Assistant on the 
      same day the care is provided.
   b. Review and countersign every medical record written in by the PA within 7 days.
   c. 5% chart review, dated and countersigned within 30 days of patients managed 
      under Protocol.

II. Duties and Responsibility of the Physician Assistant (PA)

1. The Physician Assistant will discuss the elements of the Delegation of Services 
   Agreement with the Supervising Physician and complete and sign the document. A copy 
   will be maintained by the PA and he or she is responsible for adhering to the elements of 
   the document. The PA may also complete and sign any applicable Protocols. The PA 
   should also maintain a copy of the Supervising Physician Responsibility document.

2. Each time a PA makes an entry in any form of patient record he or she shall also enter the 
   name of the Supervising Physician. It is the responsibility of the PA to consult with the 
   Supervising Physician when a situation arises which goes beyond the extent of the 
   training and experience of the PA. *(Title 16, California Code of Regulations)*

3. When a PA sees a patient, they will identify themselves as a Physician Assistant using 
   their PA title. *(Title 22, California Code of Regulations)*
4. Physician Assistants will maintain a current California state license, obtain and maintain an NPI number, a DEA registration number and a Basic Life Support certification. *(Business and Professional Code, Chapter 7.7)*

5. A Physician Assistant may transmit orders to Registered Nurses at hospitals utilized by their Supervising Physicians. They may assist in the hospital care patient in accordance with hospital protocols. *(Title 16, California Code of Regulations)*

6. Physician Assistants may provide treatment for work related illnesses and authorize time off from work for up to 3 days. *(Labor Code, Div 4)* They may also perform DMV physicals and complete the appropriate documentation. *(Vehicle Code, Div 3)*

7. Physician Assistants may transmit drug orders consistent with the specialty of the Supervising Physician to pharmacies and Home Health Agencies. A formulary will be developed by the SP and PA and attached to the Delegation of Service Agreement for the extender. All drug orders will contain the Supervising Physicians name, address, phone number and CA license number. *(Business and Professional Code, Chapter 7.7)*

8. Physician Assistants may refill medications for the Supervising Physician for non-scheduled medications in an amount not exceeding the original prescription and not for more than one refill. The PA must either examine the patient or review the medical record before a refill is provided and the PA must document the refill in the record. *(Business and Professional Code, Chapter 7.7)*

9. A Physician Assistant must have a DEA registration number to write for Schedule II-V controlled substances. All orders must be countersigned by the SP within 7 days. *(Business and Professional Code, Chapter 7.7)* No schedule II prescriptions may be refilled. No Schedule III-V drugs may be filled more than 5 times and may in no case exceed the total supply adequate for more than 120 days. *(Code of Federal Reg, Title 21, Health and Safety Code)*

### III. Duties and Responsibility of the Nurse Practitioner (NP)

1. All Nurse Practitioners (NP) will review a set of Standardized Procedures with the Supervising Physician and if satisfied that the document adequately reflects their training and abilities and the Nurse Practitioner has reached an agreement with the Supervising Physician regarding their expectations, then the document will be properly executed. The signature will indicate the Nurse Practitioner’s willingness to abide by the Standardized Procedures as presented. This document will serve as their authority to practice in that office setting. *(Business and Professional Code, Chapter 6)*

2. Patients seen by a Nurse Practitioner will be so informed and the NP will identify themselves using their titles. *(Title 22, California Code of Regulations)*

3. Nurse Practitioners will maintain a current license, a certificate as a Nurse Practitioner and a furnishing number. *(Business and Professional Code)*

4. The Nurse Practitioner will maintain certification from either the American Nurses Credentialing Center, American Academy of Nurse Practitioners, National Certification Corporation for OB/GYN and Neonatal Nursing Specialties or the National Certification Board of Pediatric Practitioners.

5. Nurse Practitioners will obtain and maintain currency of an approved Medicare Provider Number *(Code of Federal Regulations)*, DEA Number *(Business and Professional Code)* and a BCLS card or an ACLS or PALS card.
6. The Nurse Practitioner may assist in the arrangement for admission of patients to a hospital as delegated by the Supervising Physician. The NP may transmit orders to nurses in the hospital. (*California Board of Registered Nursing*)

7. Nurse Practitioners may provide treatment for work related illnesses and injuries including authorization for time off work not to exceed 3 days. (*Labor Code*)

8. The Nurse Practitioner may perform DMV physicals and substantiate disability in order for a patient to receive a DMV placard. (*California Vehicle Code*)

9. All Nurse Practitioners must get a provider specific list of drugs from the Supervising Physician. Orders can be transmitted via telephone, orally or in written form to a pharmacist. (*Business and Professional Code, Chapter 6*) The drug order shall contain the name of the Nurse Practitioner, California License, Furnishing Number and DEA number if applicable. (*Business and Professional Code, Chapter 9*)

10. Nurse Practitioners may refill medications for the Supervising Physician for non-scheduled medications in an amount not exceeding the original prescription and not for more than one refill. The NP must either examine the patient or review the medical record must before a refill is provided and the NP must document the refill in the record. (*Business and Professional Code, Chapter 7.7*)

11. A Nurse Practitioner must have a DEA registration number to write for Schedule II-V controlled substances. (*Business and Professional Code, Chapter 6*) No schedule II prescriptions may be refilled. No Schedule III-V drugs may be filled more than 5 times and may in no case exceed the total supply adequate for more than 120 days. (*Code of Federal Regulations, Title 21, Health and Safety Code*)

12. The Supervising Physician takes overall responsibility for the care of each patient. The physician will see the patient whenever the NP requests further assistance, the patient raises concern about a desire to see the physician or when any acute conditions have not responded to therapy. (*Title 22, California Code of Regulations*)

13. A Nurse Practitioner for the purpose of prescribing drug orders must have the Supervising Physician available by telephone at the time the NP examines the patient. It is the responsibility of the NP to consult with the Supervising Physician whenever situation arises that goes beyond the intent of the Standardized Procedure or the training and experience of the Nurse Practitioner. (*Business and Professional Code, Chapter 6*)

14. The method of supervision and review of patient care will be outlined in the Standardized Procedures. (*Title 16, California Code of Regulations*)

IV. Recommendations and Expectations for the Use of Extenders Within Riverside Physician Network

1. Medical Extenders are an important element in many of the Primary Care practices in RPN. Physician Assistants and Nurse Practitioners are well accepted by patients and play a vital role in achieving the levels of patient satisfaction that RPN seeks.

2. Supervision of the extenders is, of course, the direct responsibility of the Supervising Physicians and the legal requirement of this is generally outlined above. It is the expectation of RPN that all physicians and extenders rigorously adhere to the state requirement for supervision in the use of these important medical personnel.

3. While RPN respects the authority of physicians to determine how they want to use their extenders, it does feel responsible to offer guidelines on how extenders should be used in the referral process. To this point the following guidelines are offered:
a. In the Primary Care Office:
   i. All specialty referrals will be discussed with, and approved by, the PCP before a referral is generated.
   ii. The extender will insure that a legible document is generated and forwarded to the Specialist that reflects clearly the indication for the referral and the discussion with the PCP.
   iii. The extender will carefully inform the patient of the indication for and expectations of, the referral as well as introduce the Specialist by name to the patient.
   iv. It should be the policy of the office that a patient should not routinely see the extender for each office visit but that the PCP should see the patient on at least every fourth visit.
   v. A Supervising Physician Agreement should be completed with all covering physicians for the PCP. This is intended to insure that adequate supervision is documented for times when the PCP is not physically or electronically available to the extender.

b. In the Specialty Office:
   i. All patients seen initially in the office will be seen and examined by the Specialist. Extenders may be used as deemed appropriate by the Specialist but at some time in the visit the patient must be seen by the Supervising Physician.
   ii. If the extender generates the consultation report, the document must clearly indicate how the Specialist participated in the examination.
   iii. The same requirements for supervision of extenders apply in Specialist as in PCP offices.
   iv. It should be the policy of the office that follow up patients not be seen only by extenders but the Specialist should see the patient on at least every fourth visit.

4. When any provider has a question about how an extender was used in the initiation of or completion of a patient referral or of an office consultation, then he or she should call the Supervising Physician and discuss their concerns. Direct physician-to-physician communication is the best method to ensure the maintenance of the high standard of patient care expected of providers in the Riverside Physician Network.