


HEALTH PLAN OF SAN JOAQUIN		
Subject: Mid-Level Practitioners		
Department: Medical Management		Policy #: QA 28
Applies to: MC, HF, HC, HK		Scope: QI
Effective Date: 2/1/96	Revised Date: 8-31-10	Approved by:  Medical Director

DEFINITIONS

- A. **“Mid-level clinicians” - defined** as nurse practitioners, physician assistants (PA) and nurse midwives.
- B. **Nurse Midwife”** - shall be currently certified by the California Board of Registered Nurses to attend cases of normal childbirth, to provide prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, and otherwise to practice midwifery.
- C. **“Nurse Practitioner”** - shall be currently licensed as a Registered Nurse in California and be currently certified by a licensed Nurse Practitioner Program which has met the requirements set forth and described in Title 16, Section H84 of the California Administrative Code.
- D. **“Physicians’ Assistant”** - shall be currently licensed by the Physician Assistant Examining Committee/Medical Board of California.
- E. **"Protocols"** - protocols which meet the requirements of the Physician Assistant Practice Act and Regulations of the Physician Assistant Examining Committee for Physician Assistants; and standardized procedures for Nurse Practitioners and Nurse Midwives.

POLICY

- A. The Health Plan will contract with mid-level practitioners to assist in provider offices under the supervision of a full time contracted Physician Supervisor. The ratio of full time physician to non-physician medical practitioner ratios will not exceed the following:
 - 1. Nurse Practitioner 1:4
 - 2. Midwives 1:3
 - 3. Physician Assistant 1.2
- B. Four (4) Non-Physician Medical Practitioners in any combination that does not include more than three nurse midwives or two physician assistants.

C. Provider to Member Ratios

1. Primary Care Providers (PCP) to member ratio is 1:2000
 - a) Adding mid-level practitioners may increase the PCP member ratio, not to exceed 1000 patients per midlevel practitioner.

D. Supervision

1. All Physician Assistants, Nurse Practitioners and Certified Nurse Midwives who perform procedures must practice under supervision of a licensed physician, either directly, or through the use of medical policies and procedures (e.g., protocols) established by the physician according to the category of clinician. Any California-licensed physician except those who are expressly prohibited by the Medical Board from supervising a PA will be able to supervise a PA.
2. At the time of the facility site survey, documents requested for review by the HPSJ reviewer will include the agreement signed between the physician and the mid-level clinician.
3. All charts involving care provided by the mid-level clinicians will be reviewed and co-signed by the supervising physician within the time frame dictated by current state regulations.
4. For physician assistants, the physician must co-sign any chart within seven (7) days when a medication was ordered.
5. The supervising physician must be available for consultation with the mid-level clinician at all times when the mid-level clinician is providing services, either by physical presence or by electronic communication. At all times, the supervising physician is responsible for the midlevel clinician and it is required that the physician be on site at least 40% of time when the midlevel clinician is providing primary care services. HPSJ will review compliance with this standard during the facility site survey.
6. An individual supervising physician may not supervise or oversee greater than the following full time equivalent mid-level clinician ratios:
 - a) 4 Nurse Practitioners
 - b) 3 Nurse Midwives
 - c) 2 Physician AssistantsFour mid-level clinicians in any combination that does not exceed the limit stated.
 - d) Mid-level clinicians may participate in the after hours call network but the supervising physician also must be available for consultation at all times that the mid-level clinician is on call. Mid-level clinicians can independently authorize emergency hospitalizations for life threatening conditions only; all other

authorizations, denials, or transfer arrangements must occur only after direct consultation with the supervising physician.

E. Scope of Practice

1. Each physician will define the scope of practice for each mid-level clinician working in the practice. The scope of practice may vary depending on the skills of the individual clinician but in all cases shall comply with applicable state laws. Practitioners may substitute their protocols for scope of practice as long as the protocols meet HPSJ standards and are approved by the HPSJ Medical Director.
2. Reference books, or parts thereof, may be maintained by the office and adapted for use as protocols by the physician and mid-level clinician to be followed for each type of medical problem that might be encountered. The supervising physician will determine and specify in writing, as required by protocols, which books, or parts thereof, are to be used by the mid-level clinician.
3. Physician consultation should be obtained as soon as possible for conditions defined as requiring immediate physician consultation or defined in the protocol.
4. Physician consultation is required for the following:
 - a) Referral to specialist physician
 - b) Referral for hospitalization
 - c) Referral for diagnostic procedures requiring a Treatment Authorization Request (TAR).
 - d) Whenever necessary, the mid-level clinician shall perform emergency care necessary to sustain life. This includes, but is not limited to: establishing and maintenance of airway, control of hemorrhage, CPR, establish an IV line, administer oxygen, splint skeletal injuries, irrigate and/or suture wounds, and administration of emergency drugs such as epinephrine, atropine, naloxone, glucose, or inhalation bronchodilators. Physician consultation shall be obtained as soon as possible and the mid-level clinician shall comply with any applicable backup emergency procedures specified by protocols.
 - e) The supervising physician may authorize and approve the mid-level clinician to perform certain outpatient procedures without physician consultation.
 - f) The supervising physician may authorize the mid-level clinician to diagnose and treat common medical problems according to accepted criteria and management as per the references utilized in the practice. Inpatient Care: Mid-Level clinicians who have been granted hospital privileges may perform procedures consistent with

their education, training and legal scope of practice for which they have been granted hospital privileges.

F. Physician/Clinician Agreement

1. Each physician/mid-level clinician team will sign an agreement stating that the mid-level will follow the protocols developed for practice by the supervising physician, based on the skills and area of specialty of each clinician. This agreement will be kept on file and will be available for review by HPSJ upon request. A sample agreement is attached.
2. In addition to the signed agreement, physician assistant must have protocols that outline and document delegation, responsibility for transport, backup procedures and guidelines for supervision. Practice protocols must be reviewed and approved by the supervising physician.

G. Medication

1. The Mid-Level Clinician may furnish drugs and devices in accordance with Federal or State law, whichever is more restrictive.

H. Nurse Midwife Guidelines

1. The practice of midwifery constitutes the assistance by a nurse midwife, under the supervision of a physician, of a woman in childbirth so long as the medical situation meets criteria accepted as normal. When a complication develops, the nurse midwife must consult with the supervising physician promptly.
2. The nurse midwife is able to assume responsibility for the management of normal pregnant women whose medical, surgical and post-obstetrical history and present health status reveal no conditions that would adversely influence the patient's course of pregnancy or be unfavorably affected by it. Such management includes:
 - a) Observation, assessment and treatment of patients according to medical protocols approved by the supervising physician(s).
 - b) Implementation of care based upon written policies and procedures (e.g., protocols) to establish a diagnosis when deviation from normal occurs.
 - c) Management of selected deviations from normal when the diagnosis is clear with a predictable outcome.
3. During the course of care, the nurse midwife will consult with the physician when deviations from normal arise and a course of action is not already specified in the protocol. If a condition requires frequent and/or continuing management by a physician, but certain aspects of care remain within the scope of nurse midwifery management, a situation of collaborative management exists. Under collaborative management, both the physician and the nurse midwife will follow all patients. The nurse midwife may institute those nurse midwifery protocols that do not conflict

with the aspect of care under the physician's management. Thus, collaborative management requires careful communication between the nurse midwife and the physician, who assumes responsibility for overall provision of the patient's care.

4. When a patient develops a condition which requires management by a physician, her care must be transferred to a physician for management of antepartum, intrapartum, and/or postpartum care. When a complication develops during the intrapartum period, a transfer order then should be communicated directly from the obstetrician to the nurse in charge of the labor and delivery area. The nurse midwife may continue to provide supportive care.
5. The supervising physician will provide supervision as required by the Nurse Practice Act and will provide consultation when needed or requested by the midwife. The supervising physician will assume active intrapartum management or co-management of those women whose conditions are beyond the scope of midwifery practice. The supervising physician will countersign all orders written by the midwife within twenty-four (24) hours and will provide coverage when the midwife is unavailable. Consultation by the supervising physician must be available at all times, either by physical presence or electronic communication (i.e.: phone, fax, Internet). One supervising physician must be available for every 3 nurse midwives who work in the same area at the same time.

I. Physician Assistant Guidelines

1. When authorized to do so by the supervising physician, the physician assistant may perform patient-related activities within the scope of practice defined by Title 16 and in accordance with applicable Federal and State laws.
2. The physician assistant may provide medical care which is either based upon direct consultation with the physician or contained within written protocols approved by the supervising physician.
3. The physician assistant will seek physician consultation as soon as possible for the following situations, and any others that he/she deems appropriate:
 - a) Any conditions which have failed to respond to appropriate management or any unusual symptom.
 - b) Unexplained physical finding.
 - c) Potentially serious or life threatening condition where prompt initiation of appropriate care has a substantial impact on outcome.
 - d) All emergency situations arising after initial care has been started.
 - e) Any patient who desires physician consultation.
 - f) Before performing any invasive procedures.

4. The supervising physician shall be a physician licensed by the State of California.
 - a) This physician will review the findings of the patient's history and physical examination and supervise the physician assistant performing approved tasks or procedures.
 - b) The physician assistant will be responsible to communicate with the supervising physician regarding patient management and seek assistance or additional instructions in patient management as deemed necessary by the physician assistant, including unusual or non-routine cases.
 - c) The supervising physician will be available for consultation or assistance at all times, either by physical presence or electronic communications (phone, fax, Internet).
 - d) One supervising physician will be available for every two physician assistants working in an area at the same time.

J. Nurse Practitioner Guidelines

1. Nurse Practitioner shall function within the scope of practice as specified in the Nursing Practice Act, as it applies to all nurses. Nurse Practitioners and Certified Nurse Midwives may use their furnishing authority in solo practice (BPC Section 2746.5 and BPC Section 2836.1).
2. When authorized to do so by the supervising physician the Nurse Practitioner may perform standardized procedure within the scope of practice defined by Title 16 and applicable Federal and State laws
3. The nurse practitioner may provide medical care that is either based upon direct consultation with the physician or contained within written medical policies and procedures (e.g., protocols) adapted by the supervising physician. The policies and procedures must be reviewed and approved by the supervising physician.
4. The Nurse Practitioner will seek physician consultation as soon as possible for the following situations, and any others he/she deems appropriate:
 - a) Any conditions which have failed to respond to appropriate management or any unusual symptom.
 - b) Unexplained physical finding.
 - c) Potentially serious or life threatening condition where prompt initiation of appropriate care has a substantial impact on outcome.
 - d) All emergency situations after initial care have been started.
 - e) Any patient who desires physician consultation.
 - f) Before performing any invasive procedures.

1. The supervising physician shall be a physician licensed by the State of California.
 - a) This physician will review the findings of the patient's history and physical examination and supervise the Nurse Practitioner performing approved tasks or procedures.
 - b) The Nurse Practitioner will be responsible to communicate with the supervising physician regarding patient management and seek assistance or additional instructions in patient management as deemed necessary by the nurse practitioner including unusual or non-routine cases.
 - c) The supervising physician will be available for consultation or assistance at all times, either by physical presence or electronic communications (phone, fax, Internet).

K. Patient Choice

1. The patient must be informed that the provider is a mid-level clinician, and be granted the opportunity to see a physician if they choose.

L. Monitoring Compliance

1. HPSJ monitors compliance with this policy through the facility site survey. Corrective action plans are required when deficiencies are identified and any uncorrected deficiencies may be reported to the QIUMC.

REFERENCE

- A. Business and Professions Code Section 2836.1 (e), 3516 (a) (b).
- B. Title 22, CCR, Section 53853, 51240 and 51241.
- C. DHS Contract Exhibit A, Attachment 6, Section 3 & 4

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
2/1/96	3/03	Ssteely/5/05	6/08	DBishop-8/10	

(S A M P L E) ATTACHMENT A
MID-LEVEL CLINICIAN AGREEMENT

The following is an agreement between _____ and
(Clinician Name)
_____. The undersigned Mid-Level Clinician
(Supervisory MD or Medical Director)

Acknowledges the following:

I agree to follow the protocols established by _____
(Name of Practice or Organization)

for mid-level clinician practice. I understand that failure to follow these protocols may result in disciplinary action.

I agree to consult with my supervising physician for all cases as outlined in the protocols and for any case if I am unsure about the diagnosis or management.

I understand that I must maintain my current state license and must participate in Continuing Medical Education relating to my specialty, in accordance with the license and certification requirements applicable to my specialty.

I understand that a supervising physician will be available either on-site or by electronic communication at all times while I am treating patients.

I understand that I am expected to stabilize clients during life-threatening emergencies and to contact a physician as soon as possible and/or arrange for emergency transport to the nearest hospital.

I understand that my charts will be reviewed by the supervising physician who will discuss cases with me on a regular basis.

I understand that medications must be ordered pursuant to applicable provisions of applicable California and Federal laws relating to the practice of mid-level clinicians.

I understand that _____ is the provider for purposes of delivering medical services, determining fees, billing patients and setting office practices and procedures. I further agree that the salary or wages I receive from said provider constitutes payment in full to me for the services rendered to said providers patients.

This agreement is effective until amended in writing or terminated by the supervising physician, and shall automatically terminate when the Mid-Level Clinician no longer provides services in the practice.

Mid-Level Clinician

Date

Primary Supervising Physician or Medical Director

Date