

Frequently Asked Questions: Optimal Team Practice

New Policy Adopted by AAPA in May 2017

What is Optimal Team Practice?

OTP emphasizes the profession's commitment to team-based care; reaffirms that the degree of collaboration between PAs and physicians should be determined at the practice level; supports the elimination of provisions in laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice; advocates the establishment of autonomous state boards with voting membership comprised of a majority of PAs, to license, regulate and discipline PAs; and ensures PAs are eligible to be reimbursed directly by public and private insurance so they don't remain hidden providers.

Why have PAs made this change now?

PAs are facing new obstacles in the changing healthcare marketplace and must adapt in order to meet the needs of patients and ensure the future of the PA profession. Twenty-two states and the District of Columbia allow Nurse Practitioners (NPs) to practice without a supervising or collaborating physician, which makes them easier to hire and manage. In addition, physicians are more likely to be employees, rather than practice owners, and no longer see a financial benefit from entering into a supervisory agreement with a PA. These conditions put PAs at a disadvantage to NPs in the healthcare marketplace, resulting in lost jobs and opportunities for advancement. View infographic at AAPA.org/obstacles.

How does OTP differ from independent practice?

Team-based practice is the hallmark of the PA profession and its educational programs. Under OTP, PAs will continue to collaborate with physicians and other qualified medical professionals, as indicated by the patient's condition and the standard of care, and in accordance with the PA's education, training and experience. The term "independent practice" suggests that PAs would abandon team-based care and would work without the benefit of collaboration with physicians or other providers.

How will OTP benefit patients?

Numerous studies have shown that PAs provide high-quality patient care and are cost-effective medical providers. Once OTP is incorporated in state law, it will expand access to care, especially in medically underserved and rural areas, expedite PA licensing, and give PAs a greater ability to provide volunteer medical services such as responding to disasters. In addition, the elimination of the requirement to have a supervisory agreement with a physician will free up physicians' time to focus on meeting patient needs rather than filling out burdensome paperwork.

Now that OTP has been adopted as AAPA policy, what happens next?

Each state PA chapter can decide whether or when to pursue these changes at its own pace and as the situation in their state legislature allows.

For more information, please contact Carrie Munk, vice president of communications, at cmunk@aapa.org, (571) 319-3047.