



PA Responsibility for Patient Care

As states update PA practice laws, AAPA recommends removing language that puts responsibility for care provided by PAs on the collaborating physicians. Rather, PAs are responsible for their professional actions.

Why remove physician responsibility language?

Fifty years ago, at its inception, the PA profession had no track record to prove the quality of its care. Safeguards were written into medical practice acts to assure physician oversight of PA work until the new model could be evaluated. Since those early days, studies have documented, year after year, that PAs provide high-quality cost-effective medical care.¹⁻¹⁴ Therefore, language in laws and regulations requiring a physician to be held responsible for PA-provided care is no longer necessary and places an undue burden on the physicians.

PAs want to be responsible for the care they provide

PAs want to be responsible for their own work. PAs want to practice team-based care as colleagues and partners with physicians and other healthcare providers. The team-based care concept is at the heart of PA education and training; collaboration with physicians and other healthcare providers will continue because it is best for patients.

The co-worker dynamic

Historically, physicians in the United States operated as independent practice owners or partners. In the formative years of the PA profession, physicians who collaborated with PAs were unconcerned about state practice laws that placed responsibility on them for the work of the PAs. As the practice owner and employer, the physician was liable, anyway.

In recent years, the trend toward physician employment by hospitals or large medical groups has increasingly replaced the independent owner model, creating a new dynamic among collaborating providers. When physicians and PAs are all employees of an organization, physicians do not have the same liability they would have had as a practice owner. The PA profession recognizes and understands this and believes physician co-workers should not be responsible for care decisions made by PAs for their patients. When physicians care for a patient with a PA, then they should share liability.

Collaboration and PA responsibility make sense

Specifically stating that a physician is responsible for PA-provided care diminishes the accountability that the PA profession readily accepts. PAs practice medicine with their own licenses and own individual scopes of practice. PAs make autonomous decisions every day about patient care. Removing provisions in law that hold physicians responsible for PA-provided care does not change the PA profession's commitment to team practice. PAs will continue to practice collaboratively with physicians and other healthcare providers. Being clear in laws and regulations that physicians are not responsible for care provided by PAs reduces physician risk for actions of PAs.

With a solid 50 years of proven quality care behind the PA profession, language explicitly holding a physician responsible and liable for care provided by a PA is no longer necessary, recommended or acceptable. The PA profession believes PAs, not physicians, are responsible for the care PAs provide.

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References

1. Sox H. Quality of patient care by nurse practitioners and physician's assistants: a ten-year perspective. *Ann Intern Med.* 1979;91(3):459-68.
2. U.S. Congress, Office of Technology Assessment. Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis (Health Technology Case Study 37). Washington, DC. 1986.
3. Carzoli RP, Martinez-Cruz M, Cuevas LL, Murphy S, Chiu T. Comparison of neonatal nurse practitioners, physician assistants, and residents in the neonatal intensive care unit. *Pediatrics Adolescent Medicine.* 1994;148(12):1271-6.
4. Miller W, Riehl E, Napier M, Barber K, Dabideen H. Use of physician assistants as surgery/trauma house staff at an American College of Surgeons-verified level II trauma center. *The Journal of Trauma: Injury, Infection, and Critical Care.* 1998;44(2):372-6.
5. Wilson IB, Landon BE, Hirschhorn LR, et al. Quality of HIV Care Provided by Nurse Practitioners, Physician Assistants, and Physicians. *Ann of Intern Med.* 2005;143(10):729-36.
6. Dhuper S, Choksi S. Replacing an Academic Internal Medicine Residency Program with a Physician-Hospitalist Model: A Comparative Analysis Study. *Am J Med Qual.* 2009;24(2):132-9.
7. Ouslander JG, Lamb G, Perloe M, et al. Potentially Avoidable Hospitalizations of Nursing Home Residents: Frequency, Causes, and Costs. *J Am Geriatr Soc.* 2010;58(4):627-635.
8. Halter M, Drennan V, Chattopadhyay K, Carneiro W, Yiallourous J, et al. The contribution of Physician Assistants in primary care: a systematic review. *BMC Health Services Research.* 2013;18;13:223.
9. Smith G, Waibel B, Evans P, Goettler C. A Recipe for Success: Advanced Practice Professionals Decrease Trauma Readmissions. Poster session presented at The 43rd Critical Care Congress of the Society of Critical Care Medicine. *Crit Care Med.* 2013;41(12Suppl):A149.
10. Virani SS, Maddox TM, Chan PS, et al. Provider type and quality of outpatient cardiovascular disease care. *J Am Coll Cardiol.* 2015;66(16):1803-12.
11. Brush JE, Handberg EM, Biga C, et al. ACC Health Policy Statement on Cardiovascular Team-Based Care and the Role of Advanced Practice Providers. *J Am Coll Cardiol.* 2015;65(19):2118-36.
12. Chaney AJ, Harnois DM, Musto KR, Nguyen JH. Role Development of Nurse Practitioners and Physician Assistants in Liver Transplantation. *Prog Transplant.* 2016;26(1): 75-81.
13. Mafi, J. N., et al. (2016). Comparing Use of Low-Value Health Care Services Among U.S. Advanced Practice Clinicians and Physicians. *Ann Intern Med.* 2016;165(4):237-44.
14. Resnick CM, Daniels KM, Flath-Sporn SJ, et al. Physician Assistants Improve Efficiency and Decrease Costs in Outpatient Oral and Maxillofacial Surgery. *J Oral Maxillofac Surg.* 2016;74(9):e34.