Chart Cosignature: What Is Best for Patient Care?

In the early years of the PA profession, cosigning PA chart entries was a way for physicians to demonstrate they were closely overseeing PA practice. But 50 years of collaboration between physicians and PAs has shown that decisions about patient care and chart review are best tailored to the needs of individual practices or institutions. Requiring physicians to cosign every PA-written order or chart entry removes a clinical team’s discretion to decide what works best for their practice, imposes an unnecessary burden and hinders the efficiency of the care delivered.

As practices and institutions work to increase efficiency and fully utilize providers, and as technology changes the way care is delivered, many aspects of healthcare systems are being reevaluated. Simultaneously, PA laws and regulations, including those relating to physician cosignature, are being modernized to reflect the transformation in clinical care models.

CHART COSIGNATURE AND OVERSIGHT

The majority of states do not require chart cosignature by physicians, while some states require a small fraction of charts—typically 10 percent—to be cosigned.

The Joint Commission, which accredits the majority of hospitals in the United States, recommends that each accredited organization determine the necessity for cosignature. The relevant standard states: “The hospital defines the types of entries in the medical record made by non-independent practitioners that require countersigning in accordance with law and regulation.”

AAPA’s position is that physician oversight is the joint responsibility of the physician and the PA. AAPA’s Model State Legislation for PAs says:

“It is the obligation of each team of physician(s) and PA(s) to ensure that the PA’s scope of practice is identified and appropriate to the PA’s skill, education and training, and that the relationship with, and access to, the collaborating physician(s) is defined.”

According to the National Practitioner Data Bank, a federally maintained database of malpractice payments and disciplinary actions against healthcare providers, PAs have a remarkably low rate of malpractice payments. PAs not only have a low incidence of malpractice payments compared with physicians, but one comprehensive study of private insurance data found that PA-physician teams experienced a lower rate of malpractice litigation than physicians alone.

FLEXIBILITY IS KEY

The ideal system for collaboration is the one designed at the practice or facility level. Licensed healthcare facilities, institutions and group practices should establish collaboration policies that best suit the needs of the patients they serve. Some employers may decide to have physicians review selected PA chart entries if there is a demonstrated patient benefit. Others will leave the
choice up to the providers. For instance, a PA seeing a complex patient may elect to discuss the patient with a collaborating physician and ask the physician to review the note. Or a physician new to a collaborating team may choose to review a portion of chart entries.

Prescriptive and inflexible cosignature requirements can diminish the quality and efficiency of care. If a physician is required to cosign all routine orders, he or she has less time for patient care.

**ELECTRONIC HEALTH RECORDS**

Electronic health records (EHRs) are increasingly replacing paper charts, and when state law, facility guidelines or physician preferences call for chart cosignature, physicians should be able to meet the requirement by using appropriate notations in the EHR. Facilities or practices should ensure that the design, implementation and utilization of EHR systems does not burden the PA with extra steps to notify the responsible physician and allows physicians to cosign records quickly and conveniently when required. It is also essential that the system does not override the PA’s name and lose the PA’s contribution to care provided if a physician signature is required.

FOR MORE INFORMATION

The [AAPA website](http://www.aapa.org) contains a wealth of additional information about [PA scope of practice](http://www.aapa.org), [team practice](http://www.aapa.org), the [Six Key Elements of Modern Physician Assistant Practice Act](http://www.aapa.org), and much more.

**ABOUT AAPA**

AAPA is the national organization that advocates for all PAs and provides tools to improve PA practice and patient care. Founded in 1968, AAPA represents a profession of more than 115,500 certified PAs across all medical and surgical specialties in all 50 states, the District of Columbia, the U.S. territories and the uniformed services. Visit [AAPA.org](http://www.aapa.org) to learn more.

**REFERENCES**


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