Alabama Board of Medical Examiners

Policy Updates, Procedures, and Proficiencies for Collaborative Practice and Supervisory Agreements

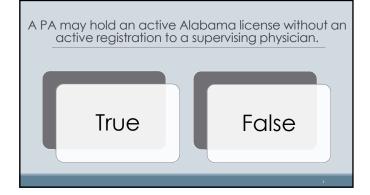
Mission of the Alabama State Board of Medical Examiners and Medical Licensure Commission

"The Alabama Board of Medical Examiners and the Medical Licensure Commission of Alabama are charged with protecting the health and safety of the citizens of the state of Alabama."

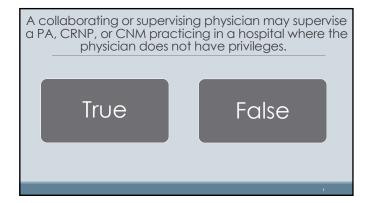
William M. Perkins Executive Director

Kimie Buley Director of Advanced Practice Providers Alabama Board of Medical Examiners www.albme.gov

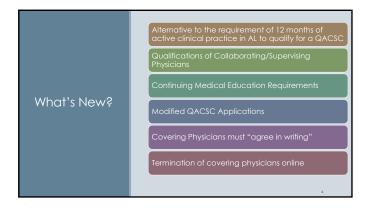




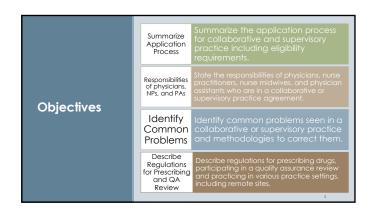




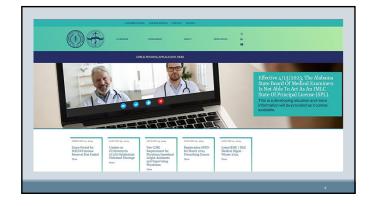










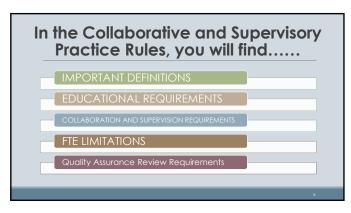






Chapter 540-X-1	Organization and Administration	Chapter 540-X-16	The Practice of Medicine or Osteopathy Across State Lines (Repealed 10/15/22)
Chapter 540-X-2	Definitions	Chapter 540-X-17	Guidelines and Standards for the Utilization of Controlled Substances for Weight
Chapter 540-X-3	Certificate of Qualification	Chapter 540-X-18	Qualified Alabama Controlled Substances Registration Certificate (QACSC) for C Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM)
Chapter 540-X-4	Controlled Substances Certificate	Chapter 540-X-19	Pain Management Sevices
Chapter 540-X-5	Hearings and Appeals		//12/00/22/07 • 02/12/22/20/00
Chapter 540-X-6	Conduct of Hearings in Contested Cases	Chapter 540-X-20	Limited Purpose Schedule II Permit (LPSP)
Chapter 540-X-7	Assistants to Physicians	Chapter 540-X-21	Policy on Data 2000: Guidelines for the Treatment of Opioid Addiction in the Me (Repealed 10/15/2023)
Chapter 540-X-8	Advanced Practice Nurses: Collaborative Practice	Chapter 540-X-22	Joint Rules of the Alabama Board of Medical Examiners and the Medical Licensu Alabama Concerning the Interstate Medical Licensure Compact
Chapter 540-X-9	Miscellaneous	Chapter 540-X-23	Physician Reentry Into Practice
hapter 540-X-10	Office-Based Surgery	Chapter 540-X-24	1 . • • • • • • • • • • • • • • • • • •
Chapter 540-X-11	Guidelines for the Use of Lasers and Other Modalities		Physician Assistant Reentry Into Practice
hapter 540-X-12	Qualified Alabama Controlled Substances Registration	Chapter 540-X-25 Certi	Physician Recommendation of the Use of Medical Cannabis
hapter 540-X-13	Alabama Physician Health Program	Chapter 540-X-26	Collaborative Pharmacy Practice
hapter 540-X-14	Continuing Medical Education	Chapter 540-X-28	Physician Supervision of Athletic Trainers
hapter 540-X-15	Telehealth (Recealed 12/23/15)	Chapter 540-A	Appendices





Terminology!

CRNP	PA
Collaboration	Registration
Collaborative Practice	Supervisory Practice
Collaborating Physician	Supervising Physician

What is a Collaborative or Supervisory Practice?

- A formal relationship between a physician and a CRNP/CNM or PA.
- A collaborative (CRNP/CNM)/registration agreement (PA) is subject to the approved rules as well as written protocols approved by Board of Medical Examiners and Board of Nursing (CRNP/CNM).
- A collaborative/registration agreement provides for medical oversight and direction by the collaborating/supervising physician.
- It includes a detailed job description for the PA and an approved standard protocol for the CRNP/CNM as well as any approved additional skills.
- It requires a quality assurance review plan.

What is a requirement to qualify as a collaborating/supervising physician?

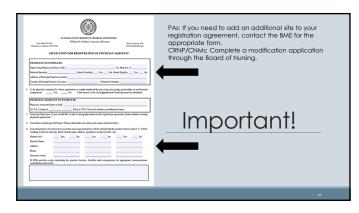
- A. Collaborating/supervising physician has a current Alabama Controlled Substance Certificate
- B. Collaborating/supervising physician has practiced medicine for at least 4 years
- C. Collaborating/supervising physician is board certified
- D. Collaborating/supervising physician has a current, unrestricted medical license in Alabama

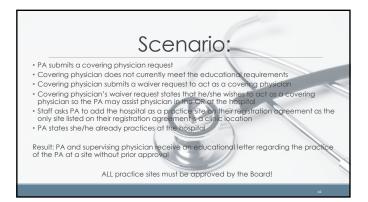
Requirements to Qualify: Collaborating/Supervising Physician

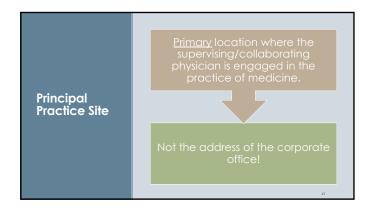
- Current, unrestricted medical license in Alabama Practiced medicine for at least three (3) years ٠
- •
- Practiced medicine for one (1) year and is certified by one or more boards recognized by the American Board of Medical Specialties or the American Osteopathic Association
- Practiced medicine for one (1) year and the collaboration/registration practice site is limited solely to a general acute care hospital, critical access hospital, or a specialized hospital licensed as such by the Department of Public Health

A collaborative/registration agreement may consist of:

- Core Duties and Scope of Practice/ Standard Protocol
- Practice Sites of the PA/CRNP/CNM
- Supplemental Certificate of Employment (PA)
- Approved Formulary for Legend Drug Prescribing
- Covering Physician Agreements
- Disclosure of existing supervisory and collaborative agreements
- Any additional skill requests





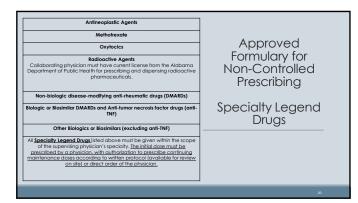


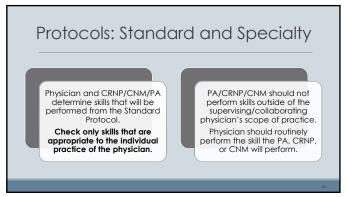
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e. Institute emergen cardiac acrest sho	cy measures and emerg	gency treatme	ent or appropriate	stabilization n	neasures in site Duery where in	ations such as dirated	- E	25.	abscesses. Infusaport (portacath) removal					
f. Provide inst. So caregivers. So	peci	fic	to	ea	ch	Reg	istr	a	tion Ag	gre	em	en	t	
training or course received educatio h. The Board of med	documentation. The s training and compete		tysician and PA m rm the core duty o ing as examples of	ay document i ir skill, f usual and cus	and validate t	at the PA has			Incert and removal of drains (encluding paracentesis, thoracentesis, thoracostomy tube insertion, ventriculostomy					
		Physician Initi	ials indicate Skill lary protocols	Education a	nd Competen Dates Previou				percutaneous drain into body cavity)		<u>, </u>			
\vdash		allowed at	t practice site Not Allowed	Basic PA	N/A = Not ap	picable		-	Intrachecal admin of chemotherapy via ommaya reservoir					
		(Yes)	(NO)	Education	Validation	to be schoduled		29.	Intubation					
1. Administering agents	local anesthetic	-							Laser Protocols for Non-Ablative treatment "Training according to 543-X-11 Guidelines for the	/				
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3. Audiometry// interpretation	d			1					Lumbar Puncture for adult					
3. Audiometry//							. H		patients only Nasal Cautery with Silver Nitrate					





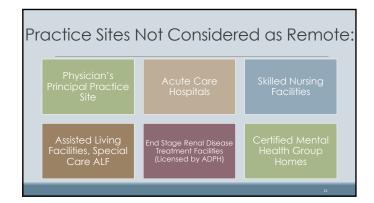
Specific to the NP's: certification • educational training program patient population



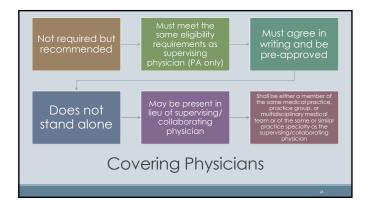


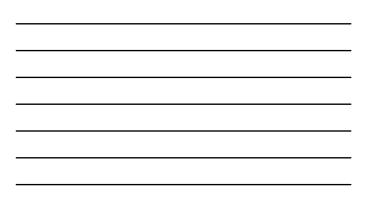
What type of location is a remote practice site?

- A. Physician's principal practice site
- B. Acute Care Hospital
- C. Licensed assisted living facility
- D. Practice site without a supervising or
- covering physician on-site









How to verify current covering physicians:

PA or Supervising Physician: 1. Go to <u>www.albme.gov</u> 2. Select "license search" 3. Select "Search for Licensees" 4. Select license type "RA" 5. Type in PA's first and last name only 6. Select "I'm not a robot" 7. Find RA with applicable supervising physician's name 8. Select printer icon in the "details" column Covering physicians and other details regarding registration agreement will be listed!

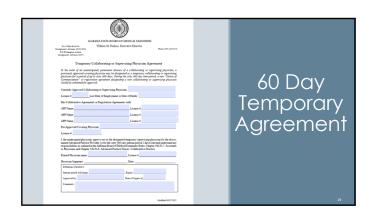
How to verify current covering physicians:

CRNP/CNM or Collaborating Physician: 1. Go to <u>www.albme.gov</u> 2. Select "license search" 3. Select "Search for Licensees" 4. Select license type "CP" 5. Type in collaborating physician's first and last name only 6. Select "I'm not a robot" 7. Find CP with applicable NP's name 8. Select printer icon in the "details" column Covering physicians and other details regarding collaborative agreement will be listed!



In the event of an **unanticipated**, **permanent absence** of a collaborating/supervising physician, a previously approved covering physician may be designated as a temporary supervising/collaborating physician for a period of up to sixty (60) days.

During the **sixty (60) days**, a new commencement or registration application designating a new supervising/collaborating should be submitted for approval.



Scenario # 1 Scenario # 1 Office administrator calls the Board of Medical Examiners. The physician just notified them that he plans to retire in a month. They would like to utilize the 60-day temporary agreement. Scenario # 2 Physician Assistant calls the Board of Medical Examiners with news that their supervising physician is deceased.



Which scenario would allow the 60day temporary agreement to be utilized?

Disclosure of Existing Supervisory and Collaborative Agreements

Out of state collaborations and registrations count towards the allowed 360 hours!

Interim Approval of Registration Agreement

RESTRICTIONS

May continue until application is approved or denied by the Board

Additional requested duties not included

A PA granted <u>temporary</u> approval of their license may not obtain interim approval

Temporary Approval of Collaborative Practice (CRNP/CNM)

• Issued by the Alabama Board of Nursing

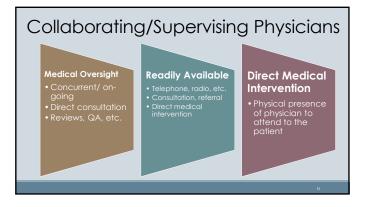
 Limited to the standard protocol and formulary approved by the Joint Committee of the Alabama Board of Nursing and the Board of Medical Examiners and does not include the authority to:

- 1. Perform additional skills as provided in Rule 540-X-8-.10.
- 2. Prescribe drugs that are listed in the standard formulary with "Restrictions."



Collaborating & Supervising Physician:

Responsibilities and Medical Oversight



Minimum Presence Requirements of Collaborating/Supervising Physicians:

Less than 2 years/4,000 hours of registratic collaborative agreement, or enter collaborative agreement, or entering into a neverney stration, physician who has a dissimilar primary specialty than the previous physician: physician must be prevent 10 % of NP/PAs scheduled hours

Greater than 2 years/4,000 hours of experience in a registration/collaborative agreement: Physician must visit remote site no less than twice a year and meet with NP/PA no less than quarterly

What is "QA"?

- a. Quarterly Assurance
- b. Quick Analysis
- c. Qualified Assurance
- d. Quality Assurance

How frequently must Quality Assurance be performed?

a. Daily b. Yearly c. Quarterly

d. Weekly

Scenario

Quality Assurance documentation not readily available at the time of site visit
 However, PA and supervising physician see each other two days a week during

 However, PA and supervising physician see each other two days a week during clinic and discuss specific cases or problems face to face
 In addition, all charts are signed off on

Quality assurance documentation is submitted which appears to be patient charts

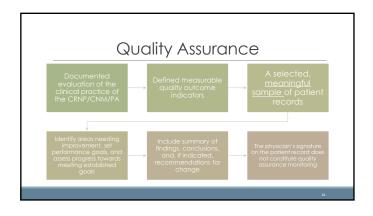
* Staff of BME is unable to identify the quality indicator being reviewed or proof of any discussion

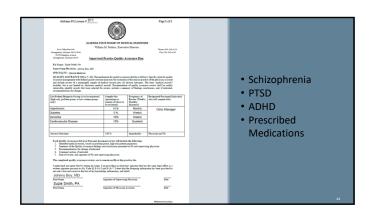
 \ast However, the documentation submitted does have the physician's signature on the patient chart

Is this appropriate QA?

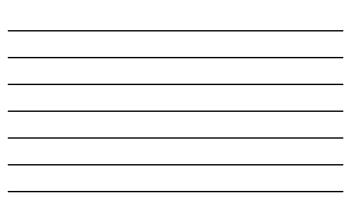
Overview of Medical Oversight Components					
CHART REVIEW	COLLABORATION/SUPERVISION	QUALITY ASSURANCE			
Review of charts is a clinical decision between practitioners	Time spent together in discussion or consultation	Review a <u>meaningful sample</u> of charts against selected <u>outcome indicators</u> with documentation using <u>patient</u> <u>identifier</u>			
Signature of physician on the notes is not required	Time spent in review of Quality Assurance data required quarterly	Data can be pulled by anyone <u>with understanding</u> of the criteria			
Chart review does not constitute Quality Assurance Review	Years of experience determine how much direct collaboration or supervision is required	Quarterly meeting to review the QA data (QA data should be <u>readily retrievable)</u>			
		42			











When performing Quality Assurance, what percentage of adverse events should be reviewed?

a. 10 %

- b. 100 %
- с. 50 %
- d. None

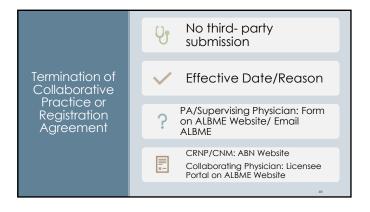
🖺 Quality Assurance- New!

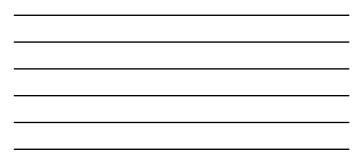
A physician supervising/collaborating with more than four FTEs per week shall engage in documented quality assurance reviews with each PA/CRNP/CNM every month for six (6) months following the collaboration/registration with a new PA/CRNP/CNM.

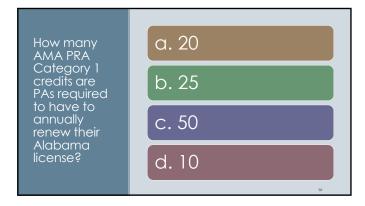
Documentation of any quality assurance review shall be maintained by the collaborating/supervising physician for the duration of the collaborative/supervisory practice and for three years following the termination of the collaborative /supervisory practice agreement.

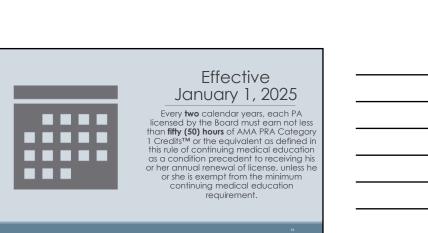


Termination of a Collaborative/Registration Agreement



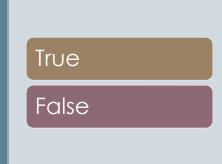






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You are required to annually renew your collaborative practice agreements/ registration agreements.



Physician Assistant License Renewal: October 1st- December 31st

License: \$100

Registration Agreements

Not Renewed

 Should be reviewed each year during renewals to determine if modifications should be made

January 1-31

Able and a provide the second seco

February 1 and thereafter

 February 1 and thereafter, submit a completed renewal application, pay the renewal fee of \$100, and <u>submit proof of completion of the</u> continuing medical education hours required for renewal.

RENEWALS: QACSC, LPSP, and DEA

+Any QACSC and/or LPSP obtained during the calendar year must be renewed annually before 12/31 for the next calendar year

•Renewals for the QACSC and/or LPSP are processed online between 10/01-12/31 www.albme.gov

*The fees are \$60.00 for each QACSC and \$10.00 for each LPSP

•Obtain 4 AMA PRA Category 1 credits every 2 years through a <u>Board approved</u> course/courses

•DEA renewals are processed on the DEA website: <u>www.deadiversion.usdoj.gov</u> every 2-3 years. The DEA will send one email reminder 30 days in advance. The fee is \$888. Please send the BME a copy

	If the collaborating or supervising physician does not renew their medical license, their collaborations and registration agreements will expire when their medical license expires.
Helpful Hints!	If the collaborating or supervising physician does not renew their ACSC, the PA or NP's QACSC/LPSP will expire.
	If the physician's medical license is restricted, suspended, or revoked, they may no longer be eligible to collaborate or supervise.
	Agenda deadlines are important!
	? Ask for help!
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