

Hill Physicians' Criteria Regarding Supervision of Mid-level Practitioners

In an effort to ensure quality of care for our members Hill Physicians Medical Group's Quality Improvement Policy and Procedure # QI:41 has established the following criteria regarding the supervision of mid-level practitioners.

1. A physician should not supervise more than the equivalent of two full time mid-level practitioners positions and not exceed California regulations of supervising 2 Physician Assistants and 4 Nurse Practitioners.
2. A supervising physician should assure that mid-level practitioners are not providing care that is beyond a mid-level practitioner's education, experience, knowledge, or ability.
3. The supervising physician should be in the treating facility 50% of the time when the mid-level practitioner is providing care. When the supervising physician is not in the treating facility while the mid-level practitioner is providing care, then the supervising physician should be immediately available by electronic communications.
4. The supervising physician should assure that mid-level practitioners are not functioning autonomously. The supervising physician has the responsibility to follow the member's progress of care through the following activities:
 - There should be adequate oversight when a member is referred to a specialist or is likely to be hospitalized
 - The physician should see any member who has an unplanned return to the office within 72 hours for the same illness or complaint.
 - The physician should see any member who is not improving as expected, especially after 2 visits.
 - The physician should see any member who is suspected of having an unexpected outcome in response to a treatment plan.
 - The physician should see any member when the mid-level practitioner acknowledges uncertainty about management.
 - The physician should see any member when signs or symptoms with differential diagnosis for which failure to recognize and treat can lead to serious, near-term morbidity.
 - Any member who refuses the treatment recommended by the mid-level practitioner should be offered an opportunity to see the physician.
 - The physician should see any member who demands to see the supervising physician.
 - The physician should see any member in which there is a contentious issue.
 - The physician should at least annually review the medical records of any member with a chronic disease that is managed by the mid-level practitioner.
5. According to California regulations, adequate supervision would be demonstrated by one of the following:
 - The physician sees the members the same day that they are treated by the mid-level practitioners.

- The physician reviews, signs and dates the medical record of every member treated by the mid-level practitioner within thirty days of the treatment.
 - The physician adopts written protocols which specifically guide the actions of the mid-level practitioner. The physician must then select, review, and sign at least 10% of the medical records of members treated by the mid-level practitioner according to those protocols within thirty days.
 - In special circumstances, the physician provides supervision through additional methods which must be approved in advance by the California regulatory agency for the specific mid-level practitioner.
6. Hill Physicians requires that supervising physicians have an annually signed and updated written Delegation of Service Agreement for each mid-level practitioner. The Delegation of Service Agreement should have written protocol that reviews mid-level practitioner oversight procedures and includes at minimum:
- Legal licensure obligations
 - Prescribing practices
 - Chronic disease management
 - Acute illness management.

(note: Sample Delegation of Services Agreements can be found on : www.physicianassistant.ca.gov)

7. Written mid-level practitioner protocol for acute illness management should include conditions for physician involvement as applicable to the supervising physician's practice.

Quality Improvement staff will monitor compliance with the supervision of mid-level practitioner criteria through the credentialing/re-credentialing process for providers, through random audits of physician's records and policies, and/or through the investigation of any quality of service or quality of care regarding treatment provided by mid-level practitioners