Message from the WAPA President
by Lyle Larson, PhD, PA-C

When I began my tenure as WAPA President in July 2016, I asked you to let us know what, if any, issues and/or barriers you were experiencing in your own practices. We at WAPA believed we needed to do this on a state level in a manner similar to the national movement by the AAPA. As expected, you identified several issues, and a common theme emerged.

Most of you are aware that AAPA developed a Task Force to study the practice environment on a national level in what was initially called Full Practice Authority and Responsibility (FPAR). The four pillars of FPAR included a continued commitment to a team concept, elimination of the supervisory role of physicians, development of an independent state licensing board for PAs, and direct and equal billing for PA provided services. Following analysis of the national survey by the AAPA, FPAR was modified to become Optimal Team Practice (OTP). The concept was adopted as policy and was modified to become Optimal Team Practice (OTP). The concept was adopted as policy and passed unanimously at the AAPA House of Delegates at the national meeting in May. (See the report by chief delegate Monica Morrison, PA-C, DFAAPA, elsewhere in this newsletter.)

The newly adapted policy of OTP by AAPA does not immediately grant us authority to change our practices. To do so, we would need to change state law, and this process takes time. We must study the data on barriers to PA practice, document employer/employment discrimination, identify workforce/patient access issues, and look for anti-trust issues like those identified in North Carolina. The issues are complex, and the solutions are far reaching.

Here in Washington, WAPA formed a Task Force at our board meeting in January to specifically focus on this issue. The Task Force developed and distributed our own survey to all licensed PAs in the state to ascertain their perceptions regarding this important topic. The results were overwhelmingly supportive. Kate White Tudor, JD, WAPA lobbyist, Michelle Mathews, Deputy Executive Director of the Medical Quality Assurance Commission (MQAC), and I discussed the results of the survey at the spring WAPA conference. For those of you who did not attend the spring conference, the results were as follows:

- Do you believe PAs face barriers obtaining employment under current law in Washington? • 58.8% said yes.
- Do you believe PAs face barriers to clinical practice under current law in Washington? • 64% said yes.

Would you support removing the requirement to have a delegation agreement on file with the Medical Quality Commission to practice as a PA in Washington? • 79% said yes.

Would you support removing the requirement of a supervising physician to practice as a PA in Washington? • 68% said yes.

Would you support WAPA working to draft legislation to remove delegation and supervision requirements? • 79% said yes.

The survey also asked for your comments, and boy did you respond! We received over 300 comments with a significant number identifying tangible and disturbing examples of barriers to employment, unfair competition with other health care providers, and erroneous perceptions regarding our ability to practice as PAs.

In addition to our presentation at the WAPA spring conference, I’ve met with the CEO of the Washington State Medical Association (WSMA) and with their Executive Committee to discuss the concept of Full Practice Authority and Responsibility (now Optimal Team Practice). These meetings were well received, and the medical association has requested a thoughtful policy discussion with “adequate time to elicit input from all stakeholders.”

AAPA HOD Passes Policy on Optimal Team Practice—2017 HOD report

by Monica Morrison, PA-C, DFAAPA | Chief Delegate, Washington Academy of Physician Assistants

The 2017 session of the House of Delegates hosted one of the most lively and ground breaking sessions in recent, and possibly remote history. Our Washington delegation performed well as we tried to understand, rework, and ultimately pass land mark policy that will guide practice and policy as we move our profession forward on its 50th year anniversary.

Optimal Team Practice: Modernizing PA Practice Laws

The product of over a year of work by a task force mandated by last year’s HOD, Optimal Team Practice policy (HOD Resolution A07) proposed the removal of requirement for a supervising or collaborating physician practice agreement in order for a physician assistant to practice. The PA Education Association expressed concerns about what additional requirements might be asked of students entering the workforce. Other delegates expressed concerns regarding how this might affect certification requirements from NCCPA. Testimony lasted for two days! We reworked and reworded the final policy until all stakeholders felt that they could endorse this policy, which then passed the house almost unanimously. I was impressed that so many PAs from divergent interests and concerns and practice settings came together and worked on a solution.

It should be noted that while we now have an official AAPA policy regarding these practice requirements, this is not law or a mandate, but rather a position and set of guidelines for states to review and implement as seen as necessary. More information on Optimal Team Practice and a link to ‘Guidelines for State Regulation of PAs’ can be found at the following URL: https://news-center.aapa.org/otp/

Other Positions and Policy Concerns at AAPA

While Optimal Team Practice was the scene...
How to talk about optimizing PA practice in Washington State
by Kate White Tudor, JD

Kate White Tudor, JD

PAs face barriers in the healthcare marketplace
Washington PAs have spoken clearly—a majority believe there are barriers to PAs getting jobs and working at the top of their licenses. Because nurse practitioners can work without delegation agreements or supervision, employers find them easier to hire and manage. Physicians are more likely to be employed than employers—this means they no longer have the incentives they did in the past to accept the burden and liability of PA supervision.

PAs are exploring legal changes to make it easier for physicians to work with PAs
The Washington Academy of PAs has met with both the WSMA and the Washington State Medical Quality Assurance Commission to assure early career PAs and PAs switching to new specialties would practice in teams with physicians and be supervised just like anyone starting a new job. Like now, the PAs’ scope of practice would be determined at the practice level consistent with the PAs education, training, and experience.

Start the conversation
Now that we have invited our Medical Commission and Medical Association to work with us to develop a mutually beneficial proposal for change, we encourage PAs to start the conversation closer to home. Ask your colleagues about their thoughts and ideas. If you work with physicians who feel strong support for change, ask if they would be willing to work with us to achieve it. Please let WAPA know about the physician and PA champions you identify who can help us make this happen.

President’s Message continued
Kate White Tudor and I also met with the Medical Commission regarding the concept of changing our practice plans here in Washington. And most recently, the Medical Commission voted to send a letter to WSMA and WAPA proposing a collaborative effort between the three organizations (WAPA, WSMA, and MQAC) to study the issue of OTP and develop and implement mutually beneficial changes to Washington state law. I think it’s fair to say that all three bodies recognize there are concerning issues regarding PA practice in this state.

So, we’re working very hard on this with all the key stakeholders. Our physician colleagues are interested in hearing what we have to say. We at WAPA are optimistic that we can find compromise among the three organizations that improve our ability to practice at the top of our license and remove some of the unnecessary “red tape” that burdens PA practice in Washington state.

AAPA HOD Report continued
stealer during this HOD, we also voted on and passed resolutions that addressed routine vaccination for HPV, PA response to HCV as an epidemic, and policies on specialty certifications, and positions on the recertification process. We also amended policies on medical staff bylaws and credentialing and privileging of PAs, the role of PAs in retail health clinics, and the importance of PAs in executive leadership and elected office.

The AAPA HOD remains at an impasse with NCCPA regarding recertification as NCCPA continues to try to find solutions to current discontent with the high stakes exam process. We heard contentious testimony from PAs regarding NCCPA lobbying in various states about the requirements of certification to maintain state licensure. Delegates representing constituencies from West Virginia and Illinois offered compelling statements condemning NCCPA lobbying efforts to block state legislation that would uncouple recertification as a requirement for license renewal. The HOD approved a policy to oppose NCCPA lobbying efforts that were not in concert with AAPA or its constituencies (HOD Resolution C13). WAPA continues to monitor these efforts and is committed to maintaining dialogue with NCCPA as they reevaluate their engagement in PA state regulation.

Thank You For the Opportunity to Represent Washington’s PAs

The move toward OTP is historical for our 50-year-old profession. This may prove to be the grandest transition for PA practice since its inception. In my 35 years of practice as a PA, I’ve haven’t seen anything that matches its importance. We at WAPA are proud to be at the forefront of this transition, and are grateful to have a collegial relationship with our physician colleagues at WSMA and MQAC. Stay tuned and be involved. We’re in for a very exciting ride!

WAPA 2001 Sixth Avenue, Suite 2700 Seattle, WA 98121 www.WAPA.com wapa@WAPA.com 206-956-3624