

## **NYSSPA Optimal Team Practice Position Statement**

In May 2017, AAPA adopted new policy, often referred to as Optimal Team Practice (OTP), which will make a profound difference in expanding access to care and aligning the PA profession to meet modern healthcare needs.

The new policy, which is reflected in changes to AAPA's Guidelines for State Regulation of PAs, emphasizes PA's commitment to team-based care and includes recommended changes to state and federal laws and regulations.

The new policy calls for laws and regulations that:

- Emphasize PA's commitment to team practice
- Authorize PAs to practice without an agreement with a specific physician—enabling practice-level decisions about collaboration;
- Create separate majority-PA boards to regulate PAs, or give that authority to healing arts or medical boards that have as members both PAs and physicians who practice with PAs; and
- Authorize PAs to be transparently reimbursed by all public and private insurers.

PAs are well respected healthcare providers educated and trained to practice medicine. One of the original intents of the PA profession was to provide primary care services for underserved populations in rural settings. The types of services PAs now provide have seamlessly evolved with the evolution of medicine with the support of our physician colleagues. This unique Physician-PA model has always enjoyed and benefited from a strong collaborative relationship. The PA profession has always and will continue to believe in team practice.

Optimal team practice (OTP) promotes the ability for PA's to remain competitive in the ever-changing healthcare marketplace while continuing their professional relationship with physicians. Today it has become increasingly restrictive for PAs to work. Fewer and fewer physicians own their own practices, and many have become hospital or corporate employees; PAs frequently manage patients of multiple physicians on any given day. The requirement to have a supervisory relationship between a PA and a physician limits the ability of PAs to practice to the full extent of their training, restricts access to care for patients and creates unnecessary administrative burdens on physicians. In inner city and rural areas, there may not be enough willing or available physicians to supervise PAs, again limiting access to healthcare. With the supervisory burden and amount of paperwork involved, physicians have become more reluctant to serve in a supervisory role. This has become restrictive for the practice of medicine for PAs and hinders access to health care in hospitals and outpatient settings throughout New York.

PAs are trusted members of the healthcare team and have demonstrated their ability to improve patient access, provide quality care and control costs. They increase efficiencies while always improving patient outcomes and patient safety. OTP strives to support that degree of collaboration while enabling PA's to remain competitive in this everchanging healthcare market. Elimination of the supervision requirements



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at the state level would allow each Physician/PA team to develop their own, mutually acceptable collaborative practice environment while maintaining a mutual, professional relationship.

PAs need to remain competitive and cannot be isolated by some of the preferential marketplace hiring practices that occur today. The PA profession must continue to grow and strengthen the team based model in every clinical discipline and in every healthcare setting. OTP will give PAs and physicians the flexibility to adapt to the future marketplace environment in New York and move forward as a team, allowing quality access to care for New Yorkers without jeopardizing physician/PA collaboration.