

Supervising Provider Template letter

Date:

To Whom It May Concern:

_____, has been employed by _____ under the supervision of
(NAME OF SUPERVISING MD) _____, License number _____.

Primary care services may be provided by a licensed physician assistant or nurse practitioner to children, adolescents, adults, and geriatric patients. Services provided may include:

_____.

As primary supervising physician, _____, License # _____ I agree to:

- A. Be available for face to face or telephone consultation, collaboration and necessary referrals during office hours
- B. Meet periodically to discuss clinical issues
- C. Be available for supervision as defined in the protocol for management of clinical problems, evaluation of care and improvement of patient outcomes.

As physician assistant or nurse practitioner, _____, License # _____ I agree to:

- A. Utilize mutually developed practice protocols, and consult and collaborate on clinical problems and refer as needed
- B. Prescribe medications from the formulary and consult when needed for those medications not approved in the formulary
- C. Maintain a record of consultations
- D. Document and maintain a record of supervision

Dr. (ENTER NAME) _____ and (ENTER PA/NP NAME) _____ agree to the ongoing development of this relationship and evaluation formally and informally. The objective, practice goals, protocols, and details of the supervisory arrangement will be reviewed on a yearly basis.

Dr. (ENTER NAME) _____ and (ENTER PA/NP NAME) _____, as parties to the supervisory arrangement, are responsible and accountable for performing in accord with the supervisory arrangement and within their separate and distinct scopes of practice.

Agreed to by: _____
Signature of DOCTOR

Signature of Physician Assistant

APPROVAL DATE: _____

REVIEW DATE: _____

PROTOCOLS FOR SUPERVISORY ARRANGEMENT

A. Availability of supervising physician

The primary supervising physician is available on a continuous basis during Physician Assistant working hours. This can be done by direct communication or telecommunication. In the absence of the primary supervising physician, a backup supervising physician will be available.

B. Populations treated

C. Specific duties include but are not limited to:

- Regularly scheduled hours of work
- Health assessments
- Documentation of assessment/evaluation findings
- Medication evaluation for returning patients
- Interpretation of assessment and diagnostic findings
- Establish diagnoses and formulation of treatment plan and recommendations
- Prescribe medications and prescribing treatments and any other therapeutic measures
- Dispense samples for all formulary categories
- Order laboratory, EKG, and other diagnostic tests
- Counsel education and guide patients and families on various aspects of illness, their treatment and other resources available to them
- Refer to other health care providers for medical consultation as appropriate
- Plan for situations beyond the control and expertise of the NP/PA
- Evaluation the success and appropriateness of services provided and health outcomes
- Other duties as may, from time to time, be assigned by the primary supervising physician

PRESCRIBING MEDICATIONS

*Controlled substances may be prescribed and ordered as allowed by the Medical Board of California. The PA/NP will be responsible for maintaining an assigned DEA license.

Any form or combination of the checked generic classes of medications may not be prescribed, ordered, or dispensed:

- | | |
|--|---|
| <input type="checkbox"/> All antipsychotic medications | <input type="checkbox"/> All mood stabilizers |
| <input type="checkbox"/> All antidepressant medications | <input type="checkbox"/> All antiparkinson agents |
| <input type="checkbox"/> All benzodiazepines | <input type="checkbox"/> All hypnotics |
| <input type="checkbox"/> All stimulants | <input type="checkbox"/> All thyroid supplements |
| <input type="checkbox"/> All alpha adrenergic agonists | <input type="checkbox"/> All antihistamines |
| <input type="checkbox"/> All medications available for treatment of tremors | <input type="checkbox"/> All medications available for ADHD treatment |
| <input type="checkbox"/> All medications available for treatment of dementia | <input type="checkbox"/> All trimonoamine modulators |
| | <input type="checkbox"/> All nutritional Supplements |

Other medications as appropriate for the treatment of medical conditions as indicated with the collaboration of the supervising physician.

PREDETERMINED PLAN FOR EMERGENCY SERVICES

1. Immediate consultation with primary supervising physician or backup physician if necessary
2. If the situation is life-threatening, law enforcement or emergency medical services will be called
3. Family members or another contact person may be contacted to arrange for transportation for treatment or evaluation when needed

QUALITY IMPROVEMENT

1. Meetings for supervision will be scheduled monthly for the first six months (DATES)_____. Then supervision meetings will be held every six months and more frequently as needed.
2. Clinical problems will be discussed. This will include a review of _____ cases representative of the clinical problems treated. Discussion will consist of interventions used, response and progress toward goals and or a plan to improve outcomes.
3. Documentation of the meetings including the discussion and ways to improve practice and outcomes will be maintained. This will be signed by both the supervising physician and the PA/NP.
4. The supervisory arrangement will be reviewed yearly during supervision.
5. The physician assistant and the supervising MD will meet at other times as needed to review clinical problems, interventions and treatment issues of patients.

PHYSICIAN ASSISTANT-PHYSICIAN SUPERVISION

Occurs by various modes:

1. Direct consultation with PA and patient
2. Verbal reporting with presentation, consultation, and review of individual patient treatment and outcomes
3. Review of clinical records, plans of treatment and face to face conferences as needed regarding assessment, treatment, and outcomes of patients.