

Physician Assistant Collaborative Agreement

THIS COLLABORATIVE AGREEMENT ALLOWS A PHYSICIAN ASSISTANT LICENSED BY THE COLORADO MEDICAL BOARD PURSUANT TO SECTION 12-240-113 TO PERFORM ACTS WITHIN THE PHYSICIAN ASSISTANT'S EDUCATION, EXPERIENCE, AND COMPETENCY THAT CONSTITUTE THE PRACTICE OF MEDICINE AND ACTS THAT PHYSICIANS ARE AUTHORIZED BY LAW TO PERFORM TO THE EXTENT AND IN THE MANNER AUTHORIZED BY RULES PROMULGATED BY THE BOARD, INCLUDING PRESCRIBING AND DISPENSING MEDICATION, INCLUDING CONTROLLED SUBSTANCES.

Physician assistant: _____ CO License Number: _____

Collaborating Physician or Physician Group: _____

CO License Number: _____

Physician assistant's Primary Location of Practice: _____

Today's Date: _____

Date of Hire: _____

This agreement is kept on file at the physician assistant's primary location of practice and will be made available to the Colorado Medical Board upon request.

I. Collaboration Process

Define the process by which the physician assistant and collaborating physician or physicians within the group communicate and make decisions concerning patients' medical treatment. This process should utilize the knowledge and skills of the physician assistant and the supervising physician based on their respective education, training, and experience.

Physician assistants will collaborate with physicians within the group practice based on progressive acquisition and maintenance of medical knowledge, skills, and evidenced based decision making. Collaboration includes access to synchronous and asynchronous communication with a collaborating physician in-person and/or via technology to support acquisition of medical knowledge, skills, and decision making. The on-call physician is also available to the physician assistant in emergency situations. Additionally, physician assistants require physician co-signature per NJH policy (Guidelines for Advanced Practice Providers). Additional requirements are as follows:

- **New graduate or new to practice physician assistant with less than 5000 hours experience, or less than 3000 hours in new practice area:**
 - Comprehensive evaluation with their collaborating physician at 3, 6, and 12 months, then annually.
 - Minimum of first 160 hours of practice supervision with collaborating physician in person or via technology.
 - New graduate physician assistants require physician co-signature of first 75 encounters.

- Physician assistants new to a specialty require physician co-signature of first 25 encounters.
- **Experienced physician assistant with greater than 5000 hours of experience, or greater than 3000 hours in new practice area:**
 - Comprehensive evaluation with their collaborating physician at 6 and 12 months, then annually.
 - Physician assistants new to NJH require physician co-signature of first 25 encounters.

II. Additional Conditions

Define additional conditions, if any, concerning specific duties, procedures, or medications.

III. Description of the Performance Evaluation Process

Collaboration will include evaluation of clinical/professional competencies using the following methods. Select all that apply (select minimum of two competencies and two methods of evaluation):

Clinical competency & evaluation method	Co-management of patients	Direct observation	Chart review (must document MRN)	Feedback from patients or providers
Performs comprehensive history and physical exam				
Demonstrates appropriate medical knowledge				
Orders, interprets, and integrates results of diagnostic tests				
Documents encounters accurately				
Communicates effectively with patients and team members				
Demonstrates high quality procedural skills				

IV. Applicability of Supervisory Agreement (select one)

_____ The physician assistant has completed more than 5000 hours of practice, more than 3000 hours of practice in a new practice area and does not work in an emergency department of a hospital that is a Level I or Level II trauma center Sections V and VI are not required. The parties may sign this Collaborative Agreement without completing Sections V (Additional Elements of the Collaborative Agreement) and VI (Termination of Section V) of this Collaborative Agreement.

_____ This physician assistant has completed less than 5000 hours of practice, less than 3000 hours of practice in a new practice area, and/or does work in an emergency department of a hospital that is a Level I or II trauma center. Section V and VI are required. The Collaborative Agreement is required to serve as a Supervisory Agreement. Proceed to and complete Sections V (Additional Elements of the Collaborative Agreement) and Section VI (Termination of Section V) of this Collaborative Agreement.

V. Additional Elements of the Collaborative Agreement

a. Describe the physician assistant’s expected area of practice: _____

Department: _____

Division: _____

Patient population: _____

Scope of practice: (patient management responsibilities, procedures, etc.)

b. Describe the means of collaboration for the first 160 hours, in-person or through technology:

Check all that apply:

- Shadowing of physician
- Direct observation and co-management
- Collaboration around medical decision making
- Case presentation
- Other: _____

c. Describe the expectations for when and under what circumstances the physician assistant will collaborate with the physician or physician group:

- PHYSICIAN ASSISTANTS with less than 5000 hours experience, or less than 3000 hours experience in new specialty: collaboration with every patient encounter during initial 160 hours, then progressive autonomy with patient care decisions based on demonstrated acquisition of knowledge, skills, and medical decision making. Supervision is expected with new clinical exposures to support medical decision making.
- PHYSICIAN ASSISTANTS with greater than 5000 hours experience, or greater than 3000 hours experience in new specialty: progressive autonomy with patient care decisions, collaboration expected with questions or new clinical exposures to support medical decision making.

- Other: _____

d. Describe the expected methods and models of communication and collaboration (check all that apply):

- Co-management
- Case presentation and joint medical decision making
- Chart review and discussion
- Phone or video conference
- Text/instant messaging
- Email communication
- Other: _____

e. Describe other pertinent elements of collaborative, team-based practice applicable to the physician assistant's practice or established by the physician assistant's employer: _____

f. Completion of performance evaluations and discussions:

1. Six-month performance evaluation and discussion:

Date of Completion: _____ Physician assistant signature: _____

Physician or Physician Practice Group Representative signature: _____

2. Twelve-month performance evaluation and discussion:

Date of completion: _____ Physician assistant signature: _____

Physician or Physician Practice Group Representative signature: _____

3. Describe the schedule for ongoing performance evaluation and discussion:

- Physician assistants undergo an annual evaluation by their collaborating physician and their administrative supervisor.
- Other: _____

Date of completion: _____ Physician assistant signature: _____

Physician or Physician Practice Group Representative signature: _____

VI. Termination of Section V, Additional Elements of the Collaborative Agreement (select one)

_____The physician assistant has completed fewer than 5,000 practice hours and is not practicing in the emergency department of a hospital with a Level I or Level II trauma center. The requirements in Section V will automatically terminate upon the physician assistant’s completion of 5,000 practice hours.

_____The physician assistant is changing practice areas and has fewer than 3,000 practice hours in the new practice area. The requirements in Section V will automatically terminate upon the physician assistant’s completion of 3,000 practice hours.

VII. Updates to the Practice Agreement.

If the terms and/or conditions of this Collaboration Agreement change, the Collaboration Agreement shall be updated, and both the physician assistant and the collaborating physician shall sign and date it.

Signature of Physician assistant

Date

Signature of Supervising Physician

Date