

## PROTOCOL FOR PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES

### **1. POLICY**

Advanced Practice Nurses (APN) and Physician Assistants (PA) contracted with or employed by Community Mental Health Center will be delegated prescribing privileges by supervising physicians through this protocol, in compliance with these references: Texas State Board of Medical Examiners; Texas Occupations Code, Chapters 157, 204; Texas Administrative Code Chapters 185, 193. For the purpose of this procedure, all delegating and supervising physicians are required to be board eligible or board certified psychiatrists.

### **2. PURPOSE AND SCOPE**

The purpose of this document is to describe the scope of practice for the Physician Assistant (PA), and/or Advanced Practice Nurse (APN) signing this procedure when providing care for patients of Community Mental Health Center, physician primary practice locations, contracted facility based practices and alternate practice sites. It also serves as written authorization for the PA or APN to initiate medical aspects of patient care and to carry out or sign prescription drug orders, under the supervision of a physician. A physician must apply online to the Texas State Board of Medical Examiners when the intent is to supervise a PA or APN and be accepted in order to be considered a primary supervising physician. The Signature Page (**Page 8**) will be used to document locations where prescriptive privileges have been delegated. This document is intended to provide authority and a plan for use with presenting patients prior to examination or evaluation by an APN or PA, to ensure that an examination is carried out correctly. It is distinct from specific orders written for a particular patient.

This protocol is not intended to describe the exact steps that a PA or APN must take with respect to each specific condition, disease, or symptom. It is intended to promote the exercise of professional judgment by the APN or PA, commensurate with the education and experience of that person. This protocol is not intended, and does not authorize, the exercise of independent medical judgment or treatment by the APN or PA.

The acts covered by this protocol apply to licensed Physician Assistants and Advanced Practice Nurses, working in Community Mental Health Center outpatient clinics and crisis programs or other contracted settings. No other special licensing or training is required for the acts covered in this protocol.

### **3. DEVELOPMENT**

This protocol will be developed, amended, reviewed, and approved on an annual basis or as necessary by the Community Mental Health Center Medical Director, supervising physicians, APN's, and PA's. The Signature Page will be completed at the time of approval (**Page 8**).

The physician shall also maintain a permanent record of all protocols the physician has signed, showing to whom the delegation was made and the dates of the original delegation, each annual review, and termination. These protocols will be maintained at the Community Mental Health Center Quality Management office or the office of the Medical Director.

### **4. PROTOCOL**

ADULT PSYCHIATRY. **Kaplan and Sadock's Synopsis of Psychiatry, Behavioral Sciences, Clinical Psychiatry, 6<sup>th</sup> edition (or later)** and any applicable algorithm or guidelines developed or in process of development by the Texas Department of State Health Services (<http://www.dshs.state.tx.us/mhsa/medicaldirector/>).

CHILD AND ADOLESCENT PSYCHIATRY. **Child and Adolescent Clinical Psychopharmacology, Third Edition** (or later), most recent **Practice Parameters** published in the Journal of Child and Adolescent Psychiatry, and any applicable algorithm developed or in process of development by Texas Department of State Health Services (<http://www.dshs.state.tx.us/mhsa/medicaldirector/>).

DEVELOPMENTAL DISABILITIES. Applicable algorithms or textbooks as noted above, and "Treatment of Psychiatric and Behavioral Problems in Individuals with Mental Retardation: An Update of the Expert Consensus Guidelines;" Aman, Crismon, et al; 2004 draft; distributed by Department of Disability and Aging clinical staff.

The protocol will be accessible, by hard copy or electronically, to the PA and APN at all times.

**5. APPROVED SCOPE OF PRACTICE FOR LICENSED PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES**

A licensed PA or APN employed contracted by Community Mental Health Center is authorized under this protocol to provide primary psychiatric care services to clients of Community Mental Health Center as outlined in the position description or contract.

The APN or PA is authorized to provide the medical functions described below, which is not intended to be an exhaustive description of the PA's or APN's practice, but rather illustrative of the types of medical functions the APN or PA is authorized to perform under his/her license.

- A) Establish psychiatric diagnoses and determine a plan of care for short-term psychiatric problems, chronic stable psychiatric problems and/or exacerbation of chronic psychiatric problems. The APN or PA at Community Mental Health Center works as part of a comprehensive mental health treatment team and performs comprehensive psychiatric assessments, including the accurate utilization of diagnostic categories according to the latest Diagnostic and Statistical Manual of Mental Disorders. The PA or APN assesses and initiates treatment for adults and children with psychiatric disorders; determines the medical necessity of mental health services; works collaboratively with other mental health care providers.
- B) Order and interpret routine diagnostic studies, to include, but not limited to: blood chemistries, liver function tests, thyroid function tests, serum pregnancy tests, CBC, and therapeutic drug levels.
- C) Refer patients to appropriate licensed physicians, clinics, or other health care providers for the purposes of chronic management or consultation as deemed necessary by the PA or APN. Immediate physician consultation or referral will be made when acute psychiatric problems of a complex nature are identified by the APN or PA based on the person's judgment and experience.
- D) In an emergency, the PA or APN may provide care to stabilize a patient's condition and prevent deterioration of a patient's condition that otherwise would be beyond the scope of this protocol.
- E) Write prescriptions at authorized locations, as indicated in **Section 7**. Consistent with the PA's or APN's practice and functions described above, the PA or APN can write prescriptions for all categories of dangerous drugs and medical devices including, but not limited to, antipsychotics, antidepressants, anxiolytics, mood stabilizers, other medications indicated for psychiatric use, and medications which have been shown to be of clinical utility in the management of psychiatric disorders and on Community Mental Health Center formulary. The supervising physician may issue verbal or written orders authorizing the PA or APN to call a prescription into a pharmacy, or to enter the order into the patient's chart. Prescriptive authority is limited to drugs and medical

devices requiring a prescription for dispensing. Up to a 90 day supply may be prescribed, and refills are limited to three.

A physician may delegate the carrying out or signing of prescription drug orders for a controlled substance only if the PA or APN has been issued a valid DEA certificate, and:

- a) the prescription is for a controlled substance listed in Schedules III, IV, or V as established by the commissioner of public health under Chapter 481, Health and Safety Code;
  - b) the prescription, including any refills, is for a period not to exceed 90 days;
  - c) with regard to a prescription for a child less than two years of age, the prescription is made after consultation with the delegating physician and the consultation is noted in the patient's chart.
- F) Take personal and medical histories, and perform any necessary physical exams, mental status exams, and Abnormal Involuntary Movement Scales (AIMS).
  - G) Perform the psychiatric and/or medical evaluation required for hospital admission. The actual order to admit must come from a duly authorized admitting physician; however, the admitting physician may rely upon the results of the PA's or APN's examination and assessment as clinically appropriate.
  - H) Advise patients about both beneficial and adverse effects of medication treatment as well as potential alternative treatments. Provide patient or family education related to disease state and treatment.

## **6. RESPONSIBILITIES AND FUNCTIONS**

- A) For non-facility based settings, the PA or APN will document accurate and detailed information regarding each patient visit in the patient record. Any medications administered, prescribed, or provided is to be documented on the designated form. All documentation is to be in accordance with the Community Mental Health Center policies and procedures related to Medication

Services. In facility-based settings, documentation guidelines will be provided at the direction of the facility's medical director or other staff designated to provide such information.

- B) The PA or APN is responsible for contacting his or her supervising physician as soon as possible but within one hour when circumstances that require the independent medical judgment of a physician. This includes any situation requiring skills beyond the education, training, or experience of the PA or APN. The supervising physician(s) will be available by phone or on site.
- C) A record of the distribution of prescriptive drug samples must be kept. All sample labeling must be in accordance with the Texas Dangerous Drug Act. The physician assistant or APN may sign the request for prescriptive drug samples and receive, possess and distribute these samples in clinics where a physician's co-signature is not required (under served areas, alternate practice sites, and primary practice locations).

## **7. SUPERVISION AND COMPETENCY EVALUATION**

- A) A delegating physician or supervising physician as described below must have completed and submitted as instructed the appropriate online application for delegation of prescriptive privileges to a Physician Assistant or APN:

(<http://www.tmb.state.tx.us/professionals/physicians/delegatingPrescriptiveAuthority.php>)

and be designated as such by the Texas State Board of Medical Examiners. In the absence of the primary supervising/delegating physician, an alternate supervising physician may be designated as per Board Rule (see **Section 8**). The physician may delegate to the PA or APN the act of administering, providing, or carrying out or signing prescription drug orders, as authorized by this procedure.

1. PRIMARY PRACTICE SITE. The primary practice site of a supervising physician includes:
  - a. the practice location of a physician at which the physician spends the majority of the physician's time,
  - b. the residence of an established patient,
  - c. another location at which the physician is physically present with the PA or APN and/or .
  - d. a location where a PA or APN who practices on-site with the physician more than 50 percent of the time and in accordance with board rules provides:
    - i. health care services for established patients;
    - ii. without remuneration, voluntary charity health care services at a clinic run or sponsored by a nonprofit organization; or
    - iii. without remuneration, voluntary health care services during a declared emergency or disaster at a temporary facility operated or
    - iv. sponsored by a governmental entity or nonprofit organization and established to serve persons in this state.

A physician will provide continuous supervision at primary practice sites. This does not require the constant physical presence of the physician. If the physician is not physically present, telephone contact with the supervising physician or alternate supervising physician (see **Section 8**) shall be available. The PA or APN may prescribe only for patients with whom the delegating physician has established or will establish a physician-patient relationship, but this does not require that the physician see the patient within a specified period of time.

2. SITE SERVING A MEDICALLY UNDERSERVED POPULATION. The delegating physician (or alternate supervising physician): is to receive a daily status report from the PA or APN on any complication or problem encountered, is available through direct telecommunication for consultation, patient referral, or assistance with a medical emergency, and is on-site to provide medical direction and consultation at least once every 10 business days during which the APN or PA is on-site providing care. The physician is to review with the PA or APN case histories of patients with problems or complications encountered, personally diagnose or treat patients requiring physician follow up, and verify that patient care is provided by the clinic in accordance with the Community Mental Health Center Quality Management Plan by randomly reviewing and countersigning at least 10% of patient charts. See **Page 9-10**.
3. ALTERNATE PRACTICE SITE. An alternate practice site means a site where services similar to the services provided at the delegating physician's primary practice site are provided and is located within 75 miles of the delegating physician's primary practice site or residence. Physician supervision requires that the physician be on site with the APN or PA at least 10% of the hours of operation of the site each month that the PA or APN is acting with delegated prescriptive authority and is available while on site to see, diagnose, treat, and provide care to those patients for services provided or to be provided by the PA

or APN. The delegating physician randomly reviews at least 10 percent of the medical charts of patients seen by the APN or PA at the site, and is available through direct telecommunication for consultation, patient referral, or assistance with a medical emergency. The chart review may be done electronically, off site if appropriate

4. **LONG TERM CARE FACILITY.** A long-term care facility is considered a primary practice site by definition (TAC Chapter 193). Physician supervision of the carrying out and signing of prescription drug orders shall conform to what a reasonable, prudent physician would find consistent with sound medical judgment but may vary with the education and experience of the advanced practice nurse or physician assistant. A physician shall provide continuous supervision, but the constant physical presence of the physician is not required. The Medical Director of the facility will request that the supervision and delegation be provided by the indicated physician, and will approve this protocol.

- B) Competence will be measured by regular evaluations as determined by the Department of Human Resources, the Medical Director, and in accordance with Community Mental Health Center Quality Management activities.
- C) **DOCUMENTATION OF SUPERVISION.** If the physician assistant or advanced practice nurse is located at a site other than a primary practice site as defined above, physician supervision shall be further documented by a permanent record showing the names or identification numbers of patients discussed during the daily status reports, the times when the physician is on site, and a summary of what the physician did while on site (**Page 11**). The summary shall include a description of the quality assurance activities conducted and the names of any patients seen or whose case histories were reviewed with the physician assistant or advanced practice nurse. The supervising physician shall sign the documentation at the conclusion of each site visit. Documentation is not required if the physician assistant or advanced practice nurse is located at a primary practice site.

#### **8. ALTERNATE SUPERVISING PHYSICIANS**

If a delegating physician will be unavailable to supervise the physician assistant or advanced practice nurse as required by this section, arrangements shall be made for another physician to provide that supervision. The alternate (substitute) physician providing that supervision shall affirm in writing and document through a permanent record where the physician assistant or advanced practice nurse is located that he or she is familiar with the protocols or standing delegation orders in use and is accountable for adequately supervising prescriptive delegation provided pursuant to those protocols or standing delegation orders (**Page 12**). The permanent record shall be kept with the protocols or standing orders. The permanent record shall contain dates of the alternate physician supervision and be signed by the alternate physician acknowledging this responsibility. The physician assistant or advanced practice nurse is responsible for verifying that the alternate physician is a licensed Texas physician holding an unrestricted and active license.



QUALITY ASSURANCE PLAN RELATED TO THE SUPERVISION OF PHYSICIAN ASSISTANTS AND  
ADVANCED PRACTICE NURSES

1. **Purpose**  
The purpose of this plan is to ensure that quality psychiatric services are provided at Community Mental Health Center clinics by physician assistants and advanced practice nurses, under the supervision of a psychiatrist. This plan supplements other Community Mental Health Center Quality Management activities, and contributes to annual performance evaluations.
2. **Quality Management activities by the Supervising Psychiatrist**  
Physician supervision of the carrying out and signing of prescription drug orders must conform to what a reasonable, prudent physician would find consistent with sound medical judgment but may vary with the education and experience of the particular advanced practice nurse or physician assistant. A physician shall provide continuous supervision, but the constant physical presence of the physician is not required.
  - A. For all locations, the nature, extent, and time frame of psychiatrist involvement in the following prescriber activities permitted under this protocol will occur as follows:
    1. **Initiation of any psychoactive medication.** The APN or PA may initiate any psychoactive medication as per the terms of this protocol. The supervising psychiatrist will be notified only when required by the protocol, relating to physician supervision (**Section 6B, Section 7**). . The Psychoactive Medication consent will be co signed by the supervising psychiatrist within the timeframe required by the Medical Services Procedure. The documentation of any notification will be entered on the Supervision Log by the APN or PA, or may be entered in the patient's record.
    2. **Significant changes in the medication regimen other than simple titration or substitution of equivalent medications.** Notification is required when the recommended change must be made through the independent medical judgment of a psychiatrist. Such notification will occur as per **Section 6B**. The documentation of the notification will be entered on the Supervision Log by the APN or PA, and may include copies of email exchange or may be noted in the patient's record.
    3. **Institution of polypharmacy.** If polypharmacy (not including cross taper) has been initiated by a non psychiatrist, the supervising psychiatrist will be notified of the polypharmacy and provided the rationale at the time of initiation by phone or email. The physician will review the plan with the APN or PA as soon as possible (phone or email), but no later than the patient's next appointment by phone or email response (sooner if required by **Section 6B or Section 7**). The documentation of the notification will be entered on the Supervision Log by the APN or PA, or may be noted in the patient's record.
    4. **Prescription of any regimen that falls outside accepted guidelines, including dosing guidelines.** If the regimen has been initiated by a non psychiatrist the supervising psychiatrist will be notified of the regimen and provided the rationale at the time of initiation by phone or email. The physician will review the plan with the APN or PA as soon as possible (phone or email), but no later than the patient's next appointment by phone or email response (sooner if required by **Section 6B**). The

documentation of the notification will be entered on the Supervision Log by the APN or PA, and may include copies of email exchange or may be noted in the patient's record.

- B. When a chart review is required for supervision (non primary practice sites or situations noted in QM Plan 2A, above), the following elements will be considered and noted on the Supervision Log:
1. Appropriate code use
  2. Appropriate medication usage, including rationale for polypharmacy, dosing, overall regimen
  3. Documentation that supports rationale for diagnosis, treatment, and initiation of psychotropic medication
  4. Compliance with required algorithms
  5. Identification of any needed areas of improvement that may require further training or increased supervision
  6. Prescription of any regimen that falls outside of accepted guidelines, including dosing guidelines
  7. Compliance with Community Mental Health Center procedures, protocols, and documentation requirements
- C. The supervising/delegating physician will notify the Medical Director and document in writing any deficiencies noted through the Quality Management process.



### Alternate Delegating Physicians

If a supervising physician will be unavailable to supervise the physician assistant, arrangements shall be made for an alternate supervising physician. **An alternate supervising physician is a physician providing appropriate supervision on a temporary basis that does not exceed fourteen consecutive days, and is not required to register with the Board.** The alternate supervising physician must document, through a log where the physician assistant or advanced practice nurse is located, that he or she is familiar with the protocols or standing delegation orders in use and is accountable for adequately supervising care provided pursuant to those protocols or standing delegation orders. The log shall contain dates of the alternate physician supervision and be signed by the alternate physician acknowledging this responsibility. **The physician assistant is responsible for verifying that the alternate physician is a licensed Texas physician holding an unrestricted and active license.**

Primary Delegating Physician \_\_\_\_\_ License # \_\_\_\_\_

APN/PA \_\_\_\_\_ License # \_\_\_\_\_

### Alternate Delegating Physicians

Dates of coverage: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dates of coverage: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_