

**ALABAMA STATE BOARD OF MEDICAL EXAMINERS**

William M. Perkins, Executive Director

Post Office Box 946
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Montgomery, Alabama 36104

Phone (334) 242-4116
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**Limited Protocol
Comprehensive Physical Examination
Physician Assistant****Practice Settings:** Home Setting, Clinic Setting-Fixed or Mobile**Eligible Physician Specialties:** Adult Gerontology, Family Medicine, General Medicine, Primary Care**Clinical Model:** Private companies, or their subsidiaries, coordinate one-on-one, face-to-face encounters for plan members and/or beneficiaries. For example, annual wellness exams for Medicare beneficiaries and compensation and pension assessment exams for veterans. An Electronic Medical Record is used to compile health and examination histories and transmit information to primary payor source.**Core Duties and Scope of Practice Specific to this Limited Registration Agreement:**

1. Perform complete, detailed, and accurate health histories, review patient records, and develop comprehensive medical and health status reports appropriate for complaint, age, race, sex, and physical condition of the patient.
2. Perform comprehensive physical examinations and assessments.
3. Perform comprehensive medication review
4. Provide instructions, education, and guidance regarding healthcare and healthcare promotion to patients, family, and caregivers.

Limitations: No prescriptive authority; may not order labs or diagnostic tests; may not alter client's current treatment plan.**Full time equivalent (FTE):** Supervising physician is authorized a cumulative nine FTEs (360 hours per week)**Requirements:** Quality Management Plan, signed by the PA and supervising physician, on file with the Board of Medical Examiners.

TO BE COMPLETED BY SUPERVISING PHYSICIAN
THE FOLLOWING FIELDS ARE REQUIRED. INCOMPLETE FORMS WILL BE
RETURNED.

Patient Referral Process (for physicians other than supervising physician)

Emergency Plan (540-x-7-.23)

We certify that we have reviewed the current rules of the Alabama Board of Medical Examiners pertaining to Assistants to Physicians and understand our responsibilities. We understand that we are equally responsible for the actions of the Assistant to the Physician.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

Print Name of Supervising Physician

Signature of Supervising Physician

Date

Print Name of Physician Assistant

Signature of Physician Assistant

Date

Note: This protocol is to be on file with the Alabama Board of Medical Examiners and a copy of this protocol should be on file at the practice site.



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Supervised Practice Quality Assurance Plan

PA Name:

Supervising Physician:

SPECIALTY:

QUALITY ASSURANCE (540-x-7-.23): The mechanism for quality assurance shall be as follows: Specify a plan for quality assurance management with defined quality outcome measures for evaluation of the clinical practice of the physician assistant and include review of a meaningful sample of medical records plus all adverse outcomes. The term “medical records” includes, but is not limited to, electronic medical records. Documentation of quality assurance review shall be readily retrievable, identify records that were selected for review, include a summary of findings conclusions, and, if indicated, recommendations for change.

List Patient Diagnosis Group (s) to be monitored (high-risk, problem-prone, or low-volume groups only)	Sample Size (percentage or number of charts to be reviewed)	Frequency of Review (Weekly, Monthly, Quarterly)	Designated Personnel (Individual who will compile data)
Adverse Outcomes	100 %	Immediately	Physician and PA

Each Quality Assurance/Adverse Outcome document review will include the following:

1. Identified medical records, based on problem-prone, high-risk patient population
2. Summary of the Quality Assurance findings and conclusions presented to PA and supervising physician
3. Recommendations for change, if indicated
4. Comment section, if indicated
5. Date of review, and signature of PA and supervising physician

The completed quality assurance reviews are to remain on file at the practice site.

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 Print Name

 Signature of Supervising Physician

 Date

 Print Name

 Signature of Physician Assistant

 Date