

Supervision of Advanced Practice Providers

Foreseeing the Risks and Considering Ways to Reduce Liability

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In collaborative and team-based care, doctors and advanced practice providers (APPs) often share responsibility for patient care as well as liability risks. Yet, doctors who assume supervisory roles of APPs have additional responsibilities. They must ensure that they are delegating appropriate tasks, offering adequate consultation, and providing suitable oversight of APP practice.

The American Academy of Family Physicians states that doctors are responsible for ensuring that all delegated tasks fall within APPs' scopes of practice, that APP care is consistent with accepted medical standards, and that directions – whether written or verbal – are given appropriately, understood, and followed.¹

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For physicians who monitor APPs, it is key to ensure that delegated tasks are within each provider's scope and competency.

– Scott Hayworth, MD, FACOG
MedPro Group Advisory Board

Although dental associations in the United States continue to debate the role of APPs in the dental workforce,

they recognize the importance of dentists' supervisory responsibilities. The American Dental Association's *Principles of Ethics and Code of Conduct* states that:

Dentists shall be obliged to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated. Dentists shall be further obliged to prescribe and supervise the patient care provided by all auxiliary personnel working under their direction.²

In a position paper on dental APPs, the American Academy of Pediatric Dentistry explains that it supports using these providers for certain treatments and procedures “under the general supervision of a dentist, provided that such arrangements have been thoroughly evaluated and demonstrated to be safe, effective, and efficient . . .”³

Despite what may seem like a fairly straightforward charge, supervision is a multifaceted and complex role. It involves understanding and adhering to regulations and standards that are defined at many levels and by various factors. Failure to comply with the required regulations and standards can result in allegations of negligence for both the APP and supervising doctor.

The Doctor’s Perspective

Graham Billingham, MD, FACEP, FAAEM, MedPro Group Chief Medical Officer

As healthcare continues to change at a rapid pace, so too does the role of APPs in the healthcare workforce. With these changes comes the potential for increased risk in the supervision of these practitioners. States may have specific regulations regarding APP scope of practice, documentation requirements, appropriate levels of supervision, and staffing ratios. State regulations also might mandate differing degrees of supervision for various types of APPs, such as nurse practitioners and physician assistants.

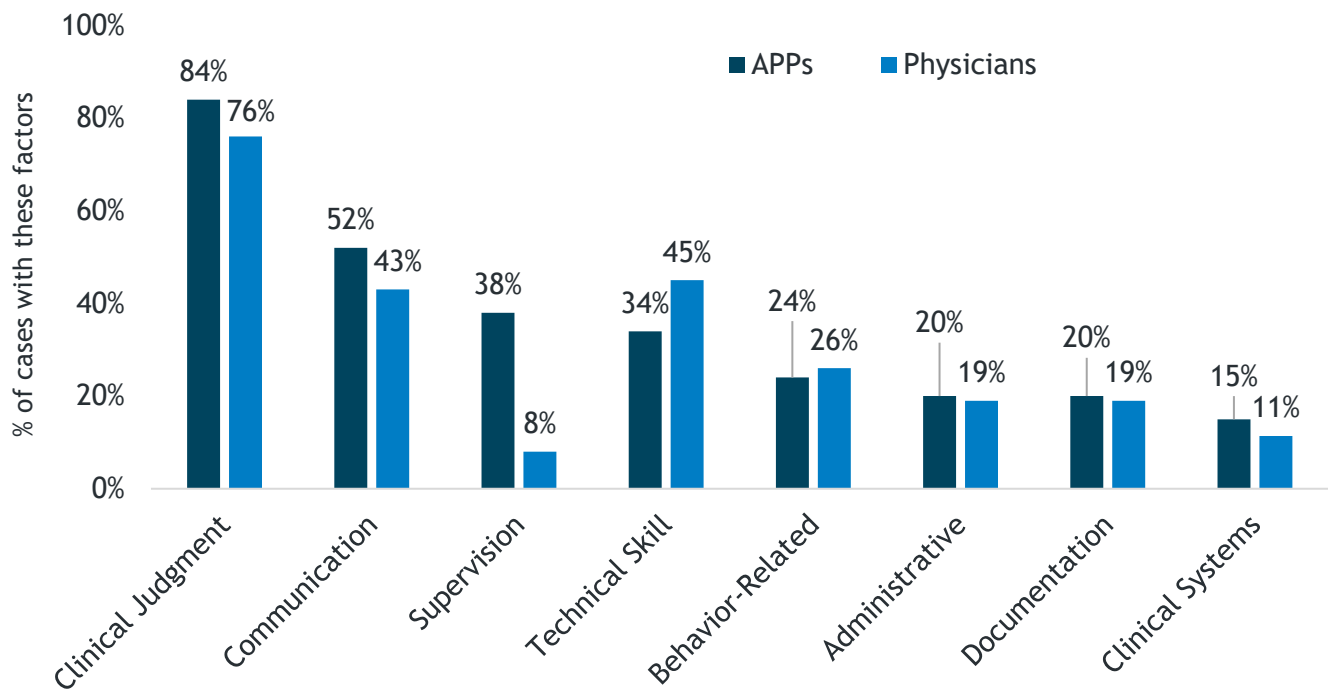
As regulations change, healthcare organizations’ policies and protocols related to APP practice should reflect changes in supervision requirements. Keeping abreast of the current regulatory landscape and professional standards can help healthcare organizations and providers reduce liability risk. Yet, adequate supervision goes beyond merely complying with regulations; it must focus on creating a collaborative practice in which both APPs and doctors feel comfortable. Each organization’s goal should be to create a culture that emphasizes excellence in communication among all providers.

Additionally, addressing supervision in a collaborative fashion is critically important because of the growing demand for healthcare providers. Establishing a collaborative and supportive environment will contribute to a successful workforce – one that both improves outcomes and decreases risk.

How Supervision Contributes to Malpractice Claims

The impact of inadequate supervision is reflected in malpractice trends for APPs. MedPro Group data show that allegations related to treatment (i.e., medical-, surgical-, and anesthesia-related) and diagnosis make up the majority of claims volume for these practitioners (49 percent and 31 percent of all claims volume, respectively). Further analysis indicates that many of the factors that contribute to the top allegation categories are either directly related to, or strongly correlated with, supervision and oversight.

Contributing Factors* in Malpractice Cases Involving Advanced Practice Providers,† MedPro Group Closed Cases, 2010-2019



* More than one factor is noted per case. Included within the categories of the contributing factors are several clinical judgment issues (including inadequate patient assessment, narrow diagnostic focus, and delay in ordering consults), suboptimal communication among providers and between providers and families, inadequate supervision, procedural competency issues, patient behaviors impacting case outcomes, failure to follow policies/protocols, insufficient documentation, and failures/delays in reporting/following up on test results.

† The chart contains data for physician assistants, nurse practitioners, and certified registered nurse anesthetists. Dental cases also reflect a limited volume of involved “techs.”

Consider the following cases, which illustrate the negative consequences and outcomes that can occur when doctors do not adequately and appropriately supervise the healthcare professionals they oversee.

- **Case 1:** An APP in a hospital-based family practice saw a patient who had a dry cough and was eventually diagnosed with pneumonia. Despite documenting symptoms consistent with pleural effusion, the APP did not order a chest X-ray. Because the doctors in the practice were not familiar with the hospital's supervision policies and procedures, no one reviewed the APP's charts.

Over the next several months, the patient complained of increasing dependence on an inhaler, gastrointestinal issues, and pain in the upper chest and back when swallowing. In response, the APP ordered an abdominal ultrasound and lab work. Although the results of both suggested the need for further analysis, the APP told the patient that all of the test results were normal. With no oversight, these mistakes slipped through the cracks.

Several months later, a physician who was evaluating the patient for recurrent pneumonia ordered a chest X-ray, which led to a diagnosis of Stage IV lung cancer. The patient filed a lawsuit against the APP, two family practice physicians, the hospital, and the healthcare system.

- **Case 2:** An APP who was employed by a psychiatrist began a personal relationship with one of the patients he counseled. After an acrimonious ending to the relationship, the patient filed a complaint with the state's board of medicine and brought a malpractice suit against the psychiatrist that alleged negligent supervision and vicarious liability for the APP's actions.

The state where the case took place had regulations stipulating that the doctor and APP had to meet at least monthly for the first 6 months of employment and every 6 months thereafter to review the APP's cases and discuss patient management issues. The state required the physician to document these meetings.

Although the doctor claimed that she had adhered to the state's regulations for supervision and oversight, she had no written documentation to corroborate her claim. Further, she and the PA had never established a written policy for consultation or chart review.

Although these cases deal with two very different scenarios, both highlight how deficiencies in supervision can compromise patient safety and expose healthcare organizations, doctors, and APPs to liability risks. Both cases also stress the need for thorough supervision policies and procedures within healthcare organizations.

When developing supervision policies and procedures, various legal, regulatory, and organizational factors will likely inform standards and best practices. Use MedPro's [Supervision of Advanced Practice Providers](#) checklist to assess your policies and identify gaps or areas that could benefit from further clarification.

Take-Away Message

Collaborating with APPs presents unique challenges for doctors who are in supervisory positions. They have a duty to ensure that they are delegating appropriate tasks, providing adequate consultation and support, establishing alternative provisions for supervision (when needed), and monitoring quality of care.

Because doctors might be held vicariously liable for the negligent actions of APPs under their supervision, they must be vigilant in establishing and following well-defined policies for overseeing APP practice. These policies should comply with any specific standards or thresholds set forth in state statutes and regulations as well as organizational policies.

Endnotes

¹ American Academy of Family Physicians. (1992; COD 2018). Guidelines on the supervision of certified nurse midwives, nurse practitioners, and physician assistants. Retrieved from

www.aafp.org/about/policies/all/guidelines-supervision.html

² American Dental Association. (2020). *Principles of ethics & code of professional conduct*. Retrieved from

www.ada.org/en/about-the-ada/principles-of-ethics-code-of-professional-conduct

³ American Academy of Pediatric Dentistry. (2010, January/February). Position paper: American Academy of Pediatric Dentistry analysis and policy recommendations concerning mid-level dental providers. *Pediatric Dentistry*, 32(1), 21-26. Retrieved from

www.aapd.org/assets/news/upload/2009/3648.pdf

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