OTP ≠ Independent Practice
"Luck Is What Happens When Preparation Meets Opportunity" — Seneca

You are so lucky to be a California PA! We invite you to fasten your seatbelt, hold on and be ready to get your PA colleagues to join you on this OTP bus! It will be a wild, exciting and important ride.

As a CAPA member, you will be a part of and witness the biggest, most significant initiative in PA history. Truly, that isn’t an overstatement. I have been doing this for over 25 years, so I know whence I speak. This is BIG.

Optimal Team Practice (OTP) will be the platform for the future of the PA profession. To get this done, we will need you and every California PA to get on board. Really on board!

CAPA is ready to go big. To fight hard for you. We are uniquely prepared to make OTP happen in California. We may be among the first states to completely and totally modernize PA practice. It is time. It is well past the time!

Learn all you can about OTP and stay engaged. The first thing you need to know is what OTP is not.

Following is reprinted from the AAPA Website https://www.aapa.org/advocacy-central/optimal-team-practice/.

**Is Optimal Team Practice Independent Practice?**

No. Optimal Team Practice is about team practice — not independent practice. PAs are not seeking to practice independently. OTP simply seeks to enable a PA to practice without the legal requirement to enter into a supervisory agreement with a physician. In fact, Optimal Team Practice includes two important points that distinguish it from independent practice:

1. It reinforces PAs’ commitment to team practice with physicians and explicitly states the PA/physician team model continues to be relevant, applicable and patient-centered; and,

2. Calls for a decision about the degree of collaboration between PAs and physicians to be made at the practice level, in accordance with the practice type and the education and experience of the practicing PA.

Currently PAs are held to professional and ethical standards by state regulatory authorities. Under the Optimal Team Practice framework, PAs will still be legally and ethically obligated to consult with and refer patients to physicians based on the patient’s condition, the standard of care, and the PA’s education and experience. If they don’t, that PA will be subject to disciplinary action by the state medical board, just as any other medical provider would be.

**Is OTP the Same as the Full Practice Authority Pursued by NPs?**

No, it’s not the same – it’s better. The PA profession’s commitment to team practice is powerful. The PA and physician who work together get to keep all the benefits of the team without the legal risks and administrative burdens. Everyone wins.

Gaye Breyman, CAE
Executive Director

**OTP graphics reprinted courtesy of the AAPA. See their citations for data sources: www.aapa.org.**
PA professionals have a responsibility to direct the progress of their profession. Despite enjoying a highly desirable profession today, the healthcare system is not standing still. Other professions are constantly positioning themselves to be more and more attractive to employers, and in turn threaten future PA positions. OTP is about securing the future of the PA profession and you need to be a part of it! You have worked too hard and sacrificed too much to watch other professions advance and leave PAs behind. OTP is the future of the PA profession and OTP is only possible through the support of CAPA members. Be a member, stay a member and join your colleagues in one of the most important actions our profession has ever undertaken.

Take Responsibility …
- For the care you provide to your patients
- For ensuring your professional future
- For the advancement of the PA Profession here in California

You are a PA. This is your profession.
You set the path for your professional future.

Can we agree, it is not up to your employer to pay your CAPA membership dues? It is your responsibility. (Kudos if you have negotiated that!)

Take Action …
- Join CAPA today! Stay a member!
- Learn all you can about OTP and why it is important to you
- Pay attention to emails we send with calls to action as we move OTP along
- Be available to communicate OTP talking points to physicians, other healthcare professionals, staff and administrators

Don’t Settle for Less Than OTP.
Join CAPA and Help Us Make OTP Happen For You.

Join CAPA Now and Receive March and April 2018 Free!
CAPA Membership Year is May 1 through April 30
Join Now and Your Membership Will Be Paid through April 30, 2019

capanet.org/join
CAPA Office: 714-427-0321

Fellow Membership – $240
(PAs who are also a member of AAPA)
Associate Membership – $240
PA Student Membership – $30
Active Military Membership – $50
Retired Membership – $60
The Psychology of Change
by PA Sonny Cline; Chair, Political Action Committee

The idea of change excites some and frightens others. Some dive in headlong while others crouch in a corner trying to shoo it away as if it were an unwanted pest. No matter where you fall on the spectrum of attitude toward change, one thing I can promise you... change is inevitable. This is not a new perspective. The idea of OTP (Optimal Team Practice) for PAs is a change that is both thrilling and daunting – as is often the case when leaping forward toward an important goal.

I have had my fair share of changes throughout my 54 years of life. Some I have cherished, others I have survived, but honestly, I would not be the person I am today without them. I would not have the life I have today without all these changes, both the good and the bad. That being said, I have learned to embrace change and experience the wondrous ride it can be, like a child going down a giant water slide on a hot summer day for the first time, terrified on the one hand, yet wildly excited on the other.

I think for most of us it is that unknown factor that strikes fear in us. It is as if someone is grabbing our lungs and squeezing them, only allowing enough air to barely survive, and when that happens, we struggle quickly to remove ourselves from the grip. But it is in this moment that we need to learn to relax, breathe slower, look around and think about our options more clearly—to recognize the possibilities that we could not see in our state of panic. The “what ifs” can paralyze us from taking that next step.

Change seems to be more palatable when we are oppressed or fleeing some terrible event. We are moved to action, usually in the hope of bringing relief. However, what about when things are good? Does change still make sense? When the ship is sailing straight and you have a good wind at your back, do you change course? Yes, I think there are times when a change of course makes sense, even in the best conditions.

I was 37 years old when I went to PA school at Stanford. I was a practicing psychologist at the time, both in a hospital setting and private practice. I was a medical researcher in an animal lab and the lead surgeon in that lab. I had a wife of seven years and a one-year-old son. We had recently purchased a great little high water bungalow in downtown Sacramento, had great friends and a fulfilling life. So why would anybody at this age with this type of life want change? That seems crazy! Well for those of you who know me, I may qualify, but nonetheless that’s what I chose. In the midst of a good life, I upset the applecart.

As you know, entering a PA program can be scary, but soon the fears and worries are overshadowed by the looming mountain of information that have to be assimilated in a short period of time. For me, my days and nights were consumed in class, the clinic and the library in a desperate attempt just to keep my head above water alongside some of the finest people I have ever met in my life. During the days of my PA training, I had moments of doubt, fear, joy, tears, crazy experiences, uncertainty, exhaustion and determination. The change was beating me and some days pulverizing me into who would eventually emerge as a different person...a better, more accomplished version of myself. I had reached new potential inside myself I was not sure was there. I believed it was, but you are just never quite sure until you reach the other side.

Today, the PA profession is where I was at 37 years old. We are happy, we have a good life and we are doing wonderful things in the healthcare system. The PA profession is named third in the top five professions in the nation (CNN Money). Job satisfaction surveys for PAs always show high job satisfaction among PAs. We have an important place in healthcare, but I would submit to you we have a deep reservoir of untapped potential as a profession. We are capable of so much more. For some, it does seem crazy to change what seems to be a good life. I get it, I truly do, but I would say to you—let go and reach higher to be everything you can be. Do not just be good, be amazing!

continued on page 12
Optimal Team Practice in California:
Historic Action from CAPA’s Board of Directors
by PA Jeremy Adler; Chair, Task Force on Optimal Team Practice

**Financial Incentives for Physicians to Supervise PAs are Changing**

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<th>Fewer than Half of Physicians Own Practices</th>
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<tr>
<th>of Physicians Were Practice Owners in 1983</th>
<th>of Physicians Were Practice Owners in 2016</th>
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38% Decrease in % of Physicians Who Own Practices from 1983 to 2016

Optimal Team Practice (OTP) has been the talk of the profession ever since last year when the AAPA House of Delegates unanimously adopted revised language to the AAPA’s policy for Model State Regulation. CAPA remains a leading constituent organization moving forward with OTP in the state of California. Years before OTP was adopted, CAPA had already formed a task force focused on the positioning of the PA profession. The healthcare system is changing, and CAPA is determined to keep PAs positioned to practice at the top of their license and education. In October 2017, after multiple articles in CAPA’s magazine, a panel presentation at CAPA’s Summer Conference in San Diego, an address from AAPA President Gail Curtis and with considerable thoughtful analysis by CAPA’s Board of Directors (BOD) and consultants, CAPA’s BOD unanimously adopted a resolution with a strategic plan to bring OTP to California.

In review, OTP modernizes the PA Practice Act by focusing on four main components:

- Emphasize PA’s commitment to team practice, with the degree of collaboration determined at the practice level
- Eliminate legal requirements for PAs to have a specific relationship with a physician in order to practice
- Autonomous majority-PA boards to regulate PAs
- Authorize PAs to be directly reimbursed by all private and public payors

The decision to move forward with modernizing California’s PA Practice Act reflects adaptation to the changing healthcare marketplace. The concept of a solo practice physician, small business owner hiring a PA to expand their services is no longer reflecting the direction healthcare is taking. In 1983, three out of every four physicians owned their own practice. In 2016, this number dropped to less than half of physicians still owning a medical practice. Physicians today are much more likely to enter practice as an employee of a larger healthcare employer, which has direct ramifications on the PA profession.

It is essential that, as the healthcare delivery system changes, the PA profession evolves and changes as well. Despite the clear agenda to recognize marketplace changes and adapt, the core beliefs in the PA profession remain. PAs are committed members of healthcare teams. PAs value collaboration with physicians and other healthcare professionals. PAs are not seeking to practice in isolation or a silo.

Fundamentally, the changes with OTP involve moving PA practice from a top-down, one-size-fits-all approach. It would alleviate a state-determined, regulatory model of the relationship between healthcare professionals,
Modern PA Practice: What Should It Look Like?
by PA Mark Christiansen, Secretary

Although federal legislation and federal regulatory agencies have a significant impact on PA practice, the responsibilities that PAs have and the duties they perform are largely determined at the state level. To that end, the AAPA has produced a document entitled “The Six Key Elements of a Modern PA Practice Act,” as well as model state legislation to describe best practices in the regulation of the profession. Sadly, very few states have all of these elements in their practice acts.

In this article, I would like to discuss each of the six key elements.

1. “Licensure” as the regulatory term.
Licensure is important because it denotes the highest level of professional scrutiny and ensures that PAs are included in state laws that refer broadly to “licensed health professionals.” Some early state laws used “certified” or “registered.” All states now use the appropriate term of “Licensure.”

2. Full prescriptive authority.
Laws that restrict PA prescriptive authority can cause interruptions in the delivery of care. State laws should authorize PAs to prescribe all legal medications and devices.

3. Scope of practice determined at the practice level. PA scope of practice is best determined at the practice level and should be based on the PA’s education, training, experience and competencies. Practice level determination allows for maximum flexibility and customized team function to meet the needs of patients most effectively. State laws that include specific lists of services or that require approval of each individual PA by the state regulatory agency unnecessarily restrict the ability of healthcare teams to customize practices. This leads to inefficiencies that may limit access to care.

4. Adaptable collaboration requirements. An approach that allows adaptable collaboration determined at the practice level provides the most efficient way for the PA and other healthcare professionals to optimally provide care to patients. Regulations that impose arbitrary proximity limitations or other requirements are unnecessarily restrictive, cumbersome and inefficient.

5. Co-signature requirements determined at the practice level. The optimal system for collaboration should occur at the practice or facility level and be designed to best suit the patients they serve. Any state law requirements for specific

Optimal Team Practice isn’t just good for patients; it’s good for PAs, physicians and the entire healthcare team:
• PAs will have more latitude to provide volunteer medical services and to provide assistance during a natural disaster or an emergency;
• Healthcare teams will be empowered to make decisions about team design and practice at the practice level; and
• Physicians will be able to focus more on patient needs, instead of burdensome paperwork and unwarranted liability.

Repealing state law requirements for a PA to have a specific relationship with a physician in order to practice will allow PAs to be more effective and available healthcare providers, without a change in the well-established PA role.

Mark Christiansen, PhD, PA-C, has been a PA Educator for over 23 years. He is an Associate Clinical Professor, Chair of the Department of PA Education, and the PA Program Director at University of the Pacific in Sacramento. Prior to that he was a faculty member at the University of Nebraska Medical Center in Omaha, Nebraska holding various titles including Associate Program Director, subsequently he was a faculty member and PA Program Director at the University of California Davis in Sacramento. PA Christiansen received his PhD in Medical Sciences in 2009. He is a long time member of the PA Education Association (PAEA).
timeframes to review or provide co-signature of a percentage of charts removes the clinical team’s discretion to decide what is optimal at their practice level and imposes unnecessary burdens and inefficiencies to patient care.

6. **Number of PAs a physician may collaborate with determined at the practice level.** Any limitations on the number of PAs and other healthcare professionals who can practice together places arbitrary restrictions on patient access to care. At the practice level, individual nuances of the practice, such as complexity of the patients, specialty, setting and experience, must be taken into account.

A review of these six elements of modern PA practice serve to illustrate that in most states unnecessary obstacles to practice still exist. As we move toward the goal of Optimal Team Practice (OTP), it is imperative that every PA have a good understanding of these key elements so that we can advocate effectively for the future of our profession. **CAPA**

### OPTIMAL TEAM PRACTICE

CAPA is embarking on a bold initiative (OTP) to modernize California’s PA Practice Act. The PA profession has a proven record of enhancing quality care and PA law must appropriately reflect real PA practice. PAs tell us daily that they are frustrated with the restrictive barriers and employment limitations generated by an outdated PA Practice Act. CAPA is working to ensure that PA practice in California doesn’t wither away in the face of competition from other advanced providers. We need to do something now. Something substantial! Get charged up for what may be the most critically important professional fight for California PAs. Together (and only together) we can make real change for California PAs!

### What is OTP?

**OTP modernizes the PA Practice Act by focusing on four main components:**

1. Emphasize PAs’ commitment to team practice;
2. Replace obsolete supervisory agreement laws with practice-level decision-making about collaboration;
3. Create separate majority-PA boards to regulate PAs, or give that authority to healing arts or medical boards that have as members both PAs and physicians who practice with PAs; and
4. Authorize PAs to be directly reimbursed by all public and private insurers.
Together we can make OTP a reality in California. We are ready! CAPA has the expertise, the political consultant, the lobbyist, the staff, the PA leaders, the lawyer, the longstanding relationships with key stakeholders, the experience and a proven track record of big wins for California PAs. Pulling together and retaining this dream team is quite expensive. All of CAPA’s essential resources are supported by membership dues. We need you and every California PA to join us and remain a CAPA member!

The PA profession is now in its 50th year. PA practice has been extensively studied and evaluated, and found to produce high-quality patient outcomes. State laws and regulations have simply not kept pace. In a survey conducted by the AAPA Joint Task Force in January 2017, an overwhelming majority of PAs and PA students responding expressed overall support for the proposal.
Personal Responsibility Behind Exemplary Patient Care
by PA Scott Martin, Director-At-Large

We can’t stress this enough: under Optimal Team Practice (OTP), the objective is not independent practice. Rather, the objective is to reflect in law the evolution of the PA and physician relationship, thereby providing the most effective team-based care. It is the PA/physician dynamic that has served the profession and patients we treat so well over five decades. With the adoption of OTP, PAs will meet the needs and demands of more patients and become an even more effective member of the healthcare team. Physicians will appreciate the increased opportunity to work with PAs to take better care of patients and not struggle with unnecessary administrative and legal burdens associated with the PA profession.

California PAs are licensed to practice medicine by the state PA Licensing Board. There is sometimes a misconception that PAs “practice under a physician’s license.” Not so. Currently physicians do accept liability for the PAs they supervise. It is appropriate that we are responsible for the care we provide. Over the past 50 years, we have elevated the standards of our PA training, certification and continuing medical education requirements. We accept responsibility for our patient care and stand fully supported under the scope of our professional license.

OTP allows PAs to achieve their maximum potential by utilizing our complete skillset dictated by our training, experience and capabilities. Our profession has grown exponentially for the greater good of more access to patients.

With OTP, physicians will find that working with PAs is more accessible and more appealing, thereby creating more demand, need and ultimate growth for California PAs.

new Policy is Good for Everyone

Patients will have greater access to healthcare
Physicians will be relieved of unnecessary administrative and legal burdens
PAs will be able to practice to the full extent of their education, training and experience

PA Salaries Rise As State Hurdles Fall

Take for example the 29 states that have gotten rid of the countersignature requirement, which previously required the PA’s collaborating physician to countersign all medical orders. In the 29 states that have passed or adopted laws that allow “cosignature requirements determined at the practice level,” median base is $107,150 compared to $104,847 in the states that have not eased such requirements.

We Are Ready For OTP!
A PA Educator’s Perspective
by PA Ana Maldonado, President

As the PA profession moves toward the tenets of Optimal Team Practice (OTP) for the profession’s future, we must ensure that the profession is ready for modernization. PAs are prepared academically, clinically and experientially to become fully recognized and acknowledged as collaborative team members in medical practices. I would like to share my confidence in the profession from a PA Educator’s perspective.

The PA profession has established an evidence-based, proven history of providing high quality medical care over the past 50 years. There are numerous publications that have consistently demonstrated positive outcomes for our patients in the medical service environments where we work. In a study conducted by the Veterans Health Administration (VHA), it was found that at diagnosis, and during four years of follow-up, diabetes management by PAs was comparable to management by physicians. In assessing the VHA model for roles of PAs, PAs were found to be broadly useful in meeting the demand for primary care providers in the United States (Yang et al., 2017).

In another study which examined overcapacity issues that plague emergency departments (EDs), it was suggested that triage liaison providers (TLPs) may shorten patient length of stay (LOS) and reduce the proportion of patients who leave without being seen (LWBS). It was noted that a lower proportion of patients leave without being seen (LWBS) on pilot days (1.4% vs. 9.7%, p < 0.001). In the Nestler et al study it was concluded that the addition of a PA as a triage liaison provider (TLP) was associated with a 41-minute decrease in median total LOS and a lower proportion of patients who LWBS. This study suggests that the decrease in total LOS is likely attributable to the addition of the TLP with patients having shorter duration in treatment rooms on pilot days compared to control days.

Additionally, in 2012 a review of PAs in primary care was undertaken. A

Ana Maldonado, MPH, DHSc, PA-C, has been a PA Educator for 15 years. She is the Chair of the Dept. of Health Sciences and PA Program Director at Dominican University in San Rafael, California. Prior to that she was an Assistant Professor in PA Education at Massachusetts University of Pharmacy and Health Sciences, Boston, and subsequently an Associate Professor in the MPH/MSPAS Program at Touro University California. PA Maldonado received her Doctorate of Health Science in 2012. She is a longtime member of the Physician Assistant Education Association (PAEA).
PAs are prepared academically, clinically and experientially to become fully recognized and acknowledged as collaborative team members in medical practices.

A description of PAs in primary care in the U.S. was provided and one question was posed: To what extent do PAs contribute to effective, safe and efficient team-based primary care? This review reported on a 2004 national US practice analysis was administered to assess the knowledge and clinical performance of PAs in practice and the domains of knowledge PAs need to possess to be competent in their careers. A total of 5,282 completed surveys were conducted and sampled a representative of the PA population in years of experience, geographical distribution, and practice specialty. The three skills identified as being required for most medical encounters were formulating the most likely diagnosis, basic science concepts and pharmaceutical therapeutics; it also revealed eight content domains. Overall, survey responses showed few differences in the tasks performed by PAs based on the length of time worked in the profession. It was determined that the majority of PAs in clinical practice appeared to be providing care in a manner similar to each other and similar to what ambulatory care physicians provide (Hooker & Everett, 2012).

These studies are just a sampling of the competence the PA profession brings to healthcare. As an educator of PAs, I can attest PAs, like other professionals, are educated to provide services within their education, experience and competence as well as be lifelong learners. Our profession is ready for OTP and the evidence supports that PAs consistently deliver high quality care to patients in both primary and specialty practices. PAs are educated in team-based care and OTP will enable the team to function more efficiently and effectively.

References:


Optimal Team Practice in California: Historic Action from CAPA’s Board of Directors

CAPA will work closely with all stakeholders. It is essential that CAPA has the resources to educate those stakeholders about what is happening in the profession, which requires that PAs join and stay members. Change is never easy. It is an exciting time in the profession, and like times in the past such as earning prescriptive privileges, we must, as professionals, come together and fight for what is necessary to move the profession forward. The stakes are too great if we don’t evolve with the changing environment. CAPA

(continued from page 5)

(e.g. percentage of co-signatures, delegation of services agreements, etc.) and shift the responsibility of determining the professional relationships to the practice level. Healthcare teams will be able to best utilize their resources in a way that makes sense within their own practice model, taking into account their provider competencies and patient makeups. Furthermore, the focus will be where it counts, directly on the patient care delivered. The great news is that PAs have a long history of providing exceptionally high levels of care and have earned tremendous trust from patients.

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SAVE THE DATE!

CAPA Summer Conference
Sheraton San Diego Hotel & Marina

August 9-12, 2018
Optional Workshops: August 9 & 11

Optimal Team Practice (OTP) will be a major topic at this year’s Summer Conference. Join us in San Diego and learn all you can about OTP. We will have state and national leaders to share the next steps.

On August 9-12, 2018, join hundreds of PAs at the beautiful Sheraton Hotel and Marina located on the water, less than a mile away from the San Diego airport. There is an Amtrak station just a $10 cab ride away. Bring the whole family on the train, car or plane. There is so much to do in and around the hotel. August weather in San Diego is perfection. The Big Bay Shuttle runs daily for just $3 per person all day and you can hop on and off at various locations.


The educational program is being developed. We will be adding optional workshops. Visit the CAPA website in the early May for more information.

The Psychology of Change

continued from page 4

I would encourage all of us to take the necessary steps to promote the kind of change that will ultimately result in PAs being able to do what we are capable of, not just for the profession, but for healthcare as a whole. To remain competitive in the job market, we need to ensure we are on a level playing field with nurse practitioners with regard to practice guidelines and regulations.

Humanity is full of examples of individuals and groups who chose the uncertain path of change and go on to a much more fulfilling life. The crossing of the Atlantic on the Mayflower, those who came across the west in wagons, those who first flew into outer space, the first three PAs who graduated from Duke University in 1967, the list could go on for pages of people who have taken the steps, sometimes difficult ones, to imagine and accomplish the impossible.

Change is inevitable, and while the water looks a little chilly sometimes and the cliff we are standing on looks pretty high some days, when we look down to that beautiful big blue, I say we put on our swim gear, join hands and jump off the cliff into the waters of change. I fully believe that, while we will experience moments of fear and doubt during the time in the air, after we plunge deep into that water and emerge on the surface, we will all be splashing around in the sun, saying to each other, “That wasn’t so bad. This is better than I ever imagined—I’m glad we jumped”…me too. CAPA
Laws in Many States Do Not Require NPs to Have a Supervisory Agreement

<table>
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<th>Number of States Where NPs Have Full Practice Authority by Year</th>
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<tr>
<td>2017</td>
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<td>2014</td>
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<td>1998</td>
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Community Health Center CEOs Make PA vs NP Hiring Decisions Based on Practice Laws

- **Increases Access to Care**
- **Doesn’t Diminish Quality of Care**
- **Can Reduce Cost of Healthcare**

Join CAPA Now and Receive March and April 2018 Free!

CAPA Membership Year is May 1 through April 30
Join Now and Your Membership Will Be Paid through April 30, 2019

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- **PA Student Membership** – $30
- **Active Military Membership** – $50
- **Retired Membership** – $60

...the PA profession remains fiercely committed to team practice with physicians...
Last November I attended the MBKU graduation for the 2017 PA Class. I love graduations. There is nothing but love and hope in the room. Families are proud. Students are full of excitement for the future and fully appreciating the experiences they shared. I love all the pomp and circumstance, the gowns and hoods, and with a PA graduation, for me, there is the joy and pride of welcoming these new PAs to the profession.

I always love to hear the graduation speeches. At the MBKU graduation, Class Vice President Lauren Heinze gave one of the most well-presented, moving, funny, smart graduation speeches I have ever heard. She was fabulous. There were a lot of wonderful words spoken that day, including the PA Oath.

I believe that the PA Oath is administered at all PA graduations. At least it has been at all I have attended (and I have been to quite a few). I have heard it many times, but in early November, I was involved in many meetings and calls about OTP, so I think I paid more attention this time. What can we expect from PAs as they go out into the world to practice medicine? I was most struck by what Dr. Kevin Alexander, the President of the University, said following the Oath.

The PA Oath you have just taken emphasizes the responsibility of the PA as a healthcare provider. It is imperative that you accept full responsibility for delivering quality care in a highly ethical manner. The importance of ethical behavior and professionalism cannot be overemphasized. I congratulate you upon your accomplishment and I now welcome you as a colleague on the healthcare team. The degree and PA certificate you received today will become your most valued possessions, as they will forever open doors to the joy of patient care and lead you to much success and satisfaction in life.

Sit with Dr. Alexander’s words for a moment. Whether you have been a PA for decades or you just graduated; as a PA, you take responsibility for the care you provide – full responsibility, as do all ethical healthcare providers. This really is the root concept of OTP. It is what matters most. It is what regulators and legislators need to hear and fully understand as we move toward OTP. Team-based care is the best care. Let’s remove the barriers!

Please take a moment to read the PA Oath again. It is withstanding the test of time. CAPA
The PA Professional Oath

I pledge to perform the following duties with honesty and dedication:

- I will hold as my primary responsibility the health, safety, welfare and dignity of all human beings.
- I will uphold the tenets of patient autonomy, beneficence, nonmaleficence and justice.
- I will recognize and promote the value of diversity.
- I will treat equally all persons who seek my care.
- I will hold in confidence the information shared in the course of practicing medicine.
- I will assess my personal capabilities and limitations, striving always to improve my medical practice.
- I will actively seek to expand my knowledge and skills, keeping abreast of advances in medicine.
- I will work with other members of the healthcare team to provide compassionate and effective care of patients.
- I will use my knowledge and experience to contribute to an improved community.
- I will respect my professional relationship with the physician.
- I will share and expand knowledge within the profession.

These duties are pledged with sincerity and upon my honor.

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Controlled Substances Education Courses

- **PANRE 3-Day Review Course**
  - **Friday, Saturday and Sunday October 5-7, 2018**
  - University of the Pacific (Sacramento Campus)
  - 3200 Fifth Ave
  - Sacramento, CA
  - **21 Hours of Cat. I CME**
  - CAPA Member: $375
  - Non-Member: $600
  - **Joe Gilboy, PA-C** makes the class interactive and fun as you review various disease processes so that the concepts make sense — not just memorized. Several quizzes and tests will be taken and reviewed over the 3 days.

- **Register online at capanet.org**

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- **Controlled Substances Education Courses**
  - **July 14, 2018**
    - University of the Pacific, Sacramento
  - **October 27, 2018**
    - Marshall B. Ketchum University, Fullerton
  - **February 3, 2019**
    - Marshall B. Ketchum University, Fullerton
  - **6 Hours of Cat. I CME**
    - CAPA Member: $200
    - Non-Member: $375

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capanet.org
You Need to Know About OTP and Take Action Now!
Along With You and For You, CAPA Will Fight for the PA Profession in California
Right Now, PAs Face an Uncertain Future – Let’s Change That

PA Experiences Validate Marketplace Obstacles

45% of PAs say they have personally experienced NPs being hired over PAs due to supervision requirements

Financial Incentives for Physicians to Supervise PAs are Changing

Fewer than Half of Physicians Own Practices

76.1% of Physicians Were Practice Owners in 1983
47.1% of Physicians Were Practice Owners in 2016

Decrease in % of Physicians Who Own Practices from 1983 to 2016

Physicians Are Increasingly Reluctant to Enter Into Supervisory Agreements With PAs

Physicians who are employees don’t want to accept liability for the PA because...

Financial benefit goes to the employer

PAs bring in more business

...having a PA in the practice brings no personal financial benefit to them as employees