

**Department of Health
PA Council Formulary Rule Workshop
Workshop Minutes**

**Tampa Airport Marriott
Tampa International Airport
Tampa, FL 33607
(813) 879-5151**

November 6, 2008

Thursday, November 6, 2008
9:22 a.m. ROLL CALL

MEMBERS PRESENT:

Deborah Gerbert, PA-C, Chair
Ronald Burns, M.D.
Robert Cline, M.D.
Steven Rosenberg, M.D.

MEMBERS ABSENT:

H. Frank Farmer, Jr., M.D.

STAFF PRESENT:

Larry G. McPherson, Jr., Executive Director
Ed Tellechea, Esquire, Board Counsel

OTHERS PRESENT:

Francesca St. John,
Court Reporter, Berryhill & Assoc.

Introduction

The Chair welcomed all present to the workshop. She stated the workshop was the result of the Council on Physician Assistants (PA Council) decision to take public comment regarding a recent legislative change to Florida Statutes that authorized the PA Council to change the PA Formulary to allow supervising physicians to have their physician assistants prescribe parenteral and antipsychotic medications.

Administrative Comments

The Executive Director and PA Legal Counsel introduced themselves and made brief administrative comments.

Paige Kreegel, M.D., Florida House of Representatives, Representative, District 72

Representative Kreegel summarized the legislative history of HB 989 and stated that it is better for medicine to manage this area not the Legislature, which must, by nature, move slowly. Based on his experience as a practicing physician familiar with out-patient therapy and working with both Advanced Registered Nurse Practitioners (ARNP) and PA, he is pleased to see the formulary back

before the Council for change. Dr. Kreegel noted the following factors in support of granting authority for PA to prescribe parenteral medications:

- Pandemic would overwhelm hospitals and Florida would need PA to provide IV antibiotics, IV Fluids, and other medications
- PA have the training necessary
- The Council should approve change not by individual drugs but as the class of parenteral medications

Ed Homan, M.D., Florida House of Representatives, Representative, District 60

Representative Homan, a practicing physician in orthopedics and on the staff of the University of South Florida School of Medicine, voiced support for Dr. Kreegel's comments and also opined that PA should have the authority to prescribe parenteral and antipsychotic medications for the following reasons:

- Based on his experience and other physicians who work with PA, there are no reservations in granting this expanded authority.
- No concerns with medical faculty in granting this expanded prescriptive authority
- This should be a matter for the PA supervisor to decide what medications the PA may prescribe
- PA already do follow up on patients who have received these medications and there would be no concerns with PA prescribing the medications typically used in their practices.

Angel Wolf, Pharm. D.

Ms. Wolf, a licensed pharmacist and Assistant Professor at the College of Medicine, University of South Florida, and Florida A&M University School of Pharmacy, presented a document that outlines the definitions and typical uses of parenteral and antipsychotic medications (Attached).

She noted that parenteral is a "route," not a class of drugs. Any medication can be made to be provided by this route so the Council in the future may address any individual drug that raises concerns by parenteral administration. Ms. Wolf opined that the impact on the pharmacy would be lessened if the Council approved the class of drugs rather than a list of drugs. For a pharmacist, a list of drugs would be another step or list to consider and offers a greater opportunity for error.

Mr. Tellechea confirmed with Ms. Wolf that pharmacist currently have lists of medications and business processes that pop up a "red flag" if an inappropriate prescription is submitted.

Dr. Rosenberg noted that there were 3 "biologics" on the list that she had provided and that these were expensive medications, about \$15,000 annual cost, and these drugs were not prescribed based on an immediate need. Ms. Wolf agreed they are not prescribed based on immediate need but they are frequently prescribed.

Raymond Pomm, M.D.

Dr. Pomm introduced himself and noted that in addition to being the Director of the Practitioner's Resource Network, he is a practicing physician in addiction psychiatry at two treatment centers. He supports the expansion of PA prescriptive authority for antipsychotics for the following reasons:

- Difficult for patients to see a psychiatrist because they have busy practices
- Therefore, primary care physicians are treating these patients, which means PA and ARNP
- Limitations on what can be done at the family practice level complicates this situation
- PA are seeing patients on these medications and are dealing with complications in the patient use of these drugs
- Dealing with the symptoms of the disorder is not really different from dealing with the complications.

Dr. Rosenberg inquired as to the training that PA receive in antipsychotic medications and in making a medical diagnosis. Dr. Pomm did not know what specific training in that area but did state that PA training includes assessments, symptoms, complications, and care management for psychiatric patients.

Dr. Cline noted that PAs do practice only under the indirect supervision of a physician.

Ms. Gerbert stated that the PA program at Nova Southeastern, Jacksonville, does include psychiatric training and psychiatric rotations.

Harrison J. Brownlee, M.D.

Dr. Brownlee, a family practitioner who works with PA and ARNP, is affiliated with the University of South Florida School of Medicine and his practice includes rotations with pharmacy and PA students. He opined that family practice is the front line of psychiatry with PA and ARNP in that front line, so being able to prescribe antipsychotics is important. He also noted that bi-polar disorders are showing up in a large group of depression patients and PA are dealing with this and taking care of complications. Parenteral medications are used in primary care and PA should be authorized to prescribe these medications.

Robert Carroll, M.D.

Dr. Carroll is a board certified oncologist and his private practice is in oncology and hematology. He has two PA and his office works with breast cancer patients and does genetic testing. in private practice.

He stated that he does not prescribe antipsychotics and on occasion will prescribe parenterals. Patient safety is the main concern, with a PA it is a matter of the quality of supervision. A formulary that goes drug by drug, won't improve safety, only inconvenience to patients. He opined that it would be better to include the class of drug because it would not improve patient safety by listing individual drugs, it would only serve to inconvenience patients.

Dr. Rosenberg noted that not all PA work in the office with the supervising physician present and the initial visit may be with the PA. Dr. Carroll noted that he sees all initial patients, not the PA. He does not see the prescriptive change as a matter of patient safety.

Eric S. Smith, PA – C

Mr. Smith, the President of the Florida Academy of Physician Assistants (FAPA), presented a brief summary of PA prescribing in Florida. He stated that the current prescribing limitations have resulted in PA losing health care opportunities to ARNP.

In speaking in support of expanding PA prescriptive authority for parenteral and antipsychotic medications, he noted that the legislative change authorizing more prescriptive authority for PAs did not result in any contention with the legislature. He believes expanding prescriptive authority by class of drug would best allow the supervising physician to determine the scope of prescribing for the PA based on that particular practice.

Ms. Gerbert agreed that the supervising physician's role is to determine what the PA should be prescribing.

Mary Ettari, PA

Ms. Ettari introduced herself as a practicing PA in primary care with 10 years experience in internal medicine. During that period she seen many psychiatric patients. She noted that PA education includes teaching and rotations in psychiatric medicine. She also stated that 18% of the questions on the PA examination concern psychiatric care.

Ms. Gerbert reaffirmed role of training in pharmacy in PA school.

M. Juan Mixon

Mr. Mixon, representing FAPA, provided a brief history of the early method of formulary lists and the problems encountered in sending out revised lists to all concerned whenever a new drug was added to or removed from the formulary. He made the following points in recommending the Committee allow parenteral and antipsychotic classes of drugs be authorized for PA prescribing:

- Decision should be made by supervising physician
- If there is a problem in the future with one specific drug, the Committee can deal with that on an individual basis
- Although drugs are costly, that is a factor but should not be an overriding consideration

Workshop adjourned at 10:25 am.