RESOLUTION 19-23

Title: Standards for Collaborative Agreements

Introduced by: David Whalen, MD, for the Grand Traverse-Leelanau-Benzie County Delegation

Original Author: Leah Davis, DO

Referred To: Reference Committee B

House Action: **APPROVED**

Whereas, advance practice registered nurse practitioners (APRNs) and physician assistants (PAs) may engage or assist in activities that may include the evaluation and medical diagnosis of human illness or injury; the medical, procedural or surgical treatment of human illness or injury; or any other activity pursuant to their defined scope of practice, delegation and supervision by a physician, or a written practice or collaborative agreement with a participating or collaborating physician, and

Whereas, the requirements regarding collaborative or practice agreements with APRNs and PAs differ in Michigan, and

Whereas, as defined in Michigan law, PAs are health professionals who provide medical or osteopathic medical and surgical services under the terms of a practice agreement with a licensed participating physician, and

Whereas, Michigan's law stipulates that PAs may not practice medicine unless the PA has entered into a practice agreement with a participating physician which sets forth the process between the PA and participating physician for communication, availability, decision making, as well as protocols for designating alternative physicians for consultations when the participating physician is unavailable for consultation, and

Whereas, under Michigan law, an APRN is a registered professional nurse who has been granted a specialty certification in the area of (1) nurse midwifery, (2) nurse practitioner, or (3) clinical nurse specialist, and

Whereas, unless otherwise permitted by Michigan law, nurses may only perform certain duties that fall under the purview of medicine (e.g., prescribing controlled substances) if done so at the delegation and under the supervision of a physician, and

Whereas, an APRN is not required perform a task under delegation or supervision which falls within the scope of practice of the APRN, and

Whereas, Michigan's law pertaining to delegation and supervision includes conditions which the supervising physician must meet including, but not limited, to the continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and the licensed health professional; the availability of the licensed health

professional on a regularly scheduled basis to (1) review the practice of the supervised individual, (2) provide consultation to the supervised individual, (3) to review records, and (4) further educate the supervised individual in the performance of the individual's functions; and the provision of predetermined procedures and drug protocol, and

Whereas, a collaborating/participating physician must have an active license to practice in the state of Michigan, he/she is not required to be physically in the state of Michigan, resulting in instances of physicians located at a distant geographic location (e.g., another state) and remotely overseeing the activities of APRNs and PAs in Michigan, and

Whereas, there are requirements that a physician "may delegate to a licensed or unlicensed individual who is otherwise qualified by education, training, or experience the performance of selected acts, tasks, or functions where the acts, tasks, or functions fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision," there are still many instances in which a physician is collaborating with APRNs and/or PAs engaging in medical practices for which the collaborating/participating physician is neither Board Certified nor residency or fellowship trained, and

Whereas, these situations are not considered to be conducive to safe medical care of patients, contribute to the lack of truth and transparency in the quality of care which may be offered by non-physician practitioners, and may lead to loss of confidence in and respect for the medical profession by the public over time, and

Whereas, such legislation has not yet been forthcoming from the Michigan Legislature; therefore, be it

RESOLVED: That MSMS affirms the urgency of defining standards for "collaborative agreements" with advanced practice registered nurses (APRN)s and that MSMS seek and support legislation that would require APRNs to work in a setting and perform tasks and procedures that are within the collaborating physician's particular field of medicine, as qualified by residency training and/or board certification to perform; and be it further

RESOLVED: That MSMS believes physicians who enter into collaborative or practice agreements with advanced practice registered nurses (APRNs) or physician assistants (PAs) from a location outside of Michigan must be available to answer questions and directly collaborate with the non-physician practitioners, or to examine the patient, during a majority of the hours of activity of the APRN and/or PA via video conferencing; and be it further

RESOLVED: That MSMS supports the appropriate licensing Boards and agency investigating physicians who deliberately violate the spirit of safe collaborative medical practice with non-physicians by (1) engaging in a pattern of negligent delegation to, supervision of, or collaboration with NPPs, (2) supervising activities for which the physician is not formally trained and/or board certified, or (3) not being promptly available to communicate with the NPP and/or patient; and censure physicians who disregard collaborative requirements by aiding and abetting the unlicensed practice of medicine.

WAYS AND MEANS COMMITTEE FISCAL NOTE: $1,000-$2,000

Relevant MSMS Policy:

Nursing: Scope of Practice
MSMS opposes the practice of medicine by independent nurse practitioners.

MSMS supports the establishment of written protocols between the physician and nurse practitioner.

Physician's Relationship with License Limited Practitioners
A physician should at all times practice a method of healing founded on a scientific basis. A physician may refer a patient for diagnostic or therapeutic services to another physician, licensed limited practitioner, or any other provider of health care services permitted by law to furnish such services whenever the physician believes that this will benefit the patient. As in the case of referrals to physician specialists, referrals to license limited practitioners should be based on their individual competence and ability to perform services needed by the patient.

Testimonials should not be used in advertising as such claims tend to mislead the public. In addition, the Society supports Section 16265 of the Michigan Public Health code which states:
"1) An individual licensed under this article to engage in the practice of chiropractic, dentistry, medicine, optometry, osteopathic medicine and surgery, podiatric medicine and surgery, psychology, or veterinary medicine shall not use the terms doctor or dr. in any written or printed matter or display without adding thereto of chiropractic, of dentistry, of medicine, of optometry, or of osteopathic medicine and surgery, of psychology, of veterinary medicine or a similar term, respectively."

Relevant AMA Policy:

Models / Guidelines for Medical Health Care Teams H-160.906
1. Our AMA defines 'physician-led' in the context of team-based health care as the consistent use by a physician of the leadership knowledge, skills and expertise necessary to identify, engage and elicit from each team member the unique set of training, experience, and qualifications needed to help patients achieve their care goals, and to supervise the application of these skills.

2. Our AMA supports the following elements that should be considered when planning a team-based care model according to the needs of each physician practice:

Patient-Centered:
a. The patient is an integral member of the team.
b. A relationship is established between the patient and the team at the onset of care, and the role of each team member is explained to the patient.
c. Patient and family-centered care is prioritized by the team and approved by the physician team leader.
d. Team members are expected to adhere to agreed-upon practice protocols.
e. Improving health outcomes is emphasized by focusing on health as well as medical care.
f. Patients' access to the team, or coverage as designated by the physician-led team, is available twenty-four hours a day, seven days a week.
g. Safety protocols are developed and followed by all team members.

Teamwork:
h. Medical teams are led by physicians who have ultimate responsibility and authority to carry out final decisions about the composition of the team.
i. All practitioners commit to working in a team-based care model.
j. The number and variety of practitioners reflects the needs of the practice.
k. Practitioners are trained according to their unique function in the team.
l. Interdependence among team members is expected and relied upon.
m. Communication about patient care between team members is a routine practice.
n. Team members complete tasks according to agreed-upon protocols as directed by the physician leader.

Clinical Roles and Responsibilities:
o. Physician leaders are focused on individualized patient care and the development of treatment plans.
p. Non-physician practitioners are focused on providing treatment within their scope of practice consistent with their education and training as outlined in the agreed upon treatment plan or as delegated under the supervision of the physician team leader.
q. Care coordination and case management are integral to the team's practice.
r. Population management monitors the cost and use of care, and includes registry development for most medical conditions.

Practice Management:
s. Electronic medical records are used to the fullest capacity.
t. Quality improvement processes are used and continuously evolve according to physician-led team-based practice assessments.
u. Data analytics include statistical and qualitative analysis on cost and utilization, and provide explanatory and predictive modeling.
v. Prior authorization and precertification processes are streamlined through the adoption of electronic transactions.

Guidelines for Integrated Practice of Physician and Nurse Practitioner H-160.950
Our AMA endorses the following guidelines and recommends that these guidelines be considered and quoted only in their entirety when referenced in any discussion of the roles and responsibilities of nurse practitioners: (1) The physician is responsible for the supervision of nurse practitioners and other advanced practice nurses in all settings.

(2) The physician is responsible for managing the health care of patients in all practice settings.

(3) Health care services delivered in an integrated practice must be within the scope of each practitioner's professional license, as defined by state law.

(4) In an integrated practice with a nurse practitioner, the physician is responsible for supervising and coordinating care and, with the appropriate input of the nurse practitioner, ensuring the quality of health care provided to patients.

(5) The extent of involvement by the nurse practitioner in initial assessment, and implementation of treatment will depend on the complexity and acuity of the patients' condition, as determined by the supervising/collaborating physician.

(6) The role of the nurse practitioner in the delivery of care in an integrated practice should be defined through mutually agreed upon written practice protocols, job descriptions, and written contracts.

(7) These practice protocols should delineate the appropriate involvement of the two professionals in the care of patients, based on the complexity and acuity of the patients' condition.

(8) At least one physician in the integrated practice must be immediately available at all times for supervision and consultation when needed by the nurse practitioner.

(9) Patients are to be made clearly aware at all times whether they are being cared for by a physician or a nurse practitioner.

(10) In an integrated practice, there should be a professional and courteous relationship between physician and nurse practitioner, with mutual acknowledgment of, and respect for each other's contributions to patient care.

(11) Physicians and nurse practitioners should review and document, on a regular basis, the care of all patients with whom the nurse practitioner is involved. Physicians and nurse practitioners must work closely enough together to become fully conversant with each other's practice patterns.

Sources:

1. https://www.michiganpa.org/page/practiceagreement
2. https://cdn.ymaws.com/micnp.org/resource/resmgr/resources_&_links/micnp_collaborative_agreemen.pdf
3. http://www.legislature.mi.gov/(S(tez4xsng4gqymcmqm003cd2v))/mileg.aspx?page=getObject&objectName=mcl-333-16215