

## **James L. Holly, M.D.**

### **The Future of Collaboration Between Physicians and Nurses**

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**Your Life Your Health**

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In January, 2013, *Your Life Your Health* published a description of SETMA's Hospital Team's Interaction. A recent hospital survey raised questions about whether some nurses were performing functions outside the scope of their licenses. The review of SETMA's teamwork showed that while we were not asking, or allowing healthcare providers to work outside the scope of their practice, we were and we are innovating in how we relate to one another. That innovation respects and promotes creative collegiality between all members of the healthcare team.

One phrase in the above referenced piece attracted the attention of the Chief Executive Officer of a State Nurses Association in the Eastern United States, she said in part:

“I think we can all support the idea of inter-professional collaborative practice and healthcare providers practicing to the fullest extent of their education and licensure- you appear to talk a good talk but with a projected 90,000 family physician shortage on the horizon and over 30 million entering the healthcare system in one year there will NOT be enough primary care providers to meet the need and many physicians do NOT take on those patients who have Medicare and Medicaid as their primary insurance. So, who will fill the gap? Advanced Practice Nurses who have been working collaboratively with other healthcare providers for years with NO harm data. They have and will continue to be primary care providers for those uninsured and underinsured especially in rural and poor areas.

I would hope that instead of making statements like “but NOT from RN's acting independently of other healthcare providers”, you and your colleagues would enter in to a conversation with the nursing community about this issue for the benefit of ALL patients and the advancement of a new healthcare system that will provide greater access, quality and more affordable care- then there would be true inter-professional collaboration taking place.”

In responding to these comments, I explained the context of my original statement and then quoted a note I wrote on March 27, 2013 in response to a correspondence from a research organization with which SETMA is working; I said:

“Nurse Practitioners are not ‘extenders’ to us, but colleagues. If we are to solve the healthcare workforce issues in the United States, we will have to stop using what SETMA considers to be condescending and patronizing

nomenclature like “physician extenders” for NPs and PAs. This is not to be offensive to your writers, but is intended to avoid offense to our NP colleagues, most of whom are brighter than many physicians and from whom we have learned much about patient-centeredness in healthcare delivery.”

I then quoted from a September 10, 2010 letter which I wrote to the Texas Higher Education Coordinating Board at the request of the Deans of two Schools of Nursing. The Board was considering denying the expansion of the Schools of Nursing programs to offer the Doctor of Nurse Practice degree. This was done after physician testimony which wanted nurses to go back to bed pans and enemas (not an exaggeration).

“Increasingly, the practice of medicine needs the special skills and training of DNPs who are deeply immersed in statistical analysis, population-healthcare management and coordination and patient-centric nature of the “new” medicine. The DNP program provides a technical expertise and a perspective which perfectly supplements the physician role in the future of medicine.

“Most physicians have not had the opportunities which I have in order to appreciate the value of the nurse practitioners role and now the doctor of nurse practitioner role...I would implore you and your Board to look favorably upon empowering Schools of Nursing proposing to offer Doctor of Nurse Practitioners programs.”

At the American Student Medical Association’s October 10-21, 2013, meeting at the University of Texas School of Medicine at San Antonio, where I am an Adjunct Professor of Family and Community Medicine, I delivered the key note address on “The Future of Primary Care.” This is the link to this presentation <http://www.jameslhollymd.com/Presentations/Primary-Care-The-Future-of-Medicine>. Slides 20-32 and 40-54 address the subject of your admonition. I think it effectively responds to your comment that we “talk a good talk,” with the implication that we may not “walk the walk.”

- **Slide 46** states: “**More and more healthcare professionals are discovering that while their training isolates them from other healthcare professionals, the science of their disciplines is crying for integration, communication and collaboration.**”
- **Slide 47** states:” The 21st Century, Primary Care Healthcare Provider team is made up of: Nurse Practitioners both MSN and DNP. Physician Assistants. Physicians – including Internists, Pediatricians, Family Physicians, General Practitioners, Geriatricians, and Gynecologists. The unique skills, interests, motivations and training of each of the units of the team work synergistically to produce an outcome superior to any that one discipline can produce by itself.”
- **Slide 50** contains the following audit. The providers in the left column,

outlined in red are all Nurse Practitioners.



### NCQA Diabetes Measures

Encounter Date(s): January 1, 2012 to August 31, 2012

Provider	Encounters	A1c >9.0 <= 15%	A1c < 8.0 >= 60%	A1c < 7.0 >= 40%	BP > 140/90 <= 35%	BP < 130/80 >= 25%	Eye Exam >= 60%	Smoking Cessation >= 80%	LDL >= 130 <= 37 %	LDL < 100 >= 36%	Nephropathy >= 80%	Foot Exam >= 80%	Total Points
Ahmed	2,015	20.1%	58.6%	34.3%	7.8%	56.8%	61.4%	75.9%	12.8%	63.5%	74.6%	97.9%	60
Anthony	799	10.9%	78.5%	58.4%	18.0%	53.1%	77.2%	85.1%	12.1%	68.6%	96.1%	94.0%	100
Anwar	920	7.2%	78.2%	57.0%	6.5%	69.1%	67.7%	90.3%	13.3%	64.9%	89.3%	73.9%	95
Aziz	692	10.7%	75.7%	58.1%	19.7%	57.8%	51.9%	93.0%	11.1%	71.2%	90.2%	65.8%	85
Curry	141	8.5%	66.0%	54.6%	20.6%	56.7%	62.4%	100.0%	14.9%	60.3%	76.6%	70.2%	90
Darden	319	9.7%	73.0%	53.9%	11.9%	63.9%	54.9%	98.2%	13.5%	63.6%	72.4%	83.4%	85
Deiparine	663	13.9%	66.4%	48.1%	12.5%	58.4%	35.7%	90.2%	14.5%	58.8%	71.5%	63.2%	80
Duncan	570	9.6%	79.6%	60.9%	7.5%	70.4%	53.2%	91.9%	12.3%	69.5%	83.7%	70.9%	85
Halbert	913	7.1%	79.0%	60.8%	21.5%	53.1%	33.1%	86.8%	16.5%	62.4%	65.0%	60.2%	80
Henderson	614	10.1%	79.0%	59.8%	8.8%	67.6%	49.5%	96.7%	12.9%	66.4%	86.2%	83.9%	90
Holly	191	5.8%	84.8%	69.1%	7.3%	81.7%	84.8%	78.6%	9.9%	70.2%	95.8%	96.9%	90
Horn	607	8.7%	77.9%	59.3%	5.3%	53.9%	47.8%	95.3%	18.5%	57.2%	82.4%	86.8%	90
Leifeste	689	5.2%	84.5%	64.6%	13.2%	60.8%	73.7%	73.6%	8.3%	76.6%	91.3%	86.4%	90
Murphy	979	6.6%	85.2%	66.3%	18.8%	53.9%	44.3%	87.3%	10.9%	73.7%	89.9%	80.1%	90
Palang	764	9.3%	61.9%	46.2%	14.8%	62.3%	24.5%	93.3%	13.9%	54.6%	45.4%	26.8%	80
Qureshi	438	15.8%	64.8%	49.3%	12.1%	66.7%	41.1%	86.7%	16.9%	53.7%	67.6%	82.9%	73
Read	147	12.2%	80.3%	57.8%	18.4%	57.8%	60.5%	96.2%	15.0%	66.0%	92.5%	82.3%	100
Thomas	31	9.7%	67.7%	58.1%	9.7%	64.5%	48.4%	100.0%	22.6%	25.8%	58.1%	61.3%	70
Vardiman	190	8.9%	68.9%	51.1%	22.6%	53.2%	42.1%	92.9%	16.8%	58.4%	62.6%	77.9%	80
Wheeler	461	7.6%	83.1%	67.9%	18.2%	57.3%	64.9%	81.2%	12.6%	63.6%	93.5%	83.3%	100

- **Slide 51** states: “The defining event of SETMA’s collegial approach to relations with NPs and PAs occurred in the fall of 1996. The second day our first NP worked with us, I stepped into an examination room as she dropped a tube of blood on the floor and it broke. As she stooped down, I told her to stop and I asked her what she was doing. She said she was going to clean the blood up. I said, “No, I am going to clean it up. I want you to know that you are a healthcare provider with a license to diagnose illness and to prescribe treatment. You are not here as my scrub nurse, or to do what I don’t want to do. We are colleagues and while we have different responsibilities, we have the same value. I will never ask you to do anything illegal, unethical or immoral. I will never ask you to do something that I would not do myself. Therefore, anything I ask you to do, I will expect you to do it. If I do and if you don’t, I will do it and then I’ll ask you why you didn’t.”
- **Slide 53** states: “SETMA judges that we cannot produce the results we do without the collaboration and collegiality of NPs and PAs. We support legislation to give independent practice privileges and licensure to NPs, particularly to those with doctoral level training and to PAs with exemplary training, and experience. With that said, we think that the healthcare model of the future will be that of SETMA with all members of the team – NPs, PAs, MDs -- working together to produce results which they could not

achieve by themselves.”

- **Slide 54** concludes with: **“Welcome to the Future which is Primary Care – not medical primary care – interdisciplinary and interdepartmental primary care.”**

I concluded my note to the Nursing CEO with the following: “The following is a note I received this morning from a nurse who is becoming a nurse practitioner. She said: ‘After experiencing SETMA first hand, I feel it is where I would like to practice primary care along with my diabetes experience. ... I feel SETMA would allow me to pursue excellence since it exemplifies the utmost of care in Southeast Texas and the Nation...Thank you for all you have done for me towards my professional development.’ We do “talk the talk” and those who know us declare that we “walk the walk.”