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Healthcare Provider Scope of Practice Part II
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SETMA's Team Approach

SETMA's team approach to inpatient care is a success as demonstrated by the facts that our lengths of stay, quality metrics, cost of care and patient satisfaction are excellent. And, it is one of the reasons why the indigent, uninsured and unassigned patients for whom we care receive the same quality of care as our private patients. I would offer the following observations about SETMA's team. SETMA has licensed and credentialed healthcare professionals who work to the top of, but not beyond, their legal scope of practice as defined by each of their accreditation agencies.. As a policy issue, the prestigious and influential Health Affairs of January 14, 2013, published an extensive article entitled, *Primary Care Physician Shortages Could Be Eliminated Through Use Of Teams, Non-physicians, And Electronic Communication*. The goal of this transformation is to integrate teams to increase their efficiency, excellence and economy. This is what SETMA started eighteen years ago.

There is resistance to this transformation. In September 2010, the Texas Higher Education Coordinating Board was considering allowing two Texas Health Science Centers' Schools of Nursing to expand their programs to offer the Doctor of Nurse Practitioner degree. It is hard to believe but one physician member of that board testified that nurses should be giving enemas and using bedpans rather than getting doctoral degrees. I wrote the coordinating board and said:

"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. In an article for my weekly column for October 21.m 2009 entitled, Re-Evaluating the Value of Members of the Healthcare Team, I said:

'It is easily recognized in this emerging paradigm that all of the schools in the academic healthcare center are actively involved in patient care and in the training of those who will be healthcare providers. Yet, it seems that the farther and farther a person advances in biomedical education, the obvious union of their disciplines at their foundations seems to be lost and the more isolated from the whole these 'specialists' and 'experts" become.

‘This even creates problems within the various disciplines as egocentrism isolates one medical specialty from another. It is as a result of the need for the integration of healthcare disciplines at the delivery level, that the imperative becomes obvious for the restructuring of the training of the members of this healthcare team.

‘And, the first change must come in the relationships between the leaders of the training programs who educate and mentor future healthcare scientist, teachers, caregivers and researchers. The educational leaders must model this integration for their disparate student bodies and that modeling will require the investment of the most precious and rare resource: time.”

“The ideal setting in which to deliver and to receive healthcare is one in which all healthcare providers value the participation by all other members of the healthcare-delivery team. In fact, that is the imperative of Medical Home. Without an active team with team consciousness and team collegiality, Medical Home is just a name which is imposed upon the current means of caring for the needs of others. And, as we have seen in the past, the lack of a team approach at every level and in every department of medicine creates inefficiency, increased cost, potential for errors and it actually eviscerates the potential strength of the healthcare system.

“Why is this? Typically, it is because healthcare providers in one discipline are trained in isolation from healthcare providers of a different discipline. Oh, they are in the same buildings and often are seeing the same patients but they rarely interact. Even their medical record documentation is often done in compartmentalized paper records, which are rarely reviewed by anyone but members of their own discipline. This is where the first benefit of technology can help resolve some of this dysfunction. Electronic health records (EHR), or electronic medical records (EMR) help because everyone uses a common data base which is being built by every other member of the team regardless of discipline. While the use of EMR is not universal in academic medical centers, the growth of its use will enable the design and function of records to be more interactive between the various schools of the academic center.

“And, why is that important? Principally, because more and more healthcare professionals are discovering that while their training often isolates them from other healthcare professionals, the science of their disciplines is crying for integration and communication. For instance, there was a time when physicians rarely gave much attention to the dental care of their patients, unless they had the most egregious deterioration of teeth. Today, however, in a growing number of clinical situations, such as the care of diabetes, physicians are inquiring as to whether the patient is receiving routine dental care as evidence-based medicine is indicating that the control of disease and the well-being of patients with diabetes are improved by routine dental care. Also, as the science of medicine is proving that more and more heart disease may have an infectious component, or even causation, the avoidance of gingivitis and periodontal disease have become of concern to physicians as well as dentist.”

It is my hope that the Texas Nursing Board, CMS and hospital administrators do not push back the clock and return us to the healthcare silos where teams did not exist, care was fragmented and patient safety suffered from both.