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16A-5124: CRNP General Revisions
Attn.: Ann Steffanic
Board Administrator
State Board of Nursing
PO BOX 2649
Harrisburg, PA 17105-2649

2008 DEC 10 PM 1:43

INDEPENDENT REGULATORY
REVIEW COMMISSION

RE:16A-5124 CRNP General Regulations

Dear Ms. Steffanic,

As a Nurse Practitioner, I am contacting you in support of approving 16A-5124 CRNP General Regulations. The proposed changes will improve access to health care for Pennsylvanians while becoming more consistent with the expanded scope of practice authorized by Act 48.

The removal of the 4:1 NP to physician ratio would improve access to care as there are fewer physicians to collaborate, a requirement to legally practice prescriptive authority. For many years I have practiced in a 1 physician office in inner city Reading. As the practice grew, the physician attempted (for many years) to find a physician to join her practice to no avail. No physicians wanted to join a practice with an 80% medicaid, underprivileged, urban population and all the problems that go with. NP's kept the practice going. Most of our patients are extremely grateful for the nurse practitioners who take the time to educate them and treat each patient holistically, as per our nursing background. They were able to get appointments with a primary provider in a timely manner, reducing unnecessary ER visits and improved access to routine health care. If nurse practitioners had not filled the void left by MD's in our practice 8-10,000 pediatric patients in Reading would not have had timely access to quality primary medical care.

The schedule II, III, IV drug prescriptions hamper my care to my patients with chronic pain and other chronic problems, like ADHD, sleep disorders, anxiety.... in my practice. Having to search out a physician every time these patients require prescription results in wasted time (mine, the physicians, and the patients), reduction in efficiency, and increased expenses. Appointments with physicians in both the sites I practice at are often 1-2 months out. By that time patients will have run out of medication or had to make multiple trips to see me and the pharmacy to refill prescriptions for maintenance medications. Many patients are able to realize cost savings by using mail order, reducing co payment costs but only if it is a 90 day supply. This is significant for patients on multiple medications whose

copays are a financial burden in already economically difficult times. It has been my experience that NP's are very judicious in prescribing controlled medications for any length of time unless they have ensured necessary and appropriate use. Often being more cautious than many of the physicians I have worked with. I have always had my collaborating physician see these patients at least annually and sought collaboration as the situation arose.

I see many patients with chronic/complex health issues that have been mentioned as too difficult for NP to manage. I disagree and feel that these issues are one area that nursing education and experience is extremely useful. These are precisely the patients that require close monitoring, longer and more frequent visits, collaboration with multiple healthcare providers, services, and education to facilitate optimal self management. Often physicians don't have the extended time to spend with these patients. Nurse Practitioners by education and nature excel at getting to know patients, taking into account psychosocial, physical, cultural, and environmental issues, developing treatment plans, coordinating care, and educating patients. How many physicians do you know who take, or HAVE, the time to do this? This is where collaboration enters the mix. Collectively, I think Nurse practitioners as a group enjoy learning, expanding their knowledge, and seeking another healthcare providers opinion. Nurse Practitioners desire collaboration. I will be the first to ask when I don't know or feel something is out of my scope of practice. My first concern is for the health and safety of my patients. There is no reason to impose restrictive wording or burden physicians with cumbersome explicit collaborative agreements. I personally would not work for a physician who was not available to me.

Prescriptions and lab results need to be labeled in the name of the ordering provider. I have no issue with my collaborating physician and the other providers in the practice being listed on a collective script pad. But requiring an individual pad for every nurse practitioner with the collaborating physicians name on it is an unnecessary expense and restriction for practices. When the pharmacy collects my prescribing information they should also collect my collaborating physician's name. Then it will be in their computer and accessible without confusing patients or causing added expense to already struggling practices.

Secondly, in the case of prescriptions. Patients are often confused when the name of a physician whom they did not see shows up on a prescription bottle. This leads to unnecessary questions, phone calls, and fear of error. Also, pharmacists do not know who to call with questions about prescriptions, leading to potential errors if another provider, who did not see the patient receives the phone call, as well as delay in getting the medication and wasted time spent on multiple calls from providers, pharmacists, and patients, who also may have to make a second trip to the pharmacy to pick up their medications. This regulation may also lead to some serious technology issues with EMR's. We are currently using one that I know does not have the capability of supporting the mandate of adding

my collaborating physician's information.

Thirdly, when lab and test results are not returned to me it make follow up very difficult. I work at 2 practices and see this issue occasionally. Test results go the the wrong office in another providers name, they have to be faxed to the correct office, there is a delay in reviewing it. This could be detrimental to the patient if there is critical result that requires timely intervention. Another scenario I have experienced is the non-ordering provider, not having seen the patient may not realize a mildly abnormal result may have more serious diagnostic implications for that particular patient and not recognize the implications of the result. For example, I saw an older female patient for myalgias and arthralgias-worst in the pelvic and shoulder areas, with suspicion of PMR. My collaborating physician saw the lab work and her ESR was only mildly elevated. They presumed it was elevated because of OA and filed the report. Luckily, I had kept her name on my desk to follow up and knowing I had not seen the results went looking for them. She did indeed have PMR which requires treatment but because my collaborator had not seen the patient, heard the history, or know what my differential was did feel the result was significant.

I have been privileged to work in several practices that value my knowledge and skills as a nurse practitioner. The physicians are grateful for the help in lightening their load. Physicians are available to me for questions and also ask my opinion regarding certain things because each of us has a vast background of different experiences in a variety of settings, in education, and as individuals. There are things that my nursing background provides more insight and different aspect of care to patients that medical school does not. Certainly physicians have more education, there is no argument from nurse practitioners there. We are not trying to take over medicine or pass ourselves off as doctors. In fact I welcome and take advantage of every opportunity educate my patients on what am, what my education and experience allows me to do, how I function differently and collaboratively with physicians to provide safe and quality care patients deserve. As the population grows, medical needs change, and the primary care physician population shrinks people need timely access to medical care. Physicians can not individually see all the patients that require care, it is just statistically and humanly impossible. Patients can not wait days or months in some cases to see physicians. That could have significant consequences and detrimental health outcomes for patients.

Concerns regarding fear that NP's are unable to recognize more complex and acute issues that require increased level of knowledge and management by physicians that would cause an unsafe level of care to patients is unfounded. In a hospital setting nurses are the ones who recognize subtle signs when a patient's condition is ominous and contact the physician. This is at the RN level not the NP level. So why is it any different in the outpatient setting? If an RN can identify the patient in the hospital who requires a higher level of care and immediate intervention it would be a logical conclusion that an NP with n even higher level of

education can also recognize which patients are out of our scope of practice and require physician intervention. That has also been the conclusion of past research, not the unsubstantiated fears of organized boards of medicine. Collaboration is an agreement between people or peoples who have developed a trust in one another who work together, assist and balance each other, to achieve a common goal—safe, efficient, quality care for patients! Imposing more restrictions on care provided by nurse practitioners will inhibit the healthcare communities ability to achieve the goals of serving patients safely and efficiently. The proposed regulations are a logical and reasonable step forward to achieving these goals. Guidelines, not mandates, are what is needed from the legislation, to achieve cost effective, accessible, and quality care for patients.

I would appreciate your support in writing a letter to the PA State Board of Nursing in favor of approving the proposed regulations as proposed. The proposed CRNP regulations would remove barriers to access of care for the residents of Pennsylvania. With the goal of improving access to health care for all Pennsylvanians, approval of these Rules and Regulations will provide another step to improving healthcare for the residents of Pennsylvania.

Sincerely,



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