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Members of the State Board of Nursing, the House Professional Licensure Committee, and the Independent Regulatory Review Commission:

Thank you for your service on behalf of the health and safety of citizens of Pennsylvania.

I am writing in support of the changes to the CRNP Regulations in Pennsylvania. I am a nationally certified Family and Gerontological Nurse Practitioner and am licensed in PA as a Family Nurse Practitioner. I currently teach in a nurse practitioner program and practice at a federally qualified, nurse-managed center with two other nurse practitioners, two collaborating physicians and other team members including a social worker, a mental health counselor, and two bilingual medical assistants. The interdisciplinary team approach advocated by the Institute of Medicine (*Crossing the Quality Chasm)* offers our most vulnerable patients multiple types of services at a single location and also provides a safety check for patients and providers.

The proposed changes in Schedule II controlled substance prescribing would greatly benefit our patients. Currently we are confronted with the dilemma of prescribing for 72 hours for immediate pain control and contacting our collaborating physicians to obtain a prescription for 30 days duration written by him or sending the patient to one of our collaborating physicians' offices to obtain the prescription. Insurers balk at paying for this second prescription, leaving the patient without adequate pain management. If the collaborating physician's prescription is filled, patients frequently call and question it because they do not recognize the prescriber. Patients who are on multiple medications can become confused by different prescribers.

Removal of the 4:1 ratio is very important and would allow us in the nurse-managed centers to **communicate consistently with a single collaborating physician regarding complex patients.** This would improve the safety and continuity of patient management because the collaborating physician would be familiar with the patients. It would also improve efficiency in service delivery. Several physician organizations have written to you concerning the need for consistent oversight of nurse practitioners for the management of complex patients.

The reality of collaboration is that it is brief, consultative, delivered within the context of patient service, and usually individualized to the patient. The changes suggested to the proposed regulations by some medical society officials, i.e. requiring a task-driven list of what CRNPs could do within the collaborative agreement, would negate the entire conceptual basis for nurse practitioner practice and would encroach on **nursing practice** which is not within the purview of physicians. These protocol type tasks would demand frequent updating as new evidence-based research is incorporated into practice. This

would require more regulatory changes and in the interim, **patient safety would be compromised** by requiring nurse practitioners to use outdated, potentially dangerous protocols. Nurse practitioners would be at high risk for litigation. Task-oriented collaborative agreements contradict the mandates of the Agency for Healthcare Research and Quality (AHRQ). Nurse practitioner educational programs and continuing education programs deliver current information on clinical guidelines and evidence-based management strategies that can be utilized in practice. Technology facilitates the use of the most current practice guidelines as soon as they become available.

Collaboration, as defined by the Merriam-Webster online dictionary, is "to work jointly with others". This defines my collaboration as a health care team member. I collaborate with the social worker if there are problems with client insurance coverage or community resources, yet we have no written "collaborative agreement". I collaborate with the mental health counselor if I have a client who needs urgent intervention while the antidepressant that I have prescribed is taking time to become effective—but we do this informally and on the job. I contact my collaborating physician to inform him when I am sending a client into the emergency room and anticipate that the client will be admitted onto the physician's service; this is part of my written collaborative agreement but I would do this as basic communication regardless of whether we had this agreement. Likewise the physician collaborates with me or one of my colleagues when he calls and asks us to see a client who needs extensive education for a newly diagnosed chronic health condition such as diabetes or asks us to see an uninsured patient with complex needs.

Nurse practitioners are not seeking to become "mini-docs" as suggested by some uninformed comments. In my basic nursing education program I was taught that as nurses we treat the whole person including human responses to illness, provide comprehensive care including client/family education, health promotion and preventive health care, and work with other members of the health care team to return the client to optimum level of health or support the client and family in the end of life. My education was well grounded in biological sciences and social sciences and continues to be the foundation for my current practice as a nurse practitioner. The addition of the medical diagnosis and treatment piece in the nurse practitioner program expanded the scope of my practice but **did not alter the conceptual base**. There are areas of overlap in practice, just as physician education is now expanding to a more holistic focus, including courses on end-of-life care, etc.

Nurses and nurse practitioners have safely delivered chronic health care management of complex patients for years. The public health nursing model which later branched out to include certified home health agencies is a prime example of nurse-managed chronic health care. Many nurse practitioners, myself included, were practicing "community health" nurses prior to becoming nurse practitioners. Current models of institutional case management frequently use nurses as the case manager or team captain. The Institute of Medicine, in its landmark publication on patient safety and new health care delivery models for the 21st century states

> Health care for chronic conditions is very different from care for acute episodic illnesses. Care for the chronically ill needs to be a collaborative, multidisciplinary process. Effective methods of communication, both among caregivers and between caregivers and patients, are critical to providing high-quality care. Personal health information must accompany patients as they transition from home to clinical office setting to hospital to nursing home and back. Carefully designed, evidence-based care processes, supported by automated clinical information and decision support systems, offer the greatest promise of achieving the best outcomes from care for chronic conditions.

Source: *Crossing the Quality Chasm: A New Health System for the 21st Century (2001). Institute of Medicine. National Academies Press, Washington, 2001, p. 9-10.*

Nurse practitioners are accustomed to working as both team members and team leaders for better patient outcomes. Multiple publications have documented the success of nurse-managed clinics such as heart failure clinics and home assessment visits for the frail elderly in detecting early changes and intervening to prevent or limit hospitalization. The major obstacles to the continuation of these clinics have been **scope of practice and fiscal reimbursement** issues. The Robert Wood Johnson Foundation has funded several demonstration projects utilizing health care team models with nurse practitioners, physicians, and other healthcare team members for better patient outcomes. The proposed changes in the CRNP regulations would remove some of the barriers for service delivery to the most vulnerable patients in nurse-managed clinics.

I would like to close on a personal note by stating my high esteem and respect for the knowledge of physician colleagues and collaborators. In the 22 years that I have practiced as a nurse practitioner in PA I have enjoyed excellent working relationships, respect, and support from physicians and other health care team members as we work together for the ultimate goals of patient health and well-being.

Respectfully,

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