

## **Redefining the culture of NP-physician collaboration**

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Nurse practitioners (NPs) and physicians practice in a culture of collaboration. Since inception, the nurse practitioner role integrated the traditional role of the nurse with advanced education and specialized medical training.

Today, NPs are prepared at the masters and doctorate level and are nationally certified in their specialty areas. To better deploy NPs into the health care work force, 21 states and the District of Columbia have adopted a policy called “full practice authority.” However, some are worried that the culture of collaboration will change as many states move to join this growing trend of a less restrictive practice environment. State policy makers are working to ensure that NPs and physicians will collaborate within the health care team as they look to modernize NP licensure framework.

### **Collaborative agreements**

Many states require a written collaborative agreement with a physician (or physicians) for NPs to practice. However, a written agreement is not a prerequisite to request a physician consultation or to make a referral to another health care provider, but rather a part of the natural process of interprofessional collaboration (Nurse Pract 2013; 38:43-8).

Some NPs face challenges with the current requirement in certain states for either one or two physicians to be listed on their collaborative agreement. This requirement can be a challenge for NPs, especially for those serving communities experiencing physician shortages. This mandate has been identified as an obstacle to providing health care access and even cited as the cause of clinic closings and the loss of sole providers of care in various regions.

NPs provide high-quality care to patients, whether it is in primary care or in a specialty like urology. Many patients depend on the increased access to health care that NPs in the work force provide, according to the Institute of Medicine 2001 report “Crossing the quality chiasm: A new health system for the 21st century.” NPs are twice as likely to practice in rural areas and more likely to serve rural communities in states with full practice authority—a boost to primary care access (Health Aff [Millwood] 2013; 32:1236-43). When NPs are among the providers within a specialty practice, those practices are more productive and can offer a wider array of services.

### **What is full practice authority?**

Full practice authority means NPs can practice to the full extent of their training without the mandate of a collaborative agreement and allows NPs to expand access to care. Staffing satellite clinics in underserved communities where a collaborating physician might not be available is one example of this. In urologic practices, NPs contribute to the urology work force in a myriad of capacities for general and procedural care, as well as providing specialty services within the subspecialties.

Modernization of current nursing law in various states allows greater access without the barriers and administrative costs, and updates licensure. On the federal level, the U.S. Department of Veteran Affairs (VA) recently granted NPs, certified nurse midwives, and clinical nurse specialists the ability to practice to the full extent of their education. This policy change will allow the VA system to meet the growing needs of our nation's service members and veterans, according to a press release from the Federal Trade Commission.

#### Legislative agenda

Experts across the political spectrum identify full practice authority as a promising tool to expand access to care. In its landmark report about NPs, the National Academy of Medicine concluded: "Elimination of barriers for all professions with a focus on collaborative teamwork will maximize and improve care throughout the health care system." In Pennsylvania and other states, NPs anticipate the reintroduction of legislation that would remove the requirement for written collaborative agreements and modernize licensure.

"Nurse practitioners have always and will always collaborate with physicians," said Lorraine Bock, president of the Pennsylvania Coalition of Nurse Practitioners. "Full practice authority will not change that important relationship—but it will remove barriers that prevent NPs from serving patients and limit access to care."

#### Future directions

Flexibility of care in today's health care system forces a multidisciplinary or interdisciplinary approach with better efficiency for a more discerning patient. Redefining the culture of collaboration will optimize the access we give to patients in a patient-centered environment and value-based health care system. In my opinion, this "culture of collaboration" is the ideal for providing the highest quality within the challenges of our current system.

I urge my nurse practitioner colleagues to be knowledgeable about our legislative agenda and be able to articulate how this will look in your practices and state.

As always, please feel free to share your perspective by emailing me at [UT@advanstar.com](mailto:UT@advanstar.com) or posting a comment below.