AMA Advocacy Resource Center

Physician-led health care teams

Resource materials to support state legislative and regulatory campaigns
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Physician-led health care teams: Identifying the problem and providing a solution

The problem
This country faces a growing health care work force problem. The nation is experiencing shortages of both physicians and nurses. At the same time, there is increasing demand for primary care. There are solutions for addressing these work force shortages and primary care needs, including loan forgiveness programs, increasing the number of residency slots and taking steps to improve reimbursement for primary care services. While these solutions are longer term, there are also steps that can be taken in the short term.

Some have argued that nurse practitioners (NPs)—one type of APRN—should be granted authority to practice independently from physicians as a means to address primary care needs. These arguments come at a time when health care delivery and payment models are heading in the opposite direction. New models of care delivery, including accountable care organizations and patient-centered medical homes, require integration and teamwork among providers to improve health care outcomes and reduce health care costs. A growing number of policy experts recommend these team-based approaches. These two approaches—independent practice and team-based care—take health policy in two very different directions. One approach would further compartmentalize and fragment health care delivery; the other would foster integration and coordination.

The solution
The American Medical Association supports the use of patient-centered, team-based patient care. The AMA believes that increased use of physician-led teams of multidisciplinary health care professionals can have a positive impact on our country’s primary care needs. A team-based approach would include physicians and other health professionals working together, sharing decisions and information, for the benefit of the patient. Physicians, NPs, physician assistants, nurses and other professionals would work together, drawing on the specific strengths of each team member.

Health care teams require leadership, just as teams do in business, government, sports and schools. Physicians bring to the team the highest level of training and preparation and as such are the best suited to guide the other members of the team. Nurses are indispensable, but they cannot take the place of a fully trained physician. Physicians are trained to provide complex differential diagnoses, develop a treatment plan that addresses multiple organ systems and order and interpret tests within the context of a patient’s overall health condition. The training and education of NPs is appropriate for dealing with patients who need basic, preventive care or treatment of straightforward acute illnesses and previously diagnosed, uncomplicated chronic conditions. NPs and physicians have skills, knowledge and abilities that are not equivalent, but instead are complementary. The most effective way to maximize the talents of the complementary skill sets of both professionals is to work as a team.

We have an opportunity to have a positive effect on the primary care shortage by being more efficient with how primary care is delivered. In short, this country needs more physicians and it needs more nurses, and it needs them working together in teams.
Patient support for physician-led health care teams

Survey results

New health care delivery system reforms hinge on a team-based approach to care. With their seven years or more of postgraduate education and more than 10,000 hours of clinical experience through acquired training, physicians are uniquely qualified to lead the health care team. Physicians, physician assistants, nurses and other health care professionals have long worked together to meet patient needs for a reason: the physician-led team approach to care works. Patients win when each member of the health care team plays the role they are educated and trained to perform.

A 2012 survey found that patients overwhelmingly want a coordinated approach to health care, with a physician leading the health care team.¹ Key findings include:

- Ninety-one percent of respondents said that a physician’s years of education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.
- Eighty-six percent of respondents said that patients with one or more chronic conditions benefit when a physician leads the primary health care team.
- Four out of five patients prefer a physician to have primary responsibility for leading and coordinating their health care.

THREE OUT OF FOUR patients prefer to be treated by a physician …
• Even if it takes longer to get an appointment
• Even if it costs more

<table>
<thead>
<tr>
<th>Do you agree with the following statement?</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Not sure (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians and nurses need to work in a coordinated manner to ensure that patients get the care they need</td>
<td>98</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>While nurse practitioners are essential to the health care team, they should assist the physician, who should take the lead role in determining the type and level of care to be administered</td>
<td>88</td>
<td>9</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Only physicians have the education and training to look for and diagnose both common and complex medical conditions</td>
<td>83</td>
<td>10</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Nurse practitioners should not be allowed to run their own medical practices without physician involvement</td>
<td>78</td>
<td>19</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nurse practitioners should not be able to practice independently of physicians, without physician supervision, collaboration or oversight</td>
<td>79</td>
<td>17</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Physicians, rather than nurse practitioners, should diagnose medical conditions</td>
<td>78</td>
<td>16</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Patients benefit when a physician leads the health care team</td>
<td>75</td>
<td>19</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

¹ Baselice & Associates conducted a telephone survey on behalf of the AMA Scope of Practice Partnership between March 8–12, 2012. Baselice & Associates surveyed 801 adults nationwide. The overall margin of error is +/- 3.5 percent at the 95 percent level.
<table>
<thead>
<tr>
<th>Should only a medical doctor or doctor of osteopathic medicine be allowed to perform the following procedures or should other health care professionals be allowed to perform this specific activity?</th>
<th>Only a medical doctor (%)</th>
<th>Other health care professional (%)</th>
<th>Both equally/either one (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amputations of the foot?</td>
<td>92</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Diagnose and treat heart conditions?</td>
<td>92</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Surgical procedures on the eye that require the use of a scalpel?</td>
<td>90</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Treat emergency or traumatic medical conditions, which may be life threatening?</td>
<td>90</td>
<td>4</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Facial surgery such as nose shaping and face lifts?</td>
<td>87</td>
<td>7</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Write prescriptions for complex drugs, including those that carry risk of abuse or dependence?</td>
<td>83</td>
<td>10</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Administer and monitor anesthesia levels and patient condition before and during surgery?</td>
<td>78</td>
<td>15</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Diagnose and treat chronic diseases like diabetes</td>
<td>78</td>
<td>15</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Write prescriptions for medication to treat mental health conditions such as schizophrenia and bi-polar disorder?</td>
<td>77</td>
<td>11</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>
Frequently asked questions

Don’t most health care professionals already work in teams?

Team-based practice is certainly the norm rather than the exception. Physicians, physician assistants, nurse practitioners (NPs), registered nurses, licensed practical nurses, patient care associates, patient advocates (PAs), social workers and mental health specialists, along with registration and administrative personnel, are physicians’ regular companions. Not to mention pharmacists, radiology teams, and hospital staffs of physician specialists and technicians. All members of the team have roles to play, and those roles are regularly played in harmony.

New models of care delivery, including accountable care organizations and patient-centered medical homes, require integration and teamwork among providers to improve health care outcomes and reduce health care costs. A growing number of policy experts recommend these team-based approaches over solo and independent practice by physicians, nurses and other providers. Much-heralded places like the Mayo Clinic, the Geisinger Health Center in Pennsylvania, and Intermountain Healthcare provide examples of team medical practices that have been successful over many years. Though physician-led, team-based medicine appears to be the way of the future, a great deal must happen for it to succeed.

The American Medical Association supports the use of patient-centered, team-based patient care. The AMA believes that the best model has physicians in the lead, with care provided by all professionals performing up to their level of training, at the discretion of the physician leader. In this arrangement, the person patients say they want in charge of their care—the physician—is in that position, but the strengths and perspectives of all professions in the health care team are utilized to provide the safest, best treatment.

What are the key elements of this campaign?

The physician-led team campaign defines a “patient care team” as a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of the team handled by one or more patient care team physicians for the purposes of providing health care to a patient or group of patients. The physician-led health care team campaign establishes NPs as part of a physician-led patient care team. Within these teams each member has specific responsibilities related to the care of the patient or patients and shall provide health care services within the scope of his or her usual professional activities. The campaign also allows for NPs practicing as part of a physician-led patient care team to maintain appropriate collaboration and consultation with at least one patient care team physician. The campaign also establishes a process through which NPs gain the authority to prescribe certain controlled substances.

Why is the AMA pushing this legislation now?

Improving the nation’s health care system requires taking many issues into account. This country faces a growing health care work force problem. The nation is experiencing shortages of both physicians and nurses. At the same time, there is increasing demand for primary care. According to a 2010 analysis by the Association of American Medical Colleges, the shortage of physicians—defined as how many physicians the country is lacking given patient demand—is expected to be 130,600 by 2025, while the number of job openings for nurses due to growth and replacements to will total 1.2 million by 2020.
There are solutions for addressing these work force shortages and primary care needs, including loan forgiveness programs, increasing the number of residency slots and taking steps to improve reimbursement for primary care services. While these solutions are longer term, there are also steps that can be taken in the short term. The AMA believes that increased use of physician-led teams of multidisciplinary health care professionals can have a positive impact on our country’s primary care needs. We have to take this opportunity to make a serious dent in the primary care shortage by being more efficient about how primary care is delivered.

Is this campaign an attempt to restrict the practice of non-physicians?

Quite the opposite is true. This campaign provides health care teams the flexibility to allow the team’s members to practice to their full capacity. The AMA believes that increased use of physician-led teams of multidisciplinary health care professionals can have a positive impact on our country’s primary care needs. A team-based approach would include physicians and other health professionals working together, sharing decisions and information, for the benefit of the patient. Physicians, NPs, PAs, nurses and other professionals would work together, drawing on the specific strengths of each member. This country needs more physicians and it needs more nurses, and it needs them working together in teams. Physician-led, team-based medical practice offers promise for our American health care system—a system that provides the most effective, efficient and cost-effective care for our growing patient population.

Why should physicians lead the team?

Health care teams require leadership, just as teams do in business, government, sports and schools. Physicians bring to the team the highest level of training and preparation and, as such, are the best suited to guide the other members of the team. Nurses are indispensable, but they cannot take the place of a fully trained physician. Physicians are trained to provide complex differential diagnoses, develop a treatment plan that addresses multiple organ systems and order and interpret tests within the context of a patient’s overall health condition. The training and education of NPs is appropriate for dealing with patients who need basic, preventive care or treatment of straightforward acute illnesses and previously diagnosed, uncomplicated chronic conditions. NPs and physicians have skills, knowledge and abilities that are not equivalent, but instead are complementary. The most effective way to maximize the talents of the complementary skill sets of both professionals is to work as a team.

Is this what patients want?

Patients understand the need for team-based care—but if there is collaboration, they want to know a physician is taking the lead. An AMA survey of patients, released in 2012, found 98 percent saying physicians and nurses need to work in a coordinated matter to ensure patients get the care they need. Meanwhile, large majorities—upward of 75 percent—said they wanted physicians in charge of diagnosing complex and common medical conditions, and that physicians should provide supervision for other health professionals. Three out of four patients agreed with the statement, “Patients benefit when a physician leads the health care team.”

Who did your survey and what methodology was used?

Baselice & Associates conducted a survey on behalf of the AMA Scope of Practice Partnership between March 8–12, 2012. Baselice & Associates surveyed 801 adults nationwide. The overall margin of error is +/- 3.5 percent at the 95 percent level.
Model legislation

IN THE GENERAL ASSEMBLY STATE OF__________

An Act to Support Physician-Led Team Based Health Care

Be it enacted by the People of the State of ______________________, represented in the General Assembly:

Section 1. Title. This act shall be known as and may be cited as the Team Based Health Care Act.

Section 2. Purpose. The Legislature hereby finds and declares that:

A. The ongoing success of integrated health care systems can be attributed to the physician leadership within organizational and administrative aspects of their respective health care system.

B. Increased use of physician-led health care teams has the potential to offset completely the increase in demand for physician services while improving access to care, thereby averting a primary care physician shortage.

C. According to survey data, a vast majority of patients believe that patients with one or more chronic conditions benefit when a physician leads the primary health care team.

D. Four out of five patients prefer a physician to have primary responsibility for leading and coordinating their health care.

Section 3. Definitions.

A. “Patient care team” means a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of one or more patient care team
physicians for the purposes of providing and delivering health care to a patient or group of
patients.

B. “Patient care team physician” means a physician who is actively licensed to practice medicine
in the State of _______________, who regularly practice medicine in the State of _______________, and
who provides management and leadership in the care of all patients as
part of a patient care team.

C. “Collaboration” means the communication and decision-making process among members
of a physician-led patient care team related to the treatment and care of a patient and includes (i)
communication of data and information about the treatment and care of a patient,
including exchange of clinical observations and assessments; and (ii) development of an
appropriate plan of care, including decisions regarding the health care provided, accessing and
assessment of appropriate additional resources or expertise, and arrangement of appropriate
referrals, testing, or studies.

D. “Consultation” means a process whereby a nurse practitioner seeks the advice or
opinion of a physician or another health care practitioner.

E. “Nurse practitioner” means an advanced practice registered nurse who is jointly
licensed by the __________ Board of Nursing pursuant to § __________.

Section 4. Requirements – Licensure and practice of nurse practitioners.

A. A nurse practitioner shall only practice as part of a physician-led patient care team.

Each member of a physician-led patient care team shall have specific responsibilities related to
the care of the patient or patients and shall provide health care services within the scope of his
usual professional activities. Nurse practitioners practicing as part of a physician-led patient care
team shall maintain appropriate collaboration and consultation, as evidenced in a written or
electronic practice agreement, with at least one patient care team physician. Nurse practitioners
who are certified registered nurse anesthetists shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. Collaboration and consultation among nurse practitioners and patient care team physicians may be provided through telemedicine as described in Section __________. Practice of patient care teams in all settings shall include the periodic review of patient charts or electronic health records and may include visits to the site where health care is delivered in the manner and at the frequency determined by the physician-led patient care team.

B. Physicians on physician-led patient care teams may require that a nurse practitioner be covered by a professional liability insurance policy with limits equal to the current limitation on damages set forth in Section __________. Service on a patient care team by a physician-led patient care team member shall not, by the existence of such service alone, establish or create liability for the actions or inactions of other team members.

C. Physicians shall not serve as a physician-led patient care team physician on a patient care team at any one time to more than ___ nurse practitioners.

D. The nurse practitioner shall disclose to the patient at the initial encounter that he or she is a licensed nurse practitioner. Any member of a physician-led patient care team shall disclose, upon request of a patient or his legal representative, the name of the physician-led patient care team physician and information regarding how to contact the patient care team physician.

E. The Board of Medicine and the Board of Nursing shall jointly promulgate regulations specifying collaboration and consultation among physicians and nurse practitioners working as part of physician-led patient care teams that shall include the development of, and periodic review and revision of, a written or electronic practice agreement; guidelines for availability and ongoing communications that define consultation among the collaborating parties and the patient; and periodic joint evaluation of the services delivered. Practice agreements shall include
a provision for appropriate physician input wherever needed, such as in complex clinical cases
and patient emergencies and for referrals. Evidence of a practice agreement shall be maintained
by a nurse practitioner and provided to the Boards upon request. For nurse practitioners
providing care to patients within a hospital or health care system, the practice agreement may be
included as part of documents delineating the nurse practitioner’s clinical privileges or the
electronic or written delineation of duties and responsibilities in collaboration and consultation
with a patient care team physician.

Section 5. Prescriptive Authority

A. In accordance with the provisions of this section and pursuant to the requirements of
Section ____________, a licensed nurse practitioner shall have the authority to
prescribe Schedule __ through Schedule __ controlled substances and devices as set forth in
Section ____________. Nurse practitioners shall have such prescriptive authority upon the
provision to the Board of Medicine and the Board of Nursing of such evidence as they may jointly
require that the nurse practitioner has entered into and is, at the time of writing a
prescription, a party to a written or electronic practice agreement with a physician-led patient
care team physician that clearly states the prescriptive practices of the nurse practitioner. Such
written or electronic practice agreements shall include the controlled substances the nurse
practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as
described in the practice agreement. Evidence of a practice agreement shall be maintained by a
nurse practitioner pursuant to Section ______________. Practice agreements authorizing a
nurse practitioner to prescribe controlled substances or devices pursuant to this section shall
either be signed by the patient care team physician who is practicing as part of a patient care
team with the nurse practitioner or shall clearly state the name of the patient care team physician
who has entered into the practice agreement with the nurse practitioner.
B. It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written or electronic practice agreement.

C. The Board of Nursing and the Board of Medicine shall promulgate such regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients. Regulations promulgated pursuant to this section shall include, at a minimum, such requirements as may be necessary to ensure continued nurse practitioner competency, which may include continuing education, testing, or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients.

D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of any nurse practitioners which are otherwise authorized by law or regulation.

E. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of “administer” in Section __________ or from receiving and dispensing manufacturers’ professional samples of controlled substances in compliance with the provisions of this section.

**Section 5. Effective.** This Act shall become effective immediately upon being enacted into law.

**Section 6. Severability.** If any provision of this Act is held by a court to be invalid, such invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of this Act are hereby declared severable.

Adopted March 2013
State bill summaries

Virginia House Bill 346

Background
Physician organizations and nurse practitioner (NP) organizations often find themselves on opposing sides of legislative scope of practice battles. But in Virginia both sides worked together to craft a law that outlines how they will partner to provide team-based care. The Medical Society of Virginia and Virginia Council Nurse Practitioners collaborated for nearly two years to explore solutions that address systematic challenges to access to care. Virginia House Bill 346 (HB 346) was the product of this two-year dialogue. The bill was signed into law (Chapter 213) on March 10, 2012.

Definitions

Collaboration
The communication and decision-making process among members of the patient care team related to the treatment and care of a patient, including: (i) communication of data and information about the treatment and care of a patient, including clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing or studies.

Consultation
The communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem-solving and arranging for referrals, testing or studies.

Patient care team
A multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of one or more patient care team physicians for the purpose of providing and delivering care to a patient or group of patients.

Patient care team physician
A physician actively licensed to practice medicine in Virginia who provides management and leadership in the care of patients as part of a patient care team.

Other
The law supports consultation and collaboration among physicians and NPs while preserving physician leadership and management of patient care teams. Specific provisions include:

- Nurse practitioners must practice as part of a patient care team, which includes maintaining appropriate collaboration and consultation with at least one patient care team physician.

- Prescriptive authority—the law grants nurse practitioners the authority to prescribe Schedule II through Schedule VI controlled substances and devices, pursuant to a practice agreement with a physician that clearly states the nurse practitioner’s prescriptive authority.
• This collaboration and consultation can take place through telemedicine, allowing NPs to work in locations separate from their team physician (e.g., nursing homes, free clinics in medically underserved areas). Before enactment of the law, NPs had to work under direct supervision of a physician in the same location.

• For NPs providing care to patients within a hospital or health care system, the requirement for a practice agreement may be satisfied by evidence of the credentialing document for that NP working in the hospital or health care system.

• Each member of the patient care team must have specific responsibilities related to the care of the patient(s).

• The law expands to six the number of NPs a physician can partner with. Before enactment of the law, physicians could partner with only four NPs.

• Practice agreements can be submitted electronically. Before the law, practice agreements had to be maintained in paper form.

**Texas Senate Bill 406**

With AMA support, resources, and counsel, the Texas Medical Association reached an agreement with nurse practitioners (NPs) and physician assistants (PAs) on a model of physician-led, team-based care. The bill—S.B. 406—changes Texas statutes governing physician delegation and supervision of prescribing authority to NPs and PAs. Passage of S.B. 406 makes Texas the second state to enact legislation directly in support of physician-led health care teams, following landmark Virginia legislation in 2012. The bill was signed June 14, 2013 and went into effect November 1, 2013.

**Bill provisions**

- Senate Bill 406 establishes a delegated and supervised model of physician practice with NPs and PAs. Independent diagnosing and prescribing are the practice of medicine. A physician can delegate but must supervise, and retains accountability.

- The numbers of NPs and PAs that a physician may supervise increased to a total of seven, or their FTEs, without a waiver from the Texas Board of Medical Examiners (previously required for more than four supervisees).

- Physicians may delegate to a NP or PA, acting under adequate physician supervision, the act of prescribing or ordering a drug or device as authorized through a prescriptive authority agreement between the physician and the NP or PA. Though S.B. 406 spends considerable time outlining the required provisions of such an agreement, the physician can modify the prescriptive authority agreement as he/she sees fit.

  — The bill allows a physician to delegate the prescribing or ordering of a Schedule II controlled substance only in a hospital facility-based practice, or as part of the plan of care for the treatment of a hospice patient.
• Physicians will be required to sign a prescriptive authority agreement and document quality improvement meetings.

• The site based proxies for quality assurance – time on site variations, mileage limitations, mandated numbers of chart review – are replaced with quality assurance. At a minimum, physicians must meet with their NPs /PAs on a monthly basis with adjustments over time for experience.

• The bill allows flexibility in group practices that utilize multiple NPs and/or PAs.

This bill puts the physician firmly in the lead of the health care team with both the authority and responsibility to supervise. At the same time, it recognizes the importance of NPs and PAs as valuable members of the health care team.

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It is only through the support of our members that the Advocacy Resource Center’s work is possible. Join the AMA today and help sustain our state advocacy efforts on issues of importance to you and your patients.

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