

TODAY'S HEALTH FOR THE EMPOWERED WOMAN

OSWEGO PALLADIUM TIMES JULY 6,2015

COLLABORATIVE PRACTICE

In previous articles I have written about the roles of “midlevel providers” such as nurse practitioners certified midwives, and physician assistants play in modern healthcare. Most of the adjunct providers bristle at being called midlevel as it seems to place the physician at the top of the pyramid. They have a point so now they are called collaborative providers. Everyone is aware that there is a primary care doctor shortage, especially in rural areas. New residency training programs are not being started ostensibly for budgetary restraint. This coupled with a need to curtail spiraling medical costs has rapidly ignited the wide adaptation of collaborate practice. The federal government that oversees Medicare and Medicaid and the insurance companies that follow suit are very engaged in quality, cost, performance measures that add up to “value”. There is no question that much unnecessary testing by lab work and x-rays is done, treatment modalities that have no proven efficacy are frequently employed, expensive medications with poor track records are prescribed, and over prescribing of narcotic painkillers are being written which is bankrupting the system and leaving less money to care for the sick and aging population. Recently I was asked to review a one hundred and thirty five page article by some of the leading public policy makers in the nation concerning the concept of collaborative practice. It was too lengthy and redundant to go over in length here but I will summarize the salient points. Individual practices in all specialties as well as hospital based practices are going to move to a model that utilizes a “team approach” to medical care that will use physicians, nurse practitioners, midwives (in obstetrical practices), physician assistants, pharmacists, and social workers. The physician might be the team leader but the other team members will be utilized to the full extent of their training and expertise so that a consensus can be reached about correct treatment, quality treatment, and cost saving. The government and insurance companies are using computer based metrics to be sure that cost saving does not equate with poor outcome. Performance measures will be used to “rate” hospitals and practices and financial incentives and disincentives will be become the norm. Patients, at first, might not be thrilled that they might not be seeing a physician initially or not at all but with collaboration their particular case will be examined and discussed by the whole team. This will insure that a patient will be seen in a timely manner and that, providers, each with a specific level of expertise, will enhance the medical care and not detract from it. Physicians will have more time to deal with complex cases as the collaborative team closes an abdomen, puts on a cast, does rounds and even delivers a baby. Welcome to the 21st century. Embrace the concept. It is not going to change and only will become more prevalent. As this article goes to press pharmacists with training will be able to prescribe birth control pills “over the counter”. A word about telemedicine. This modality is being pushed in areas where there are a lack of specialists: a patient could have a two way consult with a specialist by computer, IF THE SPECIALIST IS LICENSED IN THE PATIENT'S STATE. They could be incorporated as part of the team. One could argue that a doctor-patient relationship by television is the beginning of the end but when used wisely will be beneficial. So, when you make a doctor's appointment, be prepared to be cared for

by a team of well trained professionals. Your waiting time should be less and your outcome should be the best that America offers at a reasonable cost.