

Use of Nurse Practitioners and Physician Extenders in Rheumatology: A Western North Carolina Perspective

Kate T. Queen, MD, FACR, CCD

Western North Carolina enjoys tremendous popularity. For years it has been a vacation and recreation destination, but today young and old alike are attracted to the mountains and find our communities an ideal place to consider calling home. Residents of western North Carolina have benefited from a long tradition of excellence, depth, and diversity in the medical community historically centered in Asheville. However, over the past 25 years the demand for quality specialty care closer to home has escalated in smaller, surrounding communities. A growing need for clinicians skilled in the evaluation and treatment of patients with rheumatic diseases and musculoskeletal complaints reflects this demand.

My experience is that of a solo rheumatologist practicing within a multispecialty internal medicine group in a rural mountain community. I struggled unsuccessfully to recruit a second rheumatologist for years and discovered that an alternative strategy for success in meeting the needs of my region was the integration of a midlevel practitioner. The development of collaborative practices with nurse practitioners or physician assistants has been an effective way for others to respond to this sometimes overwhelming demand for care. As we face the challenge statewide of meeting the needs of a “graying” North Carolina and embrace the opportunity to address issues related to health and aging, this model deserves serious consideration.

Who Benefits?

Patients are the most important beneficiaries of this collaborative approach to care. Improved access is a high priority to anyone with pain or impairment in independent function. Collaborative practices have the flexibility to develop strategies to not only expedite the evaluation of new patients but also deal with the needs of established patients promptly when new problems or concerns arise.

Patient satisfaction also improves. Nurse practitioners and physician assistants attracted to outpatient care typically have a special interest in patient education and teaching. This skill and focus is invaluable to patients with rheumatologic conditions who need to learn what to expect from their illness as well as how to avoid, recognize promptly, and respond to complications of their treatments.

“... as the demand for care increases and the financial pressures for efficient and effective service intensify, rheumatologists working collaboratively with nurse practitioners and physician assistants have real opportunities to build rewarding relationships.”

Kate T. Queen, MD, FACR, CCD, is a consulting rheumatologist at Mountain Medical Associates. She can be reached at katequeen@charter.net or 600 Hospital Drive, Suite 9, Clyde, NC 28721.

Rheumatologists who adopt this style of practice have much to gain. For a solo rheumatologist like me, the addition of a midlevel practitioner facilitated a healthier balance between the desire to provide quality patient care and follow-up and my own need for personal time and a balanced lifestyle.

It has been demonstrated in a wide variety of clinical settings that the utilization of a midlevel practitioner to maximize productivity has enhanced financial rewards as well. According to the Medical Group Management Association's *Physician Compensation and Production Survey: 2006 Report Based on 2005 Data*, physician assistants and nurse practitioners are able to generate practice income well above their costs.

In a practice setting of mutual respect and collaboration, midlevel practitioners can find great rewards. They have the opportunity to practice within the scope of their training and experience with the back-up and support of their physician. The expansion of new knowledge and therapeutic options makes this a particularly exciting time to be part of a rheumatology team. In addition, the freedom to focus on patient care and supervision without the burden of managing the financial and accounting aspects of practice contributes to the professional satisfaction inherent in their role.

Is There a Significant Difference Between Nurse Practitioners and Physician Assistants?

The background and training of nurse practitioners and physician assistants are not identical. Nurse practitioners are registered nurses who have attended accredited programs to pursue both advanced academic and clinical training. Physician assistants may come from a variety of prior experiences including work in other allied health roles and the military. Physician assistants typically have a baccalaureate degree as well as a degree from an accredited physician assistant training program.

In North Carolina, physician assistants are licensed by the North Carolina Medical Board (www.ncmedboard.org). Nurse practitioners receive their authorization to practice from both the North Carolina Medical Board and the North Carolina Board of Nursing (www.ncbon.com). State laws, including the Medical Practice Act of the North Carolina General Statutes, and the rules of the North Carolina Medical Board clearly delineate many facets of the primary supervising physician's responsibilities.

Individual physicians have substantial autonomy to decide how best to use an extender in their practice. It is important to the successful integration of a midlevel practitioner that his or

her scope of practice be identified and that the delegation of medical tasks is appropriate to the skills of the supervising physician as well as the competence level of the physician assistant or nurse practitioner. It is not surprising that this role often expands and evolves over time as the midlevel practitioner matures and demonstrates his or her competency.

Enhancing Success

In the field of rheumatology there are no training programs designed to help a nurse practitioner or physician assistant specifically prepare to join a rheumatology practice. Such training has traditionally been left to the individual physician who seeks to integrate a midlevel practitioner. The Allied Rheumatology Health Professionals, a sister organization to the American College of Rheumatology, has had a strong interest in recent years in providing continuing education opportunities for advanced practice nurses and other midlevel practitioners. However, at the present time, standardized preceptorships to develop the skills and knowledge base unique to rheumatology have not been developed.

Preparing your patients as well as your medical community for the addition of a nurse practitioner or physician assistant is critical to their acceptance, particularly if you are in a region where these practitioners are not found in specialty practices. Your confidence in their knowledge and skills is key to building a foundation for years of successful collaboration.

In addition, this model requires not only an initial commitment to training and integration but an ongoing willingness to review the care they provide and serve as a mentor. I have found this to be one of the most rewarding aspects of collaborative practice but cannot deny that to do this well requires an input of real time and energy. A commitment to provide ongoing supervision of care, to enhance opportunities for learning and professional growth, and to consistently be available to address questions or concerns is, I believe, fundamental to a long-term successful relationship.

While a collaborative approach to practice will not appeal to all, as the demand for care increases and the financial pressures for efficient and effective service intensify, rheumatologists working collaboratively with nurse practitioners and physician assistants have real opportunities to build rewarding relationships. It has been my experience that practicing rheumatology with a midlevel practitioner can improve access to care, enhance patient satisfaction and clinical outcomes, and at the same time expand productivity and secure financial success. **NCMJ**