



ENHANCING COLLABORATIVE CARE AND DRIVING POLICY CHANGE

Sharona Johnson, PhD, FNP-BC, NE-C

SYSTEM ADMINISTRATOR ADVANCED CLINICAL PRACTICE

ECU HEALTH

February 21, 2024

DISCLOSURES

Non-Declaration Statement:

I have no relevant relationships with ineligible companies to disclose within the past 24 months.

(Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

EDUCATIONAL OBJECTIVES

At the conclusion of this session, participants should be able to:

- Provide an overview of the current landscape of Advanced Practice Providers (APPs) serving on medical boards barriers and challenges.
- Discuss the importance of including APPs on the medical board in order to promote collaborative care models and improve patient outcomes.
- Outline strategies to participate on medical boards: leadership skills, fostering interdisciplinary relationships, and engaging in advocacy.

STATE MEDICAL BOARDS

STATE MEDICAL BOARDS

There are 71 state medical boards.

- To protect the public from the unprofessional, improper, unlawful, fraudulent and/or incompetent practice of medicine, each of the 50 states, the District of Columbia and the U.S. territories (Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands) has a medical practice act that defines the practice of medicine and delegates the authority to enforce the law to a state medical board.
- In 14 states, there are separate allopathic and osteopathic boards.
- Medical boards license physicians, investigate complaints, discipline those who violate the law, conduct physician evaluations, and facilitate the rehabilitation of physicians where appropriate.

Federation of State Medical Boards (FSMB) serves as the national voice for its member boards. It is a recognized authority throughout the United States and internationally on issues related to medical licensure and discipline.

DUTIES AND RESPONSIBILITIES



- Organization's Bylaws
- Review Policies
- Operational structure and board guidelines
- Attend meetings
- Sponsor events
- Buy tables and donate to the organization

Serving on boards. (2012, May 20). *The Deming Headlight* Retrieved from <https://www.proquest.com/newspapers/serving-on-boards/docview/1014351799/se-2>

IMPORTANCE OF SERVING ON BOARDS

- A seat at the table.
- You're the expert.
- No one can tell your story like YOU can!
- People want to hear from you to make your communities inclusive.
- You can help change policies, practices, and laws.



PRESENCE



Underrepresented on boards:

- Right Person/Professional
- Right Board
- Right time
- Interest
- Passion

CHANGE AGENTS

1

LEADERS

Lead change to improve health for all in our country.

2

DEDICATED

APPs are a diverse group of professionals dedicated to serving patients, families, and communities and are ideally suited to bring unique perspectives to the boardroom.

3

SKILLED

APPs possess a wide range of skills including strategic planning, critical thinking, communications, quality and process improvement, human resources, finance, and complex problem solving.

4

TEAMS

Accustomed to working in teams, APPs fit naturally into the board environment.

5

MISSION

Connected to the mission. Understand the challenges, opportunities, and implications of decisions on many levels.

STATE MEDICAL BOARDS MEMBERSHIP COMPOSITION

- All Medical Boards have Physician Members.
- Not all medical boards have APPs.
- Check your state's medical board for composition.
- Currently 41 PAs and 4 NPs serving on state medical boards in the US and territories.



Federation of State Medical Boards



NORTH CAROLINA MEDICAL BOARD

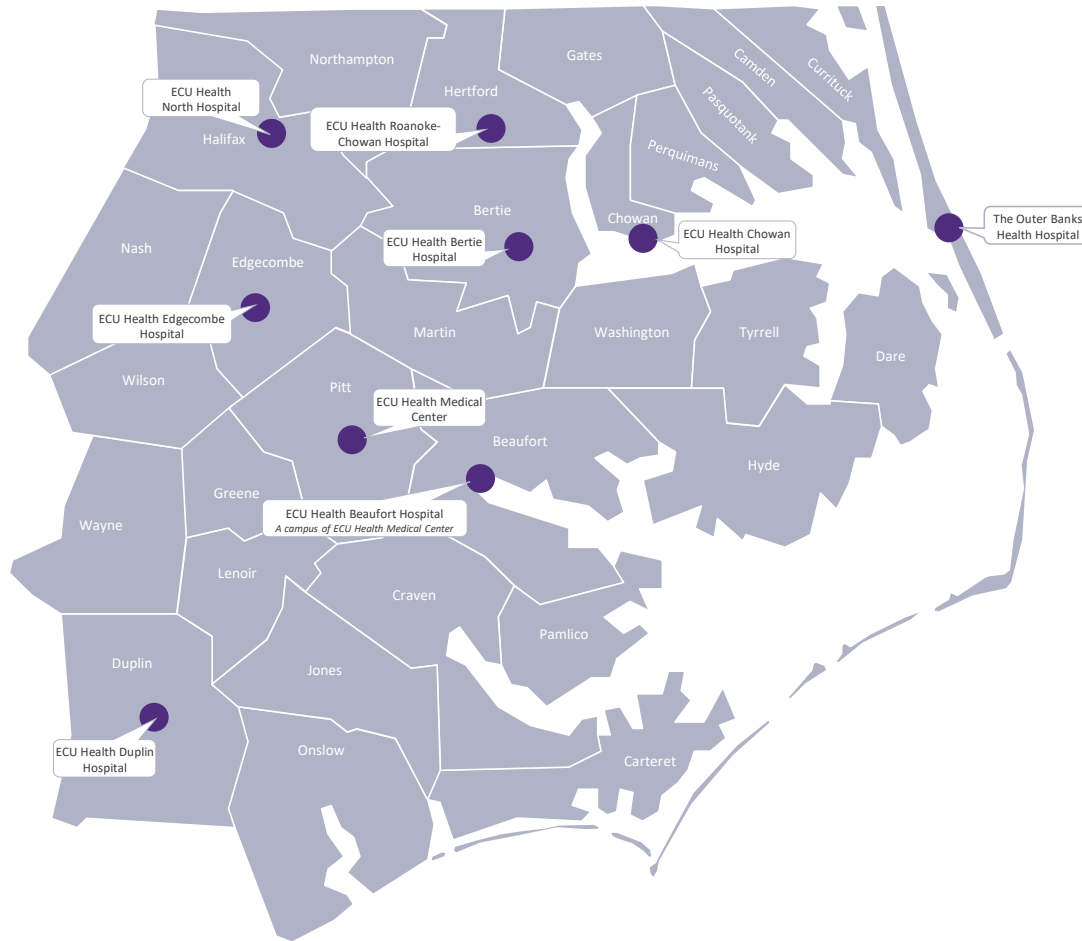
The Board consists of 13 members:

- 11 appointed by the Governor
- Two appointed by the General Assembly upon the recommendations of the Speaker and President Pro Tempore.
- Eight of the 13 are licensed physicians, one is a licensed PA, one is an approved NP.
- Three are members of the public with no financial or professional interest in a health service or profession.
- Board members may serve up to two consecutive three-year terms.





MAKING A DIFFERENCE IN RURAL HEALTHCARE



● ECU Health hospital locations

CHALLENGES



RISKS



- Approach board service with caution.
- Fiduciary relationship to the organization.
- Ask whether the board has ever been sued.
 - The organization should provide adequate directors and officers (D&O) insurance to protect members in the event of a lawsuit.

A practicing psychiatrist for some 30 years is suing the NCPHP as well as the North Carolina Medical Board (NCMB), the North Carolina Medical Society, several past and present medical board officials.

CONTROVERSY

- Three nurse practitioners who earned doctorates of nursing practice sued the California attorney general, leaders of the medical board of California and leaders of the state board of registered nurses, arguing they have earned the right to call themselves doctors.
- The nurse practitioners claim a California statute that only allows California-licensed allopathic and osteopathic physicians to use the terms “doctor” and “Dr.” is unconstitutional. The restriction has been on the books since at least 1937 to avoid patient confusion over the level of education their health professionals have achieved.

Question: How would a board without an APP as a member discuss or debate this topic?



<https://www.ama-assn.org/practice-management/scope-practice/nurse-practitioners-sue-right-use-doctor-label#:~:text=Three%20nurse%20practitioners%20who%20earned,using%20the%20term%20'doctor.'>

PHYSICIAN ASSOCIATE

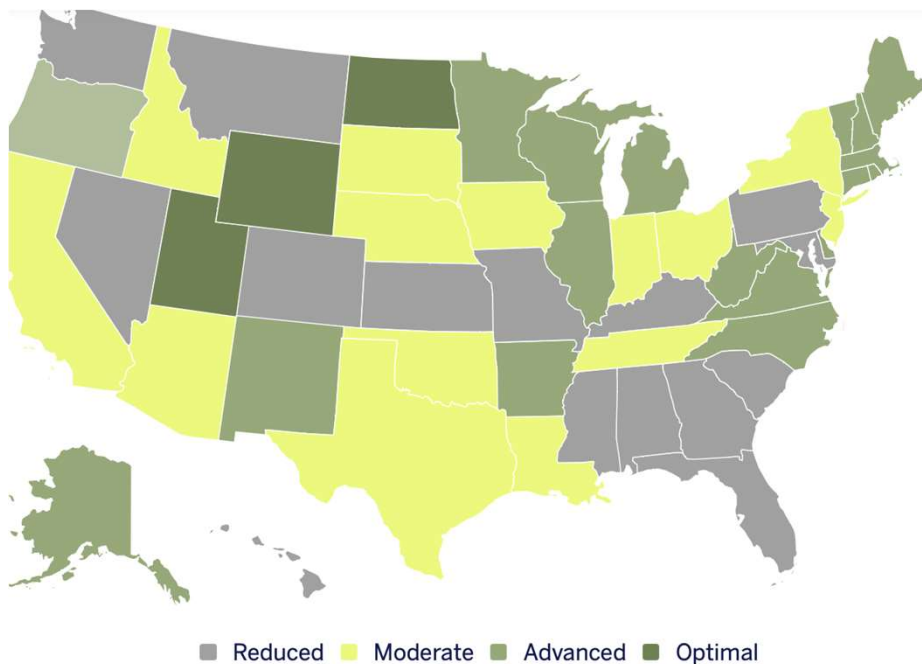


“Changing the title of ‘physician assistant’ will only further confuse patients about who is providing their care, especially since AAPA sought a different title change in recent years, preferring only to use the term ‘PA.’”

APPs are needed on state boards to advocate for the modernization of our professions.

<https://www.ama-assn.org/practice-management/scope-practice/pa-rebrand-physician-associates-will-deepen-patient-confusion>

OPTIMAL TEAM PRACTICE



OTP is not about independent practice or removing physicians from the team-based patient care equation. OTP emphasizes team practice and is about recognizing that PAs are fully responsible for the care we provide and regulating our own profession. The reality is that PAs are medical providers who have a proven record of providing high-quality care to patients. Laws and regulations need to change to reflect that reality.

WHY DO PAs WANT CHANGES TO BOARDS THAT REGULATE PA PRACTICE?

- Physicians are regulated by state medical boards composed of physicians.
- Nurses are regulated by boards made up of nurses.
- Only PAs are regulated by boards that often have no members actively working in their own profession.
 - This means the boards that regulate PA practice may lack knowledge of current PA practice or how rules and regulations may affect PA practice. This dearth of insight can lead to unnecessary restrictions and administrative burdens for PAs, physicians, and employers.
- PAs deserve what physicians and nurses already have: regulatory boards with current knowledge about their profession. States can determine whether this is best accomplished by creating separate PA boards or by adding PAs and physicians who work with PAs to medical or healing arts boards



ADVOCACY

In hindsight and “with a wealth of internal data,” which includes cost data on more than 33,000 patients enrolled in Medicare, “the results are consistent and clear: By allowing APPs to function with independent panels under physician supervision, we failed to meet our goals in the primary care setting of providing patients with an equivalent value-based experience.”



Batson B, Crosby S, Fitzpatrick J. Targeting Value-based Care with Physician-led Care Teams. *Journal of the Mississippi State Medical Association*. January 2022, Vol. LXIII, No. 1, pp. 19-21.
<https://ejournal.msmaonline.com/publication/?m=63060&i=735364 &p=21&ver=html5>

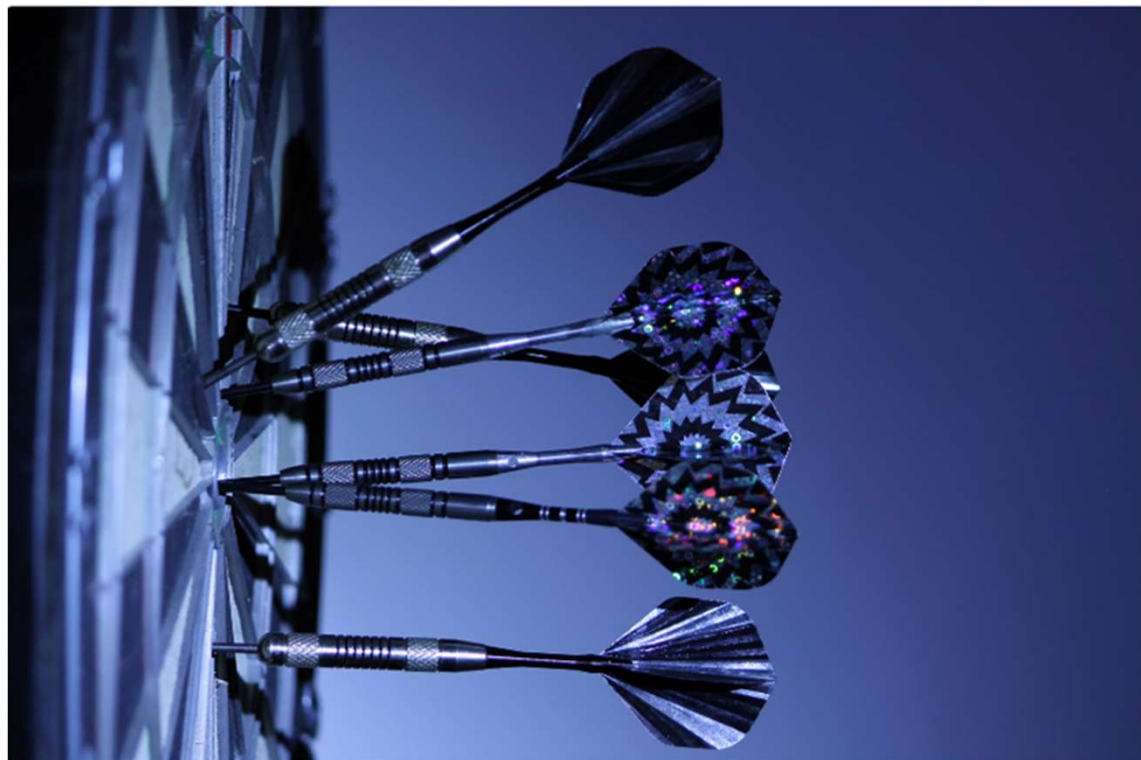
SHARING YOUR EXPERIENCE

This paper studies the productivity difference between physicians and nurse practitioners (NPs), two health care professions performing overlapping tasks but with stark differences in background, training, and pay. Using data from the Veterans Health Administration and quasi-experimental variation in the patient probability of being treated by physicians versus NPs in the emergency department, we find that, compared to physicians, NPs significantly increase resource utilization but achieve worse patient outcomes.



EDUCATIONAL OBJECTIVES ADDRESSED

- Provide an overview of the current landscape (barriers and challenges) of APPs serving on medical boards. ✓
- Discuss the importance of including APPs on the medical board to promote collaborative care models and improve patient outcomes. ✓
- Outline strategies to participate on medical boards: leadership skills, fostering interdisciplinary relationships, and engaging in advocacy.



STRATEGIES TO PARTICIPATE ON MEDICAL BOARDS

CHOOSING A BOARD

- Think about what you are passionate about.
- Ask a friend or co-worker if they serve on any boards or committees.
- Talk with other people who care about the same issues.
- Find groups that care about and work on those issue(s) and visit their meetings.
- Contact your local government and learn what office handles local and state boards and commissions.



HOW TO PURSUE BOARD SERVICE



- Find a board or committee and ask to join.
- Find a friend who can help you get on a board or committee.
- Someone may ask you to be on a board or committee because they know you and know what you care about.
- You may need to be voted onto the board or committee by board members or others.
- You may be appointed.

WHY SERVE?

Most people who volunteer to serve on boards say they do so because of a desire to have an impact, to effect positive change and to give back to the community.



WHAT'S IN IT FOR ME?

- **PURPOSE**

- Knowing what you stand for and why becomes clearer when facing important decisions that challenge your values or affect the organization's future.

- **DECISIVENESS**

- Relevance of information around important decisions.

- **EMPATHY**

- The ability to see situations from another's position or perspective can provide valuable experience and skills to improve your interpersonal relationships.

- **BROADEN YOUR THINKING**

- Expanding your knowledge in an unfamiliar field can broaden your area of expertise and your position as a leader.

- **HONE YOUR ABILITY TO INFLUENCE**

- Serving on a team of knowledgeable, experienced leaders teaches you both how to influence others and be a more effective team member.

Benson, L., & Harper, K.J. (2017). Why your nurses should serve on community health boards. BoardRoom Press, 28(1), 4, 14. Retrieved from www.nursesonboardscoalition.org/wp-content/uploads/BRP_2017_02_V28N1_Why-Your-Nurses-Should-Serve-on-Community-Health-Boards_Benson_Harper.pdf

WAIT THERE'S MORE!

○ BUILD SELF-CONFIDENCE

- Even exceptional leaders face self-doubt. Working on an organization's board puts you on equal footing with some of the most talented individuals in a particular field.

○ LEARN TEAM DYNAMICS

- By carefully observing interactions between board members, you can learn important lessons about personality compatibility, chemistry, and how everyone can contribute to reaching a common goal. This can enhance your ability to serve, assess dynamics, and impact every team you're on.

○ BE PREPARED

- Do your homework to learn as much as possible--including the organization's history and leadership. You'll be better prepared to contribute and gain the respect of others when you do.

○ CREATIVITY AND INNOVATION

- New ideas
- Best practices
- Professional connections

Hernandez, James. "Serving on boards: caveats for physician leaders." *Physician Leadership Journal*, vol. 1, no. 1, Sept.-Oct. 2014, pp. 72+. *Gale OneFile: Health and Medicine*, link.gale.com/apps/doc/A409422755/HRCA?u=ncliveecu&sid=summon&xid=57fb1827. Accessed 15 Jan. 2024.

CONCLUSION

- Regardless of education, background, or experience, every APP has a place on a board or commission.
- Each appointment brings us closer to our collective goal of healthier communities.
- It is our right and responsibility.
- Everybody wins when we serve on the boards.
- Where and when will you choose to serve?

THE TIME IS NOW!

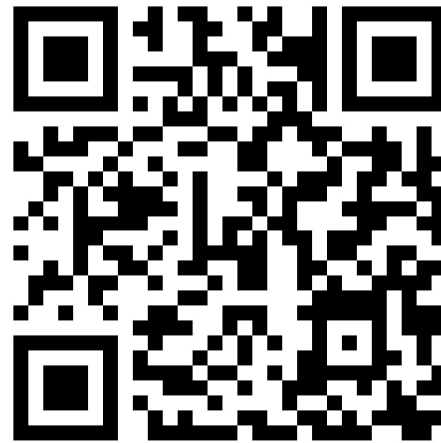


Sundean LJ, Polifroni EC, Libal K, McGrath JM. The rationale for nurses on boards in the voices of nurses who serve. Nurs Outlook. 2018;66(3):222-232

THANK YOU!

THANK
YOU

Sharona Johnson, PhD, FNP-BC, NE-C
System Administrator Advanced Clinical Practice
ECU Health
Greenville, NC 27834
shajohns@ecuhealth.org



REFERENCES

- American Association of Nurse Practitioners. <https://www.aanp.org/advocacy/advocacy-resource/policy-briefs/issues-full-practice-brief>
- American Academy of Physician Associates. <https://www.aapa.org/advocacy-central/optimal-team-practice/>
- American Medical Association. [https://www.ama-assn.org/practice-management/scope-practice/nurse-practitioners-sue-right-use-doctor-label#:~:text=Three%20nurse%20practitioners%20who%20earned,using%20the%20term%20"doctor."](https://www.ama-assn.org/practice-management/scope-practice/nurse-practitioners-sue-right-use-doctor-label#:~:text=Three%20nurse%20practitioners%20who%20earned,using%20the%20term%20)
- American Medical Association. <https://www.ama-assn.org/practice-management/scope-practice/pa-rebrand-physician-associates-will-deepen-patient-confusion>
- Batson B, Crosby S, Fitzpatrick J. Targeting Value-based Care with Physician-led Care Teams. *Journal of the Mississippi State Medical Association*. January 2022, Vol. LXIII, No. 1, pp. 19-21. <https://ejournal.msmaonline.com/publication/?m=63060&i=735364 &p=21&ver=html5>
- Benson, L., & Harper, K.J. (2017). Why your nurses should serve on community health boards. BoardRoom Press, 28(1), 4, 14. Retrieved from www.nursesonboardscoalition.org/wp-content/uploads/BRP_2017_02_V28N1_Why-Your-Nurses-Should-Serve-on-Community-Health-Boards_Benson_Harper.pdf
- Chan Jr, D. C., & Chen, Y. (2022). *The Productivity of Professions: Evidence from the Emergency Department* (No. w30608). National Bureau of Economic Research
- Federation of State Medical Boards. <https://www.fsmb.org/education/the-role-of-state-medical-boards/>
- Hernandez, James. "Serving on boards: caveats for physician leaders." *Physician Leadership Journal*, vol. 1, no. 1, Sept.-Oct. 2014, pp. 72+. *Gale OneFile: Health and Medicine*, link.gale.com/apps/doc/A409422755/HRCA?u=ncliveecu&sid=summon&xid=57fb1827. Accessed 15 Jan. 2024.
- Mittman, David & PA, DFAAPA. (2019). Let's keep the momentum going for optimal team practice: Become a champion for PAs. *JAAPA*, 32, 12-13. <https://doi.org/10.1097/01.JAA.0000578784.92545.82>
- Serving on boards. (2012, May 20). *The Deming Headlight* Retrieved from <https://www.proquest.com/newspapers/serving-on-boards/docview/1014351799/se-2>
- Sundean LJ, Polifroni EC, Libal K, McGrath JM. The rationale for nurses on boards in the voices of nurses who serve. *Nurs Outlook*.2018;66(3):222-232