

TIMELINE FOR
EXPANDING SCOPE OF PRACTICE
Specialty Access Care Initiative
Roundtable #3
Ann Murphy, M.D.
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1992:

Initiative: to develop “ambulatory care guidelines” for primary care clinicians.

Purpose: to provide consistent services to both patients and other medical providers by establishing guidelines for the delivery of primary care services and directives regarding referral consultation.

Process:

Specialists throughout the community are recruited to provide services on site at the Health Center. Primary care clinicians use the ambulatory care guidelines to ensure that a patient is seen by a specialist only when remaining medical services are only within the scope of practice of the specialist. In some cases, the “specialist” is actually a super trained primary care physician or dentist. Specialties include:

- Diabetes.
- Dental.
- Hepatitis C virus.
- Homeless Health Care.
- Gynecology.
- Obstetrics.
- Breast Specialist.
- Dermatology.
- ENT.
- Endocrinology.
- General Surgery.
- Internal Medicine/Nephrology.
- Neurology.
- Orthopedics.
- Plastic Surgery.
- Podiatry.
- Pulmonology.
- Rheumatology.

1996:

Initiative: to develop “primary care partners” for specialists in our health center.

Purpose: to expand access to specialists by using primary care clinicians as partners in specialty care.

Process:

A primary care clinician at the Health Center is provided additional training and experience in his/her specialty of choice, thereby expanding that primary care clinician’s knowledge base and scope of practice. That primary care clinician is then teamed up

with a particular specialist while the specialist is providing services at the Health Center and helps cover for the specialist between specialty visits. Examples of teams include:

- Gynecology:
 - PA/NP/Physicians receive additional training and experience to acquire certificates in colposcopy, cryotherapy and LEEPS.
 - PA/Pediatricians receive additional training in sexual assault exams. We then contract with the North State counties to provide forensic exams to law enforcement.
- Neurology: Physician receives additional training in neurology and 4-8 hours of time per month to spend in specialty clinic working side by side with a neurologist.
- Orthopedics: PA/NP's receive additional training in orthopedics, including assessment, diagnoses and procedures such as splinting and casting. These primary care clinicians evaluate patients first, triaging ahead any surgical cases to the orthopedist to facilitate more timely surgical interventions.
- ENT: PA/NP's receive additional training on site, working with ENT's to target all children with surgical conditions. Non-surgical conditions are referred back to the PCC with recommendations.

1998:

Initiative: to access “super specialists” by using telemedicine as a real time communication tool to provide specialty consultations for those patients requiring the expertise of specialists who practice primarily in tertiary care centers.

Purpose: to provide full spectrum primary care and specialty care to patients who live in underserved areas.

Process: PA/NP/Physician is assigned to a specialty telemedicine clinic. That primary care clinician attends every face to face consultation between a patient and a given specialist and follows up on orders/medicines/recommendations made by the specialist.

Telemedicine clinics include:

- Psychiatry for the developmentally disabled.
- Pediatric neurology.
- Pediatric endocrinology.
- Pediatric genetics.
- Child psychiatry.
- Adult endocrinology.

2000:

Initiative: to integrate primary care and neuropsychiatry in the primary care setting.

Purpose: to address neuropsychiatry disorders in the population we serve and to treat these disorders within the medical model of care.

Process: A new Department of Primary Care Neuropsychiatry is developed within the Health Center which is composed of primary care clinicians, psychiatrists, psychiatric nurse technicians, LCSW's and psychologists. Their job tasks are to provide limited consultation for the majority of patients and to provide training, education and on-site experience for all primary care clinicians within the Health Center so that the primary

care clinicians can more comfortably care for the more serious and complicated neuropsychiatry disorders.

2003:

Initiative: to develop electronic medical records to document all patient related activities.

Purpose: to utilize technology to benefit patients by improving the quality and efficiency of all aspects of patient related services, including the documentation of services and the integration and communication of primary care and specialty services.

Process: select an electronic medical records system, plan the conversion, prepare all staff and potential system users, including specialty consultants and then implement the roll out of a complete electronic medical records system.

2006:

Initiative: to develop electronic communication systems between the Health Center and local hospitals, laboratories and radiological facilities.

Purpose: to improve communication, both in quality and in efficiency, between all medical services providers.

Process: develop the specific software and hardware systems necessary to communicate electronically with each agency. For example, with:

- Shasta Regional Medical Center Hospital.
- Mercy Medical Center Hospital.
- Quest Diagnostics.
- Labcorps Diagnostics.
- Medical Diagnostics Imaging.

2007:

Electronic Medical Records Cases:

Case #1: 57 year old male with serious and chronic mental illness who had been lost to follow-up who presented with acute decompensation. This case was urgent and required aggressive communication and collaboration between Shasta County Mental Health providers and the Health Center in order to prevent his relapse and subsequent readmission to Atascadero State Mental Hospital.

Case #2: 55 year old male with metastatic bone carcinoma who was admitted to a skilled nursing facility in a medically and psychiatrically unstable condition. This case required immediate evaluation and medication adjustment that needed to be communicated with Hospice staff, nursing staff of the skilled nursing facility, family, the local hospitals and the Health Center.

Case #3: 29 year old female presented 30 days after a sexual assault with the chief complaint of hunger due to severe PTSD and agoraphobia resulting from an inability to leave her home to work or to buy food. This case required immediate, on-site documentation for the sheriff's officer in order to provide the background necessary to justify a police report so that she could qualify for Victim Witness support services.

2008:

Questions:

Did improving access to specialty services improve the recruitment and retention of primary care providers? Answer: Yes.

Why did improving access to specialty services improve the recruitment and retention of primary care providers? Answer: Because the primary care providers were able to facilitate comprehensive medical care for their patients. Also, those primary care clinicians who were part of a specialist/primary care clinician team felt the expansion of their own scope of practices benefited them personally in many ways.

Did these initiatives which expanded the scope of practices have an impact on provider productivity, scheduling and reimbursement? Answer: Yes, in very complex ways, both positive and negative.