REPORT OF THE CENTER FOR TELEHEALTH OF THE UNIVERSITY OF VIRGINIA

Telemedicine Pilot Program (SB369, Chapter 763, 2016)

TO THE GOVERNOR AND THE GENERAL ASSEMBLY OF VIRGINIA

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Report to the Governor and the General Assembly

SB 369 Telemedicine Pilot Program

Telehealth Technology-Enabled Patient Care Teams:

A PILOT PROGRAM TO EXPAND ACCESS AND IMPROVE COORDINATION AND QUALITY OF HEALTH CARE SERVICES IN RURAL AND UNDERSERVED AREAS OF VIRGINIA

October 2017

University of Virginia Health System

VTN

Preface

In Virginia, a nurse practitioner (NP) licensed in a category other than certified registered nurse anesthetist shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team. Pursuant to 18 VAC 90-30-120, all NPs must practice in accordance with a written or electronic practice agreement. The collaboration requirement has been raised as a barrier to care, particularly for NPs who desire to work in rural areas and with underserved populations where there are shortages of physicians who could serve as collaborators. During the 2016 Session, the Virginia General Assembly passed SB 369 authorizing the Center for Telehealth of the University of Virginia (UVA), together with the Virginia Telehealth Network (VTN), to establish a telehealth pilot program. This pilot program is intended to assess whether the use of telehealth technology-enabled patient care teams could help to mitigate these barriers and ultimately expand access and improve coordination and quality of health care services among these underserved areas and populations.

Staff support for the first year of the pilot was provided by Kathy H. Wibberly, PhD (UVA), David Cattell-Gordon (UVA) and Mara Servaites (VTN). In addition, guidance and direction was provided by a 7-member Steering Committee (inclusive of staff listed above) and an 18-member Advisory Committee. The UVA and VTN would like to thank the members of the Steering and Advisory Committees for their contributions:

Steering Committee

- David Cattell-Gordon, UVA Center for Telehealth
- Cindy Fagan, Virginia Council of Nurse Practitioners
- Dorrie Fontaine, UVA School of Nursing
- Karen Rheuban, UVA School of Medicine
- Carolyn Rutledge, ODU School of Nursing
- Mara Servaites, Virginia Telehealth Network
- Kathy Wibberly, UVA Center for Telehealth

Advisory Committee

- Rebecca Bates, Adams Compassionate Healthcare Network
- Del Bolin, Edward Via College of Osteopathic Medicine
- Diane Boyer, UVA School of Nursing
- Barbara Brown, Virginia Hospital & Healthcare Association
- Anita Browning, STAR Telehealth
- Michele Chesser, Joint Commission on Health Care

Advisory Committee (continued)

- Sandy Chung, Virginia Chapter – American Academy of Pediatrics
- Denese Gomes, Virginia Commonwealth University
- Pete Hill, Harrisonburg Community Health Center
- Ralston King, Medical Society of Virginia
- Michelle Kingsbury, Virginia Association of Family Practitioners
- Michael Weigner, Liberty University
- Thomas Milam, Virginia Tech Carilion
- Beth O'Connor, Virginia Rural Health Association
- Cynthia Romero, Eastern Virginia Medical School
- Patty Schweickert, UVA School of Nursing
- Rick Shinn, Virginia Community Healthcare Association
- Jerusalem Walker, Family Nurse Practitioner

Table of Contents

Executive Summary

Background. In Virginia, a nurse practitioner (NP) licensed in a category other than certified registered nurse anesthetist shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team. Pursuant to 18 VAC 90-30-120, all licensed NPs must practice in accordance with a written or electronic practice agreement. The collaboration requirement has been raised as a barrier to care, particularly for NPs who desire to work in rural areas and with underserved populations where there are shortages of physicians who could serve as collaborators. During the 2016 Session, the Virginia General Assembly passed SB 369 authorizing the Center for Telehealth of the University of Virginia (UVA), together with the Virginia Telehealth Network (VTN), to establish a telehealth pilot program. This pilot program is intended to assess whether the use of telehealth technology-enabled patient care teams could help to mitigate these barriers and ultimately expand access and improve coordination and quality of health care services among these underserved areas and populations. The pilot program is to include the following six core components:

1. The Center for Telehealth shall consult all appropriate stakeholders in establishing the pilot program, including but not limited to the Medical Society of Virginia, the Virginia Council of Nurse Practitioners, the Virginia Academy of Family Physicians, the Virginia Chapter of the American Academy of Pediatrics, the Virginia Hospital and Healthcare Association, the Virginia Community Healthcare Association, and public and private institutions of higher education located in the Commonwealth that award medical degrees.
2. The pilot shall include one or more patient care team physicians and one or more licensed nurse practitioners who presently practice in or who relocate to rural or medically underserved areas of the Commonwealth
3. The pilot shall provide technology, training and protocols to participating patient care teams to assist such teams in the delivery of telemedicine services in accordance with the goals of the pilot program
4. The pilot shall include a process for assisting nurse practitioners who seek to participate in the pilot program with identifying and developing a written or electronic practice agreement with a patient care team physician who will provide the required leadership of the patient care team through the use of telemedicine
5. The pilot shall develop and maintain a list of physicians who are ready to serve as patient care team physicians and making such a list available to nurse practitioners seeking physicians to serve as a patient care team physician in order to participate in the pilot program and makes such a list available on the UVA Center for Telehealth, Virginia Telehealth Network and Department of Health Professions websites
6. The pilot shall evaluate the success of patient care teams in improving access to care and coordination of care through evaluation of established clinical evidence.

Progress Report. General Fund dollars were appropriated to support the pilot program for a two-year period in the amount of $200,000 for FY2017 and $190,000 for FY2018. During the first year of the two-year pilot:

- A Steering Committee and Advisory Committee (with a Data Subcommittee) was established to provide guidance and direction for the development of this pilot program.
- Seven sites were selected to participate in Phase 1 of the pilot. These sites included Federally Qualified Health Centers (FQHCs), free clinics, nurse managed clinics and hospital based clinics. Of the initial seven sites, five are currently active. Active sites have all been provided with technology, training and protocols. For some sites, having the technology, training and protocols did not immediately drive utilization as there were other barriers that had to be resolved. However, once these barriers were identified and addressed, creative use cases and success stories have emerged as a result of this pilot:
- In collaboration with the Medical Society of Virginia (MSV) and the Virginia Council of Nurse Practitioners (VCNP), a Practice Agreement Template has been developed. Additionally, a survey was developed and sent out to the membership of the MSV and VCNP to identify barriers and opportunities.
    - Barriers identified include:
        - Just under 19% of all NP respondents experienced a period of time in their career where they were limited in their ability to work with patients and just over 9% of all NP respondents experienced a

period of time during the past 12 months where they were limited in their ability to work with patients because they were unable to find a collaborating physician.
    - Should they need to find a new collaborating physician in the upcoming year, close to half (46%) of all NP respondents expressed a lack of confidence in their ability to do so within 30 days. NPs who were required to find their own collaborating physician relied largely on existing relationships and personal contacts as their primary mechanism.
    - Physician attitudes and misunderstandings about liability, scope of practice and responsibilities of NPs is a barrier to establishing collaborative agreements with NPs.
    - Although the majority (83.3%) of physicians do not charge NPs to be a collaborating physician (corresponds to the percent of physicians who have NPs within their own practices or who work in hospitals and health systems that that have this responsibility a part of their employment contract), cost did emerge as a barrier for NPs who must pay for the time of a collaborating physician.

  - Opportunities identified include:
    - Among physicians currently serving as a collaborating physician, a significant proportion would be willing to collaborate with more NPs. In fact, many of them are quite vocal about how much they value the work of NPs. An opportunity exists to identify physicians who have had positive collaborative relationships with NPs and reach out to them to serve as champions for engaging their peers.
    - Just over 10% of physician respondents who are currently not serving as a collaborating physician with an NP indicated an interest in doing so. An opportunity exists to contact the physicians who have expressed an interest in establishing an Agreement with an NP as a collaborating physician and facilitate connections between them and the NPs looking for collaborating physicians.
    - Just over 20% of physician respondents indicated that the ability to use telehealth as a tool for collaboration would increase their willingness to become a collaborating physician. An opportunity exists to contact the physicians who would be more motivated to collaborate if they had the ability to use telehealth as a tool and to engage them in this pilot project and to view telehealth as a potential incentive for collaboration for a subset of physicians.

- An evaluation plan has been developed for this pilot and data collection efforts are currently being integrated into the telehealth platform with data collection to begin in November 2017.

Preliminary Findings and Results. After completing the first year of a two-year pilot program, the following are preliminary findings and results:

- Barriers to establishing and maintaining collaborative agreements between NPs and physicians are very real, and have a limiting impact on NP's ability to provide patient care in Virginia. These barriers include things like liability, cost, attitudes and misperceptions, and technology.
- There are physicians willing to serve as collaborators for NPs.
- A clear mechanism for identifying NPs in need of collaborators and physicians who are willing to serve as collaborators is needed.
- This pilot and the use of telehealth technologies can help to mitigate some of the barriers, but will likely not mitigate all of them.
- In addition to the need for collaborative agreements with a collaborating physician, there exists an even greater challenge of finding specialty and subspecialty care physicians to work with NP practices.
- Access to technology and training are important, but not always sufficient to drive utilization of telehealth. A more intensive personal investment of time must be factored in to help end users to map their vision and overcome internal and external barriers.
- Once barriers to utilization of telehealth are identified and adequately addressed, success stories related to improving access to care coordination and quality of care in rural and underserved populations are quick to emerge.

Telehealth Technology-Enabled Patient Care Teams:

A Pilot Program to Expand Access and Improve Coordination and Quality of Health Care services in Rural and Underserved Areas of Virginia

During the 2016 Session, the General Assembly passed SB 369 authorizing the establishment of a telehealth pilot program to expand access to and improve coordination and quality of health care service in rural and medically underserved areas of the Commonwealth. The Authorizing Legislation (see Appendix A) requires the Center for Telehealth of the University of Virginia to report to the Governor and the General Assembly on the results of the pilot program in establishing and supporting patient care teams providing health care services and improving access to health care services and coordination and quality of health care services in rural and medically underserved areas of the Commonwealth by October 15, 2017.

INTRODUCTION

Pursuant to 18 VAC 90-30-120, in Virginia, a nurse practitioner licensed in a category other than certified registered nurse anesthetist is authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team and must practice in accordance with a written or electronic practice agreement that includes provisions for:

- The periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
- Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and
- The nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:
    - In accordance with the specialty license of the nurse practitioner and within the scope of practice of the patient care team physician;
    - Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and
    - Not in conflict with federal law or regulation.

The practice agreement shall be maintained by the nurse practitioner. 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.

This requirement has been raised as a barrier to care, particularly for nurse practitioners who desire to work in rural areas and with underserved populations where there are shortages of physicians who could serve as a collaborating patient care team physician. This pilot program has been proposed with the intent of assessing whether the use of telehealth technology-enabled patient care teams could help to mitigate these barriers and ultimately expand access and improve coordination and quality of health care services among these underserved areas and populations.

The Authorizing Legislation (see Appendix A) requires the Center for Telehealth of the University of Virginia, together with the Virginia Telehealth Network, to establish a telehealth pilot program that leverages existing resources within the Center for Telehealth, the Virginia Telehealth Network and the communities served by the pilot program to the extent possible. The pilot program is to include the following six core components:

1. The Center for Telehealth shall consult all appropriate stakeholders in establishing the pilot program, including but not limited to the Medical Society of Virginia, the Virginia Council of Nurse Practitioners, the Virginia Academy of Family Physicians, the Virginia Chapter of the American Academy of Pediatrics, the Virginia Hospital and Healthcare Association, the Virginia Community Healthcare Association, and public and private institutions of higher education located in the Commonwealth that award medical degrees.

2. The pilot shall include one or more patient care team physicians and one or more licensed nurse practitioners who presently practice in or who relocate to rural or medically underserved areas of the Commonwealth
3. The pilot shall provide technology, training and protocols to participating patient care teams to assist such teams in the delivery of telemedicine services in accordance with the goals of the pilot program
4. The pilot shall include a process for assisting nurse practitioners who seek to participate in the pilot program with identifying and developing a written or electronic practice agreement with a patient care team physician who will provide the required leadership of the patient care team through the use of telemedicine
5. The pilot shall develop and maintain a list of physicians who are ready to serve as patient care team physicians and making such a list available to nurse practitioners seeking physicians to serve as a patient care team physician in order to participate in the pilot program and makes such a list available on the UVA Center for Telehealth, Virginia Telehealth Network and Department of Health Professions websites
6. The pilot shall evaluate the success of patient care teams in improving access to care and coordination of care through evaluation of established clinical evidence.

General Fund dollars were appropriated to support the pilot program for a two-year period in the amount of $200,000 for FY2017 and $190,000 for FY2018. Staff support for the first year of the pilot was provided by Kathy H. Wibberly, PhD (UVA), David Cattell-Gordon (UVA) and Mara Servaites (VTN). The following is a Progress Update following the completion of the first year of the two-year pilot program.

PROGRESS UPDATE: CORE COMPONENT ONE

1. The Center for Telehealth shall consult all appropriate stakeholders in establishing the pilot program, including but not limited to the Medical Society of Virginia, the Virginia Council of Nurse Practitioners, the Virginia Academy of Family Physicians, the Virginia Chapter of the American Academy of Pediatrics, the Virginia Hospital and Healthcare Association, the Virginia Community Healthcare Association, and public and private institutions of higher education located in the Commonwealth that award medical degrees

A Steering Committee and Advisory Committee have been established to provide guidance and direction for the development of this pilot program.

STEERING COMMITTEE	
David Cattell-Gordon	UVA Center for Telehealth
Cindy Fagan	Virginia Council of Nurse Practitioners
Dorrie Fontaine	UVA School of Nursing
Karen Rheuban	UVA School of Medicine
*Carolyn Rutledge	ODU School of Nursing
*Mara Servaites	Virginia Telehealth Network
*Kathy Wibberly	UVA Center for Telehealth

ADVISORY COMMITTEE	
*Rebecca Bates	Adams Compassionate Healthcare Network
Del Bolin	Edward Via College of Osteopathic Medicine
Diane Boyer	UVA School of Nursing
*Barbara Brown	Virginia Hospital & Healthcare Association
Anita Browning	STAR Telehealth
Michele Chesser	Joint Commission on Health Care
Sandy Chung	VA Chapter - American Academy of Pediatrics
*Denese Gomes	VCU
Pete Hill	Harrisonburg Community Health Center
Ralston King	Medical Society of Virginia
Michelle Kingsbury	Virginia Association of Family Practitioners
Michael Weigner	Liberty University
Thomas Milam	Virginia Tech Carilion
*Beth O'Connor	Virginia Rural Health Association
*Cynthia Romero	EVMS
*Patty Schweickert	UVA School of Nursing
Rick Shinn	Virginia Community Healthcare Association
Jerusalem Walker	Family Nurse Practitioner

**Denotes participation on the Data Subcommittee*

PROGRESS UPDATE: CORE COMPONENTS TWO AND THREE

2. **The pilot shall include one or more patient care team physicians and one or more licensed nurse practitioners who presently practice in or who relocate to rural or medically underserved areas of the Commonwealth**

3. **The pilot shall provide technology, training and protocols to participating patient care teams to assist such teams in the delivery of telemedicine services in accordance with the goals of the pilot program**

In consultation with the Steering and Advisory Committees, it was decided that the pilot program should be implemented in two Phases:

- Phase 1 (Year 1) would focus on implementation of a telehealth enabled physician care team model using a minimum of four unique clinical care settings.
- Phase 2 (Year 2) would expand the physician care team model to include collaborators for specialty and subspecialty care at the Phase 1 pilot sites and test the scalability of the pilot by expanding the pilot to include five additional sites.

The following seven sites were selected to participate in Phase 1 of the pilot.

Phase 1 Pilot Site	Clinical Care Setting Type	Status
Blue Ridge Medical Center	FQHC	Active
Adams Compassionate Healthcare Network	Free Clinic	Active
Harrisonburg Community Health Center (began as Elkton Family and Children's Medical Clinic)	FQHC (Nurse Managed Clinic)	Active
Everhart Primary Care	Nurse Managed Clinic	Inactive
Free Clinic of Pulaski	Free Clinic	Active
Integrative Health Care LLC	Nurse Managed Clinic	Active
VCU Health - Center for Advanced Health Management	Hospital Based Clinic	Inactive

Status. Of the initial seven sites, five are currently active. One pilot site had to drop out of the pilot (VCU Health) due to the departure of the Nurse Practitioner from the clinic and another pilot site had to drop out of the pilot due to internal administrative/management issues (Everhart Primary Care).

Active sites were provided with technology, training and protocols during January through March of 2017. One of the active sites (Integrative Health Care LLC) has a psychiatric nurse practitioner wanting to provide mental health services, but has been unable to find a collaborative patient care team physician (psychiatrist) and therefore has not yet begun using the technology. Another active site experienced a delayed start due to its transition from a Nurse Managed Clinic to an affiliate of the Harrisonburg Community Health Center.

Lessons Learned. A few key lessons learned after approximately six months after enrolling the pilot sites and deploying the technology, training and protocols include;

- Deploying the technology and training was relatively easy. Managing the people and processes surrounding the technology was more difficult.
- For some pilot site participants, the lack of technology and training was the only barrier. Once they had the technology and the training, they immediately began using the technology to enhance access and quality of care to their patients.
- For other pilot sites, having the technology and training were insufficient to drive utilization. By monitoring utilization, we were able to quickly identify the sites that seemed to have other barriers that needed to be overcome. A more intensive personal investment of time was needed to identify and overcome those barriers. Barriers to utilization varied, and included things like fear of change, skepticism from Board

Members, and lack of understanding of how the technology could be used to enhance access and quality of care.

Creative Use Cases and Emerging Success Stories from The Pilot. Once barriers were identified and addressed, utilization of the technology increased. The following are a few examples of the creative use cases and emerging success stories that have taken place as a result of this pilot:

- One pilot site clinic has expanded its reach by expanding to a new satellite clinic, using the technology to connect the satellite clinic to practitioners in their original clinic location.
- One pilot site clinic has begun using the technology to engage in "hot-spotting" for its most at-risk patients to reduce complications from uncontrolled chronic disease and prevent visits to the Emergency Department. Patients are now able to connect to providers from their home in conjunction with home visits by Advanced Practice nursing students and Masters of Social Work students.
- One pilot site clinic is using the technology to deliver diabetes self-management education to its patients.
- One pilot site has three facilities. Two of the facilities are staffed by Nurse Practitioners. Prior to having access to telehealth technology, the collaborating physician was being pulled away from clinical practice in order to travel to the other facilities. The technology has enabled the physician to connect to the Nurse Practitioners without having to travel. The physician is now able to resume seeing patients at the clinic, expanding access to service.

Next Steps. Phase 2 of the pilot is currently under way. Specialty and subspecialty care needs are being identified at the Phase 1 Pilot Sites. In addition, two additional sites have already been identified to join the pilot project, with recruitment for at least three more sites in process.

PROGRESS UPDATE: CORE COMPONENTS FOUR AND FIVE

5. The pilot shall include a process for assisting nurse practitioners who seek to participate in the pilot program with identifying and developing a written or electronic practice agreement with a patient care team physician who will provide the required leadership of the patient care team through the use of telemedicine

4. The pilot shall develop and maintain a list of physicians who are ready to serve as patient care team physicians and making such a list available to nurse practitioners seeking physicians to serve as a patient care team physician in order to participate in the pilot program and makes such a list available on the UVA Center for Telehealth, Virginia Telehealth Network and Department of Health Professions websites

In collaboration with the Medical Society of Virginia (MSV) and the Virginia Council of Nurse Practitioners (VCNP), a Practice Agreement Template has been developed (see Appendix B). Prior to identifying, developing and maintaining lists of physicians and making such lists available to NPs as a solution to the perceived problem, the Data Subcommittee felt it would be important to get a better understanding of the actual barriers and opportunities that arise when establishing patient care team relationships between NPs and physicians. A survey was developed for both NPs and physicians. Both the MSV and the VCNP assisted in sending out the survey to their membership.

Membership Survey	VCNP	MSV
Date Range	June 21 – July 7, 2017	July 13 – August 16, 2017
Number of Respondents	357	73

Note: Although the number of physician respondents was low, MSV says it is not atypically low and the profile of respondents aligns with that of their membership.

The following is a snapshot of summary data from the surveys. We are working to obtain the raw and free response data from the VCNP in order to do further data analytics.

About the Nurse Practitioner (NP) Survey Respondents.

1. What type of NP were you certified/trained as? (check all that apply)

	Response Ratio
Family	65.7%
Pediatric	2.5%
Adult	17.6%
Geriatric	6.7%
Women's Health	4.4%
Neonatal	<1%
Acute Care	12.6%
Occupational Health	<1%
Psychiatric/Mental Health	4.7%
Other	1.9%

2. What type of services are you providing?

	Response Ratio
Primary Care	50.2%
Specialty Care	44.0%
Mental Health	6.2%
Not applicable	4.5%
Total	100%

5. Is your practice site(s) considered: (Check all that apply)

	Response Ratio
Rural	24.2%
Suburban	48.1%
Urban	30.1%
Not applicable	4.2%
Other	2.8%

Profile data on the practice site locations for NPs in Virginia indicate that just over 24% of NPs work in rural areas. According to data from the National Conference of State Legislatures, only about 11 percent of the nation's physicians work in rural areas, despite nearly 20 percent of Americans living there (http://www.ncsl.org/research/health/meeting-the-primary-care-needs-of-rural-america.aspx).

About Practice Settings of NP and Physician Survey Respondents.

Hospital/health system	43.9%
FQHC	4.7%
Private practice	29.9%
Nurse managed clinic	2.2%
Public health	4.2%
NP owned practice	3.3%
None, I am retired or otherwise not working by choice	2.5%
None, I am actively seeking employment	<1%
Other	20.7%
Total Respondents	357

Hospital or Health System	**52.17%**
FQHC	**1.45%**
Private Practice - Primary Care	**20.29%**
Private Practice - Specialty Care	**40.58%**
Public Health	**1.45%**
Free Clinic	**1.45%**
Total Respondents: 69	

Note: Over one-fifth (20.7%) of the NP respondents selected "Other" as their practice setting. We will need to access the raw data to be able to take a closer look at what the "other" practice settings are. If some of these practice settings are not clinical in nature, it may be important to exclude this cohort from the summary data other summary data along with the 2.5% who indicated they were either retired or otherwise not working by choice.

About NP – Physician Collaborative Agreements.

Do you currently have a Collaborative Agreement with a collaborating physician?	
Yes	91.0%
No	3.9%
Not applicable	4.7%
No Responses	<1%

Do you currently have a Collaborative Agreement with an NP as a collaborating physician?	
Yes, with someone in my practice	**38.89%**
Yes, with someone outside of my practice	**5.56%**
No	**55.56%**

Where is your collaborating physician located?	
In the same facility as I am located (or within walking distance)	70.5%
Within a 30 minute drive	11.2%
Within an hour drive	7.8%
More than one hour's drive away	2.8%
Not applicable	7.2%
No Responses	<1%

Note: Only 5.5% of respondents indicated that they served as a collaborator with an NP who is not in their practice and over 55% are not engaged in any kind of collaborative agreement with an NP (though some may be collaborating with other types of physician extenders such as Physician Assistants and Nurse Midwives). Greater than 10% of collaborating physicians are located greater than a 30-minute drive from their collaborative care Team NP. We will need to access the raw data to be able to take a closer look at whether those with a greater distance are also disproportionately from rural practice sites and/or particular practice settings.

How was the Collaborative Relationship established?	
My practice assigned a collaborator to me	79.5%
I was responsible for finding a collaborator	11.4%
Not applicable	5.1%
Other	7.2%

How was the Collaborative Relationship established?	
It is a requirement of my employment contract	21.43%
I was approached by an NP who requested a collaborator	3.57%
I hired an NP to work in my practice by choice	71.43%
I was asked to assist by a professional organization	10.71%

On an average month, how much time do you engage with your collaborating physician regarding patient care?	
Almost never	20.1%
Less than an hour	27.1%
1 hour-5 hours	23.8%
More than 5 hours	22.6%
Not applicable	6.1%
No Responses	0.0%

On an average month, how much time do you engage with your Collaborating NP regarding patient care?	
Less than 1 hour	6.25%
1 - 5 hours	43.75%
5 - 10 hours	25.00%
More than 10 hours	25.00%

Note: While 11.4% of NPs have responsibility for finding a collaborating physician, only 3.6% of physicians report having been approached by an NP requesting a collaborating physician.

Just over 7% of the NP respondents selected "Other" in response to how their collaborative relationship was established. We will need to access the raw data to be able to take a closer look at what the "other" mechanisms are.

There is a huge discrepancy between the frequency of engagement for patient care between NPs and collaborating physicians between what is reported by NPs and what is reported by physicians. Less than a quarter of NPs report spending more than 5 hours per month with a collaborating physician, while half of the physicians report spending more than 5 hours with their NP as a collaborating physician. This is one area that may require some additional inquiry.

About Barriers to Establishing Collaborating Physician Relationships by NPs.

How likely are you to be looking for a new collaborating physician in the upcoming year?

I'm certain I will	3.6%
Very likely	3.9%
Somewhat likely	8.4%
Not too likely	42.2%
Definitely will not	40.8%
No Responses	<1%

Note: Approximately 16% of all NP respondents felt that there is the likelihood that they would be looking for a new collaborating physician in the upcoming year.

Since obtaining your NP license, has there ever been a time where you felt limited in your ability to work with patients because you were unable to find a collaborating physician?

Yes	67	18.7%
No	290	81.2%
No Responses	0	0.0%
Total	357	100%

Note: Just under 19% of all NP respondents experienced a period of time in their career where they were limited in their ability to work with patients because they were unable to find a collaborating physician.

In the past 12 months, did you have a period of time where you felt limited in your ability to work with patients because you were unable to find a collaborating physician?

No	286	80.1%
Yes, but only for a few days	11	3.0%
Yes, for a few weeks	5	1.4%
Yes, for a month or longer	17	4.7%
Not applicable	37	10.3%
No Responses	1	<1%
Total	357	100%

Note: Just over 9% of all NP respondents experienced a period of time during the past 12 months where they were limited in their ability to work with patients because they were unable to find a collaborating physician. Just under 5% were limited in their ability to work with patients for a month or longer. It is unclear whether some of these NPs were not aware of the provisions from the legislative amendment (see below) during the 2016 legislative session or their situations fell in an area not covered by those provisions.

During the 2016 legislative session, the Code of Virginia (§ 54.1-2957) was amended to include the following provision:

> *"In the event a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates his practice such that he is no longer able to serve, and a nurse practitioner is unable to enter into a new practice agreement with another patient care team physician, the nurse practitioner may continue to practice upon notification to the designee or his alternate of the Boards and receipt of such notification. Such nurse practitioner may continue to treat patients without a patient care team physician for an initial period not to exceed 60 days, provided the nurse practitioner continues to prescribe only those drugs previously authorized by the practice agreement with such physician and to have access to appropriate physician input in complex clinical cases and patient emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the nurse practitioner to continue practice under this subsection for another 60 days, provided the nurse practitioner provides evidence of efforts made to secure another patient care team physician and of access to physician input."*

It is unclear how this provision might impact the percentage of NP respondents who would answer in the affirmative in the future. It is hoped that this will mitigate some of the barriers, but worth noting that this provision does not cover all instances where the inability to find a collaborating physician would come into play. Within this pilot project, we have an NP currently employed at a Veterans Administration facility who has been wanting to work part-time as a Psych NP in order to address some of the mental health needs in the underserved areas around her. This NP has been unable to find a psychiatrist to serve as a collaborating physician, despite active efforts to do so for over six months. The provision in the above policy change does not address this and other situations like this.

Following are a few stories shared with us by NPs regarding the challenges that they have experienced:

"I had wanted to open my own practice in an underserved area. I was unable to find a collaborating physician who was willing to work with me at the time. I ended up working further from home in an area that was less needy."

"I was running a free diabetes clinic with a collaborating physician until the corporation bought the hospital and practices and the providers became affiliated with the health care organization. There then became a lack of independent providers in the area that could collaborate with me for the clinic and it had to close"

If you were to need a new collaborating physician in the upcoming year, how confident are you that you could find one within 30 days?

I know I could do that	25.4%
I think I could do that	26.6%
I'm uncertain if I could do that	28.5%
I'm pretty sure it would take longer than 30 days	10.0%
I know it would take a lot longer than 30 days	8.1%
No Responses	1.1%

Note: If they were to need to find a new collaborating physician in the upcoming year, close to half (46%) of all NP respondents expressed a lack of confidence in their ability to do so within 30 days and close to one-fifth were pretty certain it would take longer than 30 days.

If you have ever had to find your own collaborating physician, what mechanism(s) did you use?

I asked a physician that was already affiliated with my practice	14.6%
I contacted a physician with whom I already had a personal/professional relationship	13.5%
I asked for referrals from colleagues	3.4%
I was hired to work for the collaborating physician in his/her practice	16.0%
I requested assistance from a professional organization such as VCNP, MSV, AAFP, etc.	<1%
Not applicable	61.6%
Other	3.4%

Note: Less than 1% of NP respondents requested assistance from a professional organization.

In large part, NPs required to find their own collaborating physician relied largely on existing relationships and personal contacts.

There were 71 respondents who provided a free response answer to the question "what were the greatest challenges/barriers you encountered in your efforts to find a collaborating physician". We were not provided access to the free response items due to privacy and confidentiality concerns. We are working on processes to address those concerns in such a way that would allow us to obtain both the free response and raw data from the VCNP. In the interim, VCNP provided us with a brief snapshot of some of the identified issues and we've also gathered input from our pilot site participants. Some of the contributors to the problem of finding collaborating physicians include:

About Barriers Related to Physician Attitudes and Misunderstandings about Liability, Scope of Practice and Responsibilities.

"…some are unwilling to sign off on papers that are required by Medicare because they perceive a shared liability."

"My collaborating physician is required to see all patients I see face to face in a hospital setting… follow up patients included… has led to much duplication of time and services."

"Restrictions placed on my clinical privileges regarding the requirement for direct physician supervision for all procedures – even those for which I have been specifically educated and trained, per my specialty, to perform."

"NPs do not have the same training as physicians. They are not interchangeable."

"Many nurse practitioners are working beyond their scope of expertise."

"We are willing to add more NPs to our practice, but the legal issues in collaborating with someone far away are too much of a risk for us to take under current laws"

In an effort to counter some of the negative attitudes and misunderstandings identified in the surveys, MSV has recently developed and disseminated to its members a two-page document entitled "Frequently Asked Questions About Scope of Practice and Nurse Practitioners" (see Appendix C). However, some of the barriers to collaboration related to liability concerns were real. Several physicians who were approached to serve as a Collaborator for this pilot project expressed a personal willingness to do so, but were precluded from doing so due to their employment contracts with a hospital/health system. For these physicians, their malpractice coverage is paid for by their employer and thus they are only covered within the context of their job duties and responsibilities. Serving as a collaborator with an NP that is unaffiliated with their place of employment would be outside the scope of their job duties and responsibilities. Just slightly over half (52.5%) of all physician respondents work for a hospital/health system.

About Barriers Related to Costs/Financial Strain.

Do you get paid for your time as a collaborating physician?

No	83.33%
Yes, on a fee for service basis (e.g., I was paid based on time he/she spent with me)	3.33%
Yes, I am/was paid a flat monthly or annual fee	13.33%

Note: The majority (83.3%) of physicians do not charge NPs to be a collaborating physician. We will need to access the raw data to be able to take a closer look at whether those who do not charge are predominantly because they are working with NPs in their own practices and/or work in hospitals and health systems that have this responsibility a part of their employment contract.

For those physicians who do get paid by the NP to be a collaborating physician, the **actual reported fees collected** ranged from $6,000 - $12,000 annually. The VCNP reports that "some nurse practitioners have been forced to decline a collaborating physician agreement offer due to prohibitive costs. Participants reported that these **proposed costs** ranged anywhere from $500 – $6,000 per month…others indicated that the proposal would have required them to pay the collaborating physician up to 30% of their income."

"Since we are nonprofit, and quite small, but serve many clients (>3,000), our budget is small and cannot afford the fees most MDs require. We are fortunate that our current collaborator is very reasonable in his cost, but he is anticipating retiring and letting his license go in about 12-24 mo. Since his announcement of this 18 months ago, we have been actively searching for a replacement MD, but to no avail due to cost, malpractice and 3rd party insurer restrictions and locality. We are in hopes that either the legislation changes or that we will be able to find a physician to collaborate that won't bankrupt us. If neither happens, we will have to close our practice."

About Opportunities.

1. Champions Exist

"I employ an NP as an extender and am very impressed with her work and what she has brought to our practice. I think NPs are underutilized in Virginia and could be an important component of reducing health care costs in our state."

"NP quality that I have come across so far has been excellent"

"The NPs I work with are extremely valuable members of our team and embrace the collaborative relationship."

Would you be willing to collaborate with more NPs in addition to your current collaborative relationship(s)?

Yes	40.63%
No	37.50%
Not sure	21.88%

Note: Over 40% of physician respondents indicated that they would be willing to collaborate with more NPs in addition to their current collaborative relationships. The survey unfortunately failed to capture whether these physician respondents were responding in the context of NPs who are affiliated with their existing setting of employment (private practice, hospital, health system) or if this willingness extends to collaborating relationships with unaffiliated NPs.

Among physicians currently serving as a collaborating physician, a significant proportion would be willing to collaborate with more NPs. In fact, many of them are quite vocal about how much they value the work of NPs. An opportunity exists to identify physicians who have had positive collaborative relationships with NPs and reach out to them to serve as champions for engaging their peers.

2. Collaborators Exist

Would you be interested in establishing an Agreement with an NP as a collaborating physician?

Yes, I would be interested	10.53%
No	52.63%
Not sure	36.84%

Note: Just over 10% of physician respondents who are currently not serving as a collaborating physician with an NP indicated an interest in doing so.

An opportunity exists to contact the physicians who have expressed an interest in establishing an Agreement with an NP as a collaborating physician and facilitate connections between them and the NPs looking for collaborating physicians.

3. Telehealth Can Increase Willingness to Collaborate

How would your ability to collaborate with an NP using telehealth impact your willingness to become a collaborating physician?

I would be more willing	20.51%
No change	48.72%
I would be less willing	30.77%

Note: Just over 20% of physician respondents indicated that the ability to use telehealth as a tool for collaboration would increase their willingness to become a collaborating physician.

An opportunity exists to contact the physicians who would be more motivated to collaborate if they had the ability to use telehealth as a tool and to engage them in this pilot project and to view telehealth as a potential incentive for collaboration for a subset of physicians.

Next Steps. Our immediate next step will be to capitalize on the opportunities identified through the surveys. Both the MSV and the Psychiatric Society of Virginia have agreed to query their members regarding their interest in serving as either a collaborating physician for an NP and/or their interest in using telehealth to provide specialty and/or subspecialty care for patients who are seeing an NP for their primary care. In order to facilitate the ability to connect interested physicians with NPs, we are working on developing Profiles for NPs in need of collaborating physicians as well as profiles for physicians interested in working with NPs either as a collaborating physician or in working with an NP to provide specialty and/or subspecialty care consults via telehealth. This information will then be made available online. Additionally, a subset of the Data Subcommittee will be working with the VCNP on a proposal to obtain the raw and free response data from the VCNP in order to do further data analytics.

PROGRESS UPDATE: CORE COMPONENT SIX

6. The pilot shall evaluate the success of patient care teams in improving access to care and coordination of care through evaluation of established clinical evidence.

An evaluation plan has been developed for this pilot and data collection efforts are currently being integrated into the telehealth platform with data collection to begin in November 2017. The following are the evaluation objectives and data collection measures:

a) Demonstrate the feasibility of a telehealth-enabled patient care team in a variety of settings.

- FQHC
- Free Clinic
- Nurse Managed Clinic

Research Questions:

- **Does it work?**
  - Satisfaction with technology and ease of use

- Satisfaction with quality of connection
- Adequacy of bandwidth

- **Is it utilized?**
  - Current uses of technology and changes over time
  - Frequency and regularity of use of technology and changes over time
  - Users of the technology and changes over time
  - Number and types of use cases and changes over time

b) **Demonstrate the efficacy of a telehealth-enabled collaboration model on increasing access to/scope of care, time to care and adherence to established standards of care.**

Research Questions:

- **Does it increase clinic productivity?**
  - Patient volumes and changes over time
  - Locations of service and changes over time

- **Does it change the nature of the collaborative relationship?**
  - Types and numbers of care team collaborators and changes over time
  - Frequency of meeting with collaborator and changes over time
  - Physical distance between collaborator and changes over time

- **Do patients have better care as a result of this pilot?**
  - Time to care and changes over time
  - Access to care and changes over time
  - Compliance with care and changes over time
  - Scope of care and changes over time

c) **Establish best practices for telehealth-enabled collaboration models in relationship to protocols, processes and technologies.**

Research Questions:

- **What are best practices and lessons learned?**
  - Written protocols and processes
  - Billing and reimbursement
  - Workflow and practice efficiency
  - Minimizing costs per encounter
  - Maximizing integration with electronic health records
  - Enhancing coordination and continuity of care

d) **Identify barriers to telehealth-enabled collaboration models and develop strategies for overcoming those barriers.**

PRELIMINARY FINDINGS AND RESULTS

After completing the first year of a two-year pilot program, the following are preliminary findings and results:

- Barriers to establishing and maintaining collaborative agreements between NPs and physicians are very real, and have a limiting impact on NP's ability to provide patient care in Virginia. These barriers include liability, cost, attitudes and misperceptions and technology.
- There are physicians willing to serve as collaborators for NPs.
- A clear mechanism for identifying NPs in need of collaborators and physicians who are willing to serve as collaborators is needed.
- This pilot and the use of telehealth technologies can help to mitigate some of the barriers, but will likely not mitigate all of them.
- In addition to the need for collaborative agreements with a collaborating physician, there exists an even greater challenge of finding specialty and subspecialty care physicians to work with NP practices.
- Access to technology and training are important, but not always sufficient to drive utilization of telehealth. A more intensive personal investment of time must be factored in to help end users to map their vision and overcome internal and external barriers.
- Once barriers to utilization of telehealth are identified and adequately addressed, success stories related to improving access to care coordination and quality of care in rural and underserved populations are quick to emerge.

Appendix A: Authorizing Legislation

CHAPTER 763

An Act to establish a telehealth pilot program to expand access to and improve coordination and quality of health care services in rural and medically underserved areas of the Commonwealth.

[S 369]

Approved April 20, 2016

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Center for Telehealth of the University of Virginia shall, together with the Virginia Telehealth Network, establish a telehealth pilot program to expand access to and improve the coordination and quality of health care services in rural areas of the Commonwealth and areas of the Commonwealth that have been identified as medically underserved by the State Department of Health through the use of telemedicine services, as defined in § 38.2-3418.16 of the Code of Virginia, for the purpose of providing access to health care services that would not be available to individuals in rural and medically underserved areas of the Commonwealth without the use of telehealth technology. Such pilot program shall include a process for establishing and providing support to patient care teams, as defined in § 54.1-2900 of the Code of Virginia, that deliver telemedicine services through the pilot program. Patient care teams participating in the pilot program shall include one or more patient care team physicians, as defined in § 54.1-2900, who provide leadership of the patient care team through the use of telemedicine, and one or more nurse practitioners who are licensed in accordance with § 54.1-2957 of the Code of Virginia and who presently practice in or who relocate to rural or medically underserved areas of the Commonwealth served by the pilot program.*

The pilot program shall include a process for assisting nurse practitioners who seek to participate in the pilot program with identifying and developing a written or electronic practice agreement with a patient care team physician who will provide the required leadership of the patient care team through the use of telemedicine, which shall include developing and maintaining a list of physicians who are ready to serve as patient care team physicians and making such list available to nurse practitioners seeking physicians to serve as a patient care team physician in order to participate in the pilot program. The Center for Telehealth, the Virginia Telehealth Network, and the Department of Health Professions shall make such list available on their respective websites for the use of nurse practitioners seeking patient care team physicians.

The pilot program shall provide technology, training, and protocols to participating patient care teams to assist such teams in the delivery of telemedicine services in accordance with the goals of the pilot program. The Center for Telehealth shall provide oversight of patient care teams providing telemedicine services as part of the pilot program and shall evaluate the success of patient care teams in improving access to care and coordination of care through evaluation of established clinical evidence.

The pilot program shall, to the extent possible, leverage existing resources within the Center for Telehealth, the Virginia Telehealth Network, and communities served by the pilot program.

2. That the Center for Telehealth shall consult all appropriate stakeholders in establishing the pilot program created by this act, including but not limited to the Medical Society of Virginia, the Virginia Council of Nurse Practitioners, the Virginia Academy of Family Physicians, the Virginia Chapter of the American Academy of Pediatrics, the Virginia Hospital and Healthcare Association, the Virginia Community Healthcare Association, and public and private institutions of higher education located in the Commonwealth that award medical degrees.

3. That the Center for Telehealth of the University of Virginia shall report to the Governor and the General Assembly on the results of the pilot program established pursuant to this act in establishing and supporting patient care teams providing health care services in accordance with this act and improving access to health care services and coordination and quality of health care services in rural and medically underserved areas of the Commonwealth by October 15, 2017.

4. That in the case of psychiatric services provided to individuals receiving services from a community services board, free health clinic, or federally qualified health center by a practitioner engaged by the Center for Telehealth of the University of Virginia to deliver such services, the requirement for an appropriate examination set forth in § 54.1-3303 of the Code of Virginia may be satisfied through the use of telemedicine.

5. That the provisions of this act shall expire on July 1, 2018.

Appendix B: Practice Agreement Template

NP PRACTICE AGREEMENT TEMPLATE

1. As a member of the patient care team, the nurse practitioner shall provide an appropriate level of care for patients in accordance with:

   a. Educational preparation and specialty-specific national certification
   b. Applicable state and federal statutes and regulations related to advanced practice nursing
   c. The rights and privileges granted through licensure by the Joint Nursing and Medical Boards of Virginia
   d. Institution-specific medical staff bylaws and regulation (Optional)

2. As a member of a patient care team, the NP shall provide nurse practitioner services in the following hospital department or office, clinic, facility, retail clinic, home care or other practice setting listed below:

_____

3. As a member of a patient care team, the nurse practitioner shall maintain a current collaborative and consultative practice agreement with at least one patient care team physician. Within this practice agreement care shall be provided to [patient population, such as "adult patients" or "pediatric patients"]. Care shall typically include but not be limited to: [change a. - k. below to suit your clinical situation and competencies]:

   a. Evaluation and management of patients with acute/chronic conditions
   b. Emergency care [if practicing in an Emergency Department]
   c. Histories and physicals, episodic visits, treatment plan
   d. Prescribing of medications, ordering of diagnostic tests and medical devices
   e. Ordering of treatments, including but not limited to physical therapy
   f. Episodic and daily care of interventional patients pre & post-procedure
   g. Counseling and coordination of care
   h. Admitting of patients
   i. Discharge of patients
   j. Writing "Do Not Resuscitate" orders
   k. Procedures

4. The nurse practitioner may sign any orders, certifications, stamps, verifications, affidavits or endorsements as are in accordance with the license of the nurse practitioner, within the scope of practice of the patient care team physician, permitted by applicable sections of the Code of Virginia and not in conflict with federal law or regulation.

5. Collaboration and consultation may be accomplished through the use of telemedicine.

6. A joint review of patient records shall occur periodically in a frequency or manner mutually determined by the patient care team and shall include records reflecting evaluation by the nurse practitioner. The review may occur electronically. Joint review may involve periodic visits to the practice site where health care is delivered but site visits are not required by law. The patient care team may determine the frequency and nature of any such visits.

7. In accordance with the rights and privileges granted through licensure by the Joint Boards of Nursing and Medicine, the NP may order medical devices, and prescribe and/or dispense medications in Schedules II - VI. [Any exceptions to prescriptive authority desired by the team may be identified.]

8. The nurse practitioner shall utilize professional judgment and seek consultation with the collaborating physician or referral to an appropriate consultant should a patient's condition be determined to fall outside of APRN scope of practice or if the NP determines such consultation is indicated. When a patient is in need of emergency care the nurse practitioner shall follow standard hospital/facility/office protocols for emergency situations, and communicate subsequently with the team care physician as appropriate.

9. The collaborating physician or a physician designee shall be available to consult with the nurse practitioner, either in person or via electronic means. The collaborating physician shall communicate peer coverage arrangements to the nurse practitioner in advance of his or her absence from the practice.

10. Clinical references may be used as guidelines to prescriptive and nurse practitioner practice. This may include, but not be limited to electronic media, specialty standards of care, evidence-based research.

11. The nurse practitioner shall revise this agreement to reflect any changes to the scope of practice or prescriptive authority described in this agreement.

12. This agreement shall be reviewed at least every two years as part of the credentials reappointment process or as determined by the patient care team members or institutional policy.

13. This agreement can be maintained in electronic or paper form.

The members of the patient care team whose signatures appear below have agreed to the terms of this agreement on the date stated.

Nurse practitioner signature _____Date:_____

Collaborating physician(s) signature_____Date:_____

_____

_____

Department Chair or CNO signature (if applicable)_____Date: _____

Appendix C: Frequently Asked Questions

MEDICAL SOCIETY OF VIRGINIA MSV℠

Frequently Asked Questions about Scope of Practice and Nurse Practitioners

How many categories of nurse practitioners are there?
10. See 18 VAC 90-30-70.

What are relationships for nurse practitioners in these categories?
For nurse practitioners in the category of CRNA, they must practice under the supervision of a physician, but does not have to have a practice agreement. For nurse practitioners in the category of Certified Nurse Midwives, they must practice in "consultation" with a physician, and have a practice agreement. Finally, for all other categories of nurse practitioners, they have to collaborate and consult with a patient care team physician as evidenced in a practice agreement.

What is required to be contained in a practice agreement between a patient care team physician and a nurse practitioner?
The requirements for what must be contained in a practice agreement are set forth in 18 VAC 90-30-120 (D). This regulation requires the written or electronic practice agreement to include provisions for

"1. The periodic review of patient charts or electronic patient records by patient care team physician and may include provisions for visits to the site where health care is delivered in a manner and the frequency determined by the patient care team;
2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and
3. The nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided, it is:
   a) In accordance with the specialty license of the Nurse Practitioner and within the scope of practice of the patient care team physician;
   b) Permitted by Sect. 54.1-2957.02 or applicable Sections of the Code of Virginia; and
   c) not in conflict with Federal law or regulation."

Is a patient care team physician required to practice at the same location as the nurse practitioner?
No. A patient care team physician may choose to visit or practice at the same site as the nurse practitioner, but there is no statutory or regulatory requirement that the physician must do so. It is discretionary between the physician and the nurse practitioner.

Does a practice agreement have to be in writing?
A practice agreement may be maintained in writing or electronically.

Does a practice agreement have to be filed with the Board of Nursing or the Board of Medicine?
No. Pursuant to 18 VAC 90-30-120(E), practice agreement shall be maintained by the Nurse Practitioner and made available to the Board or their representatives upon request.

Does a practice agreement have to be signed by the patient care team physician?

No. The physician's name may be clearly stated or may be signed by the physician. 54.1-2957.01

Are there any special provisions for practice agreements when care is provided in a hospital or within a healthcare system?

Yes. 18 VAC 90-30-120 permits nurse practitioners providing care to patients within a hospital or healthcare system to have the practice agreement included as part of the documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and responsibilities.

May telemedicine be used on a patient care team between physicians and nurse practitioners?

Yes. Va Code Sect. 54.1-2957(c) requires nurse practitioners, as part of a patient care team to maintain the appropriate collaboration and consultation with at least one patient care team physician. Further, that Section specifies, "collaboration and consultation among nurse practitioners and patient care team physicians may be provided through telemedicine as described in Sect. 38.2-3418.6"

How is the issue of professional liability addressed?

Patient care team physicians most often are covered by a professional liability insurance policy. A physician wishing to become a patient care team physician should confirm with his insurance agent that coverage is provided for his work on a patient care team. In some instances, the policy may need to have an endorsement added, specifically stating that coverage is available.

As to nurse practitioners, professional liability insurance coverage is often purchased directly by the nurse practitioner, but the nurse practitioner may also be on the same policy with the patient care team physician.

The only statutory comment regarding professional liability insurance for patient care team members is found in 54.1-2957(c) which provides "physicians on a patient are team may require that a nurse practitioner be covered a professional liability insurance policy with limits equal to the current limitation on damages as set forth in Sect. 8.01-581.15 and [The Medical Malpractice Act]."

Is there a limitation on the number of nurse practitioners that a patient care team physician may serve at any given time?

Yes. For nurse practitioners, who have prescriptive authority under 54.1 2957.01(e)(2), "physicians may not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners."

Is there any limitation on how many nurse practitioners a physician can serve as a patient care team physician if the nurse practitioner does not have prescriptive authority?

No, there is no limitation.

How has the limitation of six been interpreted for nurse practitioners who have prescriptive authority?

The Boards have interpreted the limitation of six nurse practitioners at any one time to mean that a physician may serve as a patient care team physician for six nurse practitioners in the office at 9am, go to a different office in the afternoon, have six different nurse practitioners and then go to a free clinic at night and work with six nurse practitioners who are different from the first two settings. In other words, there is no limitation on the total number of nurse practitioners a physician can participate with through multiple practice agreements in any given day, rather the limitation is there can be no more than six nurse practitioners partnering with a patient care team physician, at any one time.

May a patient care team physician be compensated or charge a fee for serving on a patient care team?

There are no statutes or regulations prohibiting or addressing compensation of patient care team physicians. Some patient care team physicians serve on a patient care team as part of their regular duties. Other patient care team physicians negotiate compensation with nurse practitioners or health systems.