

Team-based health care mustn't endanger patients

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By Jeffrey Klingman and Paul Phinney

New beginnings often bring new challenges. Such is the case with the implementation of the Affordable Care Act, the new national law that will help millions of uninsured get the health insurance they need.

Here in California, this means that large numbers of underserved communities and patients will now have access to health care coverage, triggering an increased need for more doctors to serve them.

Some in the state Legislature believe that this increased demand can be met by substituting doctors with allied health professionals who do not have the same level of training and education as physicians.

This approach should be met with concern, as it threatens patient safety and further fragments health care delivery.

Senate Bills 491 and 492 have been introduced to allow nurse

practitioners and optometrists to independently diagnose and treat patients. While physicians support a multidisciplinary approach to patient care, and many already work extensively with allied health professionals, the training of those professionals is simply not extensive enough for them to work on their own.

Collaboration, where the talents and expertise of each health professional are most effectively utilized, is the better solution. In essence, passage of these bills would put California patients at risk by allowing people other than trained medical physicians to independently treat them.

Nurse practitioners and optometrists would be practicing completely on their own — without any collaboration with or supervision by physicians (or anyone else, for that matter). The landmark Institute of Medicine

report "To Err is Human" recognized the risks of noncollaborative care and promoted more team-based care for improved patient safety.

We need more allied professionals and doctors working together in teams, not further fragmentation of care.

The expressed purpose of this legislation is to increase access to care and reduce costs. Unfortunately, what sounds great in theory fails in reality. In other states where allied health professionals have enhanced practice authority, the geographic distribution of these professionals follows the same pattern as that of physicians.

Additionally, physicians who currently work closely with allied health professionals in integrated health care systems observe that those professionals order more diagnostic tests and make more referrals than physicians,

increasing health care costs for patients everywhere.

The bottom line is that treatment plans and medical decisions should be made in teams led by the highest qualified member of the health care team — the physician.

The Affordable Care Act itself proposes solutions to the increased demand for care that are far better than these legislative proposals that would authorize independent, non-supervised practice by allied health professionals.

In fact, the Affordable Care Act encourages the use of team-based care under which physician assistants, nurse practitioners, medical assistants and other professionals work together with and are led by highly trained and experienced physicians. This approach is already authorized under existing law and it brings

everyone together so that the combined skills and experience of all health professionals are working together for the patient.

We welcome new opportunities to integrate the skills of all health care professionals to optimize quality of care and enhance the efficiency of the health care delivery system, as envisioned by health reform.

Proposed legislation promoting fragmented health care delivery, as is the case with SB49 and SB492, would not promote this result and in fact undermines the improvements in team-based care that the Affordable Care Act seeks to achieve. We hope the Legislature agrees.

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