

# Collaborating With Advanced Practice Providers

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Improving communication among healthcare providers has been, and continues to be, a predominant risk management priority. Although the topic of communication may seem to receive a disproportionate amount of emphasis, research continues to show that poor communication contributes to many medical errors and is “a top reason for team mishaps and subsequent lawsuits.”<sup>1</sup>

Further, the increasing emphasis on collaborative and team-based care in recent years has made effective communication an even higher priority in healthcare. The Institute of Medicine lists communication as one of the five major principles guiding team-based healthcare, and the Agency for Healthcare Research and Quality stresses that “Effective communication is essential in ensuring that care is continuous and patient-centered, as well as coordinated and coherent.”<sup>4</sup>

## Communication as a Malpractice Risk Factor

In an analysis of more than 23,000 malpractice claims and lawsuits, Candello (formerly CRICO Strategies) identified communication as a risk factor in 30 percent of the cases. Further, 37 percent of all high-severity injury cases involved communication failures.<sup>2</sup>

A MedPro analysis of 10 years of open claims for all specialties showed that communication was a contributing factor in 46 percent of cases.<sup>3</sup>

Advanced practice providers (APPs) — e.g., physician assistants, nurse practitioners, certified registered nurse anesthetists, and dental therapists — often are critical members of the team-based approach to care. The working relationships between doctors and APPs often require close collaboration and coordination; thus, successful communication is vital to ensure patient safety and reduce the risk of errors.

Establishing an environment that supports sound communication strategies and collaborative efforts, promotes shared accountability and responsibility, and fosters mutual understanding and acceptance of each provider's role within the organization will help reinforce professional standards and a culture of safety.

## Establishing the Foundation for Success

The foundation for successful collaboration can begin as early as the hiring process. When adding an APP to your organization, consider not only the qualifications evaluated as part of credentialing (e.g., education, experience, training, etc.), but also whether the provider seems compatible with your team. For example, you may want to consider the following:

- Has your organization specifically determined what it is looking for in an APP and how the provider will complement, expand, or enhance practice services? Clearly defining expectations and accountabilities up front can help prevent conflict and misunderstanding later.
- Does the APP's training and expertise align with the patient population they will be seeing (e.g., pediatric, adult, specialty-related, etc.)?
- Is the APP committed to the goals and mission of the organization?
- Does the APP have a firm understanding of their proposed scope of practice and practice limits?
- Do the APP and supervising doctor have consistent expectations for oversight and autonomy?
- Does the APP communicate well during the interview and hiring process, and do they seem flexible and capable of learning and assimilating?<sup>5</sup>

Including these considerations in your evaluation process for potential candidates can help establish the groundwork for effective working relationships and a shared vision of quality patient care. Working through the above questions also can help ensure that organizational leadership has thoroughly considered the nature of the APP's role and the dynamics of having multiple provider types on staff.

## Creating a Collaborative Environment

The potential for miscommunication in team-based care is significant. The aforementioned Candello analysis showed that communication errors among providers occurred in more than half of the claims involving communication issues. Further, the report explains that the problem is not “exclusive to communication that is misspoken or misunderstood: errors often occur because information is unrecorded, misdirected, never received, never retrieved, or ignored.”<sup>6</sup>

Thus, the crux of the doctor–APP relationship rests on the ability of both practitioners to clearly understand roles and expectations, to participate in open and respectful dialogue, and to identify effective information-sharing techniques and communication pathways.

To address communication risks proactively, healthcare organizations can establish reliable and efficient communication processes that

take into account key risk areas, such as documentation and patient handoffs.<sup>7</sup> Doctors, APPs, and other staff members should be active participants in these processes, and all individuals on the team should have a clear understanding of each member’s role and responsibilities for patient care and other practice functions.

Additionally, as part of a culture of safety, organizations should promote a nonhostile, nonpunitive environment in which APPs are valued and respected members of the team who are encouraged to provide input and suggestions and raise safety concerns. Failure to do so can stifle communication, which in turn can jeopardize patient safety and increase liability risk.

Organizational culture should empower APPs to ask questions, request consultations with their supervising doctors, contribute to conversations about patient management and care issues, and proactively participate in the organization’s knowledge network.

### Examples of Communication Failures

Communication failures that might occur in collaborative care include:

- Inadequate communication about a patient’s condition
- Poor documentation, such as instructions and clinical information in patient records
- Failure to, or delay in, seeking consultations
- Failure to share critical information, such as test results.

Equally important is the need for doctors to commit to providing regular consultation time, reliable contact information, and timely responses to APPs' questions or concerns. For both doctors and APPs, it is essential to "recognize the collaborative nature of the relationship and eliminate any apprehension."<sup>8</sup>

When evaluating doctor–APP interactions within your organization, MedPro's checklist [Effective Communication Between Doctors and Advanced Practice Providers](#) can help identify best practices already in place as well as areas for improvement.

## Supporting Advanced Practice Providers Through Training and Education

Although educational programs provide the basis for clinical knowledge and skills, APPs — like other practitioners and staff members — will require further training from the organizations that employ them, as well as opportunities for ongoing education and professional development.

One important consideration is the time and commitment required to incorporate an APP into the organization. Each practice setting is different, and on-the-job experience is necessary to learn the specific nuances and characteristics of an organization. Being realistic about the time it will take for an APP to learn organizational policy and fully acclimate to the position is important, and creating a supportive and collaborative environment — as discussed previously — will facilitate the integration process.

Organizations should have formal orientation programs for APPs (as well as other new hires) that introduce and provide details about policies, procedures, and operations — as well as expectations for collaboration and communication. Similarly, APPs should be included in routine trainings and educational opportunities, such as training for new technologies, corporate compliance, and safety.

Organizations also might want to consider mentorship opportunities for APPs as a tool to "foster collaborative, consistent practice and promote education between providers."<sup>9</sup> Mentors can answer questions about organizational policies and guidelines, provide feedback about standards of care, and offer advice about patient treatment and management issues.

Organizations considering this type of training should develop mentorship programs that specify eligibility, duration, and expectations for the mentor and mentee.

## Involving the Team

The importance of effective communication between doctors and APPs cannot be overstated; yet, including APPs as part of the organization's broad communication network is equally important to ensure they are not isolated from communication channels and feedback mechanisms.

Having routine meetings with all practitioners who are part of the care team can help address the issue of isolation. APPs should be present at these gatherings and encouraged to provide insight, offer suggestions, make recommendations, and ask questions.

In the busy clinical environment — and with an increasing emphasis on nonverbal electronic communication — routine “touch-base” meetings present an opportunity for practitioners to discuss patient care issues, share expertise, and offer advice and support.

These types of meetings “strengthen the education of the staff, provide for cohesiveness within the provider group, and help ensure consistency in patient care.”<sup>10</sup>

Some organizations may choose to structure team meetings as open discussions about salient and current issues, while others may prefer formal presentations of research, case studies, or other relevant topics. Regardless of the format of team meetings, these gatherings and discussions will help reinforce collaboration and information sharing among team members.

## In Summary

Improving communication among healthcare providers is a topic that has received its share of attention over the years. Yet, it continues to represent a serious risk management and patient safety concern and present challenges in all practice settings.

### Keeping APPs Informed

Make an effort to ensure APPs are included in routine communications, such as those related to:

- Staff meetings
- Training opportunities
- Performance reviews
- Practice updates
- Changes in policies and procedures or practice guidelines.

As healthcare continues shifting toward collaborative and team-based care, and as the number of APPs and their responsibilities continue to expand, the issue of communication becomes even more pressing. Doctors who work closely with APPs must consider the various ways in which they interact with and support these providers.

Taking proactive steps to address communication gaps and enhance information sharing through establishing clear expectations, creating a supportive and nonhostile environment, providing ongoing training, and offering opportunities for team discussion can help facilitate interactions among practitioners and enforce a strong culture of safety within your organization.

## Endnotes

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<sup>1</sup> Gallegos, A. (2013, July 29). Physician liability: Your team, your legal risk. *American Medical News*. Retrieved from [www.amednews.com/article/20130729/profession/130729942/4/](http://www.amednews.com/article/20130729/profession/130729942/4/)

<sup>2</sup> CRICO Strategies. (2015). *Malpractice risks in communication failures: 2015 annual benchmarking report*. Retrieved from [www.candello.com/Insights/Candello-Reports/Communications-Report](http://www.candello.com/Insights/Candello-Reports/Communications-Report)

<sup>3</sup> MedPro Group and MLMIC Insurance Company, clinically coded medical and surgical cases opened between 2012 and 2021.

<sup>4</sup> Mitchell, P., Wynia, M., Golden, R., McNellis, B., Okun, S., Webb, C. E., . . . Von Kohorn, I. (2012). *Core principles & values of effective team-based health care*. Institute of Medicine. Retrieved from <https://doi.org/10.31478/201210c>; Schottenfeld, L., Petersen, D., Peikes, D., Ricciardi, R., Burak, H., McNellis, R., Genevro, J. (2016 March). *Creating patient-centered team-based primary care* (AHRQ Pub. No. 16-0002-EF). Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from [www.ahrq.gov/sites/default/files/wysiwyg/ncepccr/tools/PCMH/creating-patient-centered-team-based-primary-care-white-paper.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/ncepccr/tools/PCMH/creating-patient-centered-team-based-primary-care-white-paper.pdf)

<sup>5</sup> American Academy of Physician Associates. (2021 [amended]). *Competencies for the PA profession*. Retrieved from [www.aapa.org/download/90503/](http://www.aapa.org/download/90503/); Sattinger, A. (2007). Collegial relationships: Extending otolaryngology practice with other professional providers. *ENT Today*. Retrieved from [www.enttoday.org/article/collegial-relationships-extending-otolaryngology-practice-with-other-professional-providers/](http://www.enttoday.org/article/collegial-relationships-extending-otolaryngology-practice-with-other-professional-providers/); Fitzgerald, M. A. (1998, Winter). Supervising nurse practitioners with prescriptive authority. Harvard Risk Management Foundation, *Forum*, 18(5), 11.

<sup>6</sup> CRICO Strategies, *Malpractice risks in communication failures: 2015 annual benchmarking report*.

<sup>7</sup> Gallegos, Physician liability.

<sup>8</sup> Page, A. E. (2010, March). Liability issues with physician extenders. *AAOS Now*, 4(3). Retrieved from [www.aaos.org/aaosnow/2010/mar/managing/managing6/](http://www.aaos.org/aaosnow/2010/mar/managing/managing6/)

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<sup>9</sup> Trilla, F., & Patterson, A. (1998, Winter). Physicians and nurse practitioners in collaborative practice. *Harvard Risk Management Foundation, Forum*, 18(5), 9–10.

<sup>10</sup> Ibid.

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