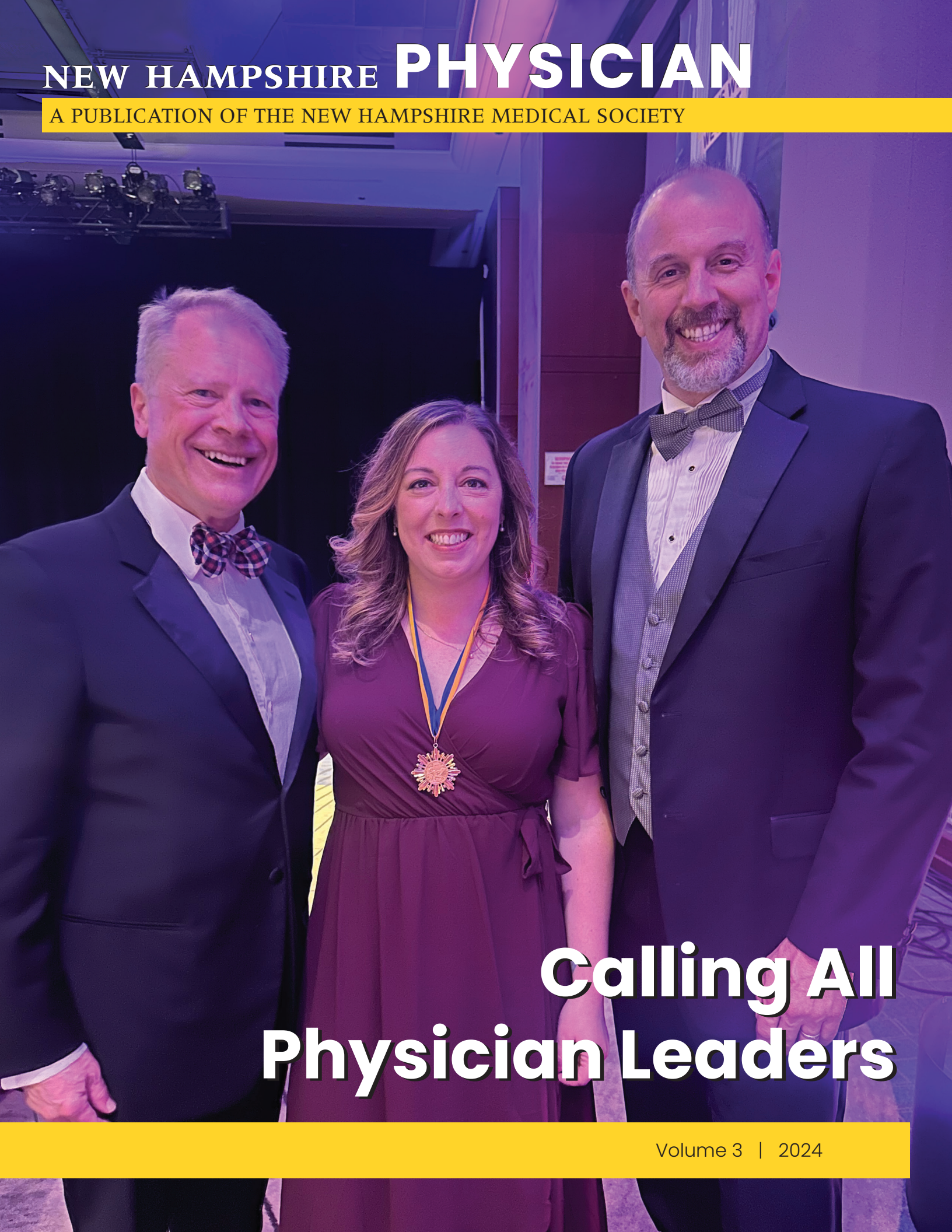
NEW HAMPSHIRE PHYSICIAN
A PUBLICATION OF THE NEW HAMPSHIRE MEDICAL SOCIETY



Calling All Physician Leaders

Volume 3 | 2024

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In this issue...

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Do you or a colleague need help?
The New Hampshire Professionals' Health Program (NH PHP) is here to help!

The NH PHP is a confidential resource that assists with identification, intervention, referral and case management of NH physicians, physician assistants, dentists, pharmacists, nursing licensees, veterinarians, chiropractors, dieticians, licensed drug and alcohol counselors, mental health practitioners, midwives, optometrists, podiatrists and psychologists who may be at risk for or affected by substance use disorders, behavioral/mental health conditions or other is-sues impacting their health and well-being. NH PHP provides recovery documentation, education, support and advocacy – from evaluation through treatment and recovery.
For a confidential consultation, please call Dr. Molly Rossignol @ (603) 491-5036 or email mrossignol@nhphp.org.

Cover photo: Participants in Advocacy Day for NH pediatric residents, a partnership of NHMS, NHAAP, Dartmouth-Hitchcock CHaD Residency Program, and New Futures, pose with Gov. Sununu.

Maria Boylan, DO
NHMS President

From Exam Room to Boardroom: **Why Physicians Must Lead New Hampshire Healthcare**

Now, more than ever, it's important that physicians step up as leaders.

As physicians, we have the opportunity to find ways to improve the health of our patients, the healthcare systems we work for, and even our state laws, which regulate the way we practice. It's our voices that should be and need to be amplified. We are the ones in the rooms with the patients day in and day out — not hospital administrators, not legislators — so who better knows the complexity of medicine and how the system works? And who is better suited to be the leaders that drive change for the good of our patients?

Hospitals are businesses, and as such, they need to make money to keep the doors open and continue to function. But unlike other businesses, the bottom line isn't dollars — it's patients' lives. When physicians are part of the conversation in administrative meetings and have a seat in the board rooms, we can identify problems that only we on the frontlines can see. And we can then be an integral piece to effectively fixing those problems.

For example, as a medical director on my hospital's ambulatory operating board, I led a workgroup to help improve lead screening for children. Lead is an irreversible neurotoxin, and without early identification and intervention, it can cause permanent developmental harm in children. Before we started, we identified that less than 65% of children at our hospital who were eligible for screening after their first birthday were tested for lead poisoning — a statistic that was in line with our state's screening rate. Unfortunately some of the most vulnerable children in underserved communities were the least likely to get screening.

A multidisciplinary workgroup, which included physicians, nurses, medical assistants, and managers, identified the key factors that limited our ability to get these children tested. One of these factors was that we were not testing at the time of each 12-month well child visit while the patient was still in the room. To reduce this barrier, we brought testing supplies into our practices and trained our clinical staff on doing fingerstick blood testing. With other interventions, including provider education, parent education, and improving workflows to identify missed visits, we brought our screening rates up to over 85% in just one year! Our physician leaders played a key role in the process, providing their knowledge on current workflows and identifying gaps in care. They also helped to educate and influence their practice teams to be invested in the work.

Actively participating in your local or national specialty society and state medical society is another way physicians can step up as leaders. For me, it's the best way to affect change outside of the exam room — not only to help my own patients but to positively impact all healthcare consumers in New Hampshire. NHMS often calls on members to testify on important, life-changing healthcare bills, for example. In my specialty society, I'm able to collaborate withfamily physicians across the state, which allows me to provide quality education and resources to our members, as well as connect with our state's residency programs. As president of NHMS this year, I attended the AMA House of Delegates meeting, where I could see the impact of physician advocacy and policymaking on a national level.

We are at a critical time where we need expert voices to stand up to pseudoscience and the way healthcare has been politicized and used as a weapon. We've recently seen an onslaught of bills trying to dismantle the pillars of medicine, such as anti-vaccine bills, bills that would discredit the WHO guidelines and recommendations, and bills that censor physicians from discussing healthcare options with our patients.

Getting involved in organized medicine gives you the power to keep the government out of our exam rooms. It helps all of us maintain autonomy as physicians so we can practice in a way that aligns with evidence-based medicine. It protects us from being censored or restricted in the care we offer to our patients.

Stepping up as a physician leader also allows you to fight against injustices in healthcare and protect marginalized groups. It allows you to be a voice for your patients to ensure they get the healthcare they need.

For some, leadership comes naturally, but for others, it's a road we have to pave ourselves. Either way, it's ingrained in our learning and training to always strive for improvement. I encourage all physicians to consider what sort of leadership role you can play in your healthcare system, in your local, state, and national societies, and in New Hampshire government.

How can you get started? Take a look at the **New Hampshire Physician Leadership Development Program.**

The program is a collaboration between the New Hampshire Medical Society, the New Hampshire Hospital Association, and nationally recognized thought leaders from the University of New Hampshire's Peter T. Paul College of Business and Economics and College of Health and Human Services. It is targeted to practicing physicians, who have taken on increasing levels of responsibility in their careers and aspire to be outstanding leaders. The next cohort begins September 2024 and ends June 2026.

Get all of the details on our website at nhms.org/physician-leadership-development-program. ■

Ava Hawkes,
NHMS Director
of Advocacy

Physician-Led Advocacy is the Way Forward

Throughout the 2024 legislative session, the New Hampshire Medical Society remained laser-focused on the dozens of policy areas — and hundreds of bills — that would impact physicians, patients, public health, and the entire healthcare ecosystem. The NHMS and its members should be proud of our active presence at the NH State House and what the House of Medicine accomplished this session. Countless physicians testified at public hearings, submitted written testimony, called and met with key representatives, and engaged bills virtually via the General Court website.

The following are several priority bills engaged by the Society. Keep in mind, this is not an exhaustive list, as the NHMS monitored and engaged more than 200 bills this session. For a more exhaustive list, please visit the "Advocacy Update" tab on the NHMS website at nhms.org/news/advocacy-update.

SB 561: Prior Authorization Reform

Introduced by: Sen. Denise Ricciardi (R-Bedford) and Rep. Dave Nagel (R-Gilmanton)

This legislation codifies prior authorization reform and was **signed into law by Governor Sununu**. SB 561 accomplishes a few firsts in NH state law:

1. Implements timeliness standards, requiring carriers to issue determinations within 72 hours for urgent electronic prior authorizations and within seven calendar days for non-urgent electronic prior authorizations.
2. Mandates public reporting of insurance carrier-specific prior authorization metrics (per CMS rules) through the New Hampshire Insurance Department.
3. Codifies the peer-to-peer process for providers to communicate with a carrier's clinical personnel about prior authorization requests.

SB 440: Optometrists' Scope of Practice Expansion

Introduced by: Sen. Ruth Ward (R-Stoddard)

This legislation sought to significantly expand the scope of practice for optometrists, including the performance of eye surgeries by optometrists. **This dangerous bill was successfully tabled and defeated at the final hour in the House.** The NH Eye Society and Rep. Nagel, who is also an active NHMS physician member, led the fight in defeating this legislation in the House.

HB 1222: PA Independent Practice

Introduced by: Rep. David Rochefort (R-Littleton), later amended and championed by Sen. Sue Prentiss (D-Lebanon) and Sen. Jeb Bradley (R-Wolfeboro) in the Senate

HB 1222 allows the majority of New Hampshire's physician assistants (those who work in a setting with at least one physician employee) to practice independently without needing to meet any minimum hours, and without signing a collaborative agreement with a physician with clear, delineated scope of practice. **Unfortunately, this bill was signed into law by Governor Sununu.**

This bill requires the NH Board of Medicine (BOM) to draft and implement, through rulemaking, a waiver process for PAs to hang their own shingle and practice in a setting where a physician is not an employee, should they meet an arbitrary hourly requirement. PAs with fewer than 8,000 hours of post-graduate clinical practice, who plan to practice in a setting where no physicians are employed, shall enter into a collaborative agreement with a physician. However, any PA who has completed those 8,000 hours (no defined criteria or competency assurances) can hang their own shingle upon approval of their waiver application by the BOM.

This bill also makes technical fixes relative to PAs employed by the VA (noncontroversial) and creates a legislative study committee with a sunset date of November 1, 2024.

The NHMS, AMA, and other state medical and specialty societies around the country fought tirelessly to defeat HB 1222. Legislators deserving of recognition and thanks for their efforts in fiercely combatting this legislation are Sen. Soucy (D-Manchester), Sen. Ricciardi, Rep. Nagel, and Rep. Tellez (D-Manchester).

What's next

Bills are still making their way to Governor Sununu's desk for action. The Governor can either sign a bill into law, allow a bill to become law without his signature, or veto the bill and send it back to the Legislature. A veto requires a two-thirds majority vote of the Legislature to be overturned.

As we head into a very important election cycle, I implore members to stay connected, stay involved, and to make a plan to vote in November. Many issues of importance to the House of Medicine are on the ballot.

Interested in taking part in the Society's advocacy efforts? Please contact me at ava.hawkes@nhms.org or at 603-406-5270. Stay tuned for more information on upcoming advocacy and educational opportunities. ■

NHMS Annual Golf Tournament - June 24, 2024

Thank you to our amazing golfers and sponsors!

1st Place:
John Forestall, Craig Leppard, Joey Craigue, Nate Shurtleff

2nd Place:
Dan Houghton, Matt Moore, Jeff Olsen, Gabe Reissman

3rd Place:
Mark Coen, Daey Ko, Caroline Fang, Dalton Gordon

Men's Longest Drive: Zac Torrice
Women's Longest Drive: Caroline Fang
Women's Closest to the Pin: Kate Skouteris
Men's Closest to the Pin: Jeff Marshall

University of New Hampshire
Peter T. Paul College of Business and Economics

New Hampshire Physician Leadership Development Program

THE NH PHYSICIAN LEADERSHIP DEVELOPMENT PROGRAM

is a collaboration between the New Hampshire Medical Society, the New Hampshire Hospital Association and nationally recognized thought-leaders from the University of New Hampshire's Peter T. Paul College of Business and Economics and College of Health and Human Services.

The goal of the program is to cultivate effective physician leadership across the Granite State from the bedside to the boardroom by teaching leadership, management, communication skills, and empowering physicians to foster change among their colleagues.

The New Hampshire Physician Leadership Development Program is designed to:

- Build on physician learning styles by providing longitudinal learning experiences through an experiential curriculum.
- Encompass learning highly relevant to physician life experiences.
- Accommodate physicians' busy lives by scheduling a combination of early morning Zoom sessions and full-day in-person sessions over 2 years.
- Develop practical insights and skills directly applicable to practice opportunities and challenges.
- Strengthen physician leadership skills across disciplines and practice settings.

paulcollege.unh.edu/physicianleadershipnh

THE NEW HAMPSHIRE PHYSICIAN LEADERSHIP ADVISORY COUNCIL

The NH Physician Advisory Council provides input and oversight to the Physician Leadership Development Program and includes the following members:

Jocelyn Caple, MD
Program Director and Chair, Advisory Council
Interim President & CEO, Valley Regional Hospital

Maria Boylan, DO
President, New Hampshire Medical Society, Elliot Family Medicine

Charles Blitzer, MD *Wentworth Health Partners Seacoast Orthopedics & Sports Medicine*

Travis Harker, MD
Appledor Medical Group

Arul Mahadevan, MD
Wentworth-Douglass Hospital

Neil Meehan, DO, FACEP *Exeter Health Resources*

"This program really brings up issues and behaviors that I have been able to identify and use immediately in my position as President of the Medical Staff. These are the things that challenge me as a leader, and it is helpful to gain skills and practice those skills."

— PARTICIPANT, 2018–2020 COHORT

Who Should Attend

The program is targeted to practicing physicians who have taken on increasing levels of responsibility in their careers and aspire to be outstanding leaders. The program begins September 2024 and ends June 2026.

Ideal candidates will possess:

- A desire to help shape the future of healthcare
- A willingness to learn and grow as clinician leaders
- A drive to influence the practice of medicine in their practice or system.

Benefits of Participating

Upon completion of the Physician Leadership Development Program, participants will have the skills and expertise to:

- Put into relevant context the importance of physician leadership in the evolving health care delivery system.
- Develop the tools needed to become effective health system leaders and make a difference.
- Apply new skills and advice from instructors and colleagues for a specific project from their practice.

The Maine Medical Education Trust designates this live activity for up to 80 AMA PRA Category 1 Credits™ per program. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Maine Medical Education Trust, New Hampshire Medical Society, New Hampshire Hospital Association and Peter T. Paul College of Business and Economics, University of New Hampshire.

The Maine Medical Education Trust is accredited by the Maine Medical Association Committee on Continuing Medical Education and Accreditation to provide continuing medical education for physicians.

UNH's Graduate School has recently approved the waiver of up to two MBA courses (a total of 6 credits out of the 36 required for the degree) to MBA candidates who have successfully completed all requirements of the NH Physician Leadership Development Program. This will reduce costs and time to degree for any NHPLDP graduates who choose to pursue the MBA within five (5) years of NHPLDP completion.

Program Eligibility Requirements

- Commitment to complete the entire two-year curriculum.
- 3-5 years experience beyond residency and an interest in leading service lines or other units.

Costs, Dates, Location and Registration Tuition

Year 1 and Year 2: $3,900 per year

Application deadline: August 30, 2024

Program start date: September 11, 2024

Location: The class sessions will be delivered using a combination of synchronous Zoom sessions and day long in-person sessions held held seven times over 2 years.

The Peter T. Paul College of Business & Economics
University of New Hampshire
10 Garrison Avenue
Durham, New Hampshire

Cancellation Policy

Cancellations will be accepted without charge if written notice is received by the New Hampshire Medical Society office by the following cancellation schedule.

DAYS PRIOR TO PROGRAM	ASSOCIATED CANCELLATION FEES
31 Days or more	Full Refund
30–15 Days	75% of Program Fee refunded
14 Days or less	0% of Program Fee refunded

This program was made possible by a generous restricted educational grant from The Physicians Foundation. For more information, please visit physiciansfoundation.org

New Hampshire MEDICAL SOCIETY
ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

New Hampshire Hospital Association

University of New Hampshire

TO REGISTER OR FOR MORE INFORMATION PLEASE CONTACT (DEADLINE AUGUST 30, 2024):

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2 Capital Plaza, Suite401
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Concord, NH 03301-4018

Phone: 603.224.1909 fax: 603.226.2432
Hours: M-F 7am–5pm
Email: PhysicianLeadershipNH@nhms.org
paulcollege.unh.edu/physicianleadershipnh

Jeffrey Parsonnet, MD
Infectious Disease
Physician, Lebanon

Members' Corner includes selections focusing on personal and professional issues impacting doctors in New Hampshire - a forum for sharing the "voices" of NHMS members. We also encourage "Letters to the Editor," responding to articles published in prior editions. Please submit articles for our Members' Corner to nicole.bump@nhms.org

Members' Corner

Dartmouth-Hitchcock Long COVID Clinic Studying and Treating Patients with Long COVID

Since the first cases of COVID-19 were described in December 2019, there have been over 112 million cases of SARS-CoV-2 infection in the United States and 1.2 million deaths. While attention focused initially on mortality from acute infection, persistent symptoms following resolution of the acute illness, which have profound impacts on health and quality of life, have been a growing concern. This syndrome has been termed "post-acute COVID syndrome" (PACS), "post-acute sequelae of COVID" (PASC), and "Long COVID." As an introduction to the topic, the following points bear emphasis:

- The true incidence of Long COVID following acute infection is unknown.
- Risk factors for developing Long COVID are uncertain.
- The pathophysiology of Long COVID remains to be determined.
- There is no specific treatment for Long COVID.
- The long-term prognosis of Long COVID is not known.

It is no wonder, therefore, that patients, families and providers experience confusion and frustration in dealing with this syndrome. Complicating matters is that patients often feel socially isolated, dismissed by providers and employers, and stigmatized by friends and co-workers.

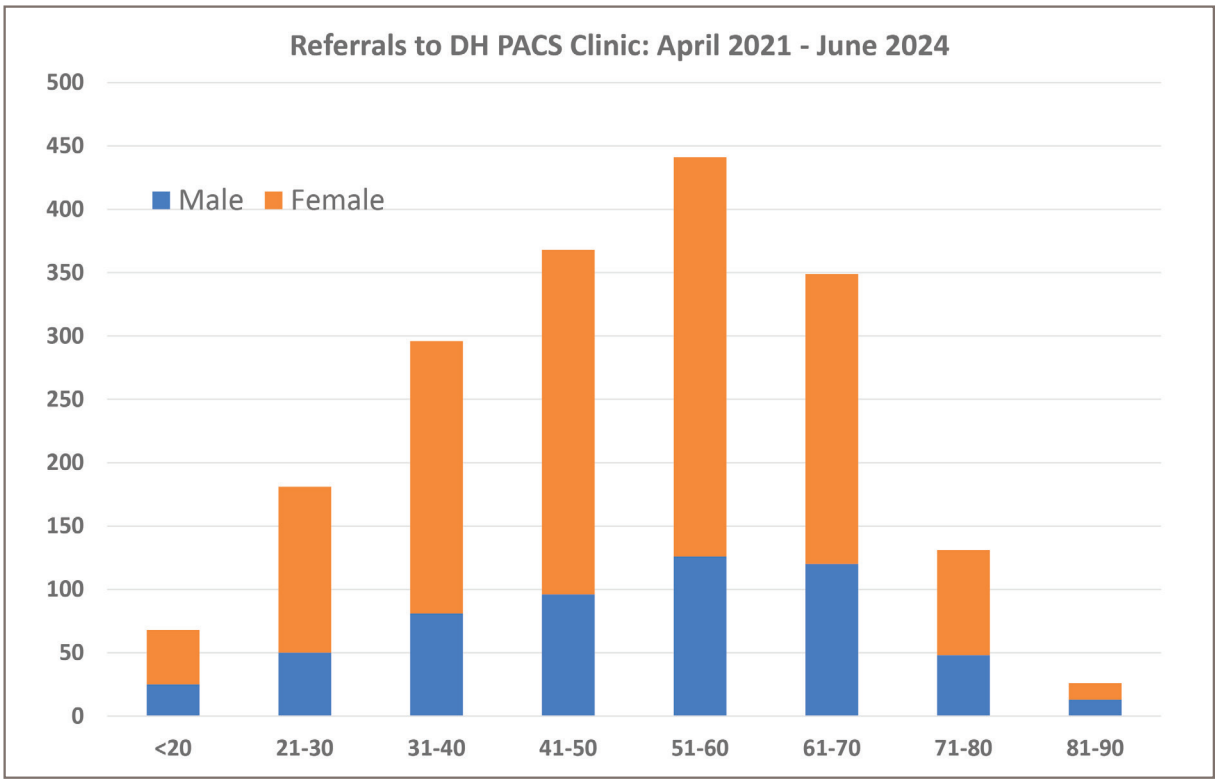
The varied clinical manifestations of Long COVID have been well-described and are familiar to most providers. Long COVID is primarily a neuropsychiatric disease, with the most common symptoms being fatigue, "brain fog," depression, anxiety, headache, and sleep disturbances. Symptoms suggesting involvement of other organ symptoms (such as dyspnea, chest pain, and diarrhea) reflect neurologic dysfunction (such as dysautonomia or other forms of neuropathy) rather than end-organ damage. Patients often experience constant fatigue, but especially post-exertional exhaustion, following even minor physical or mental exertion. Inability to concentrate, difficulty with word finding, inability to multitask, memory impairment, and sensory hypersensitivity are common manifestations of brain fog. Patients may have insomnia or hypersomnia, with non-restorative sleep being common. This variable constellation of symptoms often causes a degree of debilitation that interferes with a person's ability to work, go to school, or function at anything close to a pre-morbid level.

With much of New Hampshire being rural and with limited clinical capacity and subspecialty resources, some patients face a disproportionate impact of Long COVID. In this context, Dartmouth Health instituted a PACS Clinic in April 2021. The intention was to create accessible pathways to the latest scientific research, as well as practical resources and information to support rural patients and their providers. As of this writing, the Clinic has received over 2,000 referrals and has seen about 800 patients, mainly from the states of New Hampshire and Vermont. Initial one-hour visits are conducted either in-person or by telehealth, and often result in secondary referrals or follow-up visits.

The true incidence of Long COVID following COVID-19 is uncertain, as there is not a diagnostic test for the syndrome, and its very definition has been inconsistent. Previous estimates of the incidence ranged as high as 60%, but recent data from the Centers for Disease Control have placed the figure at 6 to 10%. The implication is that over 10 million Americans have or have had Long COVID, but the risk factors for Long COVID are still uncertain. The syndrome is much more common among women than men. Other putative

risk factors have variably included obesity, diabetes, prior mental health illness, prior EBV infection, underlying connective tissue disease, and other co-morbidities. It is important to emphasize, however, that most cases of Long COVID occur after a mild initial illness and among both unvaccinated and vaccinated individuals. Vaccination remains an important measure to prevent COVID and possibly Long COVID in the case of breakthrough illness.

Proper care of Long COVID patients requires a multidisciplinary approach, with committed participation by multiple specialties — especially rehabilitation medicine (PT and OT), psychiatry, and neurology. Experienced Long COVID providers add value by their understanding of what patients need — including validation of a patient's symptoms, education about prognosis, and referral to cognitive subspecialties for assistance — and what measures have been effective in symptom management. Experience has shown that most laboratory and radiographic tests are not helpful in evaluating patients with Long COVID. For example, chest CT scans are usually negative in patients with persistent dyspnea, head MRIs negative in patients with brain fog, echocardiograms and stress tests negative in patients with chest pain, Zio Patches noncontributory in patients with tachycardia. Although fatigue often prompts testing for anemia, thyroid dysfunction, systemic inflammation, and nutritional deficiencies, testing for these rarely reveals an abnormality. In our experience, patients often undergo thousands of dollars of unhelpful and expensive testing prior to being seen in our clinic.



Just there is no diagnostic test for Long COVID, there is no specific treatment. It is theorized that persistence of the virus or viral remnants in the brain or persistent, dysfunctional neuroinflammation is responsible for Long COVID symptoms. These theories have prompted investigational approaches to treatment but not yet any definitive therapy that addresses the underlying cause. Dartmouth-Hitchcock is conducting several clinical studies, as part of the national RECOVER program, focusing on cognitive impairment, exercise intolerance and autonomic dysfunction. Fatigue is often responsive to stimulants, such as modafinil. Patients with "brain fog" can benefit from occupational and cognitive rehabilitation therapy. Signs and symptoms of autonomic dysfunction, like those associated with postural orthostatic tachycardia syndrome (dizziness, tachycardia, headache, fatigue, etc.) often respond to salt supplementation, beta blockade, and other medications. Anxiety, depression and insomnia are treated by conventional methods. In the setting of persistent symptoms unresponsive to established interventions, many patients turn to the Internet and invest in treatments that lack proven efficacy. While understanding patients' desire to "do whatever they can" to ameliorate symptoms, we generally adhere to established treatments, except in the setting of clinical trials.

Patients often feel isolated and unsupported as they continue to suffer from disabling symptoms. Most people's symptoms improve over time, but we do see patients who have had disabling symptoms for four years. Early involvement of social support networks and social service agencies can be of great benefit. The DH PACS Clinic has offered a number of support groups — a facilitated peer-to-peer discussion group, a book group, a writing group, and an art group — and these have been met with enthusiasm. A new, online forum is currently being established, to foster greater access to sources of mutual support. The Clinic remains in full operation, seeing adults with a documented history of COVID-19 and related symptoms that persist beyond 12 weeks. ■

Laura Tafe, MD

Anatomic and Molecular Pathologist, Lebanon

"My Story" is a collection of wellness success stories from New Hampshire physicians.

My Story:
My Return to Art

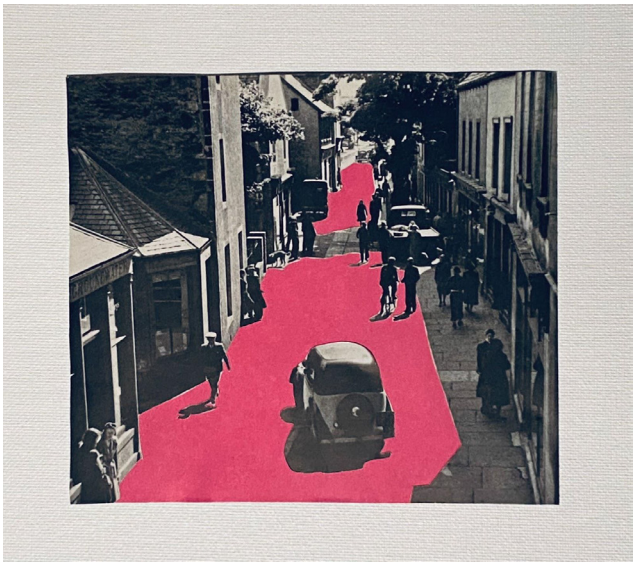
In 2019, I found myself in a state that truly felt unsustainable. It was draining my life force, and my mental health was suffering. I asked myself, what did I really love that was missing?

In time, the answer that bubbled to the surface was art. I had been an artistic child, who also gravitated towards science. I see now that as I focused more on science, and eventually medical training, art faded into the background. I suspect I am not alone in feeling that the intensity of medical training requires us to essentially "shed" parts of ourselves — hobbies, passions, interests, etc. — for the demands of the profession. I put aside my art for many years, and while I occasionally picked it up here or there or took a weekend class, it was never enough.

It took me a long time to realize how much I needed to be making art. It is a form of self-care, expression, therapy, and playfulness for me. Analog collage, in particular, is one of my favorite mediums because it allows me to work with my hands and work rather spontaneously. As I began to intentionally make space for and prioritize my art, I slowly learned to trust this part of myself.

Eventually, with the support of a few key people, I started to share my art online and at a local gallery. Sharing my art in this way has opened so many unexpected connections and opportunities, both within and outside of the healthcare community.

I also enjoy sharing my art because, while I create for myself, it becomes something larger than me when shared. It becomes accessible to others and their interpretations. I believe sharing my art is also important because, when I was going through medical training, I didn't have any examples of physician-artists and I would have benefited greatly from seeing this part of myself in others. Now, I can be that person for my colleagues. Several people have told me that seeing me share my art has made them more comfortable sharing their own art, writing, and other creative interests.



Fuchsia Street, 2021

Woman in Bloom, 2020

There are endless opportunities to incorporate creative elements into our lives, and there is no right or wrong way to do it. Follow your curiosity, explore, play, fail, and try some more. There is value in having a creative outlet for personal expression. Art and medicine are not strangers to one another. They both are grounded in creativity, uncertainty, ambiguity, and even contradictions — and the more comfortable we are with these experiences, the better we can be at the "art of medicine".

Around the time I started to prioritize art in my life, I copied down this statement from someone's Instagram: "my art, my refusal to slowly die" (original source unknown). It has been a motto that has sustained me and buoyed me ever since. ■

Lemon Twist, 2021

Wonder, 2023

JOIN US AT OUR

2024 Annual Scientific Conference

Wentworth by the Sea
New Castle, New Hampshire

Friday, November 15 — Sunday, November 17, 2024

Keynotes:

Medical Training at a Crossroads: Can We Change the Narrative?
Lisa Rosenbaum, MD, National Correspondent, New England Journal of Medicine, Practicing Cardiologist, Brigham & Women's Hospital

Reflecting on the NH Hospital Shooting and Gun Violence: The Broader Effects
Jeffery Fetter, MD, Psychiatrist, Chief Medical Officer, New Hampshire Hospital

Additional sessions and panels include:

- Dispelling Myths of Abortion Care and Reproductive Health
- Medical Weight Management
- The Importance of Physician-Led Advocacy: How to Get Involved and Make an Impact
- Co-Occurring Psychiatric Conditions in Addiction Management
- Managing Pregnancy Complications
- And more...

See the full agenda and register today: nhms.org/events

New Hampshire
MEDICAL SOCIETY

Practice Tips: Working with Advanced Practice Providers

Advanced practice providers (APPs) include advanced practice registered nurses (APRN), nurse practitioners (NP), certified nurse-midwives (CNM), certified registered nurse anesthetists (CRNA), clinical nurse specialists (CNS), and physician assistants (PA).

State laws define the scope of practice for APPs; the employer determines the services within that scope these practitioners may provide.

Hospitals and physician practices should provide appropriate policies, procedures, and, when applicable, credentialing of APPs while employing, contracting with, collaborating with, or supervising these providers.

Consider the following:

Competency

- Require APPs to have the appropriate licensure, experience, education, and training for their position. Evaluate and validate all items before hiring or contracting. Information may be available from licensure boards on restrictions, prior investigations, and contracts for drug, alcohol, or mental health issues with licensure. Consider adding this information to the applications as required disclosure.
- Proctor for a specified time after hire and when a new procedure is requested/performed (focused professional practice evaluation, FPPE).
- Assess proficiency on an ongoing basis (ongoing professional practice evaluation, OPPE).

Practice Elements

Develop a written job description, collaborative practice agreement, or plan of supervision, when appropriate, that addresses the following elements:

- Outline the scope of practice for APPs to include:
  - A clearly defined and mutually agreed-upon role of these providers;
  - Defined parameters for independent management, collaborative management/accessibility to collaborating physician, and referrals/consults;
  - Prescriptive and dispensing authority;
  - The mechanism to ensure APPs are working within the defined scope of practice;
  - The quality review process to determine the quality of care provided;
  - The process to evaluate the APPs' competence to function within the defined scope of practice.
- Establish a mechanism to evaluate competency.
  - Require oversight through ongoing case review and medical record review, as required by state law, regulation, or facility/practice policy. Provide feedback with recommendations.
  - Check state and federal regulations and hospital bylaws to determine if/when physician co-signature is required.
  - While state law may allow APPs to function "independently", CMS requires quality oversight of all providers.
- Require adherence to established hospital and office practice policies.

Certified Nurse-Midwives

For pregnancies primarily managed by a nurse-midwife, schedule at least one patient visit with a physician. This allows the patient to be familiar with a physician who may attend a spontaneous labor and delivery or an unexpected event.

CRNA

Adhere to federal law. It is noted that federal regulations require CRNAs to practice under the supervision of the operating practitioner or an anesthesiologist, who is immediately available unless the state has received an exemption from this regulation. As of 2021, nineteen states, including New Hampshire, have obtained this exemption.

New Hampshire
MEDICAL SOCIETY
ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

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603 226 2432 **fax**
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www.nhms.org

Mission: *Our role as an organization in creating the world we envision.*

The mission of the New Hampshire Medical Society is to bring together physicians to advocate for the well-being of our patients, for our profession and for the betterment of the public health.

Vision: *The world we hope to create through our work together.*

The New Hampshire Medical Society envisions a State in which personal and public health are high priorities, all people have access to quality healthcare, and physicians experience deep satisfaction in the practice of medicine.

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