

Elena Schjavland #6391

Chairman Gerratana and Johnson, Dr. Srinivasan, Members Sayers and Conroy, and all committee members:

Thank you to the committee for the time and attention you gave to all the Nurse Practitioners who testified yesterday. I understand the committee's perspective in searching out the reasons for the difficulty in identifying and contracting with an MD for a collaborative agreement. However, you will only hear from the NP entrepreneurs and ideological NPs who desire autonomy. This misses the opportunity to invite all NP's to practice without restraint and meet the need for patient access, contribute to the employment market and mentor new graduates.

It was obvious to me that telling the true story in a public forum is difficult at best. As NP's we are desperately trying to avoid alienation, argumentative discussions and turf issue matters with our physician colleagues. Not to belay the fact, but we are the best collaborators out there and are well versed in our boundaries.

In addition to my written and submitted testimony, I would add privately:

I spent 12 months searching for an MD collaborator.

I sent out in excess of 50 letters of introduction to SECT MD's; I attended CME meetings to network; I sought connections via the geriatric practices from Yale, UConn, and UCFS; I asked my surgeon-trauma colleagues for recommendations; And I connected with 6 local NP's who have a private practice (they essentially said good luck).

Finally in January 2012 someone told me about the CT State Medical Society website, and I thought wow! I called, wrote and used the website for assistance in a match. After repeated phone calls and emails, I was told no physicians in my geographic region were **hiring** and no physician had **signed up** to collaborate. I never heard back from them again. See attached email pdf. Now I can't even find the "APRN Assist with Collaboration" link they used to have prominently displayed. <https://www.csms.org/>

When I finally met with some doctors, they said NP's couldn't be independent and I would need my charts, prescriptions and billing reviewed. They offered to hire me, but only as their provider, not having my own panel of geriatric clients. They asked what would be their financial incentive, what malpractice they would have to incur and what call hours they would provide. Then essentially said they didn't want the extra work or liability, as I couldn't offer very much \$\$\$. NPs pay anywhere from \$125-350/hour or phone call for collaboration. Nurse Practitioners within a tiered practice (ProHealth, UCFS, Yale, etc) don't worry about the agreements.

The hostility is pretty palpable when you go one-on-one with an MD (except for a progressive visionary few). So... I was dismissed, scorned and disrespected by some prominent SECT physician. I had the same experience at L&M as a geriatric NP for a short six month employment. I can't fathom the antipathy towards NP's as there are plenty of clients out there. I would just like to empower consumers to make a choice including my NP practice.

I am just trying to make a difference in my Groton-Pawcatuck area for seniors. When I finish my PhD this year, I won't be called doctor, I'll still be Elena to my clients and families.

Respectfully,
Elena
[Keys2Memory](#)

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