

Hello.

My name is Annette Jakubisin Konicki and I am a Family Nurse Practitioner. I am writing to SUPPORT Bill # 36 and to ask you to do the same.

I have been a registered nurse for 30 years in the state of Conn, 16 of those as an APRN. This was the first time I have attended the hearings on any bill. It was an enlightening experience.

Having heard the testimony of both my APRN and physician colleague yesterday, I did want to submit testimony as I walked away feeling that some of the Public Health Committee's questions had not been completely answered. There is always room for interpretation when incomplete information is given and at times may be misleading.

#### Collaboration & Education

There is a difference between collaboration with one's colleagues to discuss patient care issues and the collaborative PRACTICE agreement that is currently required for APRNs to practice to the full extent of their scope of practice in Conn. I collaborate each day with various medical colleagues as well as those of other disciplines in providing primary care to my panel of patients. Yes I have a panel of patients that within my practice as well as with their insurers list me as their primary care provider. Healthcare providers cannot work in silos AND provide holistic care for their patients, we must all work together, that is collaborate with each other.

A Collaborative Practice Agreement as required in Section 20-87a of the State Statute defines what my collaborative actions with one particular discipline, physicians, must cover. It requires that I have a physician licensed to practice medicine in this state and is fairly prescriptive in the requirements of this agreement.

The statute goes on to describe the requirements as a physician who is educated, trained or has *relevant experience that is related to the work of such advanced practice registered nurse*. This further restricts the pool of potential collaborating physicians dependent upon the certification of the APRN. Example: As an FNP I could not have a psychiatrist or ophthalmologist serve as my collaborating physician in my primary care practice.

The Collaborative Practice Agreement is NOT additional training for the APRN. If it is interpreted as such then as it stands the Collaborative Practice Agreement has physicians "training" APRNs in perpetuity, or at least until the relationship is severed. An APRN has completed their training prior to entering a Collaborative Practice Agreement with a physician. The APRN must have successfully completed all the educational & experiential requirements of their advance practice program and had the conferment of their Master's degree all prior to apply for and taking the national certification examination. Once the prospective APRN has completed their education, passed their certification exam then they apply for licensure to practice in this state. Each one of these steps is a rigorous process with methods of knowledge and skill competency assessment and validation included at each step.

The APRN education builds and extends the knowledge and experience of the practicing RN. Physicians have a non-clinical undergraduate degree and then enter and complete four years of medical school. This is then followed by a mentored (collaborative perhaps) training as an intern, resident and in some instances a fellowship.

Nurses have a clinical undergraduate degree, work in their field providing patient care, on average for seven or more years, and then enter and complete 3 years of advance practice graduate education which includes the completion of clinical experiential training to meet the requirements not only for graduation but for their national board certification.

Maintaining certification and licensure also requires pharmacology and healthcare knowledge continuing education. Re-certification requires a minimum of 150 hours of continuing education; for the majority of APRNs this is required every five years though the neonatal advanced practice nurses must re-certify every three years. I am dual board certified as both an Adult NP (internal medicine) and Family NP (family practice). I personally average over 50 hours a year to stay current in practice and prescribing. In the every ongoing pursuit of knowledge I completed my PhD in nursing to pursue my interest in reducing risk factors and raising awareness of heart health in women.

#### Practice

As an APRN provider I have encountered many delays in receiving diagnostic test results, consult notes or request for approval of services because my collaborating physician was listed instead. These results/request/ notes were sent to my listed collaborating physician instead of me. There should be NO need to have a physician listed as the provider on diagnostics/request for services/consultant notes that were ordered by me on my primary care patients. This practice results in a delay in this information reaching me and thus delays the delivery of appropriate care to the patients on my panel. Examples: an undue delay in adjustment of medication based on the lab results from a monitoring study; delay in services to patient as the collaborating physician was on vacation and the request was not seen for a number of days. In the case of the consult there was a delay in implementation of their recommendations as it went first to my collaborating physician of record instead of directly to me. Policies of certain institutions prohibit discharge summaries going to the APRNs and must be sent to the collaborating physician. This resulted in a delay in follow up with the PCP (me, the APRN) on this patient's issues.

The physician staff of the facility where my patients could be admitted prohibits APRNs from admit their own patient. It must be by their collaborating (or covering) physician. Yet when I moonlighted for the organization providing hospitalist services for this facility I was doing the admission and management of these patients. On occasion I was admitting my own primary care patient but under the name of my hospitalist collaborating physician. The rationale being that I was not an independent licensed healthcare provider.

There are many other examples that I could cite, but so as not to lose the reader I will conclude. I do support bill #36 as it will limit the duration of the collaborative practice agreement and allow me function to the full extent of my scope of practice in providing primary health care.

Please let me know if you have any questions or if I may serve as a consultant on this matter. I appreciate your time, consideration & efforts on behalf of Connecticut healthcare consumers.

*Annette Jakubisin Konicki*, PhD, APRN, ANP-BC, FNP-BC  
Primary Care Provider, Day Kimball Medical Group, Putnam, CT

Educator: UConn School of Nursing, Family NP program coordinator.  
43 Cady Road, Putnam, CT 06260  
Home: 860-928-1448