

Physician and Nurse Practitioner Teamwork Sustains the Primary Care Workforce

Jesse Jay Crosson, PhD

TMF Health Quality Institute, Austin, TX, USA.

J Gen Intern Med 35(4):990–1
DOI: 10.1007/s11606-020-05661-0
© Society of General Internal Medicine 2020



In 2012, the Institute of Medicine reported that teams are an “essential tool for constructing a more patient-centered, coordinated, and effective health care delivery system.” [1] Effective teams, they argued, hold greatest promise when providing care for patients with multiple chronic conditions and co-morbidities such as those often seen in the typical primary care practice setting. Subsequent qualitative research suggests that the delegation of non-clinical tasks away from clinicians and expanding the involvement of other team members in patient care improves provider satisfaction with their work [2]. In this issue of the *Journal of General Internal Medicine*, Poghosyan and colleagues report on results of a survey of primary care nurse practitioners and physicians practicing in New York State exploring the relationship between teamwork in their practices, satisfaction with their work, and perceived quality of patient care they delivered [3]. Overall, both types of respondents reported similar levels of job satisfaction and assessments of the quality of care in their practices. Respondents from practices with environments seen as more favorable to teamwork had a more positive assessment of the quality of care delivered in their practices, were more satisfied with their jobs, and were less likely to express an intent to leave their current job. In other words, practices with greater perceived teamwork had lower levels of the common markers of provider-reported burnout.

The perceptions of the respondents in this study add support to the growing body of research showing that team-based care improves the safety and quality of primary care delivery [4,5,6]. Given this linkage between teamwork and care quality and safety, it is not surprising that Poghosyan and colleagues found that both physicians and nurse practitioners report greater satisfaction with their work in more collaborative environments. Other researchers have found that care providers prefer these more collaborative environments across a wide variety of health care settings. Given the overall rates of burnout and concerns about the need for a larger primary care workforce in the USA, the association between teamwork and

a reduced intent to leave the profession is an especially promising finding. Other researchers have found that team-based approaches to care delivery are not associated with increased physician burnout [7,8,9]. The findings in this paper support the idea that primary care practices can improve quality without driving providers away by making sure that team members work together to achieve better, more patient-centered care.

As the authors conclude, “it is critically important to build effective primary care teams in the current policy environment” to ensure that the demand for high-quality primary care will be met. But what do those effective primary care teams look like? How will they incorporate nurse practitioners and physicians working together on inter-professional teams? The authors suggest expanding the scope of practice for nurse practitioners in the states where their practices require physician oversight or supervision. While this may address some of the barriers to more optimal teamwork, it may miss the opportunity to effectively incorporate the diverse perspectives that these differently trained professionals may offer and may lead to parallel care processes rather than effective collaboration. As the IOM pointed out, “effective teams require a clear leader” determined by the needs of the team rather than professional hierarchy. The American Academy of Family Physicians has argued that, if the needs of the team (and of the specific patient) are to “provide complex differential diagnosis, develop a treatment plan, and order and interpret tests,” primary care physicians are well suited to lead such a team [10]. If, on the other hand, the need is for following through on a treatment plan or providing population-based chronic illness care, nurse practitioners should be leading the team. In either case, team leaders must ensure that primary care teams enable high performance from all members and encourage ongoing improvement by ensuring the psychological safety of each team member [11,12,13]. Primary care practices that have care teams with these enabling features and led by either nurse practitioners or physicians based on the needs of the specific patient or patient population can provide the best possible care while offering both types of primary care providers, and all members of the primary care team, the greatest opportunities for professional satisfaction.

Published online February 3, 2020

Corresponding Author: Jesse Jay Crosson, PhD; TMF Health Quality Institute, Austin, TX, USA (e-mail: Jay.Crosson@tmf.org).

REFERENCES

1. Mitchell, P., M. Wynia, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, and I. Von Kohorn. 2012. *Core principles & values of effective team-based health care*. Institute of Medicine, Washington, DC. Discussion Paper, www.iom.edu/tbc.
2. Ann S. O'Malley, Rebecca Gourevitch, Kevin Draper, Amelia Bond, and Manasi A. Tirodkar Overcoming Challenges to Teamwork in Patient-Centered Medical Homes: A Qualitative Study, *J Gen Intern Med* (2015) 30:183–192.
3. Poghosyan L, Ghaffari A, Liu J, Friedberg MW. Physician-Nurs Practitioner Teamwork in Primary Care Practices in New York: a Cross-Sectional Survey. *J Gen Intern Med*. (SPI 5509.)
4. Reiss-Brennan B, Brunisholz KD, Dredge C, Briot P, Grazier K, Wilcox A, et al. Association of integrated team-based care with health care quality, utilization, and cost. *JAMA*. 2016; 316(8):826–834.
5. DeCaporale-Ryan, LN, Ahmed-Sarwar, N, Upham R, Mahler K, Lashway K. Reducing hospital readmission through team-based primary care: A 7-week pilot study integrating behavioral health and pharmacy. *Families, Systems, & Health*. 2017. 35(2): 217–226.
6. Meyers DJ, Chien AT, Nguyen KH, Li Z, Singer SJ, Rosenthal MB. Association of Team-Based Primary Care with Health Care Utilization and Costs among Chronically Ill Patients. *JAMA Intern Med*. 2019;179(1):54–61.
7. Edwards, S., Helfrich, C., Grembowski, D., Hulen, E., Clinton, W., Wood, G., Kim, L., Rose, D., Stewart, G. Task Delegation and Burnout Trade-offs Among Primary Care Providers and Nurses in Veterans Affairs Patient Aligned Care Teams (VA PACTs). *The Journal of the American Board of Family Medicine*. 2018; 31(1), 83–93.
8. Willard-Grace R, Hessler D, Rogers E, Dubé K, Bodenheimer T, Grumbach K. Team structure and culture are associated with lower burnout in primary care. *J Am Board Fam Med*. 2014 Mar-Apr;27(2):229–38.
9. Helfrich CD, Dolan ED, Simonetti J, Reid RJ, Joos S, Wakefield BJ, et al. Elements of team-based care in a patient-centered medical home are associated with lower burnout among VA primary care employees. *J Gen Intern Med*. 2014; 29 Suppl 2:S659–666.
10. AAFP Backgrounder: Scope of Practice – Nurse Practitioners. <https://www.aafp.org/dam/AAFP/documents/advocacy/workforce/scope/BKG-Scope-NursePractitioners.pdf> (Accessed December 13, 2019).
11. Hackman, J.R. *Leading Teams: setting the stage for great performances*. 2002; Boston: Harvard Business School Press.
12. Knox L, Crosson J, Parchman ML, Sheperd C. *Primary Care Practice Facilitation Curriculum (Module 30): Building Teams in Primary Care*. AHRQ Publication No. 15-0060-EF, Rockville: Agency for Healthcare Research and Quality; 2015.
13. Edmondson, Amy C., and Zhike Lei. “Psychological Safety: The History, Renaissance, and Future of an Interpersonal Construct.” *Annual Review of Organizational Psychology and Organizational Behavior* 1 (2014): 23–43.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.