

Title 30: Professions and Occupations

Part 2630 Collaboration

Part 2630 Chapter 1: Collaboration with Nurse Practitioners

Rule 1.1 Scope. These rules apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi. Because discipline may be imposed for failure to meet the standard of practice in connection with collaborative agreement with any advanced practice registered nurse (APRN), the Board of Medical Licensure has determined that it is reasonable, necessary and in the public interest to adopt the following rules detailing what it considers to be the standard of practice. These rules are to inform and educate physicians in collaborative relationships as to what the Board of Medical Licensure considers to be the responsibilities of such physicians. These rules intend to be practical and flexible enough to address a variety of situations and specialties. The Board of Medical Licensure does not intend to restrict patient access to essential healthcare in the state of Mississippi.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.2 Definitions. For the purpose of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

- A. “Advanced Practice Registered Nurse (APRN)” is a person who is licensed or holds the privilege to practice under Miss. Code Ann. Section 73-15-5, and who is nationally certified as an advanced practice registered nurse or in a specialized nursing practice which includes certified nurse midwives (CNM), certified nurse anesthetists (CRNA), clinical nurse specialists (CNS) and certified nurse practitioners (CNP).
- B. “Physician” means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi who holds an unrestricted license or whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order.
- C. “Primary Collaborating Physician” means a physician who, pursuant to a duly executed protocol, has agreed to adhere to the responsibilities implied by the collaborative agreement with an APRN as outlined in 73-43-11. This responsibility includes, but is not limited to, adherence to the Quality Assurance Program set out in these rules.
- D. “Secondary Collaborating Physician” (“Back-up Physician”) is a physician who, pursuant to a duly executed collaborative agreement, agrees to perform the duties of the primary collaborating physician, including adherence to these rules, when the primary collaborating physician is unavailable. The classification secondary physician may also be applied when the physician is collaborating with a nurse practitioner who is working 20 hours or less a week for a clinic but has a full-time primary physician in collaboration at another site. When the secondary collaborating physician is acting as the primary all of the following rules apply.

- E. “Collaborative Agreement” means a written agreement between a physician, either primary or secondary as defined above, and an APRN. The collaborative agreement must be individualized to the specific collaborative practice.
- F. “Acute Care Facility” means a hospital facility in which patients with acute medical conditions (e.g. cardiac, pulmonary, stroke, acute psychiatric hospitals, etc.) are being cared for by APRNs.
- G. “Board” means the Mississippi State Board of Medical Licensure.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.3 Requirements for Collaborating Physicians. Primary and secondary collaborating physicians must:

- A. hold a current unrestricted license in the state of Mississippi and actively provide direct patient care at least eight (8) hours weekly;
- B. notify the Board within seven (7) working days of entering into or termination of any collaborative agreement;
- C. insure that the primary collaborative physician(s) name(s) is/are displayed for public view at the APRN’s practice site; and
- D. enter into a collaborative agreement with the APRN, which is written, signed and dated by both the APRN and physician, and which must:
 - 1. remain in the practice site of the collaborating physician should there be a site visit by the Board;
 - 2. define the scope of practice, including mutually agreed upon collaborative agreements and guidelines for the healthcare provided;
 - 3. agree upon medication formulary to be used by APRN and physician in practice. The collaborative physician has the right to use the Mississippi Prescription Monitoring Program to review the APRN’s controlled substance prescribing practices;
 - 4. describe the individual and shared responsibilities of the APRN and physician;
 - 5. be reviewed and updated annually by the physician and the APRN; and
 - 6. set out a procedure for handling patient emergencies, unexpected outcomes or other urgent practice situations.

A physician shall not enter into a collaborative agreement with an APRN whose training and practice is not compatible with that of the physician (it is recognized and accepted practice that surgeons, obstetricians and dentists have collaborative arrangements with CRNAs). It is recognized that CRNAs commonly work in the anesthesia care team model where one anesthesiologist may be collaborating with up to four CRNAs concurrently. In the model, a group of anesthesiologists may collaborate with a group of CRNAs. In this instance, it is acceptable to list multiple collaborators on the CRNA’s protocol. If the usual practice is for one anesthesiologist to collaborate with more than four CRNAs concurrently, then a waiver must be requested and approved by the Board. Any other arrangement must adhere to the standard rules of collaboration that exists for an APRN. Unless otherwise waved, this rule applies to hospital settings and surgical suites only. This same model shall also apply to emergency medicine group practices.

The collaborative agreement shall not include medications the physician does not use in his or her current practice and about which the physician is not knowledgeable and competent.

Before entering into a collaborative agreement, a physician should consider the following when determining the degree of autonomy the agreement provides:

- A. the physician's personal knowledge and ability to provide the time to the collaborative agreement;
- B. the type of practice;
- C. the scope of practice of the APRN;
- D. the educational training and experience of the APRN;
- E. the geographic location of the physician's practice and the practice of the APRN and their ability to consult in a manner that assures patient safety; and
- F. the technology available to the physician and APRN to allow effective communication and consultation.

Physicians are prohibited from entering into a collaborative agreement with an APRN whose practice location is greater than forty (40) miles from the physician's practice site, unless a waiver is expressly granted by the Board for that particular collaborative agreement. However, a collaborative physician (primary or secondary) must be within 40 miles from the actively practicing APRN. Collaborative agreements which have previously been granted as waivers at the time of adoption of these rules will continue to be exempt from this requirement.

Anytime a collaborating physician is working with an APRN who is working in and/or staffing an emergency room the collaborative physician (primary or secondary) must be physically present in the building or no more than ten (10) minutes from the facility. An exception to this policy would be Board approved telemanagement arrangements.

Anytime a collaborating physician is working with an APRN who is working in and/or providing care in an acute care facility, there must be evidence reflected in the patient's chart that a collaborative physician has seen and examined the patient within twelve (12) hours of the APRN initially seeing the patient on admission.

Physicians are prohibited from entering into primary collaborative agreements with more than four (4) APRN's at any one time unless a waiver is expressly granted by the Board for that particular collaborative agreement. However, a physician may be in collaboration as the secondary physician on four (4) additional collaborative agreements and no QA, as defined under Rule 1.4, will be required for these additional APRNs. A secondary physician status may be given to a physician who is collaborating with up to two (2) APRNs who are working less than 20 hours per week at another clinic not in the same practice as the APRN's primary place of work. A QA review will be required quarterly.

The Board will consider the factors listed above, as well as any other factors that the Board deems relevant, in determining whether to grant a waiver. Such waivers may be granted to medical practices with multiple physicians including, but not limited to, the following settings:

- A. emergency rooms;
- B. intensive care units;

- C. labor epidural services on obstetrical suites
- D. State Department of Health;
- E. State Department of Mental Health; and
- F. federally funded health systems (e.g. FQHCs, VAMCs);
- G. community mental health centers.

Physicians shall complete a questionnaire pertaining to APRNs upon initial licensure and during each annual renewal process.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.4 Quality Assurance Program. Physicians entering into collaborative agreements shall implement a quality assurance program which shall include:

- A. Review by the primary collaborating physician of a random sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the APRN every month. Charts should represent the variety of patient types seen by the nurse practitioner. Each patient encounter that the nurse practitioner and collaborating physician have consulted on during the month will count as one chart review.
- B. Review of the controlled medications prescribed by the APRN revealed in the chart review. The physician may also make review through the Board of Pharmacy Prescription Monitoring Program.
- C. The primary collaborating physician shall meet face to face with the APRN once per quarter for the purpose of quality assurance and this meeting should be documented.
- D. Secondary physicians for APRNs who work less than 20 hours per week at a clinic shall meet face to face with the APRN once per quarter for the purpose of quality assurance and this meeting should be documented.
- E. The collaborating physician must insure that the APRN maintains a log of charts reviewed, including:
 - 1. the identifier for the patients' charts;
 - 2. reviewers' names; and
 - 3. dates of review.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.5 Disability of Primary Collaborating Physician. In the event of death, disability (physical/mental) or unanticipated relocation of a primary collaborating physician, the secondary collaborating physician shall act as the primary collaborating physician. In the event the APRN has no secondary collaborating physician, the APRN must notify the Mississippi Board of Nursing, which will then immediately notify the Board. In such cases, the APRN may continue to practice for a 90-day grace period while the APRN attempts to secure a primary collaborating physician without such practice being considered the practice of medicine. The Board or its designee, will serve as the APRN's primary collaborating physician with the approval of the Mississippi Board of Nursing. The Board and the Mississippi State Board of Nursing will assist the APRN in their attempt to secure a primary collaborating physician. If a primary collaborating physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Executive Committee of the Board

of Nursing and the Executive Committee of the Board. During this additional 90-day extension, the above described collaborative agreement will continue. The APRN will not be allowed to practice until the previously described collaborative arrangement with the Board is agreed upon. The Quality Assurance process that was in place will be continued by the Board of Medical Licensure during the extension.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.6 Violation of Rules. Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Mississippi Code, Section 73-25-29(8).

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.7 Effective Date of Regulation. The above rules pertaining to collaborating physicians shall become effective September 21, 1991.

Amended May 19, 2005. Amended March 13, 2009. Amended November 19, 2009. Amended March 21, 2013.

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collaborating physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Executive Committee of the Board of Nursing and the Executive Committee of the Board. During this additional 90-day extension, the above described collaborative agreement will continue. The APRN will not be allowed to practice until the previously described collaborative arrangement with the Board is agreed upon. The Quality Assurance process that was in place will be continued by the Board of Medical Licensure during the extension.

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