

CHAPTER 224: WHAT DOES IT MEAN FOR CLINICIANS?



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GREATER AUTHORITY FOR NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

The law seeks to expand access to primary care by broadening the scope of practice of nurse practitioners (NPs) and physician assistants (PAs) and their ability to act as primary care providers. Doctors will still supervise NPs and PAs, but the law removes the limit on the maximum number of PAs that one physician can supervise and the requirement that the physician sign off on certain NP and PA services, including the writing of prescriptions by PAs. Health plans are required to allow PAs to act as primary care providers and to list them in provider directories.

WORKFORCE INVESTMENTS

The law establishes a variety of mechanisms to help develop the health care workforce needed to ensure access to high quality care in Massachusetts. These include a Health Care Work Force Transformation Fund for education and training of workers in areas of critical need, expansion of the state's health care loan repayment program, financial support for primary care providers at teaching community health centers, and new directives to the Department of Public Health's Health Care Workforce Center to focus on issues in specific areas of need. There is a particular focus in many of these provisions on expanding the state's workforce in behavioral health, substance use disorders, and mental health care services, which are areas of critical need across the state.

ENCOURAGEMENT OF APOLOGY AS A MEANS TO REDUCE MEDICAL MALPRACTICE LITIGATION

Apology by providers can be a powerful force for healing and equitable resolution in cases where patients are harmed by unanticipated outcomes of medical care. The law protects providers' statements of apology and error from discovery and admissibility in malpractice suits and creates a 182-day "cooling off period" before any legal action can be commenced.

CONTINUED INVESTMENTS IN HEALTH INFORMATION TECHNOLOGY

The Mass e-Health Institute will expand efforts to implement electronic health records and enable providers to achieve compliance with federal meaningful use standards. The law establishes a fund to provide no-interest loans to certain types of providers in order to implement health information technology.

COMPETENCY IN HEALTH INFORMATION TECHNOLOGY AS A CONDITION OF PHYSICIAN LICENSURE

Starting in 2015, physicians must demonstrate that they are proficient in the use of electronic health records, computerized physician order entry, e-prescribing, and any other form of technology the Board of Registration in Medicine requires in its licensing standards. This provision recognizes that skills in using health information technology have become core competencies for physicians if they are to provide high quality and safe care, particularly in a delivery system that is increasingly focused on population health, integrated care, and affordability.

PROHIBITION OF MANDATORY OVERTIME BY NURSES

The law prohibits the use of mandatory overtime for registered nurses except in emergency situations to be determined by the Health Policy Commission. Hospitals are required to report instances of the use of mandatory overtime. These provisions are intended to protect the health of nurses and the quality and safety of patient care.

ATTEMPTS TO SIMPLIFY ADMINISTRATIVE PROCESSES AND INCREASE TRANSPARENCY

Several provisions of the law address clinician concerns about the administrative complexity and costs of dealing with multiple private payers. The Division of Insurance is required to develop standardized forms for prior authorization and summary of payment, and also a standardized process for determining a patient's eligibility for services. Utilization review criteria must also be available on a health plan's website, and any proprietary criteria must be furnished to providers or plan members upon request.