

MAPA TESTIMONY

Good afternoon Mr. Chairman and fellow members of the Health Policy Committee. Thank you for allowing me the privilege to testify here today.

My name is Brian Gallagher and I am President-Elect of the Michigan Academy of Physician Assistants. My colleague joining me today is Ms. Suzanne York, the current MAPA President and Program Director for the University of Detroit Mercy Physician Assistant Program

As Ms. Rosewarne has discussed, Michigan is already facing a critical shortage of primary care providers in most of its rural and inner city areas. Furthermore, this shortage is compounded by the aging population and the retirement of many physicians and nurses. The recent Patient Protection and Affordable Care Act expands or provides health care coverage for hundreds of thousands of Michigan residents and the strain on Michigan's health care system will be immense. This requires prompt but thoughtful action to alleviate some of this pressure.

The Michigan State Medical Society (MSMS), the Michigan Osteopathic Association (MOA) and the Michigan Academy of Physicians Assistants (MAPA) came together last fall to evaluate potential solutions to this looming crisis. The groups agreed that the team approach to healthcare results in better patient outcomes, increased patient satisfaction, improved efficiency and reduced cost. The group identified some of the practice barriers that prevent the citizens of Michigan from accessing high quality, cost effective, safe health care. It was clear that the three organizations all had the same two basic principles in mind when identifying barriers and providing solutions.

First:

- Health care delivery through the physician-directed medical team that includes non-physician providers is a proven, cost effective and efficient model. The three organizations formally adopted the following umbrella statement as a result:

"We are mutually committed to continuing to improve safe access to health care by providing patient-centered quality care within an integrated, coordinated, physician-led team."

Second:

- Collectively, we need to address current practice barriers that impede optimal functioning of the medical team, ensuring maximum efficiency and effectiveness while maintaining the high quality, integrated and coordinated care that patients expect and deserve.

Once these principles were established, the three organizations, along with Senator Marleau, compiled a list of barriers that impede access to care, affect patient and health care worker safety and resolve some of the current inefficiencies of Michigan's Health Care System. The following are those barriers that are being addressed in Senate Bill 384:

- Clarify the physician's ability to delegate to a physician assistants, rounds on patients in public institutions, hospitals, nursing homes, ambulatory care clinics, extended care facilities, etc.

Many physicians share privileges at multiple hospitals and this rule prevents them from utilizing their physician assistant to the maximum capacity. Physicians can communicate with their PA to develop a patient centered ~~treatment and~~ evaluation and treatment plan based upon the patient's individual needs. Removing this restriction helps streamline the care for patients

- Remove the limitation on physician's ability to delegate to PAs the prescribing of schedule II medications

Currently, PA's may prescribe 7 days worth of a schedule II medication at the time of discharge from a health care facility. In my family practice, we have many patients that are on Schedule II medications for chronic pain or attention deficit hyperactivity disorder. The current limitation creates unnecessary wait times, risks patient suffering and results in increased cost to the patient.

- Clarify that physicians may delegate the authority to PAs to sign forms requesting physician signature
- Clarify the PA's role in ordering restraints for patients resulting in improved patient and workforce safety

The ability for PA's to authorize restraints is already supported by the Centers for Medicare and Medicaid and the Joint Commission. In Michigan, the Health Code allows for emergency restraints and seclusion for up to 2 hours if deemed necessary by the staff. A "physician" must evaluate the patient within that time and decide if the restraints or seclusion is medically necessary. The current position by the Michigan Department of Community Health does not allow a physician to delegate that evaluation to a PA. This not only reduces patient access to care, but risks patient safety at a time of physician shortages that are predicted only to worsen over time.

- Include the PA's name along with the supervising physician's name on individual prescriptions

We realize that the solutions to the impending provider shortage do not fully lie with the legislature. As a result, MAPA and the Michigan Primary Care Association have met several times to identify other ways to address the number and uneven distribution of qualified primary care providers in the state.

There is no doubt that through the hard work of this legislature, eliminating current barriers impeding the team approach to health care delivery will ensure that the citizens of Michigan will be able to access and receive high-quality and cost effective care for years to come.

Thank you to the committee and to Senator Marleau for recognizing the barriers facing the Michigan health care system and for developing thoughtful solutions that improve access while maintaining the quality of care that the citizen's of our great state deserve. We ask that you support Senate Bill 384.