

Testimony on Bill No. 192      LCO No. 983

An Act Concerning Advanced Practice Registered Nurses and Primary Care Providers for Individual and Group Health Insurance Policies

February 25, 2010

Committee on Insurance and Real Estate

This is testimony in support of Bill No. 192      LCO No. 983

My name is Mary Leahy, FNP-NC, APRN. I have been a practicing family nurse practitioner/APRN for the last 15 years. For the last 5 years, I have been the owner and primary care provider of Roaring Brook Family Practice, in Avon, Connecticut. I currently care for over 4000 patients.

Senator Crisco and Representative Fontana:

Thank you for hearing this Bill. I speak in support of proposed Bill No. 192. The problem this Bill will address is an individual's choice of competent primary care providers. In addition, this Bill will allow me to continue to practice responsibly and accountably. Please allow me to give you a few specifics.

Access to a preferred primary care provider has always been desirable in our health care system. I currently accept (and am therefore credentialed by) most major health care insurances, including some State insurance plans.

I have been the sole primary care provider for the majority of my patients for more than 5 years; and in some cases more than 10 years. When an individual enters my office, they provide in depth confidential information. We develop a long-term working relationship based on mutual understanding. If a patient cannot find me on the insurance companies' lists of approved providers, they may assume I am not credentialed or covered. This can create stress. It may also cause them to seek an alternative provider despite not wanting to leave my practice.

When I went into an independent practice setting, I did so with the intention of meeting the needs of a unique population. I am a niche primary care provider. I provide APRN based primary care within an ever changing and somewhat pressured health care environment. I engage individuals as active participants in the health care process. I see adults, their children, their parents, and their grandparents.

Please understand that this Bill is not economic. I will never sacrifice the quality of care that I provide for quantity of patients seen. I will never get rich doing what I do. However, I do provide good care, and I sleep well at night. Granted, the majority of my patients are referred by word-of-mouth from existing patients. In fact, I don't know of anyone who would just pick an arbitrary name off a listing or panel of providers. However, once individuals are given my name, most persons are going to want to "check me out". They will go to the internet and look at my ratings, and then they will go to their insurance site to see if I am listed. Who can afford a provider out-of-pocket? Very few of us can. If I am not listed, then I

do not exist. That may be the end of the search and the end of a potentially therapeutic relationship- before it even started.

Also, as a business owner who is looking out for my employees and self, I am well aware of the decision-making process, including the comparison of costs and benefits of different employer-provided health insurance plans. In order to make ends meet, I review proposals from a variety of health insurance companies on a yearly basis. Based on these yearly assessments, I (as with most large and small businesses) may decide to change our insurance company or plan. One of the first things an employee will do, in response to this change, is to check to see if his/her current preferred health care provider is listed under the new plan or policy. The majority of the time I am not listed as a primary care provider by these major health insurance plans, or my name is found in some obscure place like "other" or "nurse". I am difficult to find, if I can be found at all, despite being fully credentialed by the health insurance companies.

I am compelled to also discuss the impact of Bill No. 192 on referral to specialists; and vice versa, referrals from specialists back to my practice. I have worked diligently and have obtained an excellent reputation as a competent primary care provider with most area specialists. They are often asked their opinion on who provides primary care in the area. The same circumstance holds true. If the specialist looks at the patient's provider panel list and I am not listed, I am not accessible.

I have discussed just a few of the issues related to access to care, and I want to spend the remainder of my time talking about responsibility, accountability, and liability.

Let me give you one specific example. An 83 year old patient fell in her assisted living facility, striking her head but not losing consciousness. I was never notified of the fall. Four days later, a fax notifying me of the fall and asking whether or not I wanted to do a head CT scan was hand carried to my office. It turns out, despite being asked to notify me directly, the Director of the facility-notified the "physician of record" instead. She did not know that he had never met the patient and knew nothing about the patient's history, nor was she aware that his office was closed for those 4 days and no one checked the fax machine. Luckily, nothing serious happened to this woman, but this situation could have been disastrous.

Commonly, because of insurance issues, radiology reports inadvertently end up addressed to and delivered to a physician's office instead of mine. If I order a radiographic study, I am usually concerned about something that I cannot see with the naked eye or I am waiting for that report to make further decisions regarding care. If these reports end up in the wrong place, there are delays in answers and treatment. It can create undue stress and allow conditions to simmer longer than necessary. The chances of a mistake or lost results are enormous.

Outside consultants work under the same constraints. Often policies exist within organizations that require "physician of record" identification, usually to simplify insurance processing for incoming patients. The problem then is that these consult reports again are addressed to a physician who is not the primary care provider and are not directly received by my office. These results and recommendations are essentially unavailable to me. I refer to specialists when a patient's problem is

beyond my scope of practice as an APRN and/or because I am concerned about something more serious occurring and want to expedite a specialist evaluation. I need this information.

As technology advances, and EMR becomes the record keeping method of choice, it will be even more difficult to track what has and has not been received. Paper reports will eventually vanish. If these reports end up in a physician's computer or in his office-there is no possible method to avoid delay or know if I will ever receive the results at all.

I am sure, at this time, you have other thoughts of your own "worst case scenarios" given the current circumstances. I reiterate my goal is to provide the best possible primary care available from an APRN within the current health care system. Please allow me and other APRNs to continue to do this by removing barriers to access to quality care and barriers to information needed to provide safe thorough care. Thank you for your time and attention.