

Testimony of
Elena Schjavland, Principal & Nurse Practitioner Provider
KEYS2MEMORY, LLC

Submitted to the
Public Health Committee
February 28, 2014 – Public Hearing

**SUPPORT Governor's SB No. 36: An Act Concerning the Governor's
Recommendations To Improve Access To Health Care.**

Thank you for the opportunity to speak in support of the bill to improve access to care, by asserting the *independent* Advanced Practice Registered Nurse (APRN) role in healthcare. As the sole provider for the house call practice called Keys2Memory, LLC, and a Connecticut licensed APRN, board certified as an Adult and Geriatric Nurse Practitioner, I am writing to express my vigorous agreement with Governor Malloy's Bill No. 36.

As you know healthcare consumers demand **safe and competent medical visits**. The opinion by Dr. Jewell Mullen, along with research studied by many multi-disciplinary and MD authorities demonstrate repeatedly that APRNs have good healthcare outcomes. APRNs are expertly educated and clinically competent; they pass certification boards, must have malpractice coverage, are periodically recertified, and require continuing education hours, including meeting changing pharmacology standards. APRNs know practice boundaries, as the same litigious culture that measures doctors, also judges NPs.

I am self-employed as a Memory Disease and Dementia Specialist, and provide care to adults and seniors in Southeast CT. I diagnose and treat cognitive impairment and the symptoms that accompany those disease; prescribe and order tests including MRIs, complicated laboratory tests, and process DNA specimens; I help the patient, family and caregiver understand a mutually agreed upon dementia management plan, both present and future. I have an individual collaborative agreement and contract with a CT physician. I have been in the field for the last 18 months dealing with the required APRN contract and its impact on my practice. I am the poster child for this legislation. In short, it has severely limited patient's access to the care I can deliver.

I am proud to render care in a professional, competent and comprehensive manner. I provide for escalation of care, collaborate and refer to physicians as needed. I also collaborate and refer patients and families to: researchers, MD specialists, social workers, geneticists, counselors and home healthcare services. It is the same logical, common sense approach among my colleagues in their first-rate NP primary care practices, niche practices and house

call services. The collaborative contract requirement is redundant, not so the physician collaboration we already integrate into our practice along with the entire health care team, patient and family. There does not need to be a signed contract.

Access and provision of healthcare is the greatest issue in 2014. The present collaborative requirement and contract causes headaches and significant time loss for me every week. It is because of: billing glitches, excessive phone calls, and turf challenges. Sometimes I refer a family to a memory center 1-1½ hours away because I can't resolve the red tape. Turf challenges, legal issues and boundary questions arise from local Connecticut doctors, hospitals and care facilities. It is never my patients who erect roadblocks. Clients and families know I am a nurse practitioner; and clever as they are, they know the difference between a psychologist, a chiropractor, podiatrist, Nurse Practitioner and a medical doctor.

We need easier access to, and more appointments with APRN Primary Care Providers, Mental Health and Geriatric specialists and APRNs who provide depression behavior therapy and specialize in woman, child and adolescent care. I would be more productive, treat more patients, and have more time to improve dementia care in our community under the new legislation. There are plenty of patients for all of us,.... especially me, considering one out of six people hearing this testimony will be diagnosed with Alzheimer's disease during their lives.

It was hard for me to get that first signed contract. Relocating my practice to Rhode Island, Vermont, New Hampshire or Maine, where there is already independent practice for NPs, is not an option as I am tied to family and my Mystic neighborhood. My practice will close if the current physician collaborator does not renew my contract, whether due to: physical inability, overwork, and geographic move, loss of CT MD license, death or retirement. I then can no longer see or support my patients and families. This uncertainty with the contract and pessimism in seeking another, is the prime reason I am reluctant to hire additional staff I desperately need. If I can't see clients and be reimbursed, I can't afford the payroll. I need more APRNs, social workers, RNs and care navigators alongside me.

APRNs are also Registered Nurses, who are the most trusted professionals in the United States; consider that impact on honesty in healthcare. Also, APRNs are specifically educated in both medical and nursing models, care and cure, and wellness and holism, and are especially nuanced to listen, a rare gift in healthcare today. Collectively, this provides the rubric for a valued service to CT healthcare consumers. I don't want the committee to pass on this unique opportunity.

Thanks

A handwritten signature in black ink, appearing to read "A. G. P.", is written over a circular stamp that is mostly illegible.