

ProHealth Physicians Testimony
John Lynch, MPH
Regarding Senate Bill 981, An Act Concerning Medical Assistants
Public Health Committee
March 16, 2014

Senator Gerratana, Representative Ritter, and members of the Public Health Committee, on behalf of the ProHealth Physicians, its 381 primary care providers at 77 practice sites which have achieved the highest level 3 Patient Centered Medical Home recognition from the National Committee for Quality Assurance, and its over 364,000 patients, thank you for the opportunity to testify today.

My name is John Lynch. I am the Vice President for Research at ProHealth Physicians.

I am here today to SUPPORT passage of Senate Bill 981.

As we try to transform healthcare in Connecticut with the Triple Aim goals of higher quality, better access, and lower costs, we focus much of our efforts on primary care as the lynchpin of that transformation. However, we quickly recognize that there may not be enough primary care resources available to achieve that goal. Our strategies therefore should include incentivizing all in primary care to work at the top of their license or certification. We need to free up the primary care physicians, APRNs, and Physician Assistants to focus on the patient and not on routine services that can be performed by others. SB981 would take one step in support of that transformation, allowing a medical assistant under supervision of a licensed health care provider to administer routine medications such as influenza and pneumonia vaccines. Such practice would support the triple aim: freeing up time for more patient access to licensed primary care providers, lowering the cost, and maintaining the quality. SB981 sets forth requirements for maintaining quality including Patient Centered Medical Home certification for the practice site, supervision by a licensed care provider, and 32 hours of training for the Medical Assistant.

We would recommend two minor changes to SB981. The pilot should be of sufficient scale and the model tested in more than one type of setting that has different care teams and workflows. We recommend that opportunity be also piloted in primary care office settings meeting the same PCMH criteria. We recommend the phrase “or primary care practice” be inserted in two spots:

Section 1 (a) (3) *is practicing at a federally qualified health center* “or primary care practice”...

Section 1 (b) (2) *a member of the staff of the federally qualified health center* “or primary care practice”...



Nationally Recognized for Patient-Centered Care



The ProHealth team is willing to work with the Department of Public Health and our Community Colleges to develop and implement the pilot, ensure completion of the required Medical Assistant training, use our “lean” process improvement to revise workflows for smooth efficiency, and document the process in our electronic health records.

Not all Medical Assistants in the current workforce will be able to take the 32 hours out of their family/work lives to obtain the needed training. ProHealth has the size, scale, and resources to enable Medical Assistants to receive such training. ProHealth has a central training classroom, has deployed a Healthstream Learning website providing a common learning/training approach for both clinical and administrative educational programs, has a centralized quality assurance and audit function to ensure compliance, and has one centralized Electronic Health Record enabling consistent documentation. Training is not one exam and done. The Healthstream training site will allow for continuing education refresher/enhancement courses over time. The 2015 ProHealth budget includes a budgeted position for a Medical Assistant Trainer that could not only provide the classroom training, but provide field oversight for initial training in the clinical setting *AND ongoing monitoring and follow-up support.*

Thank you for your time and attention and hope you can support SB981.