



Testimony

Before the Public Health Committee

On March 16, 2018

Opposing R.B. No. 300,

AN ACT CONCERNING COLLABORATIVE ARRANGEMENTS BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS

Good Morning Senators Gerratana and Somers, Representative Steinberg, Srinivasan, and distinguished members of the Public Health Committee. My name is Frank Castiglione, M.D. and I am a practicing board certified dermatologist practicing in Hamden, CT. I am also the Past President of the Connecticut Dermatology society. I am here on behalf of the physicians and physicians in training in the above mentioned medical societies offering you testimony opposing SB 300 An Act Concerning Collaborative Arrangements Between Physician Assistants and Physicians.

I would like to spend a brief moment talking about the years of training to become a physician, since many of you are fairly new to this committee and why a team approach is so important in the delivery of healthcare. Physicians begin with the didactic rigors of medical school, followed by years of supervised clinical work, just to earn the MD degree. But that is only the beginning. The next step is internship, followed by a residency that can last anywhere from 3 to 5 years or more years. During this time, young doctors undergo clinical training under the watchful eyes of experienced physicians and other care providers. Then and only then are doctors allowed to provide independent care. Even then, many doctors who wish to provide specialized care have additional years of Fellowship training, with more supervised clinical care. When doctors do begin to practice "independently" they are still under the regulation of the Department of Public Health and the whims of insurance companies, who monitor the activities and patterns of similar medical doctors.

Recently my colleagues and I had some frank and open discussions on the direction of medicine, how we meet the needs of aging baby boomers and how we adapt to the rapid changes in the delivery of care. The discussion was inspired by some recent losses in our medical community – some due to tragic suicides, and some due to early retirement from physician burnout. In these discussions the role of physician extenders and assistants was closely examined. Pertinent points which were raised by members (including many who employ physician assistants and other extenders) through these discussions and from society questionnaires are listed below.

Medical training is long and arduous for a reason – physicians are privileged to provide care for the most precious thing a human can have – good health and well-being. We often work long hours and must deal with ever increasing health care needs, as well as inscrutable and at times punishing requirements from insurers. But throughout all of this change and performance pressure, one thing remains constant and that is the **high level of training of physicians**. It is this training that provides the strong pillars of the healthcare foundation. It is not to say that other healthcare providers do not play a critical role as well. It is however, different. There is simply no substitute for the higher degree of knowledge and experience.

This is why we are disheartened to find group after group seeking short cuts to the independent practice that took us many years and thousands of hours to achieve. We as physicians know and understand the pressures and economics of healthcare. There is no doubt medical care will continue to evolve under the pressure for cost containment and technological advances, but we must take care not to abandon the tried and true training that has made our health care the envy of the world.

We have much work to do, but we need to cooperate and work as an effective physician led team to keep the system strong and workable.

We now see yet another group of allied health providers taking steps to loosen the bonds of supervised work with physicians. This is a pattern with which we are familiar. It typically goes as follows:

Step 1: Agree to work in an allied health position with supervision by a physician. (Required: direct, on-site supervision)

Step 2: Agree to work in an allied health position in a collaborative arrangement with a physician, (Required: "appropriate consultation" with one or more physicians)

Step 3: Independent practice,

In this way, others, including Advanced Practice Registered Nurses (APRNs), have gained independent practice. While we are respectful and appreciative of the contributions of allied health personnel, we believe we must take steps to ensure that practice arrangements, including direct supervision, are preserved because they are vital in ensuring the safety of patients. We should be placing a priority on recruiting well-educated and qualified physicians to practice in Connecticut to serve as leaders of the health care teams.

Unfortunately, Connecticut is not considered a desirable place to practice, despite its beauty and history and its proximity to two of the world's great cities. This is in large part due to the downside risks of practicing in a state with one of the highest tax rates in the nation, one of the highest costs of living, and an aggressive Trial Bar Association that presses for every advantage, including the attachment of personal assets of physician - in a state that awards some of the highest malpractice awards in the entire country.

A better path forward would be to prioritize the recruitment of well-trained and qualified young physicians to serve as leaders of the health care team, providing direct supervision of Physician's Assistants and others to provide efficient, high quality care for all. What would it take for this to happen? We need to create incentives to attract physicians to Connecticut, including forgiveness of educational loans, incentives to establish or join a practice, and meaningful tort reform. Also needed is the continued development of a state of the art health care system, with legislation and regulations that level the playing field between the insurance industry and those in the front lines of health care.

In summary, we should be building a physician led health care team that utilizes and collaborates with the strengths and skills of allied health providers. We should not be opening back doors and alternative paths to independent practice, unsupervised collaboration, or prescriptive authority. We should be building strong physician led teams that can provide care efficiently and safely for all citizens of Connecticut.

Thank you for your time and attention.