

Connecticut Academy of Physician Assistants

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TESTIMONY for the Public Health Committee Public Hearing on

S.B. No. 300 (RAISED) AN ACT CONCERNING COLLABORATIVE ARRANGEMENTS BETWEEN PHYSICIAN ASSISTANTS AND PHYSICIANS

March 16, 2018

The Honorable Terry Gerratana
The Honorable Heather Somers
The Honorable Jonathan Steinberg
Co-Chairs, Public Health Committee

Senator Gerratana, Senator Somers, Representative Steinberg & Public Health Committee members:

On behalf of the Connecticut Academy of Physician Assistants (ConnAPA), I respectfully submit this testimony in support of S.B 300 as an effort that will ultimately lead to the over arching goals of: 1) Improved access to care for CT patients treated by PA providers 2) Decreased health care costs through greater practice efficiency, and 3) Allowing PAs to practice to the full extent of their education and training.

My name is Jonathan Weber, and I am a Physician Associate and member of ConnAPA who has practiced Internal Medicine for nearly 20 years in the state of CT. My clinical and academic background includes hospital and primary care internal medicine, PA educational administration and leadership including teaching and mentoring of PA students, and advocacy of the PA profession. ConnAPA is the professional society that represents over 2300 PAs in CT. As a member of ConnAPA Legislative Affairs committee, I have worked for many years on PA advocacy efforts in CT.

The primary aim of S.B. 300 is to modernize the PA Practice Act with language that more accurately defines the existing collaborative relationships between physicians and PAs in team-based medical practice today. Current statute describing the relationship between PAs and physicians using the term "supervision" is confusing and antiquated. Over the years, current language has often been misinterpreted resulting in equally variable and overly prescriptive workplace policies. PAs throughout CT have consistently notified ConnAPA about the burdensome barriers they routinely face in all care environments. Ultimately, these excessive hurdles have created unnecessary inefficiencies that decrease access to care and restrict PAs from practicing to the full extent of their education and training.

Since the integration of PAs into the healthcare workforce over 50 years ago, the health care landscape has evolved demonstrably. PAs along with other advanced practice providers (APPs) have become uniquely and inextricably interwoven in the matrix of high quality and cost effective healthcare. This has happened through the expert development and utilization of collaborative practice models by physician-led teams and institutions. PAs now work collaboratively and seamlessly within integrated teams of Internists, Surgeons, Interventionists, and Radiologists from

the primary care setting to emergency rooms, from general hospital wards to specialty floors, from ICUs to operating rooms.

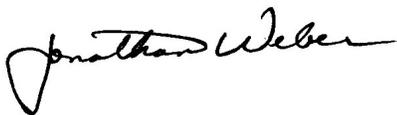
As a PA in internal medicine for the past 20 years, I have focused efforts on building solid relationships between all clinicians participating in the team-based model of care in hospital, acute care and primary care settings. My participation on and commitment to a 6 member physician-PA team in the late 90's helped lead to the development of an extremely effective "Hospitalist" model of care that has significantly expanded and endures today with over 150 PAs and physicians. This team-based, collaborative practice model has consistently achieved high rankings on quality care indicators and, has lead to the expansion of this novel model to other major hospitals across CT.

Collaboration in team-based medical practice is endorsed and supported by many national medical organizations. In the March 2016 *Report of the American College of Obstetricians and Gynecologists' Task Force on Collaborative Practice*, entitled, *Collaboration in Practice: Implementing Team-Based Care*, the ACOG Taskforce, made up of physicians, PAs, APRNs and other multi-disciplinary professionals updated their previous 1995 guiding principles for collaborative medical practice. ACOG's final report was endorsed by the American Association of Nurse Practitioners (AANP), the American College of Nurse-Midwives (ACNM), the American Academy of Physician Assistants (AAPA), the American College of Physicians (ACP), the American Academy of Pediatrics (AAP), among others, and was recognized as a highly peer-reviewed and widely accepted document. Among other summative statements, ACOG asserts: *"Collaborative, team-based care offers patients and health systems greater value, efficiency & quality than antiquated models of care."* Additionally, the IOM 2010 report states: *"Scope of practice regulations in all states should reflect the full extent of not only nurses but of each profession's education and training. Elimination of barriers for all professions with a focus on collaborative teamwork will maximize and improve care throughout the healthcare system."*

With the adoption of the modernized language of "collaboration", ConnAPA emphasizes that current PA scope of practice within the PA Practice Act does not change. PA practice will continue to be defined by the individual PA's education and experience, state law and health care facility policy. Furthermore, PA practice will continue to be formalized in "collaboration agreements" between physicians and PA at the practice level. What will change with this modernized language is the substantial improvement in clarity and accuracy describing the current, existing dynamic and collaborative relationships between PAs and physicians. In turn, improved clarity will lead to greater practice efficiency, improved access to care and decreased health care costs while not diminishing quality of care.

ConnAPA urges the Public Health committee to move forward on S.B. 300. Your actions will be a big step toward improving access to care for CT residents cared for by PA providers and improving on CT's achievement of the Triple Aim of health care – quality, efficiency, and value – that are necessary characteristics of our evolving health care system.

I thank you for your time and consideration.

A handwritten signature in black ink that reads "Jonathan Weber". The signature is written in a cursive, flowing style.

Jonathan Weber, MA, PA-C
Member, ConnAPA Legislative Committee