S.128 An Act Relating to PA Licensure:

Testimony of Sarah Bushweller on behalf of the Physician Assistant Academy of Vermont

Senate Health and Welfare Committee

March 21, 2019

Thank you for the opportunity to speak with you about the Physician Assistant Academy of Vermont support for S.128. The goal of this bill is to remove barriers to PA employment and practice in Vermont to help Vermonters access care in both primary care and specialties.

PAs are not looking for independent practice. Our entire profession was built around the idea of teamwork and collaboration with physicians.

I have worked in Primary Care for most of my 19 years as a PA. Currently I provide medical care for adults at an Internal Medicine practice at the University of Vermont Medical Center and have for almost 10 years. I worked with Dr. Mark Levine, Commissioner of Health, Dr. Pat King, former Chair of the VT Board of Medical Practice and the current Federation of State Medical Board Chair. I also work with Dr. Charles Maclean who has been studying the opioid prescribing practices across VT as well as working with AHEC.

Previously I worked at Montpelier Health Center in family practice and before that in New York in urgent care and primary care.

What does a PA in primary care do?

Christine spoke about PA training and what PAs do in many settings. In primary care, I see over 70 patients per week for a wide variety of reasons:

-routine physical exams, DOT medical exams, preoperative exams

-follow up for hypertension, diabetes, COPD, anxiety, depression, etc.

-acute visits for influenza, asthma exacerbation, acute or chronic joint injury, abdominal pain, chest pain, etc.

-chronic pain visits, hospital follow up visits after a hospital stay for a serious illness such as congestive heart failure, liver failure or other serious condition to ensure a smooth transition of care for patient from hospital or nursing home to home (or home health)

-asynchronous visits (E-Visit) pilot

> I am the only provider managing a pilot since July to help increase patient access to primary care for some common simple conditions (urinary infections, tick bites, red eye, colds, cough, etc.). Patients fill out a set of branching questions through a patient portal that is then sent to me as an “e-visit.” I designed the provider order sets and responses back to the patient including instructions. Depending on a patient’s response, an in-

person visit may be required. If not, a prescription may be sent to the patient's pharmacy if indicated and the patient receives a response back through the patient portal. It was modeled after other large health care systems such as the Cleveland Clinic that also use the same electronic medical record (EMR). The plan is for this to be rolled out to all of the patients in primary care who use the patient portal. This is an example of increased access to primary care at a decreased cost to the patient as well as decreased loss of work hours for Vermonters.

-Collaboration occurs all the time with physicians. Our office shares patients for urgent and acute visits as well as hospital follow up visits.

-PAs fill out paperwork for patients, respond to patient questions, sent notes about results and call patients throughout the day as needed. I also review consult notes from specialists regarding care recommendations for patients.

Allowing PAs to be Primary Care Providers of record will increase access to primary care services.

A PA being listed as a PCP allows for an increased number of Vermonters to access care in an office that might otherwise be limited by the decreasing number of primary care physicians available. Our office lost a physician in September and we will have to wait an entire year to replace him due to lack of physicians in Vermont. PAs can provide high quality care to patients often at a lower cost.

Allowing PAs to receive direct reimbursement for their services under Medicaid and private health insurance plans.

When PAs cannot be paid directly by Medicaid or other insurance providers, they are unable to reassign their payments in a manner similar to physicians and APRNs. The inability to be paid directly further hinders PAs from fully participating in the increasing number of innovative value-based payment arrangements and emerging models of healthcare delivery. This restriction means PAs have difficulty working for healthcare staffing companies, which are increasingly used by hospitals to deliver care, because they cannot reassign their payments to the hospital.

Allowing PAs to receive direct payment is a simple, concrete way to help Medicaid and commercial payors move toward a more transparent and innovative value-based care model. This will enable patients, payors and the health care system to easily identify who provided the service. PAs should be afforded the same payment flexibility and opportunities that are given to other healthcare professionals.

The PAs scope of practice does not change with direct payment.

Permitting PAs to receive direct payment will not increase costs to payors or the healthcare system. The rate of reimbursement paid for services provided by PAs will not change if PAs are authorized to receive direct payment.

The PAAV urges the committee to support S.128. Thank you for considering this information. I'd be happy to answer questions.