



Pennsylvania MEDICAL SOCIETY®

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Federal Trade Commission
Office of the Secretary
Room H-133 (Annex X)
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580

RE: Health Care Workshop, Project No. P131207

To Whom It May Concern:

The Pennsylvania Medical Society (PAMED) is pleased to submit these comments in response to the Federal Trade Commission's request for comments for the Professional Regulation of Health Care Providers.

In the upcoming years, the nation's primary health care needs are expected to increase steadily due to an increasing population, an escalation in the number of older adults, and the overall expansion of the number of insured under the Affordable Care Act. A solution frequently touted to meet the increased demand for primary care services is to relax regulatory requirements for advance practice nurses and other non-physician health care professionals, so that they may practice independently with the intended effect to increase competition in the health care market. This, however, is not the solution in Pennsylvania.

Changing regulations to increase competition at the provider level is the wrong approach; it will not guarantee reductions in cost, it will not ensure increased quality of care, and it will not ensure access for vulnerable and underserved patient populations. Regulations that ensure that health care providers are practicing within the scope of their training, while supporting coordination and the development of innovative health care delivery models is the most advantageous approach. This latter perspective is the approach currently employed by Pennsylvania.

The regulations, as they currently exist in Pennsylvania, ensure patient safety and promote comprehensive, coordinated, and personalized care from the appropriate provider. For example, although Pennsylvania's Certified Registered Nurse Practitioners (CRNPs) are required to collaborate with physicians to deliver health care services, the state's regulations allow CRNPs to practice to the full extent of their education, skill, and abilities. Together, CRNPs work with physicians to review charts, as well as drug and other medical protocols. CRNPs engage physicians to periodically update a patient's medical diagnosis and therapeutics. And, together, CRNPs and physicians cosign records when necessary to document accountability by both parties.

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These and other regulations defining the scope of practice of qualified non-physician providers allow Pennsylvanians to receive basic health care services from a team of qualified health care professionals, while ensuring patient safety. The regulations help to ensure care coordination by recognizing that the skills of physicians and non-physicians are complementary. By working together, team members are more likely to refine their level of expertise, reduce errors, increase efficiency and improve overall outcomes. Studies have proven that when physicians and non-physicians work effectively together, value increases and most importantly care improves.

To this end, the PAMED supports the use of patient-centered, physician led team-based patient care. The increased use of physician-led teams of multidisciplinary health care professionals will have a positive impact on the nation's primary care needs, in addition to improved and coordinated care. A physician led team-based approach to care can address much of the primary care demand in Pennsylvania.

Although non-physician health care professionals are indispensable, a fully trained physician must lead the team. The training of non-physicians is appropriate for dealing with patients who need basic, preventative care or treatment of straightforward acute illnesses and previously diagnosed, uncomplicated chronic conditions. Physicians are trained to provide complex differential diagnoses, develop a treatment plan that addresses multiple organ systems and order and interpret tests within the context of a patient's overall health condition. In addition, the American Medical Association indicates that the vast majority of patients said that they prefer a physician to lead and coordinate their health care and their family's health care as well. Physicians bring to the team the highest level of training and preparation and as such are the best suited to guide the other members of the team.

Additionally, evidence suggests that the team-based model can reduce total costs. The American Medical Association notes that physician-led, team-based models are successfully improving quality and reducing costs by leveraging integrated, coordinated, physician-led teams of health care professionals. Preliminary data released by a physician-led medical home that is partnering with Blue Cross Blue Shield of Michigan showed \$310 million in savings since 2008, including \$155 million saved in 2012 alone.

Achieving lower cost, increasing value, and improving access to health care may be achieved without additional changes to the regulation of non-physician health care professionals in Pennsylvania. The state's regulations support coordination, patient safety, decreased costs and increased quality of care. The PAMED looks to physician-led systems as evidence that team-based models of care are the future of health care. We believe a team-based approach to care, with greater coordination through the use of collaborative practice agreements and protocols between physicians and non-physicians can address much of the primary care demand in Pennsylvania.

Thank you for the opportunity to submit these comments.

Sincerely,


Bruce A. MacLeod, MD FACEP
President