KANSAS ACADEMY OF FAMILY PHYSICIANS
CARING FOR KANSANS

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TESTIMONY: SB 69 (Opponent)
Senate Public Health & Welfare Committee
January 29, 2015
Presented by: Lynn Fisher, MD, Vice President

Thank you for the opportunity to provide testimony on Senate Bill 69, on behalf of the Kansas Academy of Family Physicians (KAFP). KAFP represents more than 1,560 practicing, resident and medical student members from across this great state. The mission of KAFP is to promote access to, and excellence in, health care for all Kansans through education and advocacy for family physicians and their patients. ***Quality health care and health outcomes for our patients guide our public policy work.*** As family physicians, we see people of all ages, both men and women, and we work with almost every type of ailment and illness that afflict our patients.

Background Info

- Lynn Fisher, MD, FAAFP, Board Certified Family Medicine
- Hometown: Ellis, KS
- Practice Location: Plainville, KS
- Undergraduate Education: BA Human Biology 1996, KU School of Pharmacy 1996-1997
- Medical School: KU School of Medicine 2001
- Residency: North Colorado Family Medicine 2001-2004, Greeley CO
- Current Kansas Academy of Family Physicians Vice-President and Kansas Medical Society Board of Trustee Member

Workforce Experience

- During residency, I trained with APRN students in my clinic and also had APRN faculty who helped coordinate certain rotations (Geriatrics, Women's Health)
- During my first job in Great Bend, I worked with APRNs at the clinic who mainly saw same- day, acute sick patients
- While in Plainville, I have worked with several different APRNs and PAs. I currently supervise a PA whom I employ, and co-supervise an APRN employed by the hospital.
- At First Care Clinic, a Federally Qualified Health Care Clinic, I supervise/collaborate with 3 APRNs. There are several others who have worked there and then left.
- I have interacted on a daily basis with about 10 different APRN providers in my 10-year history as a family physician.
- I currently teach medical students (2nd, 3rd, and 4th years), PA students and have worked with APRN students in the past as well. There is a difference in how students approach medical problems. MD, PA, and APRN students are not equal. We do not allow MD students who graduate and do not match with a residency to practice independently, so why would we allow someone with less experiencing in making medical diagnoses to practice without collaboration?

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Current Practice Environment for APRNs/PAs with whom I collaborate

- They are able to see patients daily and do so without direct oversight each day.
- Many practice fully without any real restrictions on how they deliver care to patients.
- I do not oversee each and every encounter, but when I do review charts, I do find things that impact patient care.
- Patient opioid policies at First Care.
- Limiting MRIs for back pain and CT abd/pelvis for abdominal pain.
- Drive quality improvement and provide education on the latest changes in guidelines.
- The APRNs are trying to keep their heads above water many days managing the complex patients with multiple medical problems that they are unaware of the changes in guidelines that impact patient care.

Rural Workforce

- The issue is that we can graduate more doctors but until we create more residency slots, we can't increase the number of doctors through the pipeline quicker.
- In states where there is independent practice, APRNs do not practice any more in rural areas than Family Medicine doctors do.

Solution

- The solution going forward is team-based care.
- Evidence shows that patients benefit when advanced practice colleagues and physicians collaborate together as a team, and that care is more cost-effective.
- The KAFP will do a lecture series at our next Annual Meeting to educate physicians on the importance of true collaboration.

For all these reasons we urge you to oppose SB 69. Thank you again for this opportunity to provide comments.