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# CONNECTICUT FAMILY PHYSICIAN

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## Let's Play Nice in the Sandbox

By Ross Winakor, M.D., President

It's about time I speak out about a growing frustration in the medical community about specialty referrals. I personally see this on a regular basis in the office, and I'm sure many of you do as well. How many times have you referred a patient to a specialist of your choosing and the patient ends up seeing a mid-level provider and never the actual physician?

*"How many times have you referred a patient to a specialist of your choosing and the patient ends up seeing a mid-level provider and never the actual physician?"*

In my community it seems to be happening on a very regular and almost daily basis. It does not seem to be localized to one specialty as I have seen it happen with our local orthopedists, cardiologists, urologists and hematologists, just to name a few. I don't mean to demean or minimize the skill set and team participation of our mid-level providers, but at the same time there is no direct comparison of equality in education and scope of practice.

If an appropriately educated and confident family physician has evaluated a particular patient and for whatever reason deems that patient a candidate for specialty referral for a technology, procedure or other knowledge that is outside the family physician's scope of practice, then can somebody please explain to me why that patient wouldn't see the specialty physician–at least for the initial visit? I understand the response that the specialty groups would give which would often include comments related to efficiencies and financial needs as well as freeing the physician up for surgery or more complicated issues, but personally I think that's BS.

We as family physicians are the appropriate primary care physicians for our patients in the community and as the medical home are the base of the pyramid. We have evaluated the patient accordingly and treated based on evidence-based guidelines or performed appropriate initial diagnostic testing and treatment. A referral is not necessarily meant to start the process from scratch.

A solution here is to simply refer only to specialty colleagues who agree to see the patients themselves.

In many regions, given minimal specialty choices, this is not practical or possible. Yes, one can speak to various specialists and ensure the patients see the physicians only for the initial visit but even when I've done this in the past it often seems to slip through the cracks.

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## Physicians' Day at the Capitol

*More photos on page 2*


Dr. Stacy Taylor and Kate Topalis, a medical student at the UConn School of Medicine

# Dr. Taylor Testifies on PA Collaborative Bill

By Stacy Taylor, M.D.

Good afternoon Senators Abrams, Lesser and Representatives Steinberg and Young, and members of the Public Health Committee. Thank-you for allowing me to be here today. My name is Stacy Taylor and I am a Past President of the Connecticut Academy of Family Physicians and Chair of its Legislative Committee. **I am here today on behalf of the members of the Connecticut Academy of Family Physicians and the Connecticut State Medical Society in opposition to HB 6942, An Act Concerning Collaborative Arrangements Between Physician Assistants and Physicians.**

The Connecticut Academy of Family Physicians believes that high-performing interprofessional teams, including family physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs), are best at providing high quality patient-centric care. In fact, the majority of family physicians include NPs, PAs and/or CNMs in their practices. Clearly, teamwork has been identified as an important component of improving patient care, with each team member contributing to the best of their ability.

There is no doubt that there are benefits to working together. However, there continues to be tension around independent practice, who should be the practice leader, and details about how the team should be managed. The overriding principle for continued dialogue around any health care issue should not be who gets more recognition but should keep the patient at the center of every effort.

Because the patient is at the center of our concern, the Connecticut Academy of Family Physicians does not believe that the scope of practice should be modified for physician assistants. Physician assistants are already an essential and respected part of the health care team. Their proposal does not increase the quality of patient care and, in fact, may create unintentional harm by allowing an overly confident and less educated, less experienced physician assistant to not seek assistance when warranted.

Educational differences are vastly different for a physician assistant compared with that of a medical doctor.

**PAs:**

- 4-year BA or BS
- 2 to 2 ½ year master's program
- No residency training program

**MDs:**

- 4-year BA or BS
- 4-year medical doctoral training program
- Minimum 3-year residency training program

Clinical hours in training are also significantly different.

- **PAs:** 2000 clinical hours
- **MDs:** 15-16,000 clinical hours

No healthcare professional ever stops learning, however,

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*"The overriding principle for continued dialogue around any health care issue should not be who gets more recognition but should keep the patient at the center of every effort."*

## CAFP Mission Statement

The mission of CAFP is to promote excellence in health care and to improve the health of people of Connecticut through the advancement of the art and science of Family Medicine, the specialty of Family Medicine and the professional growth of Family Physicians.

## Physicians' Day at the Capitol, Friday, March 1, 2019

Pictured left to right: Dr. Khuram Ghumman; Dr. Saud Anwar, the newly elected CT State Senator; and Aida Martinez and Chevaughn Wellington, both students at Frank H. Netter School of Medicine

Pictured left to right: Dr. Stacy Taylor, CAFP Past President and Legislative Chair; Dr. Khuram Ghumman, CAFP Director; and Aida Martinez a medical student from Frank H. Netter School of Medicine

# Let's Play Nice in the Sandbox

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We have lost the comradery over the years from not being in the hospital and rubbing shoulders with our specialty colleagues on a regular basis. We have depersonalized the primary care referral base. As many/most of the physicians in the region are now in one of the various employed corporate models, the direct communication and collegiality between the family physician and our specialty colleagues has broken down and eroded.

There's no easy solution. We cannot as a group just not refer patients who need appropriate medical care or easily choose different referral patterns. I just felt the need to state one of my personal growing frustrations within the medical community at large. I often perceive this as the dilution and continued disrespect from our specialty colleagues about what family physicians are trained and are able to do and actually are doing on a regular basis.

I applaud all of you for continuing to practice the craft that you were trained in to the fullest scope of your individual abilities. And I encourage and implore you to continue doing what you all do best: prioritizing the patient and managing all their simplistic and complicated needs, assisting them through the maze of the medical system and continuing to advocate for their needs, and treating them to the top of your abilities and scope and referring them to those that will continue to do the same.

# UCONN Summer Preceptorship in Primary Care

**Purpose:** To expose students to the multi-faceted nature of a career in primary care under the mentorship of local physicians, and to engage them in meaningful projects that benefit patients and communities.

**Pilot program overview:**

- Opportunity to work with a UConn medical student over the summer on a scholarly project, while also exposing them to your primary care practice
- Student participation in all aspects of your career in primary care, including activities such as clinical care, research, policy work, volunteering, and quality improvement

**Logistics:**

- 4-8 weeks during Summer 2019
- Approximate time allotment:
  - 2-3 days/week involved in research or Continuous Quality Improvement (CQI)
  - 2 days/week shadowing in the clinic
  - 1 day/week attending meetings, policy discussions, or outside activities, based on the schedule and interests of the mentoring physician
  - Week-to-week schedule can vary depending on the interests and commitments of the physician and student

**Examples of scholarly projects and professional activities:**

- Studying and implementing new ways to improve efficiency and patient experience in the primary care office, i.e. through CQI projects
- Determining major barriers to care or pervasive social determinants of health affecting entire communities of patients
- Giving a talk at a local PTA meeting
- Conducting a patient home visit
- Attending a local sports game where you are the team physician
- Attending a staff meeting
- Volunteering at/organizing a wellness event or service project in the community

This pilot was developed in response to a call by UConn School of Medicine's Primary Care Progress (PCP) chapter for research experiences that engage students interested in primary care. Often, such medical students default to bench research activities that do not resonate with their whole-person, patient-centered or community health interests.

*Questions? Please contact Kate Topalis (topalis@uchc.edu) or Montgomery Douglas (mdouglas@uchc.edu) for more information.*

## Of Note…

- The Frank H. Netter SOM was recognized by the Society of Teachers of Family Medicine and the American Board of Family Medicine for dedication to educating the next generation of family physicians through practice in and completion of the Precepting Performance Improvement Pilot Program.
- Dr. Ross Winakor completed his term on the Commission on Finance and Insurance for the AAFP. His efforts, leadership, and commitment are what have helped the AAFP achieve the high standing it enjoys in the eyes of its members, other physicians, and the American public.

## New CAFP Members Welcome!

Simone Ellis, M.D.
*Stratford, CT*

Allison Schafer, D.O.
*West Hartford, CT*

Rachel Chung, M.D.
*Cos Cob, CT*

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# Testimony on PA Collaborative Bill

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to not mandate supervision of a less experienced physician assistant by an MD with more training and experience places patients potentially at risk. Collaboration, by definition, is not supervision.

In addition, many patients, who should understand their healthcare provider's education and experience prior to seeing that provider, have no comprehension of who is giving them their healthcare. Not only is this not transparent to patients currently, but as each scope of practice changes, the confusion grows. Is the patient the center of care when he or she has no idea of the qualifications of the person providing the care? The most notorious case is that of Christie Kidd, PA-C, from California, who refers to herself as a dermatologist and, until recently, listed herself as graduating from the USC School of Medicine, not the PA program at USC. Transparency is patient oriented. The lack of such is provider centric.

We hope that future issues that come before the legislature are primarily focused on patients, such as:

- Organizing our scarce primary care workforce to meet the needs of all patients with the highest quality care possible
- Providing coordinated healthcare across all locations and spectrums of care
- Engaging patients so they become true partners in their care, and
- Working together to provide policies that support a high-quality, reasonably funded primary care workforce

Thank you for your attention to this matter.

# Another Successful Medical Service Trip for HHI


Participants on the recent Health Horizons International medical service trip (including CT family physicians Drs. Brad Wilkinson, Stacy Taylor, and Anne Brewer) worked hard in the Dominican Republic, but they also had fun celebrating Dr. Craig Czarty's birthday.