

Audio Report Transcript

Headline: California Weighs Policy Changes To Address Provider Shortage

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Text:

Two-thirds of California regions already fall short of the federally recommended primary care doctor supply. And, the ranks of patients are expected to swell with Affordable Care Act implementation. Now lawmakers are debating and implementing policies to address the provider shortage.

This is an audio report for *California Healthline*, a daily news service of the California HealthCare Foundation. I'm Rachel Dornhelm.

SFX Covered California call center hum

(Agent 1): "Thank you for calling Covered California. My name is Tosha. Is this your first time calling?"

There is a steady hum in the Concord call center for Covered California. One hundred and forty agents work to sign people up for coverage through the new health insurance exchange, which offers subsidies to low-income residents under the Affordable Care Act.

(Agent 2): "You're paying about two-thirds of it, with the federal government picking up about one-third. They're paying \$387 per month."

California is targeting more than five million residents for enrollment through the exchange. And, in a state that already has a primary care provider shortage in many places, that has some lawmakers worried. State Sen. Ed Hernandez says the problem is most extreme in rural and inner city areas.

(Hernandez): "So what we need to do is address those issues, so that we can make sure we have enough primary care providers for everyone to access health care."

This session, Hernandez introduced a set of three bills meant to increase the scope of practice of three medical fields. SB 493, which gives greater powers to pharmacists, is the only one that made it into law so far. Hernandez says around 40,000 pharmacists will now be able to interact with physicians and take on more primary care tasks. Tasks like ...

(Hernandez): "... More vaccines. They can prescribe birth control. More importantly with a physician they could manage chronic disease, alter medications for chronic disease management. They can play a much bigger role to reflect their training and education to allow them to be much more integrated in the primary care and health care system."

The law says that pharmacists who do additional training will be certified as advanced-practice pharmacists who can shoulder these roles and also prescribe medications for smoking cessation and other issues. Dawn Benton is executive vice president and CEO of the California Society of Health System Pharmacists.

(Benton): "Nationally, California is being saluted for being able to accomplish this, and other states are reaching out trying to figure out how we were successful, because there can be great opposition, when it comes to trying to figure out who is going to provide care."

In fact, there was opposition when the bill started out ... from the California Medical Association, or CMA. President Paul Phinney says there wasn't enough language requiring collaboration with physicians.

(Phinney): "If the physician orders a particular drug regimen, and the pharmacist would change that without letting the physician know, then the physician trying to treat the patient again without that information would really be practicing blind. And that would not be good care. The amendments we were able to achieve with the author helped to tighten that up."

CMA ultimately changed its position to neutral. But Phinney says the organization *did* support another bill that should boost access to primary care. SB 494 decreased the ratio of medical providers to patients required in managed care groups. It allows offices to take on more patients based on their number of nurse practitioners and physicians assistants, or PAs.

(Phinney): "It's an example of restructuring slightly in a way that's safe and effective the teams that we use to provide care and by optimizing and fully utilizing the training and experience of PAs, expanding our capacity by working smarter, not harder."

SB 494 was co-sponsored by the California Association of Physician Groups.

(Barcellona): "In the future what we need is, we need less cowboys, we need more pit crews."

That's Bill Barcellona, the association's senior vice president of government affairs. Barcellona says it represents the kinds of collaborative policies that will help address primary care shortages.

(Barcellona): "California is maybe middle of the pack to the bottom third in terms of progressiveness of the inclusion of health professionals in these care management teams."

Barcellona says this doesn't mean California doesn't have highly trained teams. He argues the state doesn't allow some practitioners to practice to the full extent of their training. He points to one bill that *didn't* pass this session. SB491 would have allowed nurse practitioners to work independently, without doctor oversight. But the California Medical Association's Phinney says his group strongly opposed the policy change.

(Phinney): "Ultimately it leads to lower quality care and less integrated care and lower levels of safety."

The fight over this and another scope-of-practice bill that would expand the duties of optometrists is likely to continue in future sessions.

In the meantime, the provider shortage is clearly on lawmakers' minds. Yet another bill that passed this session is SB 352. It allows *supervised* medical assistants to practice more of the duties for which they have been trained.

This has been an audio report for *California Healthline*, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Rachel Dornhelm, thanks for listening.