California Academy of Physician Assistants

California Medical Association

June 10, 2015

Dylan H. Roby, Principal Investigator
Program Director, UCLA Center for Health Policy Research
10960 Wilshire Blvd. Suite 1550
Los Angeles, CA 90024
droby@ucla.edu

Louis Rico, Chief
Department of Health Care Services, Systems of Care Division
1501 Capitol Avenue, MS 0006, P.O. Box 9997413
Sacramento, CA 95899
Louis.Rico@dhcs.ca.gov

Subject: California Children's Services Program Redesign

Dear Mr. Roby and Mr. Rico,

On behalf of the California Academy of Physician Assistants (CAPA), a statewide association representing physician assistants (PA) in California, we appreciate the opportunity to engage in and provide comment related to the California Children's Services Redesign. The CCS Redesign provides an opportunity for the state and stakeholders to examine the current health care delivery system as well as propose innovative models of care designed to meet the needs of children, and families, with special health care needs. To date, the stakeholder process has yielded significant discussion specific to financing, care coordination, network adequacy, whole child approach, family centered care, medical homes, cultural competency as well as other important issues. For the purpose of these comments we will focus on inclusion of the PA profession as a panel member of the multidisciplinary team serving and providing care to those children and families in the CCS program.

PAs are licensed health care providers that are formally trained to practice medicine as part of a physician-led team, delivering a broad range of medical and surgical services to diverse populations in rural, urban and suburban settings. However, the CCS program does not recognize PAs as paneled members of the multidisciplinary team even though in many instances they provide health care services for CCS covered children. The lack of recognition as a paneled member of the multidisciplinary team results in confusion among team members as to who may provide treatment, make referrals, receive referrals, order tests, prescribe medications, or order durable medical equipment, all of which PAs are legally authorized to perform when delegated by the supervising physician. We submit that inclusion of PAs, who practice at the direction of a CCS paneled physician and surgeon, on the multidisciplinary health care team for CCS-eligible children would be consistent with the redesign goals and improve the program's ability to provide access to health care

for children and youth with special health care needs (CYSHCN), improve care coordination and reduce fragmentation that exists in the current CCS health care delivery system.

A recent report (2014) published by the Office of Statewide Health Planning and Development (OSHPD) highlights the ongoing valuable contribution PAs make to the health workforce in California[1]. It is important to note the diversity of practice types, areas of medicine, languages spoken, geographic distribution and patient population of PAs throughout the state. California has approximately 10,000 PAs that practice medicine in almost all (48 of the 51) of the recognized specialties in medicine, many of which are in pediatrics, cardiology, endocrinology, gastroenterology, hematology, neurology, neonatology, oncology, orthopedic surgery, pulmonology and spine surgery along with other specialties that provide health care services to children in the CCS program. Data gathered on the PA workforce reflects over 40% is fluent in a second language (other than English) with the top five including: Spanish, Tagalog, Farsi and Cantonese and Mandarin. Given the diverse patient population in the CCS program[2] PAs have the potential to contribute significantly to increasing access to culturally and linguistically appropriate health care services.

Geographic distribution and practice type of PAs in the state is another important factor to consider in providing access to care for children in the CCS program. According to the OSHPD report PAs practice in 56 of the 58 counties in California and just over 30% practice in underserved areas of the state, the top three practice sites for PAs include private practice, ER/urgent care and community health centers (FQHC/RHC). In 2013 50% of the patient population seen by PAs were either Medi-Cal beneficiaries or uninsured. However, with the state fully implementing the Patient Protection and Affordable Care Act in 2014 and Medicaid expansion it is expected that the number of Medi-Cal beneficiaries will increase significantly.

Medi-Cal recognizes PAs as non-physician medical providers (NMP) that are employed by a Medi-Cal provider but not eligible as stand-alone providers. Thus, a PA employed by a Medi-Cal provider must enroll with the DHCS Provider Enrollment Division (PED). Medi-Cal covered services for a PA include services performed by a PA within the scope of practice when the services would be a covered benefit if performed by a physician and surgeon[5]. In addition, PAs must also obtain a Type 1 National Provider Identifier (NPI) in order to comply with recent (2013) Federal Medicaid Regulations 42, CFR Section 455.410(b) and Welfare and Institutions (W&I) Code, Section 14043.1(b) & (o), which mandates "State Medicaid agency must require all ordering or referring physician or other professionals providing services under the State Plan or waiver of the plan to be enrolled as participating providers."[6] Given that 90% of CCS clients are Medi-Cal eligible[7] and the previously documented Medi-Cal services provided by PAs, including PAs as a member of the CCS-approved multidisciplinary team would reduce fragmentation in the delivery of health care services and improve care coordination.

Pursuant to Business and Professions Code 3502(a) PAs have the legal authority to perform medical services that are (1) authorized and delegated by the supervising physician and (2) set forth in the Physician Assistant Regulations found in Title 16 of the California Code of Regulations. Regulation Section 1399.541 ("Medical Services Performable"), states, in pertinent part, as follows:

> *Because physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. Unless*

otherwise specified in these regulations or in the delegation or protocols, these orders may be initiated without the prior patient specific order of the supervising physician…,

Further, PA regulations require a supervising physician to assure the PA provides ***only*** those medical services to which the PA is competent to perform and consistent with their education, training and experience[3]. Therefore, it is reasonable to assume that a CCS paneled physician and surgeon, with full approval status[4], could delegate those medical services which he or she deems appropriate to a PA if they were a paneled member of the CCS –approved multidisciplinary team.

Improving care coordination through an organized delivery system is a priority that was identified by several stakeholders as well as the DHCS. To date, several organized models have been discussed all of which acknowledge the importance of coordinated care and the reliance on team-based care.[9] Identified access to care barriers are well-document in the literature and include, but are not limited to, shortages of providers, gaps in care delivery and lack of care coordination. The UCLA Center for Health Policy Research publish *Assuring Access to Pediatric Subspecialty Care in California (2013)* in which innovative care delivery models are examined.[10] Among the innovative care delivery models examined is expanding the use of team-based care, specifically physician assistants, clinical nurse specialist and nurse practitioners, as a means to increase the capacity of pediatric subspecialists.

The current CCS policy, which excludes PAs from the multidisciplinary care team, restricts access to both primary and specialty care services that could be provided by a PA. Further the policy is inconsistent with *Choice of Health Care Provider* statute and policies and serves to fragment care across all medical settings where CCS children and families receive care – medical home, acute inpatient settings, outpatient settings, clinics, and medical offices – as PAs practice in all medical settings throughout California.[11,12] In 2013 Senate Bill 494 was chaptered, effective January 1, 2014 , in which Welfare & Institutions Code 14088 b(1), Health & Safety Code 1375.9 (d) were amended to include PAs as primary care providers as well as section 10133.4 (a) was added to the Insurance Code to include PAs as primary care providers thereby providing legal recognition of PAs as primary care providers in California. Given that PAs are PCPs and are often considered a usual source of care it disrupts continuity of care for CCS patients when PAs are excluded from the team-based care.

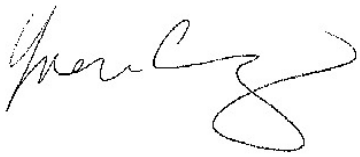
Several stakeholders throughout the process have presented on, or submitted publications specifically dedicated to the importance of and need to rely on team-based care and care coordination. For example a policy statement from the American Academy of Pediatrics was submitted highlighting the patient/family centered medical homes as the standard of care in which health care teams, including PA, are essential to improving health outcomes and reducing fragmentation that leads to under or over utilization of health care. The Lucile Packard, Foundation for Children's Health submitted Standards for Systems of Care for CYSHCN that include overall systems standards for a medical home to be comprised of a primary care provider and/or pediatric subspecialist as part of an integrated care team that, among other things, promote an integrated, team-based model of care coordination. In addition to the presentations and publications submitted throughout the stakeholder process there is ample evidence supporting the use of team-based care and improving health outcomes for CYSHCN.

For the reasons above we respectfully request that the Department of Health Care Services (DHCS) give due consideration to including physician assistants as a California Children's

Services (CCS) paneled member of the multidisciplinary team. If you have further questions please contact Teresa Anderson, Public Policy Director at 916-759-0163.

Respectfully,

Teresa Anderson
Public Policy Director
California Academy of Physician Assistants



Yvonne Choong
Senior Director
Center for Medical and Regulatory Policy
California Medical Association

1. Physician Assistants in California, A Report by the Office of Statewide Health Planning and Development, September 2014
http://www.oshpd.ca.gov/hwdd/hwc/pdfs/CAPA-Physician-Assistants-Report.pdf
2. Lucille Packard Foundation for Children, Program for Children with Special Health Care Needs
http://lpfch-cshcn.org/data/
3. Laws and Regulations Relating to the Practice of Physician Assistants http://www.pac.ca.gov/about_us/lawsregs/law-booklet.pdf
4. CCS Paneled Provider
5. Non-Physician Medical Practitioner
http://www.pac.ca.gov/about_us/lawsregs/law-booklet.pdf
6. Medi-Cal Ordering/Prescribing and Referring Provider Application Instructions and Requirements
http://www.dhcs.ca.gov/provgovpart/Documents/Provider-Enrollment-Division-ACA-Implementation/ORP%20Provider%20Enrollment%20Page%20%28Final%29.pdf
7. Non-Physician Medical Practitioner
http://www.pac.ca.gov/about_us/lawsregs/law-booklet.pdf
8. California Children's Services Manuel (February 2014)
http://www.dhcs.ca.gov/formsandpubs/publications/Pages/CCSPubs.aspx
9. UCLA Center for Health Policy Research, CCS- Redesign, Past Meeting Archives
http://healthpolicy.ucla.edu/programs/health-economics/projects/ccs/Pages/past-meeting-archive.aspx
10. UCLA Center for Health Policy Research
http://healthpolicy.ucla.edu/publications/Documents/PDF/pscpn-apr2013.pdf
11. The Patient Protection and Affordable Care Act, Title X, Section 2719A, Strengthening Quality Affordable Health Care For All Americans, Choice of Health Care Professional.
12. Lucile Packard Foundation for Children's Health, Summary: Standards for Systems of Care for Children and Youth with Special Health Care Needs, Access to Care (3)