KANSAS MEDICAL SOCIETY
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To: House Health and Human Services Committee

From: LaDona Schmidt, MD

Date: February 11, 2019

Re: HB 2066; APRN Independent Practice

Thank you for the opportunity to appear today and talk about the practice of medicine in Kansas. I want to share with you my professional story, as a person who was once a nurse practitioner (now called APRNs) and went on to become a physician. As such, I believe I have a unique perspective on practice matters currently being discussed in the legislature. I would like to start by saying Kansas needs APRNs, they are a vital part of our health care team. I have worked with Nurse Practitioners since the mid 90s. I have been a volunteer faculty for NP students from Wichita and Fort Hays State University.

I am a board certified family physician currently practicing in Lawrence. I previously worked in Salina for greater than twenty years with twenty other physicians, six APRNs, and one physician assistant. We built a collaborative practice model that was centered on the needs of patients and not individual providers.

I graduated from the nurse practitioner program at the University of Kansas in 1984. It was always interesting to me that patients often called me "doctor " because I wore a white coat and stethoscope. I would tell them I wasn't, but they didn't always understand the difference in education and role.

My curiosity to know more is what sent me on a mission to become a doctor. When I got accepted into medical school, I was so excited. I figured it would be a breeze since I "was so close to being a doctor anyway ". The truth is, I DIDN'T KNOW WHAT I DIDN'T KNOW!!! I certainly found out though in the next seven years.

Medical school training vs. NP training

My first and second year of medical school compared to my nurse practitioner training can best be described as details – in-depth details. For example:
anatomy – anatomy class in nursing school was basic. We covered muscle groups, bones, organ recognition and primary functions. In medical school we studied everything in depth. For instance, we spent five days familiarizing and dissecting the 42 facial muscles alone. Physiology helped me to start piecing more of the body puzzle together--the how and why of body organs.

Pharmacology-went from knowing the name, class and function of various drugs to knowing the details-absorption in the stomach, distribution and metabolism in the liver,

and excretion in specific parts of the kidney-of those drugs at the cellular level, I was learning to think and differentiate, rather than just following examples I'd been taught. I learned enzyme pathways specific to liver functions and remember specifically sitting in pharmacology in awe understanding the depth of a drug called Lasix, that I had used many times both as a nurse in the ICU and a nurse practitioner in the hospital and office setting prior to medical school.

Third and fourth year of medical school, consisted of long days for 4 to 12 weeks of specialized training called "clerkships" where we participated in surgery, pediatrics, psychiatry, obstetrics, internal medicine (followed by in depth "shelf exams" from each sub specialty;) dermatology, cardiology, radiology, oncology, endocrinology and other specialties of interest.

It's where I studied diabetes in depth and learned how diabetes can damage the eyes, damage the heart, and cause the kidneys to fail. Rather than just looking at a patient's blood sugar level, I learned about the "smell " of diabetes that later helped me save the life of a 17-month-old toddler, whose mother brought him in thinking he was just irritable from another ear infection.

Many people don't know that a physician goes to four years of college (undergraduate), four years of medical school, and still cannot begin caring for patients until he or she completes one full year of intensive internship, yet an APRN who was an RN taught by other nurses (or physicians) can "see patients and prescribe medications immediately after graduating a 9-24 month program (of which much of the training programs can be conducted on line.)" This is because they work in a legally binding collaborative practice agreements that holds the physician responsible for the patient care that the nurse they supervise delivers.

Case example:
Throughout our medical training, physicians are taught "differential "diagnosis – the distinguishing of a particular disease or condition from others that present similar symptoms. Part of medical school in the first and second year is called introduction to clinical medicine. Every other week actors portray different diseases and the medical students participate in that "differential diagnosis".

A four-year-old was brought into my office by his mother who was an ICU nurse. He had been diagnosed by a nurse practitioner the day prior with gastroenteritis, (stomach flu). She recommended Tylenol, fluid, and "time ". His mom became worried because he still wasn't eating well the following day. On physical exam, I noticed a yellow hue to his eyes and felt an enlarged liver. I did lab work, which revealed a very high liver count. I immediately admitted him to the hospital and sent him later that day to Children's Mercy Hospital where he continued to progress to liver failure and fortunately was able to receive a liver transplant two weeks later.

Training matters!

It's not just the years of training, but it's the way and the intensity of the training that we are provided over the course of medical school and residency. Physicians and nurse providers are not interchangeable; training is VASTLY different.

With four years of medical school and three years of residency, the physician's depth of understanding of complex medical problems cannot be equaled.

Patient safety and quality of care:

The time is right for legislators, health policy analysts, physicians, nurses and other healthcare professionals to comprehensively assess health care needs across Kansas.

Under-served communities or "perceived "shortages do not justify less than qualified care for our families and neighbors.

Physicians are the most intensively trained, most highly regulated, and most accountable of all healthcare professionals – and that better ensures patient protection. Family physicians believe in the concept of the patient-centered medical home, with care provided by a team of health professionals that is physician led.

The collaborative practice agreement between physicians and nurse providers reinforce quality of care and patient safety and should not be abandoned. **APRNs are so important to our patients but are not interchangeable with physicians.**

I support seeing APRNs practice to the full extent of their training which is exactly what the collaborative practice agreement allows- maximum scope and collaboration to ensure patient protection.

Thank you for having the courageto run for office and serve the state of Kansas, thank you for allowing me to share my story. Now I am certain you must know more about why "I didn't know what I didn't know".

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