

Georgia General Assembly Joint Study Committee on Medicaid Reform

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2013 Joint Study Committee on Medicaid Reform

**Testimony Presented By
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State of Rural Georgia Health Care Need

- A larger proportion of the rural population than the urban population is uninsured and low income (living at or below 138% of the federal poverty line [FPL])
- Assuming full Medicaid expansion, a larger proportion of the rural uninsured than the urban uninsured would be eligible for Medicaid (43.5% as compared to 38.5%)
- A smaller proportion of the rural uninsured than the urban uninsured has income above 400% FPL and thus will not qualify for either Medicaid or HIM subsidies



State of Rural Georgia Health Care Need

- The proportion of rural persons currently uninsured is demonstrably higher in the rural Southeast Georgia
- Georgia's decision to implement Medicaid expansion and/or reform—if not balanced by other means to extend affordable coverage to the eligible population—will have a disproportionate effect on rural residents
- In rural Southeast Georgia, there will be continued pressure on safety net providers to provide uncompensated care and on the region to provide sufficient primary care providers



State of Rural Georgia Health Care Need

- Medically Underserved Areas/Populations (MUA/Ps) are areas/populations the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) has designated as facing barriers to accessing health care
- There are 167 MUA/Ps in Georgia.
- Bulloch County is identified as a Medically Underserved Area/Populations

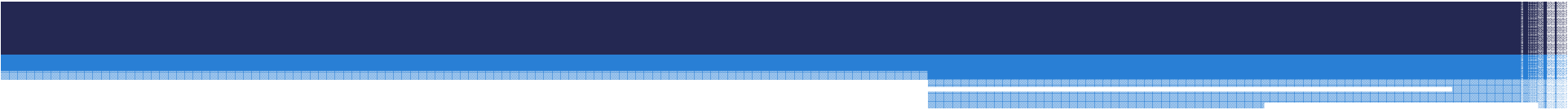
Hearts and Hands Free Care Clinic, Statesboro, GA (2013)

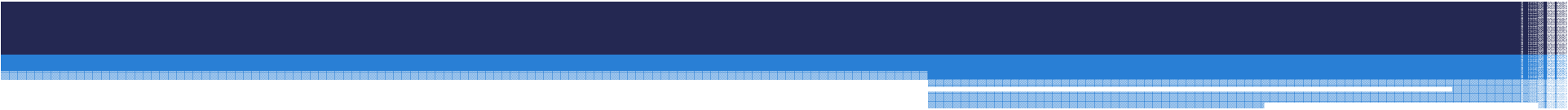
Patient Socioeconomic Status		
Insurance Status	Uninsured	100%
Income	Income below 200% Federal Poverty Guideline	100%
Patient Demographic Information		
Age	51 - 64	49%
	41 - 50	29%
	18 - 40	15%
Race/Ethnicity	African American	50%
	Caucasian	45%
	Latino	3%
	Asian/Other	2%
Gender	Female	71%
	Male	29%
Patients Who Have Participated in Diabetes Education Classes		20
Patients Who Have Participated in Nutrition Education Classes		14
Patients Who Have Participated in Fitness Education Classes		8
Patients Who Have Participated in Smoking Cessation Classes		10
Patients Who Have Participated in Hypertension Education Classes		14
Active Patients with Combined Chronic Conditions (CCC)		230 (Estimated)
Total Number of Active Medical Patients		306
Total Number of Patients Served since 2010		1,017
Number of Patients on Medical Waiting List		180



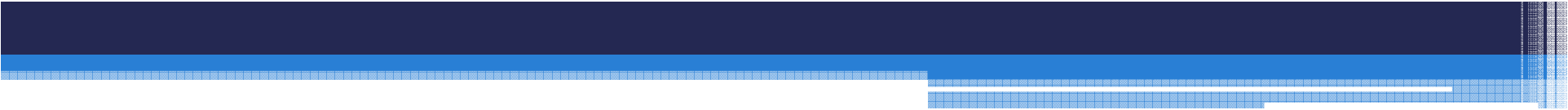
Access to Primary Care in Georgia: State of Shortages of Primary Care Providers

- HRSA estimates 520 additional primary care providers are needed to adequately serve Georgia's HPSAs
- 1,159,515 Georgia residents living in the 186 Health Professional Shortage Areas (HPSAs) in the state face primary care provider shortages.
- Access to primary care providers is critical to maintaining a healthy population and reducing the rising cost of health care in Georgia

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- Georgia has a severe provider shortage, and the health care needs of Georgians cannot be adequately addressed by the physician workforce alone
 - It is time to get all hands on deck to address Georgia's poor health status, particularly as the state moves to reform Medicaid policies and adapt to the changes required by the Affordable Care Act



**Advanced Nurse Practitioners:
Effective and Economical Additions to
Addressing Unmet Health Care Needs in
Georgia**

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- 113,520 Registered Nurses are licensed in Georgia
 - 7% of Georgia Registered Nurses are licensed Advanced Practice Registered Nurses (APRNs)
 - There are an additional 1,373 nursing students studying to become graduate-prepared Advanced Practice Registered Nurses (APRNs), including:
 - 1,299 Nurse Practitioners
 - 8 Certified Nurse-Midwives
 - 60 Certified Registered Nurse Anesthetists
 - 6 Clinical Nurse Specialists

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graph LR; A[8,143 APRNs in Georgia] --- B[5,504 Nurse Practitioners]; A --- C[458 Certified Nurse-Midwives]; A --- D[1,828 Certified Registered Nurse Anesthetists]; A --- E[353 Clinical Nurse Specialists];
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8,143 APRNs in Georgia

5,504 Nurse Practitioners treat patients across the lifespan, providing primary and acute care

458 Certified Nurse-Midwives provide perinatal, gynecological, preventative, and primary care

1,828 Certified Registered Nurse Anesthetists administer anesthesia during surgery and provide pain management services

353 Clinical Nurse Specialists specialize in an area of nursing practice defined by a population, setting, or disease type

Barriers to Practice for APRN's

- Georgia has a statutory and regulatory environment that is more restrictive than almost any other state
- A 2007 study (Lugo) investigated each state's regulatory environment for nurse practitioners placed Georgia 48th out of 51 states. This ranking earned a grade of "F" as one of the most restrictive states in the country due to the limitations placed on APRN scope of practice that affects patients' freedom to choose providers and the APRN's ability to provide primary care
- Work to reform Medicaid in Georgia provides an opportunity to modernize our codes and address the evidence that shows the quality and cost effectiveness of the care APRN's deliver



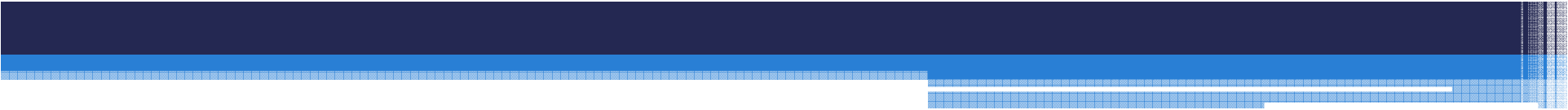
Barriers to Practice for APRN's

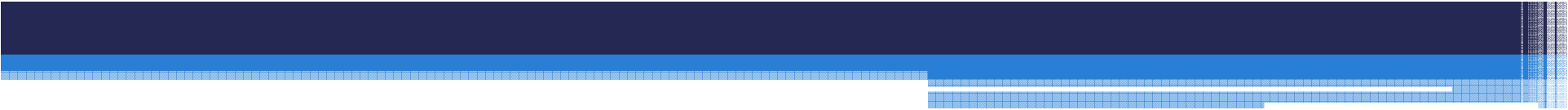
- Georgia is the only state in the US that restricts the ability of APRN's to order common diagnostic tests such as MRI, CT and other nuclear imaging tests
- The lack of schedule II ordering authority for APRN's is also a major issue (especially in light of the FDA's intention to change the classification of many commonly used medications from schedule III to schedule II as part of the efforts to combat prescription drug abuse)



Senate Bill 94

- Removes the current restriction in Georgia law that prevents an Advanced Practice Registered Nurse (APRN) from ordering radiographic imaging exams such as CT and MRI scans unless there is a “life threatening situation”
- This unnecessary restriction decreases patient access to quality care in a timely manner and adds costs to the health care delivery system—and provides an additional barrier to Medicaid Reform

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- The ordering of diagnostic tests including radiographic imaging exams is a part of the training and certification of Advanced Practice Registered Nurses as it is with Physician's Assistants
 - APRN's have all earned Masters or Doctoral Degrees and are Nationally Board Certified
 - APRN's often serve rural areas where there are primary care physician shortages

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- Current research on nurse practitioner-led models of care demonstrates the success of nurse practitioners as team leaders for primary care—Thus an effective, efficient, and cost controlling addition to addressing the reform of Medicaid
 - While studies have demonstrated that adding an NP to a physician's practice enhances access and patient satisfaction and decreases cost, there have been absolutely no studies to demonstrate that the addition of a physician to an NP's practice results in similar improvements in access, satisfaction, or reduced cost of care
 - In nurse-managed health centers, the addition of a physician to meet state required practice laws is often a cost generator with no quality or safety benefits to patients. Nurse practitioner practices meet the criteria for the primary care medical home: patient centered, comprehensive, coordinated, accessible high quality and safe care.



Conclusions

- Since the proportion of rural persons currently uninsured presents a higher proportion of the population eligible for a Medicaid expansion than elsewhere, Georgia's rural residents will suffer a disproportionate burden in any Medicaid reform plans
- Any reform of Medicaid will need to be balanced by other means to extend affordable coverage to the eligible population

Conclusions

- Meeting the health care needs of our state, particularly our rural communities, is beyond the scope of any one individual health discipline—and any one health care coverage plan—to correct
- Addressing the tremendous health care needs of the rural areas of our state through Medicaid reform and ACA compliance requires developing a strong, effective, and cost efficient provider workforce
- This will require individual disciplines and policy leaders to move past one profession's vantage and reduce barriers to practice for APRNs, thus expanding care to vulnerable, underserved patients in rural communities