

Champa, Heidi

3176

14-583-07

From: GERALDIN HUDSON <geraldinehudson55@comcast.net>
Sent: Thursday, August 24, 2017 10:11 PM
To: PW, OPCRegs
Subject: Regulation #14-538 (IRRC #3176)

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Dear Department of Human Services:

Thank you for giving the public an opportunity to offer comments about the proposed changes to Regulation #14-538 (IRRC #3176). I am a psychiatric nurse practitioner who provides behavioral health services to individuals who wait months for an appointment. The background information included in the rule change describes the desperate need for behavioral health services within Pennsylvania. I ask the Department of Human Services consider the need to increase access to effective mental health services versus creating barriers to care. Please consider my comments regarding the following sections of Regulation #14-538 (IRRC #3176) that will affect the provision of services.

"The definition of "advanced practice professional" is proposed to be added in recognition of CRNPs with a mental health certification or PAs with either a mental health certification or at least 1 year of experience working in a behavioral health setting working under the supervision of a physician. This proposed definition will allow these licensed professionals to provide services within their scope of practice in psychiatric outpatient clinics, thereby expanding clinical resources."

"§ 5200.31. Treatment planning

This proposed amendment maintains compliance with definitions in section 1905(a)(9) of the Social Security Act (42 U.S.C.A. § 1396d(a)(9)) and 42 CFR 440.90 (relating to clinic services) that services furnished at the clinic be provided by or are under the direction of a physician. To meet this requirement, a physician shall see the individual, prescribe the type of care provided and periodically review the need for continued care."

"Supervision by a psychiatrist—The psychiatrist [personally] provides or orders, guides and oversees compensable medical, psychiatric and psychological services provided to [recipients] individuals by psychiatric outpatient clinic or partial hospitalization personnel as specified in § 1153.52(a) (relating to payment conditions for various services)."

The requirement that only a psychiatrists may perform an initial evaluation, provide direct supervision, and see and direct all care is unsafe and blocks access to care. Individuals currently wait **four** to **six** months for a new evaluation and **12 months** for a new evaluation in the autism program at Penn State Health. Currently, as a psychiatric nurse practitioner, I see 40 new individuals monthly and about 50-60 individuals for follow-

up weekly in behavioral health. This information translates to an estimated 480 new evaluation visits and 2,880 follow-up appointments in a year. The rule change means the psychiatrist will need to spend a majority of their time personally seeing my panel of individuals and restricts the number of individuals the psychiatrist can personally follow. A psychiatrist will not be able to physically, logistically, or realistically see, supervise, and "prescribe the type of care" for every individual that clinicians within a practice will follow.

Secondly, the supervision requirement implies that the psychiatrist supervises and directs every clinical decision. This rule implies the psychiatrist "directs the care," not the clinician who has the therapeutic relationship and directly provides care to an individual. It is unsafe to expect a psychiatrist will "direct care" from the side line without having a therapeutic relationship with an individual. The therapeutic relationship is between the individual and their direct clinical caregiver. Personally, I expect that my decisions are made between me and my direct provider, not a third party physician that I do not know or trust.

Second, it is unsafe to delay decisions until a psychiatrist "directs care through supervision." Well trained professionals with good clinical judgement who provide high quality services increase safety and improve outcomes of care. Focus on evaluating the outcomes of care versus controlling practice and access to care. A nurse practitioner must make decisions in a timely fashion versus waiting until a psychiatrist is available to "direct the care." Nurse practitioners collaborate regularly with psychiatrists in a fashion that optimizes safe and effective care. It is important to consider a collaborative relationship where competent and trained professionals work with one another. "Direct supervision" implies the psychiatrist is directly supervising all decisions and care provided. Direct supervision is a recipe for failure and catastrophes versus high quality care.

The goal is to utilize mental health professionals in a way that increases access to care versus establishing barriers to care. It is important to focus on the outcomes of care that a clinician provides rather than restricting practice that makes no sense. I track outcomes of care for every individual I treat and am able to demonstrate that I provide exceptional care. Rules that create barriers to care is not patient centered care nor serving the public. Individuals should have the choice of provider with whom they feel comfortable receiving their care. An individual should have the choice to see a psychiatrist or a psychiatric nurse practitioner. There is an abundance of literature that nurse practitioners provide safe and effective care and physician supervision does not increase safety. Rather than limiting practice for nurse practitioners, establish minimum educational requirements to perform the services. As an example, a psychiatric nurse practitioner must have a doctoral degree or a certain amount of experience. Pennsylvania is considering legislation that nurse practitioners with three years of experience have full practice authority. The Department of Human Services can establish a similar level of experience in order for psychiatric nurse practitioners to perform the full range of services, including initial evaluations. This approach increases access to care for individuals who are desperately seeking behavioral health services by using competent and trained professionals.

Thank you for considering my comments.

Very respectfully,

