Missouri PAs and the Medicaid Population: Is the 50-Mile-Radius Law an Obstacle to Full Scope Care?

Andrea Fox

In collaboration with Paul Winter, PA-C, MOAPA President

with assistance from Jorgen Schlemeier, MO State Lobbyist for Physician Assistants

Objective

- Type: Both PA and Patient Advocacy

- Objective: To collect and analyze factual, existing data in effort to determine if current 50-mile radius supervisory legislation is preventing MO PAs from providing care to existing Medicaid patients. Data collected to be compiled to depict a better understanding of current gaps in PA coverage for Medicaid users.

Topic Choice

- Interest in legislation and practice guidelines in medicine. Medicine is constantly evolving and changing and, unfortunately, old or unnecessary laws can prevent practitioners from advancing with the industry. Initiatives such as this allow further awareness to providers, patients and law makers alike.

- Eliminating restrictive legislature would make MO more attractive, help keep rural clinics open and spur PAs to found more of these practices, especially in medically underserved and rural communities. **"Currently, HALF of Missouri PA graduates move to other states with fewer restrictions and more jobs",** (2013, St. Louis Post Dispatch).

- It has been just over a year since MO passed the law allowing PAs to be recognized providers for Medicaid recipients

- Rural health rotation opened my eyes to disparities and made me question current number of Medicaid recipients around the state and how PAs are providing to such population

Relevance

- This data can be used for future legislative support for provision of the current language in efforts to have this barrier removed completely.
- Little research has been conducted on the tendency of non-physician clinicians to care for low-income patients and to practice in rural communities.
- According to the MOAPA lobbyist, Jorgen Schlemeier, an overview of underserved populations and the current PA population in the state has not been explored.
- Retain new grads and attract PAs to MO
- Study depicts the available opportunities any practicing PA in the state of MO could have on legislative changes

Collaborators

- Paul Winter, PA-C, Active MOAPA President.
  - Main collaborator approved of study, answered any questions regarding MO PAs, highlighted current topics of legislative interest, assisted with survey and guidance all along.

- With help from Jorgen Schlemeier, Lobbyist for Missouri PAs, MOAPA.
  - Met twice to discuss current bills up for discussion in congress. Discussed possibilities for language changes for 50-mile supervisory language.

- Compilation Resources provided by:
  - Missouri Board of Healing Arts – PA demographics
  - Department of Social Services –MO Medicaid Recipient details
  - AAPA –surrounding state PA demographics

Background

- April 30, 2013: House Bill 315 was passed by Missouri legislation and Nixon.
  - Changed from 30-50 miles

The current MO legislative Physician Assistants State Laws and Regulations 15th Edition, Revised, July 2015 states:

2. (1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, where the **supervising physician is no further than fifty miles by road using the most direct route available and where the location is not so situated as to create an impediment to effective intervention and supervision of patient care or adequate review of services.**

(2) For a physician-physician assistant team working in a **rural health clinic** under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, **no supervision requirements** in addition to the minimum federal law shall be required.

[…] Physician Assistants: State Laws and Regulations 15th Edition, Revised, July 2015 MO. REV. STAT. §334.735

Background

“’Allowing physician-PA teams to tailor medical care according to the needs of their patients and communities can only lead to better access to care in rural and underserved areas,’ said Paul Winter, a physician assistant at Missouri Baptist Hospital and president of the Missouri Academy of Physician Assistants”, (2013, St Louis Past Dispatch).

“’We need to be able to get high quality medical care to these remote areas with a low volume of patients and no doctors,’ said Dr. Stevan Whitt, chief medical officer for the University of Missouri Health System, who testified in favor of the law”, (2013, St Louis Past Dispatch).

Method

- #1 Obtained a list of currently licensed MO PAs and counties in which they practice from the MO Board of Healing Arts
  - Obtained a list of the numbers of Medicaid recipients per county from the MO Department of Health and Human Services
  - Obtained the current legislative language for PA supervision from MOAPA
- #2 Composed and distributed 10-question survey to all MOAPA members. Analyzed results and highlighted areas of deficiencies.
- #3 Researched other states and their current language for supervision distance as an example of potential wording we can adopt in attempt to change our current statutes. Compare to Missouri.

Development of platform

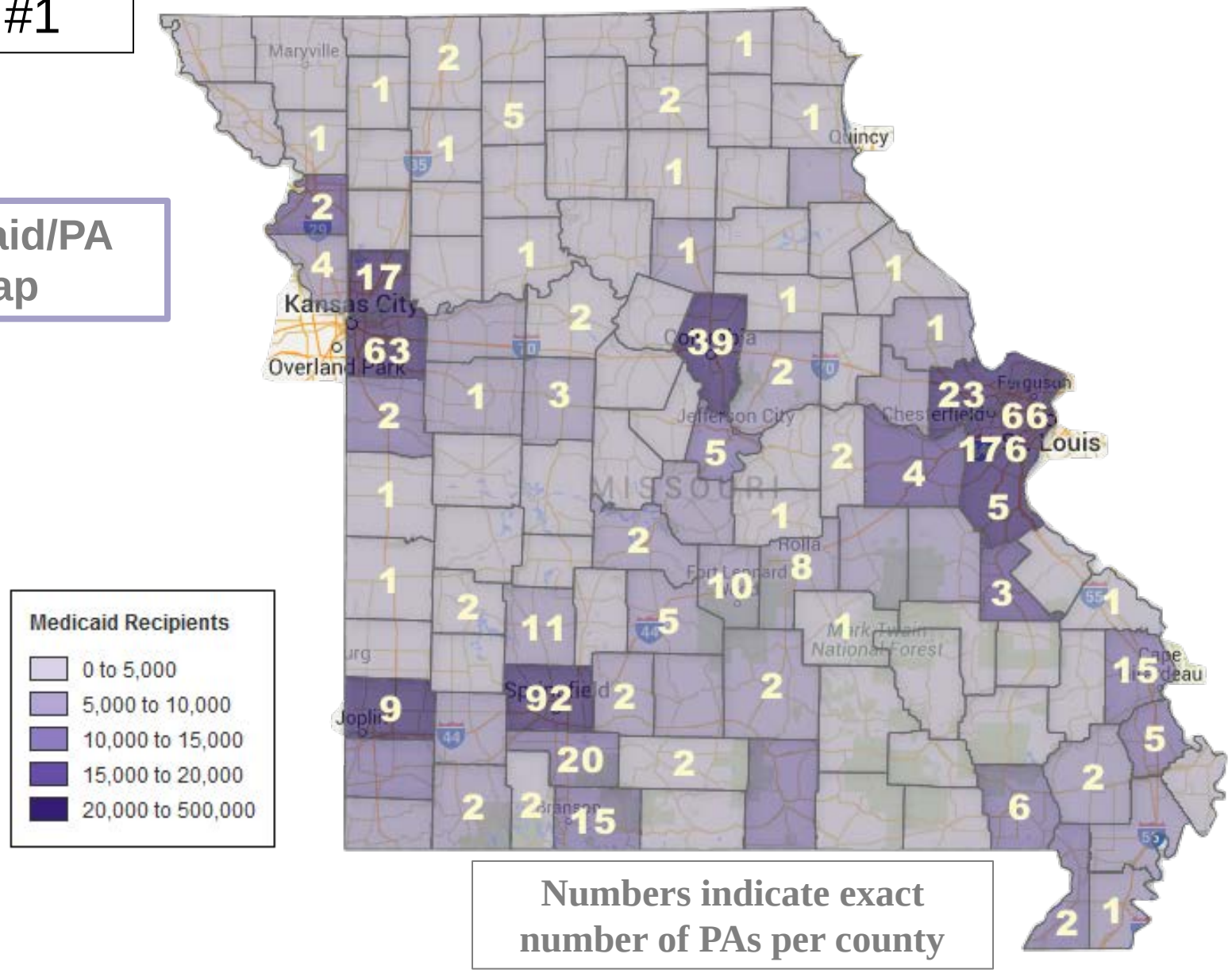
- This approach is multi-factorial with all data derived from various government bodies and affiliates.
- All data is factual, current and updated monthly or as changes occur.
- No other analysis of this type has yet to be conducted for Missouri PAs with Medicaid recipients or county distributions.
- Survey was an add-on to hear from actual practicing clinicians to gain a better understanding of their view of the current restrictions.

Dissemination

- Poster presentation UMKC SOM, May 3, 2016
- Presenting at the MOAPA annual conference in July 2016 as a poster presentation
- Post on the MOAPA website
- Present to state lobbyist to share with legislators

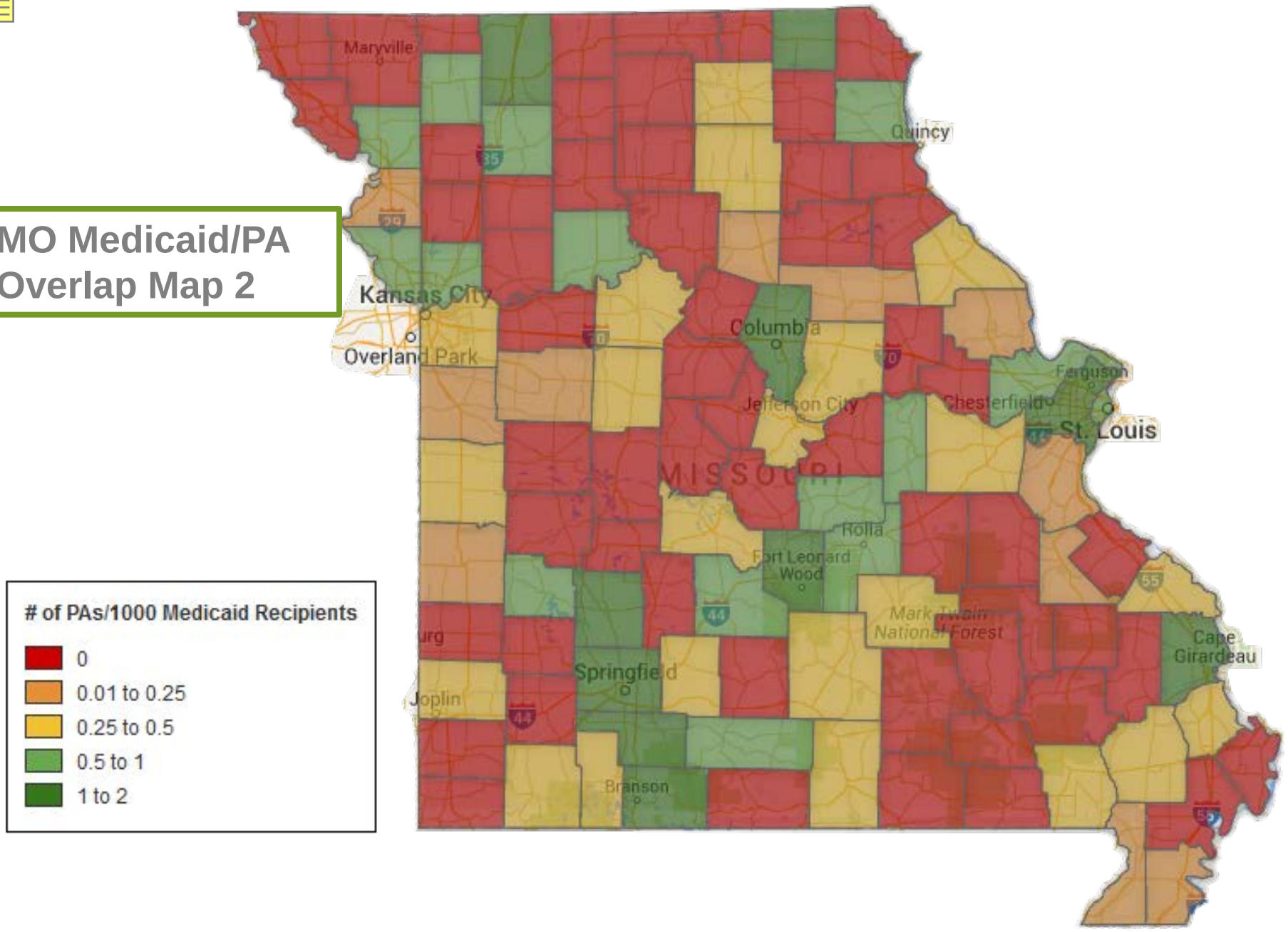
Method #1

MO Medicaid/PA Overlap Map



Numbers indicate exact number of PAs per county

MO Medicaid/PA Overlap Map 2



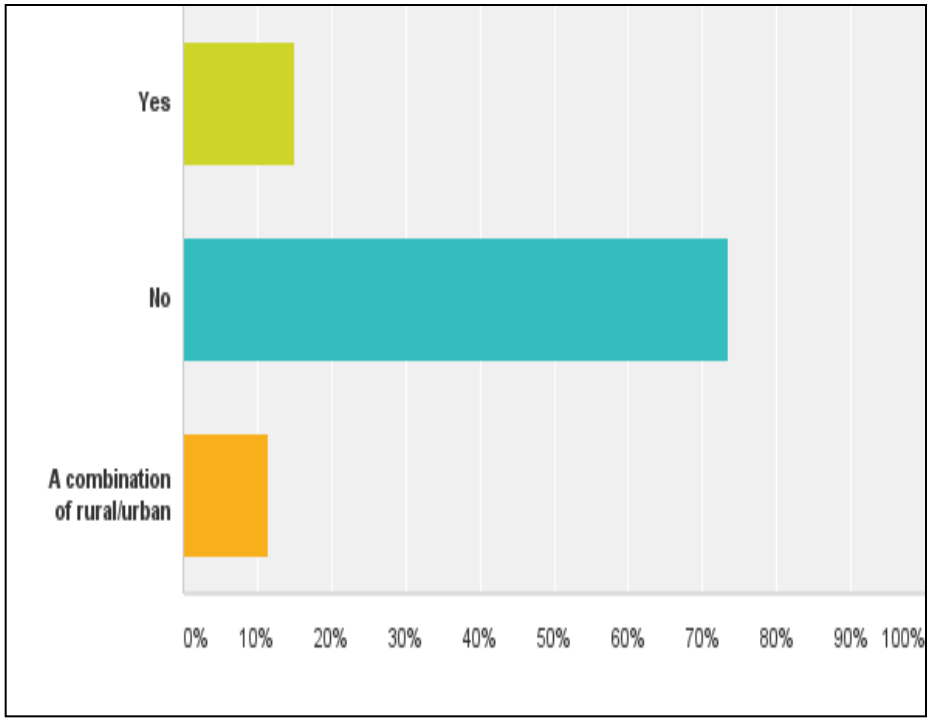
Method #1 - Map Analysis

- Though there is federal Health Clinic Act, many rural clinics do not qualify for this title and the 50-mile radius rule impacts these providers.
- 57/116, or 49.13% of the counties in Missouri do not have a single PA
- Most heavily Medicaid
- Populated Medicaid counties have more PAs in general, but are also metropolitan areas
- Heaviest PA distribution is in urban areas
- Largest expanse of disparities are in the Southeast and the north-central regions of the state
- Avg size of each county is around 35-30 miles.

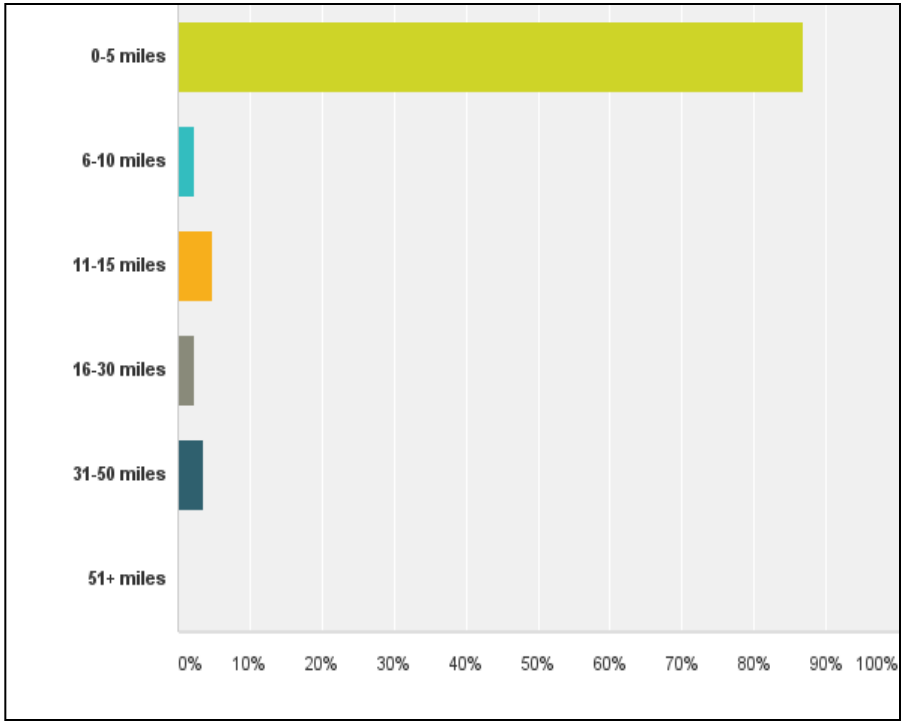
Method #2 - Survey Says

- 10-question survey was sent out to all MOAPA members on 4-12-16
- 481 individuals 104 responded = 21.62%
- 79 PAs, 10 Students, 3 “other” answers

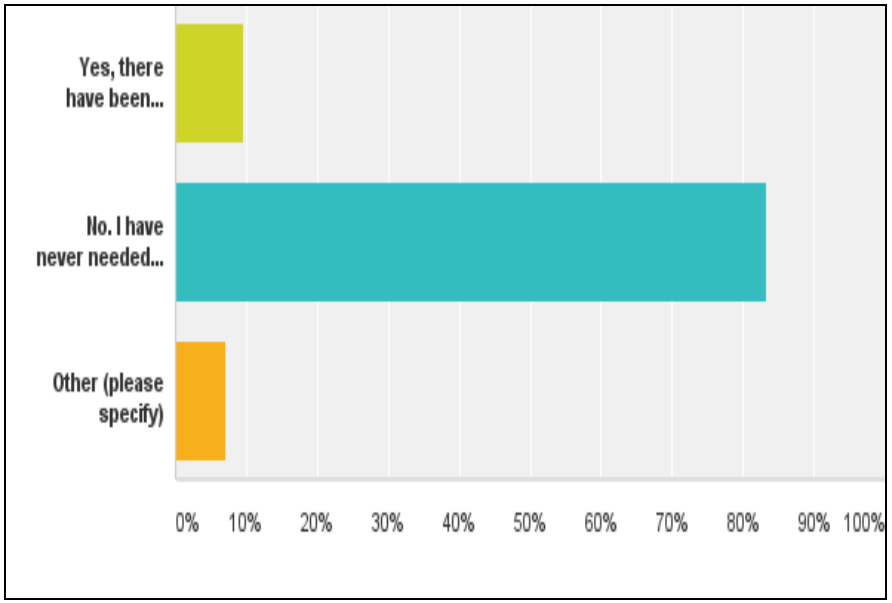
DO YOU PROVIDE PATIENT CARE IN A RURAL SETTING?



What is the average distance on a daily basis between and your collaborating physician while working?



With respect to your current practice, does the 50-mile radius law prevent you from seeing additional patients that you would otherwise?



- "I practice off site 1 day month a total of 31 miles from my supervising physician, so the **updated law was very helpful**."
- "I would like to see the restriction lifted. **There have been times when I have had to have an alternate physician supervisor due to the limitation**"
- "**Consideration** of additional outlying clinics **is limited** because of the 50-mile radius law."
- "I worked in a rural clinic for 7 years. I was a rewarding wonderful experience. In that situation the 50 mile radius **did cause problems** at times"
- "No stories, but I'd be happy to do outreach/volunteer/emergency work **if not hampered** by this restriction."

Method #3-Surrounding State Laws

Arkansas	Presence not required so long as **one another by radio, telephone, electronic, or other telecommunication device.** ARK. CODE ANN. §17-105-101
Illinois	presence **not required as long as there is communication available for consultation by radio, telephone or telecommunications** ...225 ILL. COMP. STAT 95/4(3)
Iowa	**"Supervision" does not require the personal presence of the supervising physician at the place where medical services are rendered** IOWA ADMIN. CODE 645-327.4
Kansas	If at distant location, **another supervising physician shall provide direction and supervision to the physician assistant**. KAN. STAT. ANN. §65-28a02
Kentucky	**shall submit for board approval a specific written request describing services offered, distance between and the means and availability of direct communication** KY. REV. STAT. ANN. § 311.860
Missouri	**no further than fifty miles by road using the most direct route available and where the location is** MO. REV. STAT. §334.735
Nebraska	Contact **by telecommunication shall be sufficient to show ready availability.** NEB. REV. STAT §38-2018
Oklahoma	**In remote patient care settings, the supervising physician shall be present in the facility at least one-half day each week** the facility is in operation. OKLA. ADMIN. CODE 435:15-5-1
Tennessee	**…physically present in the same building as the physician assistant at the time the invasive procedure is performed**. TENN. CODE ANN. § 63-19-107(1),(4),(5)

***Source of State laws found at https://www.aapa.org/threeColumnLanding.aspx?id=304 under each individual state's link. Only relevant information pulled from each. As of 12/2015**

Outcomes Surrounding state comparison

STATE	% of Medicaid Patients in State	% rural patients	Approx. # of practicing PAs	% of PAs in certified rural health clinic	# of PAs in rural health clinics
Missouri	20.2%	33.2%	800	6.9%	55
Oklahoma	27.6%	31.9%	1200	1.9%	23
Kansas	17.7%	29.4%	900	13.6%	122
Arkansas	26.5%	30.4%	250	4.4%	11
Nebraska	25.7%	37.9%	900	13.5%	122
Iowa	21.7%	37.4%	1100	14.9%	164
Illinois	22.1%	17.4%	2700	2.7%	73
Kentucky	24.4%	37.3%	1000	6.1%	61
Tennessee	24.0%	27.0%	1200	3.5%	42

*Source: Percentages Based on NCCPA, Sept. 2014.https://www.aapa.org/threeColumnLanding.aspx?id=328

Reflection and Findings

- Gaps in coverage are vast and obvious
- Every PA benefits when a state law improves
- MO is only state with an exact distance radius in legislation
- Many other state have “loopholes” in their language. TN for example
- MO has not adapted the “telemedicine” communication ability to its legislative boundaries
- MO PAs, per survey, eleven mention they are hindered by this law
- This topic should be of discussion at the house level or slid through on a bill. There are other more restrictive areas we could spend time, focus and money on, however, research shows that ANY restrictions decrease access to care and health outcomes

Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients

(Oliver, Pennington, Revelle, & Rantz, 2014)

- **Objective**: fewer NP restrictions have better health outcomes overall
- **Method**: **Reviewed NP restrictions** and overall state health outcomes
- **Results**: there were improved outcomes in states where with fewer or no restrictions
- **Discussion**: "With the results of this research and others already in the literature, **it seems logical to expect that barriers to APRN practice be removed without further delay** in order to facilitate another method of providing quality, cost-effective health care nationwide", (Oliver, et. al, 2014).

Relation to study

- Is the **most similar** I was able to find to mine
- Went more in depth with a medical outcome focus.
- **Made a case for fewer restriction effort to improve care**
- This study could also be used as a fantastic case for **support for restriction decrease for PAs as well**, as we provide same care.
- Specific barriers/restrictions were not identified. They claim that any level of restriction proves problematic and decreases health outcomes, but specific restrictions were not identified.
- Highlighted **Medicaid** AND Medicare patients.

How PAs improve access to care for the underserved – article

(Staton, Bholse, Camancho, & Feldman, 2007)

Objective: The objective of this study was to test the hypothesis that **poorer patients in outpatient clinics are more likely to see PAs than physicians**.

Methods: A retrospective analysis of National Ambulatory Medical Care Survey data (1997-2003) on outpatient physicians and their office staff was carried out.

Results: Patients covered by **Medicare** insurance had **lower odds** of visiting PAs compared to patients possessing private insurance. Patients who paid **out-of-pocket had higher odds of visiting PAs** compared to patients with private insurance. Patients in **rural areas were more likely to visit PAs** than were patients in urban areas

Conclusion: Considerable use is made of PAs in all settings, and they tend to be **utilized in otherwise underserved, rural populations who do not have health insurance.**

Article Outcome

PAs still tend to fill the rural gap where physician shortages are more prevalent.

Assuming that people in rural areas have less access to health care than do people in metropolitan or urban areas, these results support the hypothesis that **PAs are indeed providing care to more underserved populations**. (Often due to physicians often shunting their low-income pts to PAs)

Relevance to my research:

Restrictions on distance should be eliminated to allow PAs to offer this care to rural Missourians

Rural areas utilize PAs!

Modifying State Laws for Nurse Practitioners and Physician Assistants Can Reduce the Costs of Medical Services (Hooker & Ashley, 2011)

Objective: To permit semi-autonomy of PAs and NPs, which will enable increased deployment of primary care practitioners in all areas of the state. **To improve access to entry-level health services by modifying the scope of practice through practice legislation**.

Method: **Compared projected PA and NP growth** in the following the years to current provider supply. Used Alabama as the sample.

Results: Assumes the changing composition of primary care providers in Alabama would result in savings generated by the decrease in compensating expenditures per primary care visit.

Conclusion: The premise is that if states were to **adopt policies that broadened the scope of practice**, then supply and distribution of PAs and NPs per capita could increase.

Modifying State Laws for Nurse Practitioners and Physician Assistants Can Reduce the Costs of Medical Services (Hooker & Ashley, 2011)

Relevance to my study:

- Further discussion on improved access to care with fewer restrictions
- Highlighted Cost savings and income potential, and I did not.
- Used one state as an example similar to mine
- Outcome is very similar

Study Limitations

- Only PA members of MOAPA were sent the survey, prohibiting non-members the opportunity to respond
- Study was limited to only Medicaid patients, excluding self-pay or private pay patients who would also benefit from PA expansion
- NP and physician coverage was not factored; PA focus only

Reflection

- Relevance has been reiterated with the survey, the literature, data and map overlay indicating the gaps
- Most eye-opening was the map and distribution in the state
- Not many articles available for legislative change
- Much room for more research and data compilation
- Proves one person can do their homework and make a difference
- Since the beginning of my work on this study, the lobbyist has purpose a bill, Hb1923, that would allow PAs to provide tele-health services within their scope of practice. This would alleviate the need to travel 50 miles provided that a distant location has the required equipment. This bill, as of 4/14/2016 has been introduced and passed to the next level through the house. More to come.

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Missouri PAs and the Medicaid Population: Is the 50-Mile-Radius Law an Obstacle to Full-Scope Care?

Andrea Fox, MHA

Introduction

Missouri physician assistants are governed by state legislation. Some of these laws are outdated and put limitations on providing care. One such law is the 50-mile-radius. MOAPA and MO PAs wish to do away with this language allowing PAs to offer care to all of Missouri, essentially increasing access to care to all Missourians, including lower income Medicaid recipients.

This study was initiated to explore the current PA coverage to Medicaid recipients and identify coverage gaps, explore surrounding state laws, and identify how this law impacts practicing PAs.

Objective

To collect and analyze factual, existing data in effort to determine if current 50-mile radius to supervisory legislation is preventing MO PAs from providing care existing Medicaid patients. Data collected compiled to depict a better understanding of current gaps in PA coverage for Medicaid

Background

April 30, 2013: House Bill 315 was successfully passed by Missouri legislation and Nixon expanding physician supervisory from 30-50 miles. This was a big win, though there was still a strict parameter.

Current language:

(1) A supervision agreement shall limit the physician assistant to practice only at locations described in subdivision (8) of subsection 1 of this section, where the **supervising physician is no further than fifty miles by road using the most direct route available and where the location is not so situated as to create an impediment to effective intervention and supervision of patient care or adequate review of services**

Method

#1 Obtained a list of currently licensed MO PAs and their practice counties from the MO Board of Healing Arts

a. Obtained a list of the numbers of Medicaid recipients per county from the MO Department of Health and Human Services
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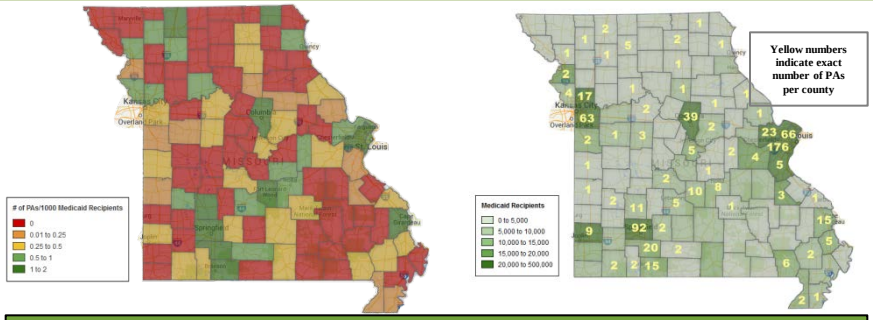
#2 Composed and distributed 10-question survey to all MOAPA members. Analyzed results and highlighted areas of deficiencies

#3 Researched other states and their current language for supervision distance as an example of potential wording we can adopt in attempt to change our current statutes. Compare to Missouri

"'We need to be able to get high quality medical care to these remote areas with a low volume of patients and no doctors,' said Dr. Stevan Whitt, chief medical officer for the University of Missouri Health System, who testified in favor of the law", (2013, St Louis Today).



Results – Data Map

- Though there is Federal Health Clinic Act, many rural clinics do not qualify for this title and the 50-mile radius rule impacts these providers.
- 57/116, or 49.13% of the counties in Missouri do not have a single PA
- Most heavily Medicaid
- Populated Medicaid counties have more PAs in general, but are also metropolitan areas
- Heaviest PA distribution is in urban areas
- Largest expanse of disparities are in southeast and north-central regions of state
- Avg. size of each county is approximately. 35-30 miles

Results - Survey

- A 10-question survey was sent out to all MOAPA members on 4-12-16
- 481 individuals.
- 104 responded = 21.62%
- 88 identified themselves as PAs, 12 Students, 4 were "others"
- 14% work in rural health
- 6.4% travel 16-31 miles to work daily

Results – Surrounding State Laws

Arkansas	Presence not required so long as **one another by radio, telephone, electronic, or other telecommunication device.** ARK. CODE ANN. §17-105-101
Illinois	presence **not required as long as there is communication available for consultation by radio, telephone or telecommunications** 225 ILL. COMP. STAT 95/4(3)
Iowa	**"Supervision" does not require the personal presence of the supervising physician at the place where medical services are rendered** IOWA ADMIN. CODE 645-327.4
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Conclusion

- Gaps in coverage are vast and obvious
- Every PA benefits when a state law improves
- MO is only state with an exact distance radius in legislation
- Many other state have "loopholes" in their language. TN for example
- MO has not adapted the "telemedicine" communication ability to its legislative boundaries
- MO PAs, per survey, eleven said there were hindered by this law currently or have been in the past
- Topic should be of discussion at the house level or added to another bill. Research shows that any restrictions on advanced practice providers decreases access to care and health outcomes (Oliver et. Al, 2015)

Relevance

- This data can be used for future legislative support for provision of the current language in efforts to have this barrier removed completely.
- Little research has been conducted on the tendency of non-physician clinicians to care for low-income patients and to practice in rural communities.
- According to the MOAPA lobbyist, Jorgen Schlemeier, an overview of underserved populations and the current PA population in the state has not been explored.
- Demonstrate opportunities any practicing PA in the state of MO could have on legislative changes

References

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Special Thanks

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- With words from Jorgen Schlemeier, Lobbyist for Missouri PAs, MOAPA
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Questions?