



LEGISLATIVE ALERT

ACNM Invited to White House Office of Health Reform to Offer Input on Primary Care

On Thursday, July 2, 2009, the American College of Nurse-Midwives leaders participated in a live roundtable discussion on primary care and health reform held by Nancy-Ann DeParle, Director of the White House Office of Health Reform. The discussion—which was webcast in real time and accepted comments from the public from Facebook—was part of the administration’s continuing series of White House Stakeholder Discussion Groups.

ACNM Executive Director Lorrie Kline Kaplan, ACNM Director of Professional Practice and Health Policy Tina Johnson, CNM, MS, and Carolyn Geger, CNM, MS, FACNM, Director of the Georgetown University Nurse-Midwifery and Women’s Health Nurse Practitioner Programs, joined some 25 representatives of other primary care specialties. These included the American Academy of Nurse Practitioners, American Academy of Pediatrics, American Association of Physician Assistants, American College of Physicians, American Dental Hygienists Association, American Optometric Association, American Pharmacists Association, American Psychological Association, and the National Community Pharmacists Association. The meeting was held in the Eisenhower Executive Office Building, located in the White House complex in Washington, D.C.

DeParle and Kavita Patel, M.D., of the White House Office of Public Engagement, opened the discussion by explaining the live webcast format and the Administration’s goal of receiving input from all key stakeholders as well as the American people themselves. Throughout the meeting, DeParle and Patel were active listeners, asking open questions rather than sharing their own views.

DeParle inquired into the issues driving the shortage of primary care providers. Meeting participants pointed to a range of underlying factors and emphasized the need for US health policy to be based on an integrated team approach to care, from workforce funding to the patient bedside. Several participants highlighted examples of “fossilized” policies and barriers that restrict the ability of qualified non-physician providers to provide primary care and other health care services within their defined scope of practice.

“An integrated team approach to care is not a fantasy,” pointed out pediatrician Mark Minier, M.D. “Successful models already exist in community health centers.” Minier, who represented the American Academy of Pediatrics, works at a Washington, D.C. health center visited by Michelle Obama earlier in the week as she highlighted \$500 million in new funding nationwide through the American Recovery and Re-Investment for construction and renovation of Community Health Centers, which serve as a critical access point for serving the uninsured.

Other common themes that emerged in the discussion included the need to align provider reimbursement with preventive care and evidence-based practice rather than billable interventions, as well as the impact of ongoing shortage of clinical sites on health professional education.

“Schools of midwifery are turning away qualified applicants and other programs have closed completely due to the difficulty in securing clinical sites for these students,” said Kaplan. Participants urged the

Obama Administration to explore funding options for clinical sites, noting that funding policies often discourage precepting non-physician providers.

Gegor pointed out the need for the Administration to provide additional financial support for education of all health professionals involved in the provision of primary care, similar to that given via federal graduate medical education funding provided for medical students. The financial burden of education is often a disincentive to pursuing midwifery education, said Gegor.

ACNM representatives also emphasized the important role of CNMs and CMs as providers of maternity, gynecologic, and primary care for women of all ages. For women without health insurance, pregnancy offers a rare opportunity to access the health care system, and that CNMs and CMs are often the frontline health professionals providing and coordinating care. Johnson described her experiences as the first Director of Midwifery Services at Maryland General Hospital, a 245-bed community teaching institution in inner-city Baltimore. The care coordinated by the midwifery service at Maryland General consistently results in improved maternal and infant outcomes across many indicators; for example, Maryland General recorded a primary cesarean section rate of 14% out of 1,147 births in 2008—less than half the state or national average.

“ACNM was honored to be invited by the White House Office of Health Reform to discuss strategies for improving access to primary care services,” said Kaplan. “We look forward to continuing to work with the Administration to support meaningful health reform.”

Additional Reading:

- ACNM resources on primary care, including a new policy brief on the role of CNMs and CMs in expanding access to primary care for women: http://www.midwife.org/Patient_Centered_Primary_Care.cfm
- ACNM’s Seven Key Principles of Health Reform and other resources and updates on ACNM initiatives in health care reform: http://www.midwife.org/health_care_reform.cfm .