

HB 2727

Health Care Practitioner Identification

Presented on
October 23, 2008

To The
Professional Licensure Committee
Pennsylvania House of Representatives

By
James A. Goodyear, MD
Vice President



Pennsylvania
MEDICAL SOCIETY[®]
Doctors and Patients. Preserve the Relationship.[®]

Good afternoon, Chairman Sturla and members of the committee.

I am Dr. James A. Goodyear, a physician, and the current vice president of the Pennsylvania Medical Society. Today, I am here today to discuss and support House Bill 2727, also known as the Health Care Practitioner Identification Badge Act.

First, I want to thank Representative Tom Killion for introducing this important legislation.

I also want to commend my colleague John Laskas, MD. Dr. Laskas is essentially the “father” of this legislative proposal. He spoke to legislators about his concept and he brought it to the Medical Society’s Specialty Leadership Cabinet for our own internal consideration. He is to be commended for his initiative and foresight.

House Bill 2727 would provide a uniform standard in health care settings by which patients can be apprised of the identity and licensure credentials of the individuals who provide health care services to them.

When treating a patient, working in a health care facility, or when engaged in face-to-face contact with the public in a professional capacity, the health care practitioner would be required to wear an identification badge displaying the practitioner’s name and photograph along with the license, certification, or registration held by the person.

By doing this, minimally the patient can confirm whether or not “Dr. Smith” is a medical doctor, specifically a “PHYSICIAN”, or not, even if the health care professional doesn’t indicate verbally.

In the past, the provisions in this bill were probably not necessary. Patients knew that when someone walked into the exam room and said they were “Dr. Goodyear” that the person was a doctor of medicine or osteopathic medicine; a physician. This has been generally accepted in the public for many, many years.

However, with time, advanced degree-granting programs for other health care professions gained momentum, and have admittedly helped to advance health care. Those finishing these programs sometimes earn a Ph.D., which in academic settings also uses the title of “Doctor.” As such there are several types of doctorate degrees other than a M.D. or D.O.

This has led to some concern as it relates to the hospital environment. Individuals other than M.D.s or D.O.s, may include, but are not limited to doctors of nursing, doctors of psychology, and doctors of pharmacology, who may all play a role in patient care both in and out of the hospital arena. We’re all thankful for those academic enhancements because ultimately it benefits patient care by increasing the qualifications of health care professions.

If used in appropriate settings, this is not a problem. If you were on a college campus, and someone introduced themselves as “Dr. Smith,” you’d appropriately assume that the person is a professor, dean, or president.

This legislation is necessary for our patients, because when the title “Dr.” crosses the academic arena into a health care setting you start a game of confusion, particularly in an in-patient setting.

Due to the various types of “Doctors,” there is mounting concern for the misunderstandings that this title may cause in the hospital or similar healthcare setting, which may result in the

unintended disclosure of personal or confidential patient information to the wrong parties, increase patient safety concerns and risks, and compromise of the quality of care provided.

In particular I have a significant personal concern in the case of a patient, relaying a current symptom, or past medical history, to someone who calls himself or herself a “doctor,” but who is not a Physician. The result could be a delayed or missed diagnosis, or an unintended disclosure of personal health information to those who don’t have a realistic need to know. The worst case scenario would be if critically important information were unwittingly communicated to a non-physician “doctor,” who was unable to process or advance that potentially critical information so as to assure safe and quality care. This error can be avoided, and patient safety and confidentiality assured by enactment of House Bill 2727.

Some who disagree with this legislation will want to paint this as a turf battle, but the reality is different. The public doesn’t view it that way. And, according to a September 2007 study by the Institute for Good Medicine at the Pennsylvania Medical Society, the public has concerns.

Only 3.7 percent of Pennsylvanians polled feel that it is ok for a nurse practitioner to say they are “Dr. Smith”, without clarification that they are not a physician. In other words, overwhelmingly, the public wants clarification. They want to know who just walked into the exam room.

With an ever increasing number of individuals with Doctorate degrees involved in the expanded health care team, it is only just and right, that patients know from the start, who actually are their physicians, and who are the non-physicians in their midst. And, they deserve to know that this information is accurate.

Those with advanced degrees deserve to take academic credit for all their hard work. But they should not be allowed to confuse the public in a health care setting. Full transparency is necessary for the sake of the patient and quality care.

Due to the importance of providing patients with the best care, it is crucial that there is no confusion on the part of the patient, their family, or staff when communications or other interactions occur. The Pennsylvania Medical Society and the AMA Policy have specific approaches concerning the title and/or identification of a doctor in a hospital environment. In addition, the Joint Commission, the national organization that accredits and certifies more than 15,000 health care organizations and programs in the United States and is recognized nationwide as a symbol of quality and safety in health care, has specific standards to ensure that patients are given specific information regarding their health care provider. The Joint Commission standards mandate that a patient receives information about the person providing them care. Patient safety, quality of care, and patient’s rights to confidentiality are at the foundation of these policy initiatives and standards. Most importantly, patients are demanding this transparency.

If there are concerns about the size of the badge, the size of the print type, the availability of badges or anything else of this nature, the Pennsylvania Medical Society will certainly work with the sponsor and the committee to make this proposal workable. What we will not compromise on is patient safety.

Again, the Pennsylvania Medical Society supports House Bill 2727. It helps patients understand who is treating them in a health care setting, and helps to assure their safe and quality care.

Thank you.