

**Testimony**  
**House Health and Human Services Committee**  
**Information Hearing: Family Medicine**  
**January 27, 2016**  
**Presented by: LaDona Schmidt, MD, Salina KS**

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Chairman Hawkins & members of the Committee:

Thank you for the opportunity to appear today and talk about Family Medicine. Specifically, I want to share with you my professional story, as a person who was once a nurse practitioner (now called APRNs) and went on to become a physician. As such, I believe I have a unique perspective on practice matters currently being discussed in the Legislature.

I am a Board-certified family physician currently practicing in Salina. I work with 20 other physicians, six APRNs (advanced practice registered nurses) and one physician assistant. We have built a collaborative practice model that is centered on the needs of the patients and not individual providers.

**“I didn’t know what I didn’t know.”**

I graduated from the nurse practitioner program at the University of Kansas in 1984. It was always interesting to me that patients often called me “doctor,” because I wore a white coat and stethoscope. I would tell them I wasn’t, but they didn’t understand the difference in education. I just looked and acted the part.

My curiosity to learn more is what sent me on a mission to become a doctor. When I got accepted into medical school, I was so excited. I figured it would be a breeze since “I was so close to being a doctor anyway.” The truth is, *I didn’t know what I didn’t know!* I certainly found out, though, in the next seven years.

**Medical school training vs. nurse practitioner**

My first and second year of medical school, compared to my nurse practitioner training, can be best described as details – in-depth details. For example:

- **Anatomy** – Anatomy class in nursing school was basic. We covered muscle groups, bones, organ recognition and primary functions. In medical school, we studied everything in depth. For instance, we spent five days familiarizing and dissecting the 42 facial muscles alone. *Physiology* helped me to start piecing more of the body puzzle together – more of the *how and why* of body organs.
- **Pharmacology** – I went from knowing the name, class and function of various drugs to knowing the details – absorption in the stomach, distribution and metabolism in the liver, and excretion in the kidney – of those drugs at the *cellular level*. I was learning to think and differentiate, rather than just following examples I’d been taught.

In the third and fourth year of medical school, we went through 4 – 6 weeks of specialized training “clerkships,” where we studied surgery, pediatrics, psychiatry, obstetrics, internal medicine, dermatology, cardiology, oncology, endocrinology and other specialties of interest.

It’s where I studied diabetes in depth and learned how diabetes can damage the eyes, heart and kidneys. Rather than just looking at a patient’s blood sugar level, I learned about the “smell” of diabetes that later helped me save the life of a 17-month-old toddler, whose mother brought him in thinking he was just irritable from another ear infection.

Many people don’t know that a physician goes to four years of college (undergraduate), four years of medical school and *still cannot begin caring for patients until he completes one full year of intensive internship.*

### **Case example**

Throughout our medical training, physicians are taught “differential” diagnosis - the distinguishing of a particular disease or condition from others that present similar symptoms.

A four-year-old was brought into my office by his mother, who was an ICU nurse. He had been *diagnosed by a nurse practitioner the day before with gastroenteritis. She recommended Tylenol, fluid and “time.”*

His mom became worried because he still wasn’t eating well the next day. On physical exam, I noticed a yellow hue to his eyes and felt an enlarged liver. I did lab work, which revealed very high liver counts. I immediately admitted him to the hospital and sent him later that day to Children’s Mercy Hospital, where he continued to progress to liver failure and received a liver transplant two weeks later.

### **Training matters!**

It’s not just the years of training, but it’s the way and the intensity of the training that we’re provided over the course of medical school and our residencies. *Physicians and nurse providers are not interchangeable; their training is vastly different.*

With four years of medical school and three years of residency, the physician’s depth of understanding of complex medical problems cannot be equaled.

### **Patient safety and quality of care**

The time is right for legislators, health policy analysts, physicians, nurses and other health care professionals to comprehensively assess health care needs across Kansas.

Under-served communities or perceived shortages do not justify less than qualified care for our families and neighbors.

Physicians are the most intensively trained, most highly regulated, and most accountable of all health care professionals – and that better ensures patient protection. Family physicians believe in the concept of the patient-centered medical home, with care provided by a team of health professionals that is physician-led.

The collaborative practice agreements between physicians and nurse providers reinforce quality of care and patient safety, and should not be abandoned.

Training matters.