



Select Committee on Health Care Workforce Innovation

Friday, January 10, 2014
9:00 AM - 12:00 PM
Webster Hall (212 Knott)

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

(AMENDED 1/3/2014 3:59:34PM)

Amended(1)

Select Committee on Health Care Workforce Innovation

Start Date and Time: Friday, January 10, 2014 09:00 am
End Date and Time: Friday, January 10, 2014 12:00 pm
Location: Webster Hall (212 Knott)
Duration: 3.00 hrs

Discussion of Advanced Registered Nurse Practitioner autonomous practice:

- Presentation by Catherine Dower, Center for the Health Professions, University of California San Francisco
- Panel discussion with nurses, physicians, and hospitals

NOTICE FINALIZED on 01/03/2014 15:59 by Iseminger.Bobbye

Advanced Practice Nurses

A photograph of four healthcare professionals, three men and one woman, all wearing white lab coats and smiling. They are standing in a row, slightly out of focus, against a bright, clinical background.

Select Committee on Health Care Workforce Innovation

January 10, 2014

Presented by: Mandy O'Callaghan (Committee Staff)

An overview of workforce data, education, regulations, and initiatives affecting Advanced Practice Nurses

ADVANCED



PRACTICE

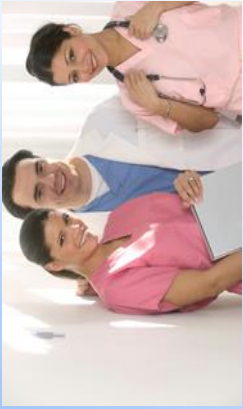
NURSES

Advanced Practice Nurses (APNs)

Also known as...

- **Advanced Registered Nurse Practitioners (Florida)**
- **Advanced Practice Registered Nurses (most common)**
- **Registered Professional Nurses**

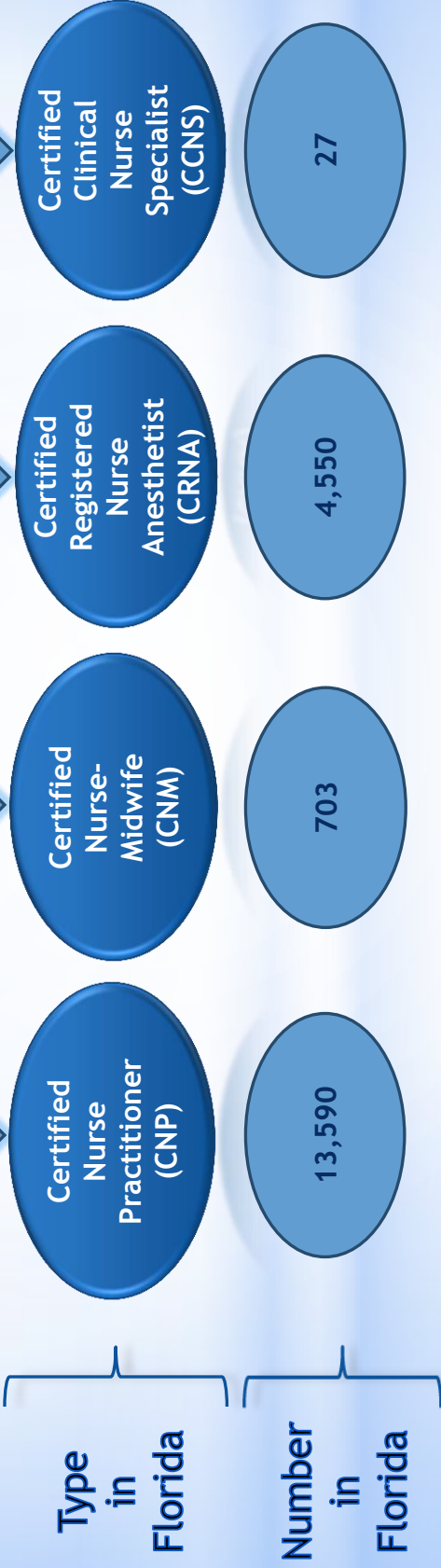
**ADVANCED
PRACTICE**



PRACTICE

NURSES

Advanced Practice Nurses



Education

Practitioner	Education	Examinations	Continuing Education
Medical Doctors (MDs)	<ul style="list-style-type: none"> At least 2 years of postsecondary education, including specified courses; Graduate of accredited allopathic medical school or college (4 years); and Residency (at least 1 year, at least 2 years for specialty practice). <p>Total= Min. 7 Years</p>	Pass the United States Medical Licensing Examination.	At least 40 hours every 2 years.
Doctors of Osteopathic Medicine (DOs)	<ul style="list-style-type: none"> At least 3 years of postsecondary education; Graduate of medical college recognized and approved by the American Osteopathic Association (4 years); and Residency (at least 1 year). <p>Total= Min. 8 Years</p>	Pass the National Board of Osteopathic Medical Examiners' examination.	At least 40 hours every 2 years.
Physician Assistants (PAs)	<ul style="list-style-type: none"> Bachelor's Degree (4 years) Completion of training program accredited by the Committee on Allied Health, Education, and Accreditation (2 years). <p>Total= Min. 6 Years</p>	Pass the Physician Assistant National Certifying Examination, developed by the National Commission on Certification of Physician Assistants (NCCPA) in conjunction with the National Board of Medical Examiners.	At least 100 hours every 2 years or hold a current certificate issued by the NCCPA.
Advanced Practice Nurses (APNs)	<ul style="list-style-type: none"> Bachelor's degree in nursing from a board-approved professional nursing education program (4 years); and Certification by a specialty board which must ensure: <ul style="list-style-type: none"> Completion of a formal post-basic educational nursing program (at least 1 year); or Master's degree (or higher) in a nursing clinical specialty area (2 years). <p>Total= Min. 5 Years (CNM) Min. 6 Years (CNP & CRNA)</p>	Pass National Council Licensure Examination for RN licensure. Pass examination by nursing specialty board (CNP, CRNA or CNM).	Not to exceed 30 hours biennially. (Section 464.013(3), F.S.) During each biennium, one contact hour must be earned for each calendar month of the licensure cycle. (Rule 64B9-5.002(1), F.A.C.)

Note: For foreign-educated and trained practitioners, different training and education requirements may apply.

Scope of Practice

50-State Review of APN Laws

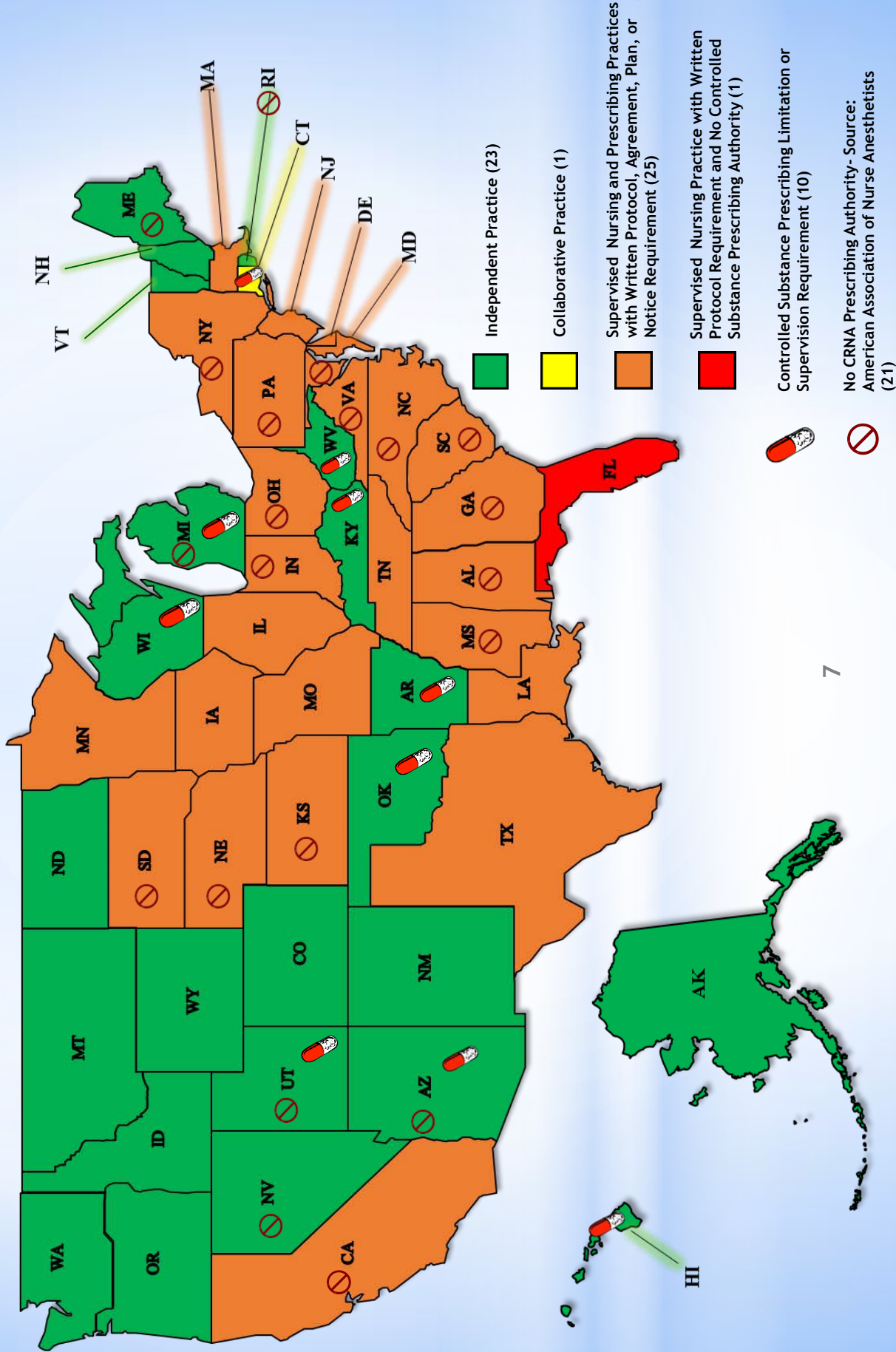
- Levels of
autonomy of
practice
- Health care
practices
authorized



Autonomy of Practice

Levels of Supervision	Description of Supervision
Independent Practice	Authorizes practice to the full extent of training and education with full prescribing authority
Collaborative Practice	Authorizes practice to the full extent of training and education with full prescribing authority, but requires collaboration with a physician
Supervised Nursing and Prescribing Practices	Requires a written protocol, agreement, plan, or notice signed by a physician to practice advanced nursing and to prescribe controlled substances
Supervised Nursing Practice with No Controlled Substance Prescribing Authority	Requires a written protocol signed by a physician to practice advanced nursing and prohibits an APN from prescribing controlled substances

Autonomy of Practice



Qualifications to Prescribe Controlled Substances

7 States

Require a preceptorship, externship, or mentorship

AR, CO, LA, ME, MO, NE, OH

14 States

Require completion of advanced or graduate level pharmacology
education courses

AK, AR, GA, IN, KS, LA, MA, MO, MT, NV, OH, UT, VT, VA

19 States

Require Board of Nursing, Medicine, or Pharmacy approval

AL, AZ, AR, CA, HI, IN, IA, ME, MS, MO, MT, NV, NC, OH, OK, TN, TX, VA, WA

Limitations on Authority to Prescribe Controlled Substances

No authority

1 State

FL

No Schedule II authority

4 States

AR, GA, MO, SC

No authority, unless in specified locations or health settings

4 States

IL, MI, OH, TX

Authority as specified in written protocol, agreement, plan, or formulary

25 States

AL, AR, CA, CT, GA, HI, IL, KS, KY, LA, MA, MI, MN, MO, NE, NJ, OH, OK, PA, SC, TN, UT, VA, WV, WI

Authorized through physician delegation

6 States

GA, IL, MI, MO, SC, TX

Other Controlled Substances Prescribing Limitations

- **Limit prescribing to or prohibit prescribing for certain patient populations**
 - ❖ ex: terminally ill, family members
- **Prohibit prescribing for specified conditions**
 - ❖ ex: obesity or chronic pain
- **Limit supply that may be prescribed**
 - ❖ ex: 30 day supply for Schedule II controlled substances
- **Limit number of refills**
 - ❖ ex: refills not to exceed a 6 month supply

Signature Authority

Uses for signature authority:

- Death certificates
- Tests, services, continuing treatment, and advanced directives
- School physical reports
- Work absence and return to work forms
- Handicapped license designation



“Global Signature Authority” for APNs means: Any time a physician’s signature, certification, verification, authentication, or endorsement is required, that requirement may be legally fulfilled by an APN.

(HI, ME, RI, VT)

Primary Care Provider Designation

Primary care provider (PCP) designation facilitates:

- Direct billing to public and private payers
- Ordering certain tests
- Establishing independent primary care practices

19 states statutorily recognize APNs as PCPs

Source: Office of Program Policy Analysis & Government Accountability

AK, AZ, CA, CT, HI, IA, ME, MD, MA, MS, NH, NM, ND, OH, OR, RI, WA, WY, WY

Primary Care Provider Designation



Example of statement by private insurer:

For nurse practitioner, physician assistant or other practitioner, this option [option to be considered as a PCP and be available for member selection as a PCP] should only be selected if practitioner practices in a state where regulations allow practitioner to serve as a PCP. Practitioner will be credentialed, will be available for member selection as a PCP and be listed in [the private insurer's] directories. Under this scenario, even when employed, credentialing is required.

Workforce Initiatives Affecting APNs

FEDERAL

- HHS awarded \$55.5 million (~270 grants) in FY 2013 to strengthen training for health professionals and increase the size of the nation's health care workforce. A majority of the funding, \$45.4 million, will support nursing workforce development by:
 - ❖ Increasing the number of nurse faculty (\$22.1 million) -- provides low-interest loans to nurses to train to become faculty and loan cancellation for service as faculty. (Florida: \$1,248,081)
 - ❖ Improving nursing diversity (\$5.2 million) -- expands educational opportunities for students from disadvantaged backgrounds, including racial and ethnic minorities who are underrepresented among RNs. (Florida: \$0)
 - ❖ Increasing CRNA traineeships (\$2.2 million) -- provides traineeships to RNs enrolled full-time in master's or doctoral nurse anesthesia programs. (Florida: \$149,495)
 - ❖ Promoting interprofessional collaborative practice (\$6.7 million) -- brings together interprofessional teams of nurses and other health professionals to develop and implement innovative practice models for providing care. (Florida: \$0)
 - ❖ Supporting advanced nursing education (\$9.2 million) -- funds advanced nursing programs for RNs to become CNPs, CNMs, and other APNs. (Florida: \$0)

Workforce Initiatives Affecting APNs

FEDERAL

- Veterans Health Administration (VHA) of the U.S. Department of Veterans Affairs is currently drafting Nursing Handbook 1180.03 to recognize APNs as independent practitioners in all VHA facilities.
- In 2001, CMS authorized CRNAs to direct-bill for services at 80% of the charge or a specified formula amount if they meet specific eligibility requirements and practice in a state that opts-out of a physician supervision requirement. 17 states have opted-out of a physician supervision requirement.

Workforce Initiatives Affecting APNs

STATE

- Proposals by New Mexico's Governor Martinez in November 2013:
 - ❖ \$220,000 for a marketing campaign to recruit APNs from states with restrictive practice laws.
 - ❖ \$1.5 million in financial aid for aspiring health care professionals who commit to serving in rural and underserved areas.
 - ❖ \$2.5 million to expand the family practice residency and nurse practitioner programs at the University of New Mexico.
 - ❖ \$600,000 in grant funding to connect rural New Mexico's patients and providers with telemedical services.
 - ❖ Streamline licensure process requirements for nurses relocating to New Mexico.

Workforce Initiatives Affecting APNs

STATE

- Minnesota Legislature created a Health Reform Task Force in 2011, which recommended, in part, :
 - ❖ Remove practice barriers for APNs.
 - ❖ Provide financial support to existing training sites and create new training sites.
 - ❖ Restore and increase Minnesota’s Health Professional Loan Forgiveness Program.
 - ❖ Provide financial support for health care profession diversity programs.
 - ❖ Study the impact of joining the Interstate Nurse Licensure Compact.

Workforce Initiatives Affecting APNs

INDUSTRY

- The Missouri Hospital Association (MHA) implemented a Grow Your Own Hospital Grant Program that offers funding to MHA-member hospitals and health systems to recruit, retain, and develop a health care workforce. In 2013, nearly \$2 million in grants were awarded by the MHA to 39 hospitals. Each grant awarded is \$50,000-\$100,000.
 - ❖ North Kansas City Hospital is using its \$50,000 grant for scholarships for RNs to achieve Bachelor of Science in Nursing (BSN) degrees.
 - ❖ Carroll County Memorial Hospital is using its \$50,000 grant to create a new program with a focus on staff recruitment, development and retention. The program will consist of annual succession planning, tuition assistance and implementation of a nursing clinical ladder for registered nurses.

Questions



Innovative Approaches to Health Workforce: Nurse Practitioners

Catherine Dower, JD

Tallahassee, FL January 10, 2014

Florida House Select Committee on Health Care
Workforce Innovation

<http://futurehealth.ucsf.edu>



CENTER
FOR THE HEALTH PROFESSIONS

Nurse Practitioners as Clinical Providers

- Are they safe?
- What's the quality of care compared to MDs?
- What are the economic impacts?
- What role do they play in access to care?

Safety and Quality

Safety and Quality

Newhouse et al. “Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review”. *Nursing Economics*, 2011.

- 69 RCT & observational studies with outcomes
- 37 NP studies
- Patient outcomes of care provided by NPs alone and in collaboration with MDs are similar to and in some ways better than care provided by MDs alone.

Safety and Quality

Institute of Medicine. *Future of Nursing: Leading Change, Advancing Health*, 2011.

- The contention that APRNs are less able than physicians to deliver care that is safe, effective, and efficient is not supported by the decades of research (citing references 1986-2010).
- No studies suggest that care is better in states that have more restrictive scope-of-practice regulations for APRNs than those that do not.

Safety and Quality

- Cochrane Database of Systematic Reviews.
(Laurant et al.) Substitution of Doctors by Nurses in Primary Care, 2004.
- Despite methodological flaws and limitations, “The findings suggest that nurses and doctors generate similar health outcomes for patients, at least in the short-term, over the range of care investigated.”

Safety and Quality

The Physicians Foundation. *Accept No Substitute: A Report on Scope of Practice*, 2012.

- A driving force behind scope of practice expansions has been “the lack of evidence that physicians provider higher quality care than non-physician providers.”
- Medical society executives have “very little hard data and few, if any, empirical studies with which to refute the growing body of research... that tends to show that [non-physician] clinical outcomes are at least as good as those of physicians.”

Access to Care

Access to Care Issues

- Demographic shifts
 - Aging, population growth, language diversity
- Disease burden shifts
 - Chronic conditions
- Growth and evolution of professions
- Provider practice patterns
- Affordable Care Act

Growth in US Primary Care Workforce

	Years	Average annual percent change per capita
Primary care physicians	1995-2005	1.1
Nurse practitioners	1999-2005	9.4
Physician assistants	1995-2007	3.9

- **Total increase in primary care physicians per 100,000 population 1995-2005 was 12%, compared with 5% for other physician specialties.**
- **Decreased interest in primary care by US medical graduates more than outweighed by DOs and foreign trained doctors choosing primary care.**

Is there an access problem?

- Yes: “Shortages!!”
- No: Kaiser ads
- No: MedPAC survey
- Yes: Doctor’s



“You’ve reached office of Dr. X. If this is an emergency, hang up and dial 911. Our normal hours are Monday, Wednesday and Thursday 9-5, Tuesdays 9-12:30, Fridays 10-2 by appointment only. We are closed for lunch 12-1:30...”

Legal Scopes of Practice Can Limit Access...

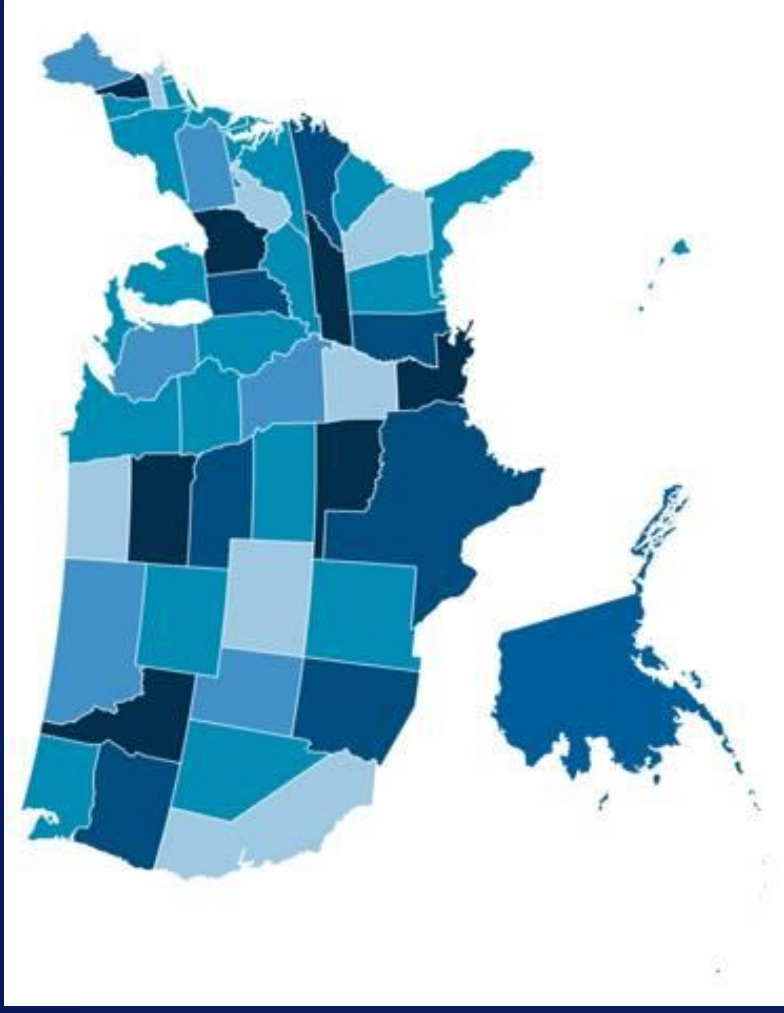
1. Reinforcing geographic mal-distribution
2. Underusing our workforce
3. Overlooking innovation opportunities
4. Exacerbating interprofessional tensions
5. Costing too much in oversight and supervision/administration costs

Geography

Scope of
practice laws
are state-
based and
politically
driven...



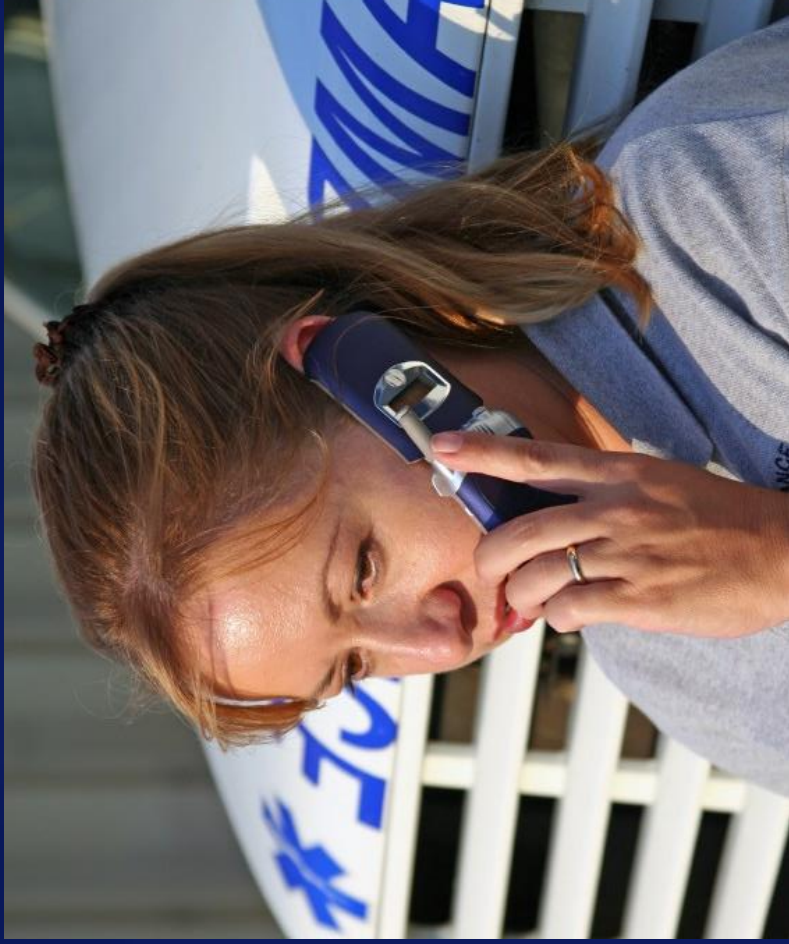
... resulting in
state variability
and some
disconnects
between
competence
and authority.



Competence

Practice laws prohibit many professions from practicing at competence

- Dental Hygienists
- Nurse Practitioners
- Medical Assistants
- EMTs
- Optometrists
- Pharmacists
- Complementary health



Innovation

Health Care Workforce Challenge

- Growing pressure on safety net providers
- Geographic maldistribution of workforce
- Diversity challenges

Promise

- Continued job growth despite the recession
- HIT leveraged to facilitate new models of care
- Alternative training programs can scale up fast
- New finance and delivery models may decrease costs --improve access and quality of care

Teamwork

**Exclusive
scopes of
practice
exacerbate
inter-
professional
tensions.**



Availability

Restrictive
regulations
limit
availability
and
productivity



Traczynski, Jeffrey and Victoria Udalova.
“Nurse Practitioner Independence, Health
Care Utilization, and Health Outcomes.”
Working Paper 2013

$$y_{ist} = \beta_0 + \sum_{k=-5}^{-1} \tau_k \cdot 1(t - T_s = k) + \sum_{k=1}^{11} \eta_k \cdot 1(t - T_s = k) + \gamma \cdot X_{it} + \alpha_t + \alpha_s + \epsilon_{ist}$$

Traczynski and Udalova 2013

- States that allow NPs to practice and prescribe without MD supervision see:
 - Increases in health care utilization 16-35%
 - Increases in care quality
 - Reductions in emergency room use.
- Primarily due to
 - Elimination of MD and NP supervision time 10%
 - Lower indirect costs (better appointment availability, lower patient travel costs).

Economic Impacts

Economic Impacts

RAND Corporation report for Massachusetts, 2009.

- Better use of NPs and PAs could save the commonwealth \$4.2 to \$8.4 billion over 10 years.

Economic Impacts

The Perryman Group (Texas), *The Economic Benefits of More Fully Utilizing Advanced Practice Registered Nurses in the Provision of Care in Texas: An Analysis of Local and Statewide Effects on Business Activity*, 2012.

- By 2020, more efficient APRN use would include:
 - \$24 billion in total expenditures
 - \$12 billion in output (real gross product)
 - 122,735 permanent jobs
 - State and local fiscal tax gains: \$722M and \$322M/year

Economic Impacts

Traczynski and Udalova.

- In states that allow NPs greater freedom from oversight by doctors:
 - Frequency of routine checkups increases
 - Emergency room use by patients with ambulatory care sensitive conditions decreases
 - Administrative burdens to MDs and NPs decrease
 - . . .

Economic Impacts

Traczynski and Udalova...

- *Allowing the current stock of primary care providers more time to focus on patient care by removing administrative burdens can be an effective and low cost way to increase the overall availability of primary care.*

Additional Resources

- National Council of State Boards of Nursing
 - Campaign for APRN Consensus
- National Conference of State Legislatures
- National Governors' Association
- Staterereforum.org
- AARP

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Tay Kopanos, DNP
American Association of Nurse Practitioners

Dr. Tay Kopanos serves as Vice President of State Government Affairs for the American Association of Nurse Practitioners (AANP). Tay oversees AANP's state programs on health policy advocacy, which includes working with multiple state legislatures and diverse stakeholders to address workforce trends and access to care. Prior to coming to AANP, Dr. Kopanos practiced for on over a decade as a family nurse practitioner and was faculty at the University Of Colorado College Of Nursing.

Robert Raspa MD, FAAFP
Florida Academy of Family Physicians

Mr. Robert Raspa was born in Fairmont, WV and attended West Virginia University School of Medicine. He completed Family Medicine residency at Naval Hospital Pensacola, FL and has been board certified in Family Medicine since 1985. He attained Certificate of Added Qualification in Geriatrics in 1992. He served as full time faculty at the Uniformed Services University F Edward Hebert School of Medicine in Bethesda, MD. From 1997-2003 he was program director of the US Navy's largest Family Medicine Residency at the Naval Hospital Jacksonville, FL. Upon completion of 21 years of active Naval service, he retired to begin active practice and continued Family Medicine teaching at the St. Vincent's Family Medicine Residency in Jacksonville, FL. He is currently Chairman of the Board of the Florida Academy of Family Physicians having served as its president. He is Chairmen of the Subcommittee for Graduate Curriculum of the American Academy of Family Physician's Commission on Education. He is married to Jennifer McGrady Raspa and has 2 sons, Connan and Logan who were born and continue to live in Florida.

Christie Alexander, M.D.

Dr. Alexander joined the FSU College of Medicine Department of Family Medicine and Rural Health in 2013. She was in the inaugural class of the FSU College of Medicine and is the first graduate to return as a full-time faculty member. Originally from Orlando, she moved to Tallahassee to finish her undergraduate and medical education at FSU and stayed to complete her residency at the Tallahassee Memorial Family Medicine Residency Program. After residency, she was in private practice and was the Medical Director at Patients First Raymond Diehl in Tallahassee for five years. She has been a part-time teacher in FSUCOM's Doctoring courses since graduating from residency and is currently an Assistant Course Director for the Year 2 Doctoring course. Dr. Alexander is a graduate of the Florida Medical Association's Leadership Academy, and currently serves on the FMA's Council on Legislation and is the Vice Chair of the Young Physicians Section of the FMA. She also serves on the Board of Directors of the Florida Academy of Family Physicians and is the Vice Chair of the Government Relations Committee for the FAFP. Locally, she serves as Co-Chair of the CME Committee for the Capital Medical Society.

Jorge A. Valdes, DNP, CRNA
Florida Association of Nurse Anesthetists

Jorge A. Valdes, DNP, CRNA is the current President of the Florida Association of Nurse Anesthetists. Dr. Valdes has been a CRNA for twelve years. He earned his Doctorate in Nursing Practice from the University of Miami. Dr. Valdes has been in academia for the last 3 years and currently holds an appointment as an Assistant Professor of Clinical Nursing, teaching for the Nurse Anesthesia Program at the University of Miami. Dr. Valdes practices at the University of Miami Hospital and Sylvester Cancer Center. He is a partner in a CRNA-only practice which staffs plastic surgery offices and a GI center in Miami-Dade County. He was born and raised in Florida, has two children and currently lives in Homestead.

Jay Epstein, MD
Florida Society of Anesthesiologists

Jay Epstein, MD grew up in St. Petersburg. Dr. Epstein attended Medical School at Case Western Reserve in Cleveland prior to doing his Anesthesiology Residency and Critical Care Medicine Fellowship at Johns Hopkins Hospital in Baltimore. He is a Board Certified Diplomat from the American Board of Anesthesiology and holds a Special Certificate in Critical Care Medicine. He was the Assistant Residency Director, Teacher of the Year, and an attending anesthesiologist at Johns Hopkins Hospital prior to returning to Florida in 1998 to work at the Lifelink Transplant Institute in Tampa. Dr. Epstein then joined the staff at Largo Medical Center in Pinellas County where he became the Chairman of Anesthesiology and the Vice-Chief of the Medical Staff. His present position is in private practice as a partner in Anesthesia Associates of Pinellas County, a division of Greater Florida Anesthesiologists, where he does cardiac, obstetric, general, and office based anesthesia.

Dr. Epstein is the current President of the Florida Society of Anesthesiologists and is active nationally on several committees within the American Society of Anesthesiologists. He is also a member of the Society of Critical Care Anesthesiologists, Florida Medical Association, and the Pinellas County Medical Association. He has been married for twenty-one years to Dr. Sandy Worman Epstein, a pediatric dentist. The couple have three daughters and lives in Pinellas Park.

Wayne Brackin, CEO
Baptist Health South Florida

Mr. Wayne Brackin has been Chief Executive Officer of Baptist Health South Florida system since April 2007. Mr. Brackin serves as Chief Operating Officer of Baptist Health South Florida, Inc. He served as Chief Executive Officer of South Miami Hospital, Inc. since 1995 and also served as its President. He served as Chief Operating Officer of South Miami Hospital and Homestead Hospital, as well as Administrator of Homestead Hospital. He began his career at South Miami Hospital in 1985, as an Administrative Resident at South Miami. He serves on the Board of Directors of the MoBay Hope Diagnostic Centre in Montego Bay, Jamaica. He serves as a Trustee of Florida Hospital Association Inc. He serves as Chairman of the Community Development Council of the City of South Miami and the Juvenile Diabetes Foundation Walk to Cure Diabetes.

Among the numerous honors, he has received is the Human Services award given by the Florida Chapter of the Society for Social Work Leaders in Health Care. He serves as a Member of the American College of Health Care Executives. Mr. Brackin received a Master's Degree in Health Service Administration from George Washington University and a Bachelor of Science from Southern Illinois University.

Jonathan M. Ellen, M.D.
President and Physician-in-Chief
All Children's Hospital Johns Hopkins Medicine

Dr. Ellen is a pediatrician and Professor of Pediatrics specializing in adolescent medicine and public health. When All Children's Hospital and Johns Hopkins Medicine announced their integration agreement in 2010, Dr. Ellen was named the Johns Hopkins School of Medicine Vice Dean for All Children's Hospital. In 2011 he became Physician-in-Chief, and in 2012 he was also appointed President of All Children's Hospital and Chairman of the All Children's Health System board of trustees.

After graduating from the University of Pennsylvania, he received his medical degree from Temple University and completed an internship and residency in pediatrics at Children's Hospital of Philadelphia. Dr. Ellen completed a fellowship in adolescent medicine at the University of California, San Francisco (UCSF), followed by fellowships in sexually transmitted diseases at UCSF, the San Francisco Department of Public Health, and the Centers for Disease Control and Prevention (CDC).

In 1999, Dr. Ellen joined the Johns Hopkins School of Medicine faculty. He served as Vice Chair, Department of Pediatrics (2004-2010) and led the Center for Child and Community Health. In 2006, he was named director of the Department of Pediatrics and Neonatology at Johns Hopkins Bayview Medical Center. Dr. Ellen is a Professor of Pediatrics in the Hopkins School of Medicine and also a Professor of Epidemiology and Population, Family and Reproductive Health in the Bloomberg School of Public Health.

Dr. Ellen's research focuses on prevention of sexually transmitted infections, including HIV, in adolescents and the structural and environmental factors associated with disease transmission. He has worked with communities and governments around the U.S. and the world on HIV prevention. As a leader of the Adolescent Medicine Trials Network for HIV/AIDS Intervention, Dr. Ellen was the principal investigator and protocol chair for Connect to Protect[®], a community coalition-based program focused on HIV prevention through structural change.

Dr. Ellen has authored more than 166 peer-reviewed scientific articles and 30 reviews, editorials and book chapters, and has trained more than 40 pre- and post-doctoral fellows in the fields of adolescent medicine and public health. He has received more than \$25 million in research awards from the CDC, the National Institutes of Health and other agencies.

At All Children's Hospital Johns Hopkins Medicine, Dr. Ellen is leading academic transformation through the development of new education and research programs, including an innovative ACH JHM pediatric residency training program that begins July 2014, new fellowship programs, and a Clinical and Translational Research Organization dedicated to new understanding, treatment and prevention of pediatric disease and pediatric-onset of chronic disease in adults.

Raised in Philadelphia, Dr. Ellen now resides in St. Petersburg. He and his wife, attorney Margaret de Lisser, have two teenage children.