Can Non-Physician Providers Give Quality Care, Increase Access and Lower the Cost of Primary Care?

Moses Mukai, D.O. FACOG
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Need to Increase Access to Primary Care

Patient Protection and Affordable Care Act of 2010

- 32 million new patients will have health insurance, resulting in new demands.
- Medicare will grow from 40 million to 70 million, resulting in increased demand.
- 10,000 baby boomers will become eligible for Medicare every day for the next 19 years.
Projected shortage of 44,000 to 46,000 primary care physicians by 2025.

Residents entering primary care 1995 to 2006 (97,416 to 104,526).

- MD. - down 1,655
- Int. MD. - up 2,540
- DO. - up 1,450

US. MD and DO schools have increased the number of graduates.
Shortage of Primary Care Physicians

- 1/3 of active physicians (250,000) are over age 55 and will most likely retire in the next 10 years.

- New generation of physicians will unlikely work 80+ hours a week as have previous generations.
Primary Care Health Professional Shortage Areas (HPSA)

- 65 million live in 6,024 HPSAs.
- 16,643 providers needed for this population.
- Next decade >20% of specialty fields will have shortages, exacerbating existing lack of access.
Many new graduates incur extremely high debt for their education.

Primary care fields pays less than specialty fields.

Fewer candidates for primary care.
Primary Care Professionals

- Physicians: MD or DO.
- Advanced Practice Registered Nurses (APRNs): Masters level RN or higher – seek independent practice rights.
- Physician Assistants (PAs): Masters level or higher – work under supervision of a physician.
- APRNs and PAs provide the first contact for people seeking health care and provide access and treat wide range of conditions.
# Cost of Tuition

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Resident</th>
<th>Non-resident/Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD/DO</td>
<td>$25,000/yr</td>
<td>$40,000/yr</td>
</tr>
<tr>
<td>APRN</td>
<td>$16,624/yr</td>
<td>$34,308/yr</td>
</tr>
<tr>
<td>PA</td>
<td>$2,300-$99K</td>
<td>$55K-$68K/yr*</td>
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Physicians: 4 yrs plus residency, APRN: 2 yrs plus prior RN training, PA: 27 months.

*PA programs vary greatly in cost.
Clinical Experience

- MD/DO: 12,000-16,000 hours clinical experience during residency
- APRN: 450-720 hours clinical experience for Masters
- PA: 1,000-3,000 hours clinical experience
**SALARIES**

FP w/s obstetrics  $208,000-$209,000
APRN         $86,000
PA           $90,000

- Non-Physician Providers charge 85% of Medicare Fees.
American Academy of Medical Colleges (AAMC)

- AAMC developed 2 scenarios.
- Both scenarios projected physician demand would grow by 843,800 providers by 2025.
- Both scenarios used 2 APRNs or 2 PAs to replace one MD or DO.
- Conclusion - at present the infrastructure is lacking to educate and train APRN/PA to replace the shortage of physicians.
CBO concluded NPs performed as well as physicians with respect to patient care outcomes, proper diagnosis, management of specific medical conditions, and frequency of patient satisfaction.

The results of AMA study *Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians, A Randomized Trial* support the hypothesis that the delivery of primary care by nurse practitioners and physicians do not differ.
Stakeholder: American Medical Association (AMA)

- AMA study *A Comparison of Resource Utilization in Nurse Practitioners and Physicians*, concluded Nurse Practitioners in a primary care setting may utilize more health care resources than physicians, showing they may not be so cost effective in the long term.

- AMA Scope of Practice Data Series suggest that the limited clinical training required for NPs does not prepare them for independent practice.

- AMA and American Osteopathic Association (AOA) welcome the assistance of APRNs and PAs, but want these individuals working for them and not as competitors to their own practices.
Recommendations

Physicians have more extensive requirements for education and training. The thousands of hours a physicians trains results in a higher level of competency than those who train fewer hours; therefore, physicians should have a broader scope of practice.

- Increase financial support for providers
- Restructure fee schedule
- Allow APRNs who want autonomy to practice in HPSAs where physicians are not practicing.
Thank You
References


- College of Health Science - Fay W. Whitney School of Nursing


- Mundinger MO, Kane R, et al. Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians, A Randomized Trial. *JAMA*, January 5, 2000-Vol 283, No.1. Available at [http://jama.ama-assn.org/content/283/1/59.full.pdf+html](http://jama.ama-assn.org/content/283/1/59.full.pdf+html)


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