

Advocating for Physician-Led Care

Oklahoma Osteopathic Association
May 7, 2023



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Alexus Ochoa, age 19



- Transported by ambulance to Mercy-El Reno Hospital on September 27, 2015
- Symptoms: shortness of breath, chest pain, syncope
- PMH: Healthy college athlete
- Meds: birth control pills
- Vital signs: HR 140, O2 sat 88%



Antoinette Thompson, FNP



- Previous experience as a firefighter paramedic and ER nurse
- Graduated from University of South Alabama nurse practitioner program online
- 500 clinical hours spent providing prenatal care to low-risk women at a county health department
- Certified as a NP on December 30, 2014 – her first job as an NP

Mercy Health Systems, Inc



\$6 billion company



Hired and credentialed an FNP to work in an acute care role



Allowed NPs to staff the ER without on-site physician supervision



Veterans Memorial Hospital

Quality, Personalized Healthcare
Right Here at Home

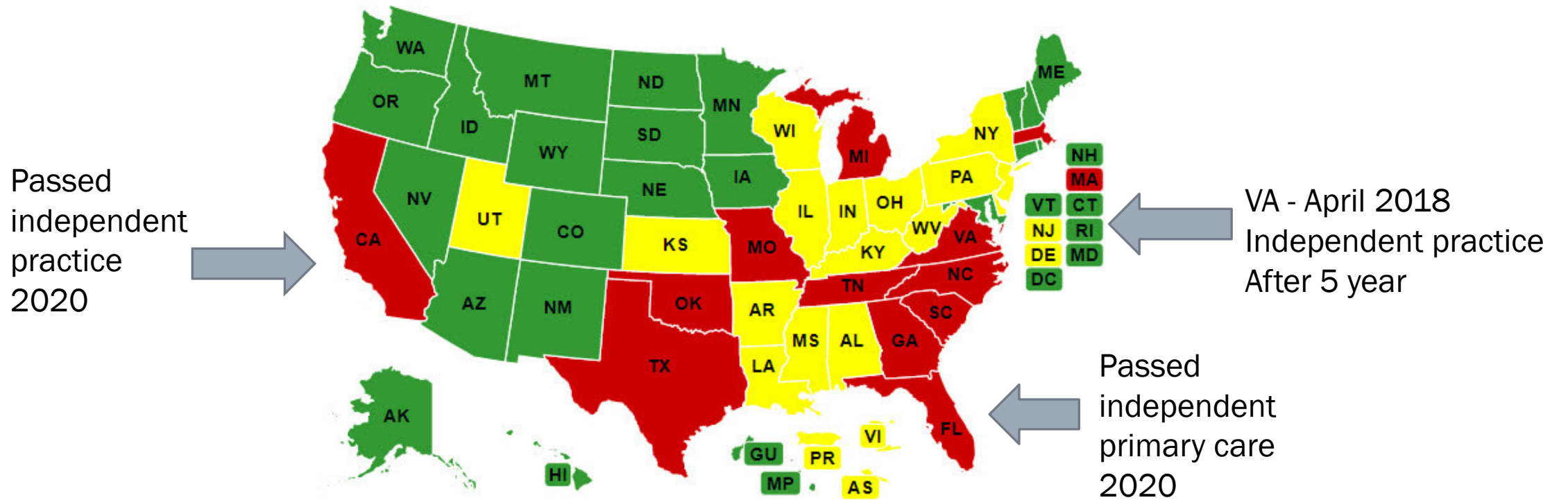


Antoinette (Toni) Thompson,
ARNP

Length of Education NP vs. PA vs. MD

	Undergraduate	Graduate	Residency	Total Time Training
Nurse Practitioner (MSN, DNP)	4-year BA or BS	1 to 4 year master's or doctorate program	None required	5 to 8 years
Physician Assistant (MPAS)	4-year BA or BS	2 to 2 1/2 year master's program	None required	6 to 6 1/2 years
Physician (DO, MD)	4-year BA or BS	4 year doctoral program	Minimum 3 year requirement	Minimum 11 years

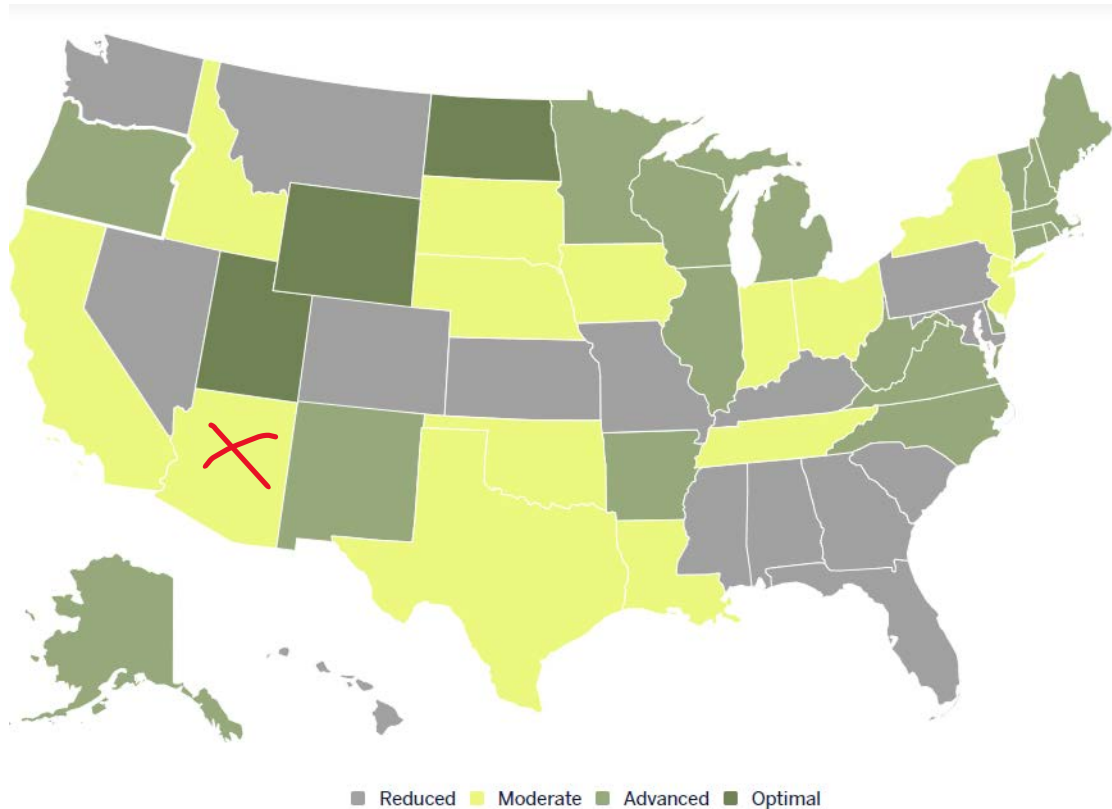
NP scope by state - 2019



Legend

Full Practice
Reduced Practice
Restricted Practice

PA independent practice (OTP)



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Arizona Becomes Fourth State to Remove the Legal Tether Between PA, Physicians

AAPA Joins ASAPA in Commending Bill Sponsors for Their Support

April 19, 2023

Congratulations to the Arizona State Association of Physician Assistants (ASAPA)! Arizona is officially the fourth state to remove the legal tether between a PA and another healthcare provider. With the signing of H.B. 2043, PAs in the Grand Canyon State are now empowered to expand patient care through more modernized, team-based healthcare.

On April 17, Arizona Governor Katie Hobbs signed the legislation into law. In addition to removing the tether for those PAs with 8,000 or more hours of practice, the legislation will also allow direct payment to PAs, update who is responsible for the care provided by the PA, and allow the Arizona Board of Physician Assistants to determine appropriate regulations for changes in specialty. As Arizona currently has a separate PA board, the enactment of this law on December 31, 2023, will establish an optimal practice environment for PAs in the state.

How did they do it?



Cooperation



Political advocacy
and funding



“Rebranding”



How to Advocate



Know the facts



Be prepared to clarify common misconceptions



Always redirect to patient care and safety

FACTS

1. There are NO
RANDOMIZED,
CONTROLLED STUDIES
evaluating care provided
by UNSUPERVISED NPs/
PAs/CRNAs

2. However, studies DO
SHOW that NPs/
PAs/CRNAs can provide
high-quality health care
when supervised by
physicians

“Five decades of research”

NPs focus on health promotion, disease prevention and health education and counseling, guiding patients to make smarter health and lifestyle choices. Since the NP role was created in 1965, more than 50 years of research has consistently demonstrated the excellent outcomes and high quality of care provided by NPs.

- AANP website, accessed June 25, 2020



Nurses as substitutes for doctors in primary care

Authors' conclusions

This review shows that for some ongoing and urgent physical complaints and for chronic conditions, trained nurses, such as nurse practitioners, practice nurses, and registered nurses, probably provide equal or possibly even better quality of care compared to primary care doctors, and probably achieve equal or better health outcomes for patients. Nurses probably achieve higher levels of patient satisfaction, compared to primary care doctors. Furthermore, consultation length is probably longer when nurses deliver care and the frequency of attended return visits is probably slightly higher for nurses, compared to doctors. Other utilisation outcomes are probably the same. The effects of nurse-led care on process of care and the costs of care are uncertain, and we also cannot ascertain what level of nursing education leads to the best outcomes when nurses are substituted for doctors.

LIMITATIONS

Out of 9,000 studies, only 18 met criteria for review

100% physician supervision or following physician-created protocols

High-risk or complex patients always excluded

Small sample size, short follow up (Average length of follow-up: 14 months)

Straightforward problems/ known diagnoses - NO evaluation of undifferentiated conditions or new diagnoses

VA Quality of Care by NPs (2014)

Table 1. Evidence Summary

Outcome (Setting)	Results	Strength of evidence
Health status (primary care)	No difference	Insufficient (1 study)
Health status (urgent care)	No difference	Low
Quality of life (primary care)	No difference	Insufficient (1 study)
Mortality (primary care)	No difference	Low to Medium
Mortality (CRNA)	No difference	Insufficient (high risk of bias)
Hospitalization (primary care)	No difference	Low
Hospitalization (urgent care)	No difference	Insufficient (1 study)

Research shows NPs/PAs...

- Order more labs
- Order more radiographic tests
- Prescribe more medications including opioids, antipsychotics, unnecessary antibiotics
- Lower quality referrals
- More unnecessary skin biopsies and miss more melanomas
- Are more expensive/ do not lower staffing costs

Citations at <https://www.patientsatrisk.com/scientific-research>

Hattiesburg Clinic (2022)

- Doctors performed better on 9 out of 10 quality measures, double-digit differences for vaccinations
- Non-physician practitioners had higher emergency room referrals (2%) and specialty referrals (8%)
- NPPs cost the clinic \$119 more per patient per month, translating into \$28.5 million annually

Targeting Value-based Care with Physician-led Care Teams

BRYAN N. BATSON, MD; SAMUEL N. CROSBY, MD; AND JOHN M. FITZPATRICK, MD
Hattiesburg Clinic, Hattiesburg, Mississippi

Independent NPs in VA ED (2022)

- Use more resources
- Have poorer patient outcomes
- Increase overall healthcare costs, even when lower wages are factored in

The screenshot shows the NBER website header with the logo 'NBER | NATIONAL BUREAU of ECONOMIC RESEARCH' and navigation links for 'Subscribe | Media | Open Calls' and 'Login'. Below the header is a navigation menu with links for 'Research', 'Programs & Projects', 'Conferences', 'Affiliated Scholars', 'NBER News', 'Career Resources', and 'About'. A search bar is located on the right side of the menu. The main content area displays the breadcrumb trail 'Home > Research > Working Papers > The Productivity of Professions:...' followed by the title 'The Productivity of Professions: Evidence from the Emergency Department' in a large, bold font. Below the title is the authors' names 'David C. Chan Jr & Yiqun Chen' in a smaller font. At the bottom of the page, there is a footer with the text 'WORKING PAPER 30608', 'DOI 10.3386/w30608', and 'ISSUE DATE October 2022'.

Nurse Researchers:

“We conclude that NPs should not perform independent, unsupervised care in the [emergency department] regardless of state law or hospital regulations to protect patient safety”

RESEARCH ARTICLE | [VOLUME 12, ISSUE 4, P50-62, JANUARY 2022](#)

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Analysis of Nurse Practitioners' Educational Preparation, Credentialing, and Scope of Practice in U.S. Emergency Departments

[Roberta Proffitt Lavin, PhD, FNP-BC, FAAN](#) • [Tener Goodwin Veenema, PhD, MS, MPH, RN, FAAN](#) • [Lesley Sasnett, MSN, MPH, RN](#) • ... [Muhammad Shahid, PhD](#) • [Michelle Peacock, MSN, FNP-BC](#) • [Mary Pat Couig, PhD, MPH, RN, FAAN](#) • [Show all authors](#)

DOI: [https://doi.org/10.1016/S2155-8256\(22\)00010-2](https://doi.org/10.1016/S2155-8256(22)00010-2)

Nurse Researchers:

“Many FNP students' clinical experiences did not reflect the tasks deemed essential... These gaps and inconsistencies in requisite learning experiences require a critical conversation among leaders in academia, regulation, and certification to examine competency expectations, clinical learning environment availability, and preparation for advanced practice....:

RESEARCH ARTICLE | [VOLUME 12, ISSUE 1, P19-27, APRIL 2021](#)

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Types, Frequency, and Depth of Direct Patient Care Experiences of Family Nurse Practitioner Students in the United States

[Angela M. McNelis, PhD, RN, CNE, ANEF, FAAN](#) • [Kristina Thomas Dreifuerst, PhD, RN, CNE, ANEF, FAAN](#) • [Sarah Beebe, MSN, CNM, WHNP-BC, CHSE](#) • [Darrell Spurlock Jr, PhD, RN, NEA-BC, ANEF](#)

DOI: [https://doi.org/10.1016/S2155-8256\(21\)00021-1](https://doi.org/10.1016/S2155-8256(21)00021-1)

Clarifying misconceptions

False
equivalency

Access

Cost

Myths about FPA

How Will It Impact My Patients and My Practice?

Adopting FPA for NPs provides patients with full and direct access to all the services that NPs are equipped to provide. FPA:



- Improves Access—FPA creates greater access to care, especially in underserved urban and rural areas. States with FPA are more likely to have NPs working in rural and underserved areas and NP practices than states with more restrictive licensure models.

- AANP website, accessed June 25, 2020

Access: Quality matters

Lancet: More people die due to poor-quality health care worldwide than die due to lack of access to health care (5 M vs 3.6 M)

ARTICLES | [VOLUME 392, ISSUE 10160, P2203-2212, NOVEMBER 17, 2018](#)

Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries

[Margaret E Kruk, MD](#)   • [Anna D Gage, MSc](#) • [Naima T Joseph, MD](#) • [Goodarz Danaei, SD](#) •

[Sebastián García-Saisó, MD](#) • [Prof Joshua A Salomon, PhD](#)

[Open Access](#) • Published: September 05, 2018 • DOI: [https://doi.org/10.1016/S0140-6736\(18\)31668-4](https://doi.org/10.1016/S0140-6736(18)31668-4) •

NPs in rural areas



Independent practice states have not seen increased NPs in rural areas



2012 pilot project: \$179M to train nurse practitioners in rural and underserved areas. After 5 years:

only 9% of nurse practitioner graduates went to rural areas

25% went to underserved areas

just 12% elected to work in primary care

[\(Center for Medicare and Medicaid Services. The Graduate Nurse Education Demonstration Project: Final Evaluation Report. August 2019\)](#)

Redirect to patient care

1. Safety/ quality/ cost

2. Transparency

3. Justice for malpractice

4. Inadequate oversight

Patients deserve truth and transparency

- There are 183 nursing certifications (alphabet soup)
- Doctorate degrees - DNP “Doctor Nurse” 85% nonclinical
- Appropriation of terminology “board certified,” “residency,” “fellowship,” “-ologist”



OCTOBER 7, 2019
Florida Board of Nursing Says Using The Title
'Nurse Anesthesiologist' Is Fine With Them
What's in a name?

Justice for malpractice: NPs not held to the same standard of care

Fein v. Permanente Medical Group (1985): “The jury should be instructed that the standard of care for a nurse practitioner must not be measured by the standard of care for a physician or surgeon when the nurse is examining the patient and making a diagnosis.”

Simonson v Keppard (2007): physician not permitted to testify regarding the standard of care for a nurse practitioner who failed to diagnose a cerebral hemorrhage

Lattimore v Dickey (2015): A “nurse’s conduct must not be measured by the standard of care required of a physician and surgeon, but by that of other nurses in the same or similar locality and under similar circumstances.

Appropriate oversight

- Boards of nursing not always capable of appropriate oversight – delays, backlogs

- Inadequate resources to evaluate ALL nurses (CNA, LPN, RN, ARNP)

- Board members who are RNs/ LPNs may not be capable of evaluating advanced practice nurses

Get involved



Join your state, county, specialty medical societies



Contribute to your PACs



Educate your colleagues



Educate your patients

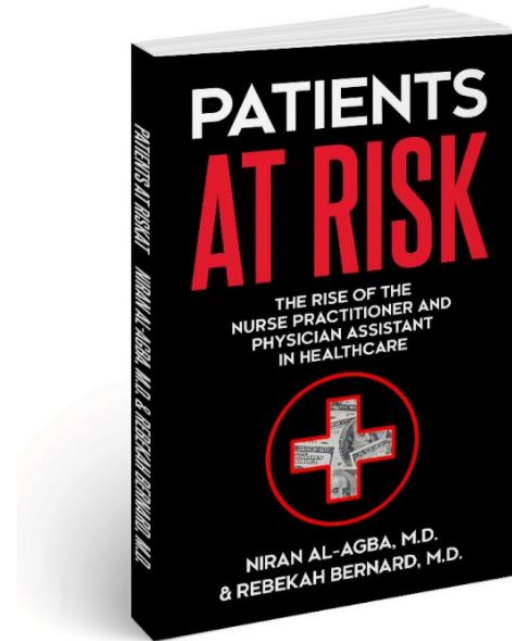
We are all patients – or one day, we will be!



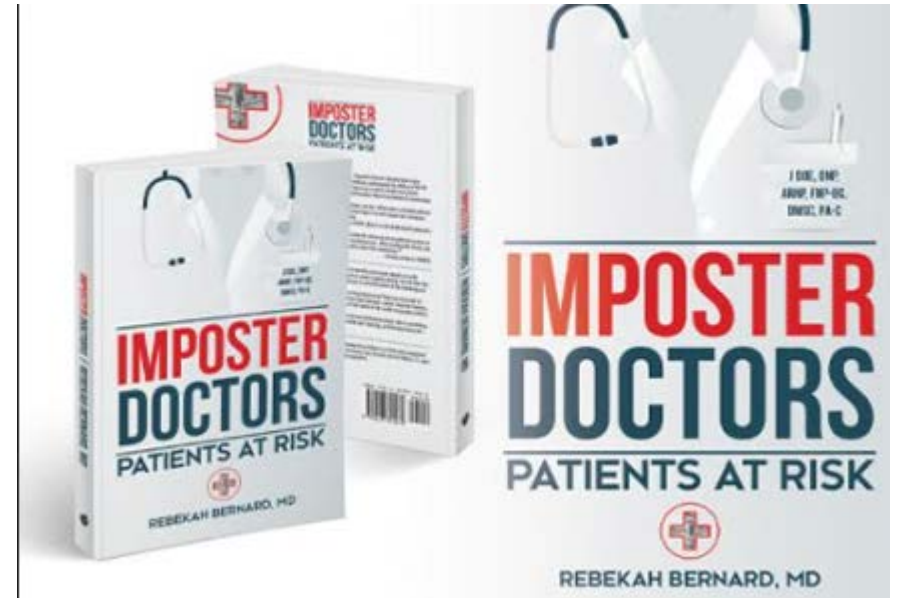
Learn more about advocating for physician-led care



PhysiciansforPatientProtection.org



Universal Publishers (2020)
PatientsAtRisk.com



Coming June 1, 2023