

# Studies Show Value of Physician-Led Care

**A**s scope-of-practice expansion for advanced practice registered nurses and others is debated in Missouri, data from various studies help to refute arguments advanced by APRN advocates. The studies are compiled on the scope of practice section of the American Medical Association website.

## Myth: APRN Care Reduces Costs

Starting in 2005, the Hattiesburg Clinic in Mississippi sought to address a severe shortage of primary care physicians by expanding its use of nurse practitioners and physician assistants. These advanced-practice providers (APPs) were given their own patient panels to treat independently, though a collaborating physician was designated as required by state law. Data from 2017-2019 covering 20,000 Medicare ACO patients found:<sup>1</sup>

- Costs were nearly \$43 higher per month per member for patients with an APP provider versus patients treated by a primary care physician. This translates to an additional \$10.3 million in spending in the system per year.
- Utilization of services was higher among APP-treated patients: 8% higher referral rate to specialists and 1.8% were more likely to visit the emergency department.

The study concluded, “The results are consistent and clear: By allowing APPs to function with independent panels under physician supervision, we failed to meet our goals in the primary care setting of providing patients with an equivalent value-based experience.” The authors recommend multi-level provider teams led by physicians as the best approach.

The full study, Targeting Value-based Care with Physician-led Care Teams, was published in the January 2022 issue of the *Journal of the Mississippi State Medical Association*.<sup>1</sup>

Two other studies report on higher costs and service utilization by APRNs.

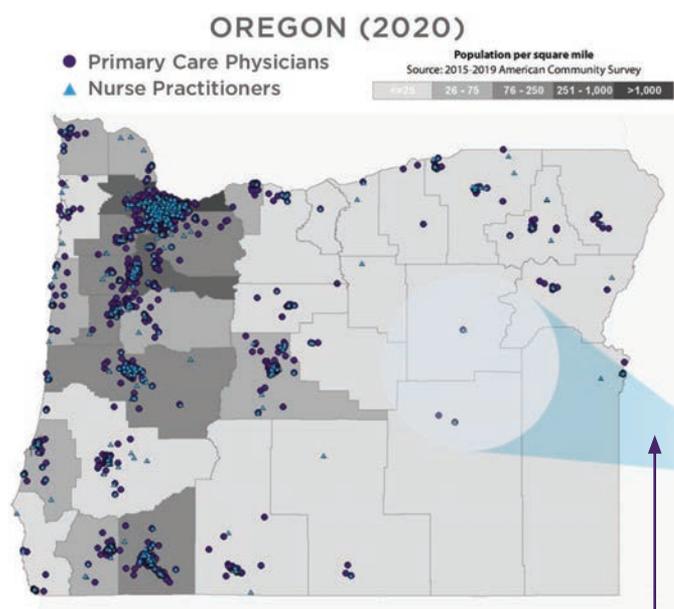
- Nurse practitioners delivering emergency care without physician supervision or collaboration in Veterans Health Administration Hospitals increased lengths of stay by 11% and raised 30-day preventable hospitalizations by 20% compared with emergency physicians over a three-year period.<sup>2</sup> Nurse practitioners gained independent practice authority within the VHA in 2017. Overall, the study shows that NPs increase the cost of ED care by 7%, or about \$66 per patient. Increasing the number of NPs on duty to decrease wait times raised total health care spending by 15%, or \$238 per case—not including the cost of additional NP salaries. In all, assigning 25% of emergency cases to NPs results in net costs of \$74 million annually for the VHA.<sup>2</sup>

- Adult patients seen by an advanced practice practitioner were 15% more likely to receive an antimicrobial than those seen by a physician provider, according to an analysis of data from 488,000 outpatient visits between 2014 and 2016.<sup>3</sup>

## Myth: APRNs Will Help Expand Care to Rural Areas

In the scope of practice section, the AMA website has a mapping tool that shows the locations of various types of providers including physicians and APPs. As an example, the map for Oregon—where APRNs are not required to have a collaborative agreement with a physician—shows that APRNs and physicians are almost universally located in the same areas. APRNs have not branched out into rural areas.

### Scope Expansion Does Not Increase Access to Care



**Despite promises, nurse practitioners have not moved to rural areas even after legislators removed physician supervision/collaboration.**

Source: American Medical Association

## Myth: APRNs Provide Care Equal to Physicians

According to a 2013 study by the Mayo Clinic, inappropriate referrals to tertiary referral centers by NPs and PAs could offset any potential savings from the increased use of NPs and PAs.<sup>4</sup> The study compared the quality of physician referrals for patients with complex medical problems against referrals from nurse practitioners and physician assistants for patients with the same problems. Blinded to the source of the referrals, a panel of five experienced physicians used a seven-instrument

assessment to determine the quality of each referral. Physician referrals received “significantly higher” scores in six of the seven assessment areas. Physician referrals were also more likely to be evaluated as necessary than NP or PA referrals, which were more likely to be evaluated as having little clinical value.

The study concluded that there is an opportunity to improve the quality of patient referrals from NPs and PAs in primary care practices by involving integrated health care teams that combine the skills of physicians, NPs and PAs. ➔

#### Studies Referenced

1. Batson B, Crosby S, Fitzpatrick J. Targeting Value-based Care with Physician-led Care Teams. *Journal of the Mississippi State Medical Association*. January 2022, Vol. LXIII, No. 1, pp. 19-21. <https://ejournal.msmaonline.com/publication/?m=63060&i=735364&p=21&ver=html5>
2. Chan D, Chen Y. The Productivity of Professions: Evidence from the Emergency Department. National Bureau of Economic Research. Working Paper 30608, October 2022. <https://www.nber.org/papers/w30608>
3. Schmidt ML, Spencer MD, Davidson LE. Patient, Provider, and Practice Characteristics Associated with Inappropriate Antimicrobial Prescribing in Ambulatory Practices. *Infection Control & Hospital Epidemiology*. 2018;1-9.
4. Lohr RH, West CP, Beliveau M, et al. Comparison of the Quality of Patient Referrals from Physicians, Physician Assistants and Nurse Practitioners. *Mayo Clinic Proceedings*. 2013;88:1266-1271.

#### AMA Articles & Fact Sheets

Scope of practice website section. See “Key Tools & Resources.” <https://www.ama-assn.org/practice-management/scope-practice>

Robeznieks A. Amid doctor shortage, NPs and PAs seemed like a fix. Data’s in: Nope. AMA website, Mar. 17, 2022. <https://www.ama-assn.org/practice-management/scope-practice/amid-doctor-shortage-nps-and-pas-seemed-fix-data-s-nope>

O’Reilly K. 3-year study of NPs in the ED: Worse outcomes, higher costs. AMA website. Dec. 7, 2022. <https://www.ama-assn.org/practice-management/scope-practice/3-year-study-nps-ed-worse-outcomes-higher-costs>

Fact Sheet on Access to Care. AMA website. <https://www.ama-assn.org/system/files/scope-of-practice-access-to-care-for-patients.pdf>

Issue Brief on Nurse Practitioner Utilization of Health Care Resources. <https://www.ama-assn.org/system/files/2021-02/issue-brief-np-increased-utilization-health-care-resources.pdf>

## Organization Advocates for Physician-Led Care

Physicians for Patient Protection (PPP) is a national organization dedicated to ensuring physician-led care for all patients and advocating for truth and transparency regarding health care practitioners. PPP represents some 12,000 physicians, medical students and physicians in training in all 50 states, according to PPP board member Purvi Parikh, MD, an allergy-immunologist in New York, N.Y.

She told *St. Louis Metropolitan Medicine*, “While nurse practitioners and physician assistants are a vital part of the health care team, they are not a replacement for physicians and it is unsafe to assume so. NPs have 3-5% of the training of a brand-new physician, and physician assistants have 10-15% of that. These professions were created to enhance the health care team, not be a substitute for medical school, residency and fellowship. ... Team-based approaches have better outcomes for everybody.”

Visit [physiciansforpatientprotection.org](https://www.physiciansforpatientprotection.org) to learn more. ➔

## Named BJC HealthCare Chief Clinical Officer



Dr. Christopher N. Miller

BJC HealthCare has named Christopher N. Miller, MD, MS, senior vice president and chief clinical officer, effective April 10, 2023. Dr. Miller will replace Clay Dunagan, MD, MS, who announced in 2022 plans to step down from the chief clinical officer role.

As the senior clinical leader of BJC HealthCare, Dr. Miller will partner with Washington University School of Medicine to oversee clinical care.

He currently serves as both the president of University Hospitals Clinical Network and chief clinical officer of University Hospitals, based in Cleveland, Ohio.

Dr. Miller earned both his MD and MS from the University of Kentucky College of Medicine. He completed his residency training in emergency medicine at the University of Cincinnati College of Medicine, where he also served as chief resident. Dr. Miller also served as an active duty U.S. Navy officer including two deployments to Iraq. ➔