


2016 OPAM Mid-Year Educational Conference, sponsored by AOCOPM  
 Sunday, March 13, 2016



**Non-physician Workforce Considerations :**  
*The Role of the Advanced Practice Nurse and the Physician Assistant*

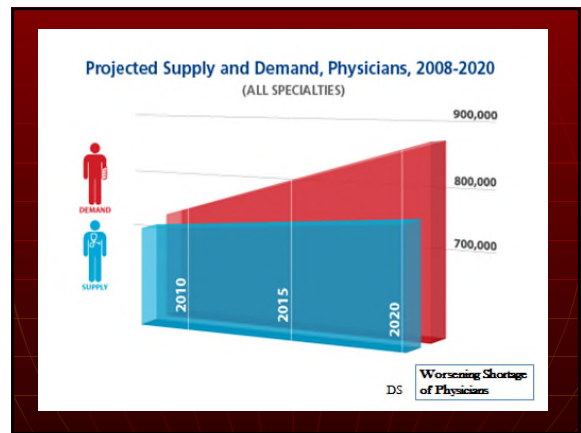
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 March 13, 2016

### Who delivers health care?

- Single physician/group of physicians was the model for most of the 20th century "Dr. Marcus Welby"
  - state licensing and regulation
  - third-party reimbursement
  - numbers of physicians trained
- Health care is now more complicated since many non-physician clinicians provide services
- Differing expectations of patient


### Major Problem

- Demand for medical care is exceeding the supply of physicians
- Multiple reasons for this imbalance

### What is the cause of the increased demand?

- Ageing General Population
- Ageing Physician Population
- Affordable Care Act
- Technology
- Social changes



### Overall Physician Workforce

- Demand for physicians continues to grow faster than supply, leading to a projected shortfall of between 46,100 and 90,400 physicians by 2025.

## Primary Care Workforce

- Projected shortfalls in primary care will range between 12,500 and 31,100 physicians by 2025, while demand for non-primary care physicians will exceed supply by 28,200 to 63,700 physicians.

## Why is there a range?

- The lower ranges of the projected shortfalls reflect the rapid growth in supply of advanced practice clinicians and the increased role these clinicians are playing in patient care delivery; even in these scenarios, physician shortages are projected to persist

## Effect of ACA on Workforce

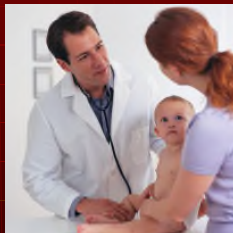
- Expanded medical coverage achieved under ACA once fully implemented will likely cause a modest increase in demand by about 8,000 physicians (~1.0%) resulting from changing demographics as well as absolute numbers.

## *Are non-physician clinicians the answer to the problem?*

Advanced Practice Nurses  
Physician Assistants

## Defining Non-Physician Clinicians (NPCs)

- Health practitioners in disciplines that are authorized to assume the principal responsibility for patient care, at least under some circumstances



## Dynamics Affecting NPCs

- State laws are enhancing practice prerogatives of NPCs
- Reimbursement
- Market is creating new opportunities
- Number of NPCs is growing
- Patient demand
- Emphasis on cost-effective and quality care

### What is an Advanced Practice Nurse?

- A nurse with a master's or doctorate degree is called an Advanced Practice Nurse (APN)

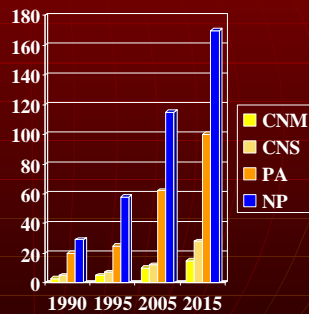


### Types of Advanced Practice Nurses

- **Nurse Practitioner (NP)** – provide basic care focused on a specific population or health need, with the ability to write prescriptions, i.e. Family NPs, Pediatric NPs, etc.
- **Clinical Nurse Specialist (CNS)** – provide specialist care in a number of areas: cardiology, oncology, neonatology, Ob/Gyn, pediatrics and mental health.
- **Certified Nurse Anesthetist (CRNA)** – administer anesthesia for all types of surgery.
- **Certified Nurse Midwife (CNM)** – provide prenatal care, deliver babies, and provide postpartum care to normal healthy women.

### Advanced Practice Nurses and Physician Assistants

- Nurse Practitioners
- Physician Assistants
- Clinical Nurse Specialists
- Certified Nurse Midwives



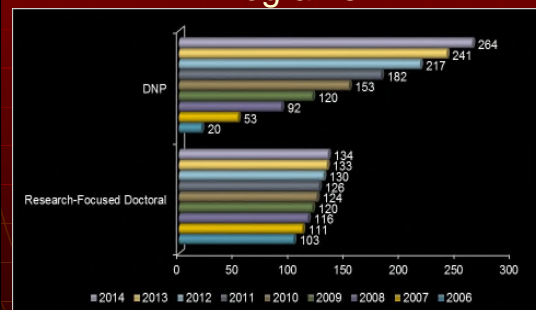
### Doctor of Nursing Practice

- DNP programs incorporate the APRN content currently included in master's programs.
- The DNP focuses on providing leadership for evidence-based practice.
- The purpose of the DNP is to " ... prepare nurses for the highest level of nursing practice", not to be physicians.
- Same level of clinical practice as master's level Advanced Practice Nurse.
- Nursing is moving in the direction of other health professions in the transition to the DNP.

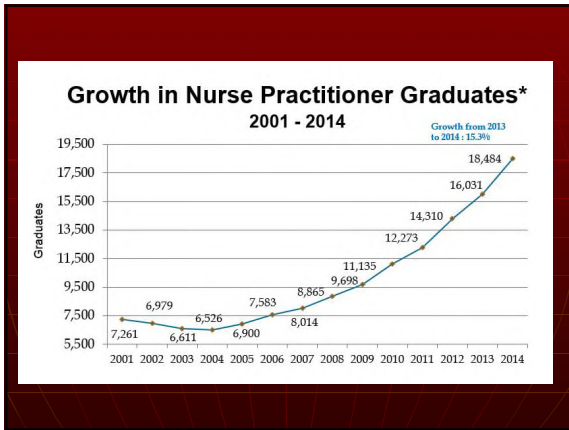
### Doctor of Nursing Practice

- 246 DNP programs are currently enrolling students
- An additional 60 DNP programs are in the planning stages
- DNP programs are now available in 48 states plus the District of Columbia
- From 2013 to 2014, the number of students enrolled in DNP programs increased from 14,688 to 18,352
- DNP graduates increased from 2,443 to 3,065

### DNP and PhD Nursing Programs



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### APN Median Annual Salaries

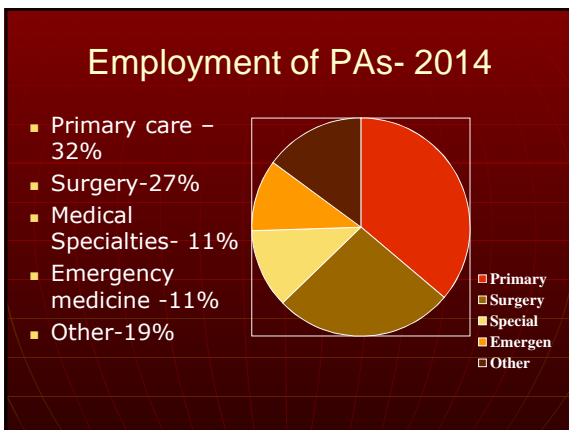
| Advanced Practice Nursing Category | Median Annual Salary* |
|------------------------------------|-----------------------|
| Certified Nurse Anesthetist (CAN)  | \$153,780             |
| Certified Nurse Midwife            | \$102,670             |
| Clinical Nurse Specialist (CNS)    | \$102,670             |
| Nurse Practitioner (NP)            | \$102,670             |

\* Source: US Bureau of Labor Statistics 2016-17 Occupational Outlook Handbook

### What is a Physician Assistant?

A person qualified by education and training to provide medical services under the direction and supervision of a physician.

- ### PA Facts - 2014
- Approximately 120,000 individuals eligible to practice as PAs (~half number of NPs)
  - 92% in clinical practice
  - Females account for 67% of the profession
  - 88% of PAs list race as white
  - Mean age is 37 years
  - Annual income:
    - ~\$110,000 (PAs in practice an average of 10 years in 2013); \$95,000- \$123,000 dependent upon specialty of practice



- ### How do PAs work?
- Work in Physician/PA Team
  - PA always have a supervising physician
  - As compared to physicians, PA practice is more focused on wellness, prevention, care and treatment of uncomplicated acute and chronic conditions

## Do Advanced Practice Nurses and PAs provide Quality Care?

- Studies demonstrate that care by APNs and PAs provides a high degree of patient satisfaction
- When working in appropriate areas with physician supervision, care is of same quality as that of physicians.
- Skill and compensation levels of APNs and PAs must be matched to services provided, both for specialty and primary care.

## How do we decide the best mix of health care providers?

- Standard of judgment:
  - Quality of care
  - Patient acceptance
  - Availability of resources
  - Cost effectiveness



## Health Professions Other than Physicians: Issues

- What is the appropriate scope of practice for each profession?
- How much substitution between professions should be permitted?
- What are the implications for one profession of growth in another profession?

## Relationship to Care

- Practice of NPCs are limited largely to wellness care and treatment of uncomplicated acute and chronic conditions
- This encompasses ~ 50 to 80% of all office visits to primary care physicians

## Relationship to Care

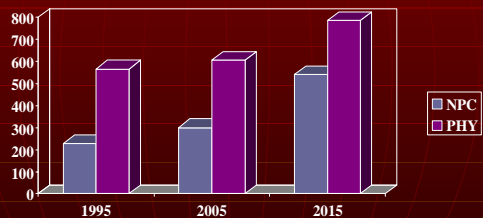
- No simple way to predict magnitude to impact, but
  - NPCs' care is generally cost effective and met with a high degree of patient satisfaction;
  - Skill and compensation levels of providers will be matched to services provided, both for specialty and primary care;

## Patient Satisfaction with APNs and PAs

- In general, patient satisfaction on visits attended by PAs or NPs was equal to, or more favorable than, visits attended by physicians in a variety of clinical settings.
- The use of PAs/NPs is a cost-savings to large medical organizations

## Balancing NPC and Physicians

Practicing Clinicians



## What is in the future?



*What will be the impact of APNs and PAs on the demand for physicians?*

*It will probably alleviate some, but not all of the shortages of physicians.*

*Will physicians rely on others to dispense time, sympathy, and understanding to patients?*

*Pressure will be on physicians to use APNs and PAs to be cost effective, thus forcing the physician to concentrate on "operating at the top of their license".*



***Will the new mix of providers offer more health care services for the public?***

*Yes. Increasing the number of Advance Practice Nurses and Physician Assistants is a key component of current health care reform legislation.*

***Will the nation's health care needs be better met, particularly for the underserved?***

*Probably. However, it is necessary for more physicians to provide care to underserved communities for APNs and PAs to provide quality care.*