North Coast Physician

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Cover Photo
"EGRET FISH"
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The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication. hdncms@sbcglobal.net

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Do Nurse Practitioners Reduce Medical Costs?

Stephen Kamelgarn, M.D.

In October 2020, Governor Gavin Newsom signed AB 890, "Nurse practitioners: scope of practice:," into law. This act grants full autonomy (Full Practice Authority, FPA) to Nurse Practitioners (NP's) by January 2023. In simple terms, this means that NP's will no longer need to be affiliated with physicians providing clinical oversight to their scope of practice after January of next year.

Governor Newsom signed the bill for several reasons, citing the most important as being NPs are more likely to practice in rural and underserved areas and offer quality care with high safety standards. Three other reasons have also been advanced as reasons for enacting AB 890:

• Streamlined care. Allowing FPA removes the delay in care that can occur when an NP must consult or work with a physician to deliver necessary care.

• Cost savings. NPs are more cost-effective in general, but FPA also avoids unnecessary service duplication.

• Upholds patient autonomy. Some patients prefer to work directly with NPs, and may even feel more comfortable sharing health care concerns with primary care NP's.

Recently, the AMA published some data that contradict some of these assumptions – especially the supposed "Cost Savings" provided by NP's. In March 2022, the AMA released a report by the South Mississippi ACO (Accountable Care Organization), published in the Journal of the Mississippi State Medical Association titled "Targeting Value-based Care with Physician-led Care Teams.", The authors, by studying cost data for the South Mississippi ACO, found that care provided by nonphysician practitioners working on their own patient panels was actually more expensive than care delivered by doctors.

The 2017–2019 CMS cost data on Medicare patients without end-stage renal disease and who were not in a nursing home showed that per-member, per-month spending was $43 higher for patients whose primary health professional was a nonphysician instead of a doctor. This could translate to $10.3 million more in spending annually if all patients were followed by Advanced Practice Practitioners (APPs, both NP's and PA's), says the analysis. When risk-adjusted for patient complexity, the difference was $119 per member, per month, or $28.5 million annually.

The South Mississippi ACO was ranked first in quality in its cohort in 2016 and 2017, amongst a total of 471 other participants, and has been recognized by the Centers for Medicare & Medicaid Services (CMS) for delivering high-quality care at a low cost. Therefore, we can assume that the reported data are valid, and probably applicable to most other clinical settings.

Ancillary to their findings on costs the study also revealed:

1. Four of the five top highest-cost providers were nurse practitioners.

2. The additional costs had to do with a combination of several factors that included more ordering of tests, more referrals to specialists, and more emergency department utilization

3. Patients who saw a nondoctor as their primary care practitioner (PCP) had higher rates of Emergency Department use than patients without a PCP.

4. Physicians performed better on nine of 10 quality measures, with double-digit differences in flu and pneumococcal vaccination rates, as well as Diabetic eye exams. Otherwise, care of Type 2 diabetics was slightly better for physicians, but not significantly so. Physicians also performed better for Breast Cancer screening and blood Lipid control, again, not a significant difference. APP's performed slightly better on Blood Pressure control, but not significantly so. Cervical Cancer screening rates were identical for both physicians and APP's.

5. Physicians also had higher average patient-satisfaction scores across six domains measured by Press Ganey – (don't get me started on the insanity of Press Ganey. I hate the whole concept of "popularity polls," but again, these data are probably accurate.)

The South Mississippi ACO has recognized the reality of their findings, and are now in the process of redesigning its care model so that a doctor is the PCP all patients see, and that no one sees a nonphysician exclusively.

Dr. Batson, one of the study's authors, said: "I give great credit to the nurse practitioners and PAs who work in our organization – almost all of them were very much supportive of this change in the model and have adapted and helped educate the patients on why we were making these changes. They continue to be great team players, and we are very thankful to them."

He added, "It really changes the way that we're able to deliver health care in a rural setting – in a positive way – such that a clinic may be able to be staffed some days with an APP, some days with a physician, but in those days that the APP is the lead there, there's the availability of telemedicine to support more advanced health care delivery."

APP's have an extremely important role to play in our healthcare structure, but they're not doctors. They don't have the same intensity of training that doctors have. For me to become a Family Medicine Physician, I was required to have, at minimum, a four-year Bachelor's Degree,

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"Costs", Continued From Pg. 6

a four-year Medical School degree and three-years of advanced residency training – eleven years total. To become a Physician's Assistant one only needs a four-year Bachelor's degree, followed by two-years in an accredited PA program, including 1,000 hours of supervised clinical work – seven years total. That extra four years makes a tremendous difference in one's knowledge base.

When I was in practice, one or another of the APP's with whom I worked, came to me asking that I help troubleshoot one of their problems at least four-to-five times a day. Many situations that I was exposed to, and learned about, in my training are foreign to APP's, so they do need some help in navigating through an unfamiliar diagnostic work up or treatment regimen.

There's nothing wrong with that. We all require help from time to time, and it's extremely important that we recognize our own shortcomings. As good as APP's are, they need to be around more highly trained physicians in order to truly fulfill their mission of extending the reach of the healthcare system to provide care to more people who would not otherwise receive any healthcare.

I spent my entire career working with, supervising, training and mentoring NP's and PA's. They were a joy to work with, and I couldn't have survived without them. They've expanded our geographical horizons. There have been hundreds of studies documenting how valuable mid-levels have become in extending "physician reach"; whole swathes of rural America would have no medical care at all if it weren't for mid-levels practicing out in "the boonies."

The one truism in Governor Newsom's reasoning is that APP's are far more likely to go to rural areas to practice. While there are physician shortages all over the country, those shortages are most acute in rural areas. In 2010, while Congress was debating one of the iterations of the Affordable Care Act, the Association of American Medical Colleges (AAMC) released a study that showed that by the year 2025, the United States would be short 70,000 primary care physicians: family physicians, general internists and pediatricians, with rural areas being the most affected. So yes, we do need more APP's, especially those people who are willing to move to rural areas to practice to help relieve the health practitioner shortage that affects us all.

APP's are an integral part of the healthcare "team," and, as such, need to fit into a team structure. And that team structure is collaborative with information flow in two directions. But all teams also require a team captain, someone who has more training and insight, as well as assuming legal responsibility for the patient.

If we wish to provide the best care to our patients, then we must recognize that there will always be occasions when the skills of a physician are more appropriate than those of an APP. That's what "clinical oversight" is all about and what AB 890 removes. We must always put the patient first, and we cannot be blinded by ego or hubris.

Whether we like it or not, patients deserve care led by physicians – the most highly educated, trained and skilled health care professionals. §

Notes:

1. Andis Robeznieks "Amid doctor shortage, NPs and PAs seemed like a fix. Data's in: Nope." AMA News MAR 17, 2022.

2. Bryan Bateson, Samuel Crosby and John Fitzpatrick "Targeting Value-based Care with Physician-led Care Team" Journal of the Mississippi State Medical Association 63:1 pp 19-32 Jan 2022.

3. The Impact of Health Care Reform on the Future Supply and Demand for Physicians Updated
Projections Through 2025 June 2010
www.aamc.org

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