

**Moving Upstream:**  
How to Manage Scope of Practice Laws  
and Position Family Medicine at the Center  
of the Health Care Delivery System

R. Shawn Martin & Michelle Greenhalgh  
*American Academy of Family Physicians*

AAFP Annual Leadership Forum  
May 2, 2014



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

---

---

---

---

---

---

---

---



**WORKFORCE CHALLENGES**

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

**Need v Demand**

- These are two distinct drivers of health care workforce predictions.

Traditional demand formula model:  
*X physicians needed for X patients*

New Need-Based Models:  
*More consistent with modern advanced delivery models*

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Health Care Workforce

- Physician Workforce Shortage Exists
- Specialties With Greatest Shortages Based Upon Likely Need –
  - Family Medicine
  - General Internal Medicine
  - Geriatrics
  - General Surgery
  - Psychiatry
  - Dentistry\*

Do not pretend or suggest that physician shortages only exist in primary care – it is much more complex.

4

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

## Primary Care Workforce

- The anticipated need for additional primary care physicians by 2025 is:
  - 34,000 due to population growth
  - 10,000 due to aging population
  - 8,000 due to insurance expansion from the Affordable Care Act

**52,000 total by 2025!**

Source: Annals of Family Medicine, November 2012 AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

## Impact on Primary Care Workforce

Provider Type	Total Number	Primary Care
Nurse Practitioners	106,073	55,625 (52.4%)
Physician Assistants	70,383	30,402 (43.2%)

NOTE: Data from the 2010 National Provider Identifier file. Adapted from Agency for Healthcare Research and Quality. The number of nurse practitioners and physician assistants practicing primary care in the United States. Primary care workforce facts and stats No. 2, October 2011. <http://www.ahrq.gov/research/findings/factsheets/primary/pcwork2/index.html>. Accessed June 20, 2013.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

## Capacity Exists & Can Be Scaled

- We have to admit that legacy physician practice models contribute to decreased capacity in the health care system.
- We also must admit that fee-for-service is non-congruent to expanding capacity.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Geographical Distribution of Health Care Professionals

Geography	All (%)			Primary care (%)					U.S. population (%)
	NP	PA	Physicians	NP	PA	Family medicine	General internal medicine	General pediatrics	
Urban	84.3	84.4	91.0	72.1	75.1	77.5	89.8	77.6	80
Large rural	8.9	8.8	6.5	11.0	11.6	11.1	6.7	9.6	10
Small rural	3.9	3.7	1.7	7.7	6.9	7.2	2.4	7.3	5
Isolated rural, frontier	2.8	3.0	0.7	9.1	6.3	4.2	1.1	5.5	5

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Is This An Acceptable Policy Solution?



AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---



## Key Recommendations

- **Full Extent** - Nurses should practice to the full extent of their education and training.
- **Improved Higher Education** - Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- **“Partners” in Redesign** - Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- **Better Data Collection** - Effective workforce planning and policy making require better data collection and an improved information infrastructure.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Recommendations for Congress

- **Expand Medicare** - Expand the Medicare program to include coverage of advanced practice registered nurse services that are within the scope of practice under applicable state law, just as physician services are now covered.
- **Amend Medicare to include NP Administered Services** - Amend the Medicare program to authorize advanced practice registered nurses to perform admission assessments, as well as certification of patients for home health care services and for admission to hospice and skilled nursing facilities.
- **Extend Parity** - Extend the increase in Medicaid reimbursement rates for primary care physicians included in the ACA to advanced practice registered nurses providing similar primary care services.
- **Require Standardized Education for Federal Funding** - Limit federal funding for nursing education programs to only those programs in states that have adopted the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules (Article XVIII, Chapter 18).

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Recommendations for State Legislatures

- **Reform Scope** - Reform scope-of-practice regulations to conform to the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules (Article XVIII, Chapter 18).
- **Direct Reimbursement** - Require third-party payers that participate in fee-for-service payment arrangements to provide direct reimbursement to advanced practice registered nurses who are practicing within their scope of practice under state law.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Other Recommendations

- **For CMS:**
  - Amend or clarify the requirements for hospital participation in the Medicare program to ensure that advanced practice registered nurses are eligible for clinical privileges, admitting privileges, and membership on medical staff.
- **For OPM:**
  - Require insurers participating in the Federal Employees Health Benefits Program to include coverage of those services of advanced practice registered nurses that are within their scope of practice under applicable state law.
- **For FTC & DOJ:**
  - Review existing and proposed state regulations concerning advanced practice registered nurses to identify those that have anticompetitive effects without contributing to the health and safety of the public. States with unduly restrictive regulations should be urged to amend them to allow advanced practice registered nurses to provide care to patients in all circumstances in which they are qualified to do so.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Robert Wood Johnson Foundation Campaign



- \$50 million effort to advance legislation that removes any and all collaborative relationships between physicians and nurse practitioners.
- Organized, focused, and committed

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

*“it’s the eye of the tiger,  
it’s the thrill of the fight,  
rising up to the challenge of our  
rival”*

## STATE SCOPE OF PRACTICE CHALLENGES

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Daily Headlines – May 1, 2014

- *“Chiropractors as family doctors: Once denounced by the mainstream, the profession gains ground”*  
– Bangor Daily News
- *“The Basics: How the nurse practitioner bill could change health care”*  
– Connecticut Mirror

*“South behind other regions in health, report says”*  
– Northwest Georgia News

*“Growth expected in graduate level nurses”*  
– Scranton Times Tribune

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Scope of Scope



- Scope of practice is not limited to NPs & PAs
  - Pharmacists
  - Naturopaths
  - Chiropractors
  - Physical therapists
  - Massage Therapists
  - Mental Health “Providers”

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Other Scope of Practice Efforts

- Physician Gag Laws
- ACA
  - Any Willing Provider Provision
  - Anti-Discrimination Provision
- Truth in Advertising
- Legislating in the Exam Room

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Perspective

- Policymakers are struggling to identify how to expand access to health care services, while being cognizant of costs
- One demonstration is not a national trend
- We have to balance what is annoying versus what is truly harmful to patients

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## To Be Or Not To Be..... Independent

- Free from control in action, judgment; autonomous
- Not dependent on anything else for function, validity; separate

Source: World English Dictionary

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Current NP Scope of Practice Laws



Source: AANP

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

**NEW PLAYERS IN THE HEALTH MARKETPLACE**

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

**Retail & Convenient Care Clinics**

- Markets respond to demand
- Markets create demand

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

**I'm Friends With the Monster Under My Bed**

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---



## KEY MESSAGES

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---



## Key Messages

- Safety
- Fragmentation is bad for patients and bad for the health care system
- Primary care is complex and growing more complex
- Stark differences in education & training – this is not debatable
- Team-based care works
- Regulatory balance

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

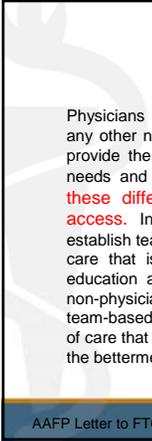
---

---

---

---

---



## Safety First

Physicians have a broader experience of patient care than does any other non-physician provider. Therefore, only physicians can provide the highest level of medical expertise that every patient needs and deserves. **We should not disguise or diminish these differences in the name of competition, or patient access.** Instead, we should acknowledge them and work to establish team-based models that allow each practitioner to provide care that is safe and appropriate based on the professional's education and training. All health professionals, physicians and non-physicians alike, must work to improve the effectiveness of team-based care models, while leaving behind fragmented models of care that impede medical professionals from working together for the betterment of the patient.

AAFP Letter to FTC – April 2014 AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

### Primary Care v Primary Care Services

- Primary care is first contact, continuous, and comprehensive care of the whole patient.
- Primary care services are not the same as primary care.
  - The Retail Clinic model is not primary care
  - Chronic disease management is not primary care

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

### Complexity of Primary Care

- “nothing in health care is getting less complex.”
  - Dorrie Fontaine, Dean, University of Virginia’s School of Nursing
- “with four years of medical school and three years of residency training, the physician’s depth of understanding of complex medical problems cannot be equaled by lesser-trained professionals. It’s in the patient’s best interest for family physicians and nurse practitioners to work together.”
  - Bruce Bagley, MD, CEO, TransforMed

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

### Primary Care is Complex

Chronic Condition	Specialty (%)	Primary Care (%)
Alzheimer's Disease	57.1%	36.1%*
Arthritis	51.6%	58.1%
Stroke	36.7%	33.8%*
Heart Failure	44.8%*	46.1%
Atrial Fibrillation	33.8%*	33.8%*
Ischemic Heart Disease	33.8%*	33.8%*
Osteoporosis	33.8%*	33.8%*
Asthma	33.8%*	33.8%*
Depression	33.8%*	33.8%*
COPD	33.8%*	33.8%*
Diabetes	33.8%*	33.8%*
Chronic Kidney Disease	33.8%*	33.8%*
Hypertension	33.8%*	33.8%*
Hypertension	33.8%*	33.8%*

Figure 1. Number and percentage of outpatient chronic condition visits by physician type in the past year, based on the 2009 National Ambulatory Medical Care Survey. \*P<0.05 significant test done by SAS Procedure SurveyProc. Reproduced with permission from the American Academy of Family Physicians.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

## Isolation Promotes Fragmentation & Higher Cost

- Team-based care is widely accepted as the future of health care delivery.
  - Improves coordination
  - Reduces duplication in services
  - Efficient use of financial resources
- The only practitioners promoting “independent/isolated” practice settings are non-physicians.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

## Training Comparison

Provider	Post-graduate training	Residency training	Total time before independence	Patient encounters before independence	Total Training before independence
Family Physician (MD, DO)	4 years, doctoral program	<b>REQUIRED</b> 3 years minimum	11 years	1,650 patients <u>minimum</u>	20,700 – 21,700 hours
Advanced Practice Nurse (NP, CRNA, CNM)	1.5 to 3 years, master's program (MSN)	<b>NOT REQUIRED</b>	5.5 – 7 years	<b>NOT REQUIRED</b>	2,800 – 5,350 hours

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

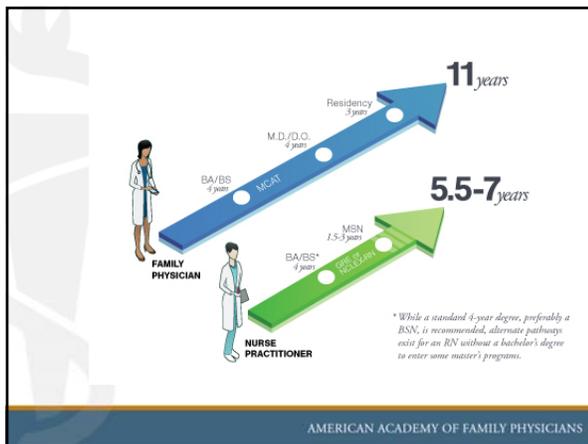
---

---

---

---

---



AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---



## No Consistent Education Standard for NPs

- No matriculation standard
- No curriculum standards
- No standard for clinical experiences
- No graduation standards – Masters v Doctoral
- No post-graduate training requirement
- Certification standards are not uniform
- NPs can waive re-examination merely by demonstrating 1,000 hours of professional practice over the five-year certification period.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

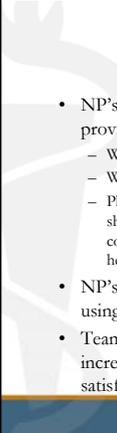
---

---

---

---

---



## Research & Equivalency

- NP's are trying very hard to prove "equivalency" in care provided.
  - What is "equivalency"?
  - What is the baseline?
  - Physicians and physician organizations do not perform research to show that they provide superior care – we do research to show that continuous and comprehensive primary care improves quality and health condition for patients.
- NP's not comparing outcomes with PCMH's – they are using "old" isolated fee-for-service models as the baseline
- Team-based care through PCMH's is demonstrating increased access, better health outcomes, improved patient satisfaction, and lower per-capita costs.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---



## Debunking the 20 Years of Research Talking Point

- NP's and their allies frequently cite "20 years of research shows that care provided by NPs is equivalent to that provided by a primary care physician."
  - 3 main articles: *The Pearson Report*, *Substitution of doctors by nurses in primary care* and *Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review*.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---



## Debunking the 20 Years of Research Talking Point

- Most studies had too few subjects to draw credible conclusions.
- Many followed patients for short timeframes such as one year, when the true outcomes of chronic disease are measured over decades.
- Many of the studies actually reviewed care provided in a collaborative relationship.
- Patients in a majority of the studies had already been diagnosed.
- Two of the three articles are not peer-reviewed, one is not publically available, and two of three are self-funded by various NP groups. Some even reference outdated studies dating as far back as 1975.
- Most importantly, no study examined true head-to-head comparisons of independent nurses versus physicians.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---



*“...we are f.a.m.i.l.y...”*

## PHYSICIAN-LED HEALTH CARE TEAMS & THE PCMH

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---



## Patient Centered Medical Homes

- A medical home is characterized by every patient/family having a personal physician who provides first contact care, understands the health care needs of the patient/family, facilitates planned co-management across the lifespan, and has the resources and capacity to meet the patient/family needs.
- Patient-centered care offers a full array of health care services using a team-based approach.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## Benefits of Team-Based Care

- Nurse practitioners and primary care physicians have plenty of demand for their skills.
- The team approach gives the patient access to the full range of health care services without sacrificing the medical expertise that ensures the most accurate diagnoses and the most appropriate treatments in the timeliest manner.
- In the end, patients want to see and have access to a physician. In fact, three in five Americans say they receive the best medical care from their primary care physician.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

### Primary Care for the 21st Century *Ensuring a Quality, Physician-Led Team for Every Patient*

AMERICAN ACADEMY OF FAMILY PHYSICIANS  
CREATING A BETTER AMERICA

The U.S. is moving to a new primary care model built around patients and delivered by teams, known as the **Patient-Centered Medical Home (PCMH)**.

#### What is it?

- Each patient has an ongoing relationship with a **primary care physician** to provide comprehensive, comprehensive care
- **Physician leads a team** of professionals to care for patients

- **Personal physician coordinates with other health care providers within the PCMH** and across the complete health care system
- **Quality and safety** are hallmarks and patients and their families actively participate in decision-making
- **Enhanced access to care** through open and same-day scheduling, expanded clinical hours, and new options for communication

#### Can a nurse lead the team?

Nurses are a core member of the team, but research shows:

Years of Education and Training	13 years
Time to become a Nurse Practitioner	5.5-7 years

Doctors bring broader and deeper experience to the diagnosis and treatment of all health conditions. The doctor is trained to provide complex and advanced diagnoses and design comprehensive plans to treat them.

#### Why do we need it?

**3 in 5** Americans say they received the best medical care from their primary care physician!

- Fewer emergency room visits
- Fewer hospital admissions and readmissions
- Shorter hospital stays!

#### How do we make the PCMH a reality for everyone?

1. **We have to fix the primary care workforce shortage.**  

45,000 less than primary care physicians by 2020!  
AND  
260,000 less than required nurses by 2020!
2. **We need more doctors, and we need more nurses, and we need them working together in teams.**  

Doctors share the dual mission of some governments (approximately 4 to 1) of the ratio, everyone can have a physician-led team and fill the primary care shortage.
3. **How can we train more primary care doctors?**  
  - Increase federal funding for primary care physician education
  - Help medical students pay back or offset or forgive national debt
  - Increase primary care physician employment as students will consider primary care careers

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

## Physician-Led Health Care Teams

- “The American Academy of Family Physicians believes it is axiomatic that every American should have a primary care physician and benefit from care provided in a PCMH where team-based care leads to improved quality and cost efficiency.”  

– *Primary Care for the 21<sup>st</sup> Century*

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

---

---

## Physician-led teams

▶ **THREE**  
OUT OF **FOUR**

patients prefer to be treated by a physician ...

- Even if it takes longer to get an appointment
- Even if it costs more

Four out of five patients prefer a physician to have primary responsibility for leading and coordinating their health care.

Eighty-six percent of respondents said that patients with one or more chronic conditions benefit when a physician leads the primary health care team.

Ninety-one percent of respondents said that a physician's years of education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.

© 2011 American Medical Association. All rights reserved.

---

---

---

---

---

---

---

---

## The PCMH Is Working

- The Affordable Care Act made major investments in health care system transformation based on improved and enhanced primary care practices.
- Comprehensive Primary Care Initiative
- Accountable Care Organizations are primary care centric.
- In regions across the United States, outcomes from the PCMH model have shown reductions in emergency room visits, decreases in hospital admissions, and fewer total hospital inpatient days.
- A 2012 Patient-Centered Primary Care Collaborative study provides 34 examples of private insurance companies, and state and federal entities implementing the PCMH model and finding that "outcomes of better health, better care and lower costs are being achieved." It also found that, "major insurers are driving primary care transformation through payments for patient-centered services nationwide as a means to increase access to care, control costs, improve patient satisfaction and make Americans healthier."
- BlueCross BlueShield has tested the cost savings of the PCMH model and their first-year results showed "nearly 60 percent of eligible PCMH groups recorded lower than expected health care costs."

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

## We Have To Get From This...



AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

...To This



AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

### Regulatory Balance & Equity

- Medical liability requirements
- Quality reporting/evaluation
- Electronic Health Records
- Electronic Prescribing
- Continuing Education

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---

### Contact Information

Shawn Martin  
Vice President of Practice Advancement &  
Advocacy

Michelle Greenhalgh  
Manager of State Government Relations

American Academy of Family Physicians  
202-232-9033

AMERICAN ACADEMY OF FAMILY PHYSICIANS

---

---

---

---

---

---

---

---