

## PHYSICIAN-LED CARE SUPPORTS PATIENT ACCESS TO CARE

### MYTH

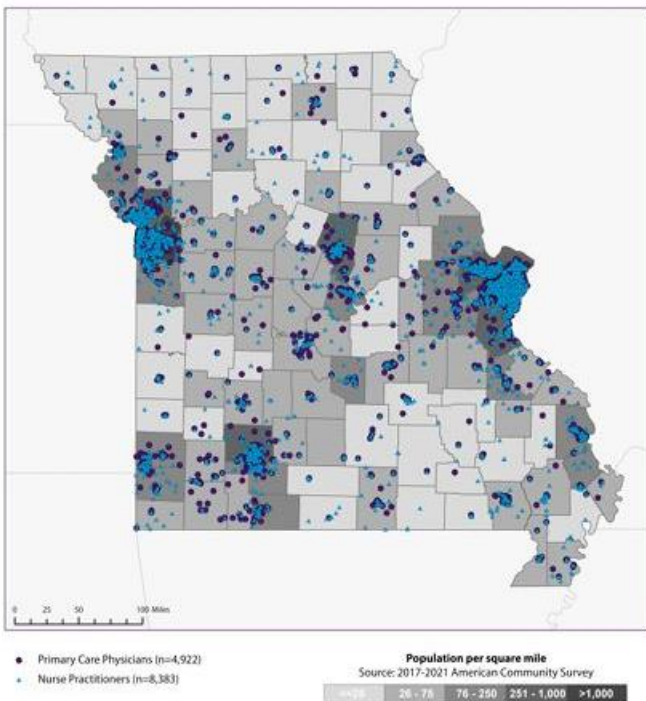
Allowing non-physicians to practice without physician involvement will increase access to care in rural and underserved areas.

### FACT

Laws allowing nurse practitioners to practice without physician supervision or collaboration has not increased access in rural and underserved areas in other states.

## SCOPE EXPANSION DOESN'T INCREASE ACCESS TO CARE

### MISSOURI



The American Medical Association mapped the locations of primary care physicians and nurse practitioners (NPs) nationwide in 2013, 2018 and 2020. Each time, the results showed **physicians and nurse practitioners tend to practice in the same areas of the state—regardless of state scope of practice laws.**

### The map compares primary care physicians to all NPs in state

**17%** The Missouri Board of Nursing found only 17% of NPs practice in primary care



Nurse practitioners have not moved to rural areas even with removed physician supervision/collaboration. **5.3%** of Missouri APRNs are employed in a rural county.



This likely overrepresents the number of NPs in primary care as a growing number are practicing other specialty areas

### MYTH

There are no other policy options to increase access to care in rural and underserved areas.

### FACT

Proven reforms include telehealth expansion, increasing residency positions, loan forgiveness programs for physicians in rural and underserved areas, and programs that encourage students from underserved areas to pursue medical school.

For advanced practice registered nurses who graduated from the centers for Medicare & Medicaid Services Graduate Nurse Education Demonstration Project, **few work in underserved areas:**

**9%** in rural areas



**2%** in Federally Qualified Health Centers



**95%**

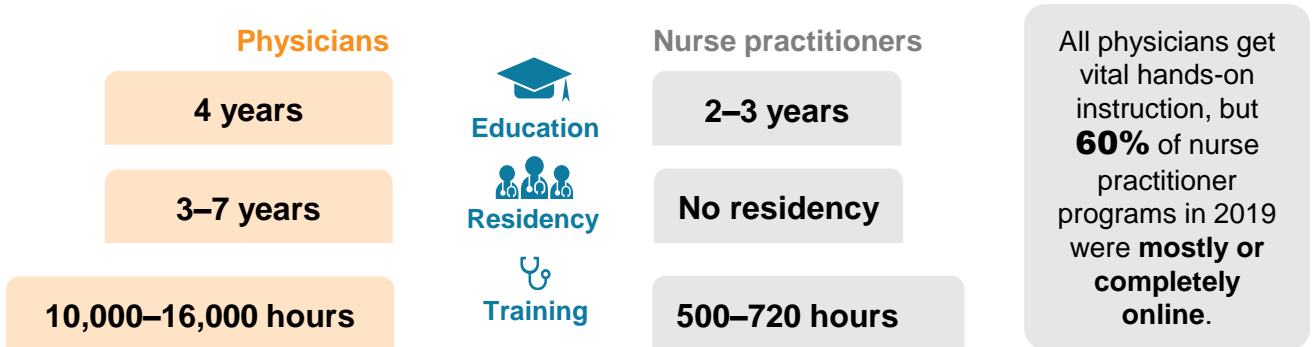
of patients say it's important for a **physician to be involved** in their diagnosis and treatment

## Protect access to physician-led care

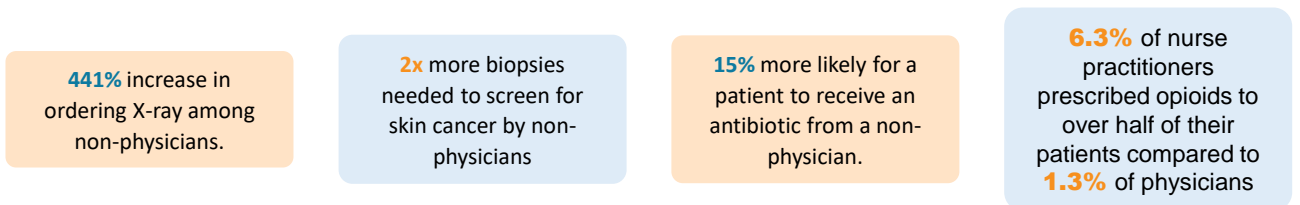
Patients are concerned about the cost and quality of health care. While there is certainly room for improvement in the health care system, allowing non-physicians, including nurse practitioners, to diagnose and treat patients without any physician oversight is a step in the wrong direction. **The best way to support high-quality care and lower costs is to keep physicians as the leader of the health care team.**

## PHYSICIANS ARE TRAINED TO LEAD

With the highest level of education and **20x** the clinical training

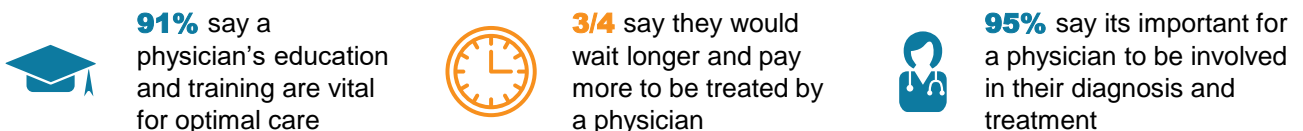


## SCOPE EXPANSION INCREASES COSTS



According to a leading ACO, patients with non-physician primary care providers had **\$43** higher spending per member per month compared to those who had a physician, which could translate to **\$10.3M** more in annual spending.

## PATIENTS PREFER PHYSICIAN-LED CARE

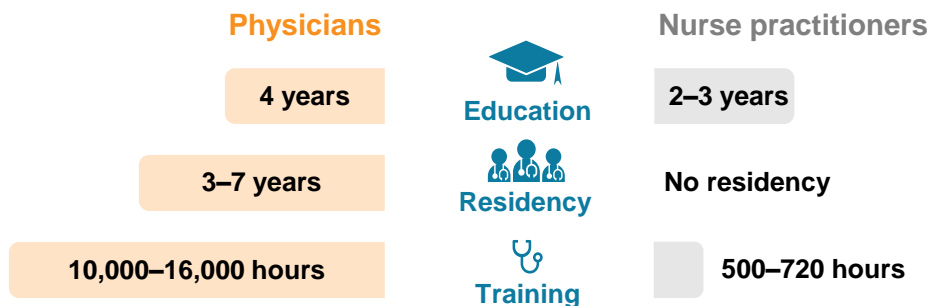


**Healthcare teams working together—with physicians in the lead—is critical to having the best and safest outcomes for patients.**

**All patients, regardless of ZIP code, deserve care led by a physician.**

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## EDUCATION

### Physician

#### Physician education is...

**Comprehensive:** Studying all aspects of the human condition—biological, chemical, pharmacological and behavioral—in the classroom, laboratory and through direct patient care

**Hands-on:** Rotating through different specialties during medical school, assisting licensed physicians

**Established and proven:** Developing clinical judgement and medical decision-making skills through direct experience managing patients in all aspects of medicine

#### Physician residency is...

**Selective and specialized:** Newly graduated physicians match into residency programs for 3-7 years of training in a select surgical or medical specialty

**Reinforcing:** Newly graduated physicians move from direct supervision to progressively increased responsibility in guided preparation for independently practicing medicine

**Accredited:** All residency programs are highly standardized and must be accredited by ACGME, with graded and progressive responsibility at the core of American graduate medical education

#### Physician assessment and certification are...

**Thorough:** Students must pass a series of exams during and following graduation from medical school, with MDs taking the USMLE and DOs taking the COMLEX

**Validating:** After completing an accredited residency and establishing licensed practice, physicians may obtain board certification in various specialties to further demonstrate their mastery of knowledge in a specific field of medicine

### Nurse practitioner

#### Nurse practitioner education is...

**Abbreviated:** NPs can complete a master's (MSN) or doctorate degree (DNP), with the majority completing a master's degree in 2–3 years

**Limited hands-on training:** 60% of NP programs are completely or partially online

**Not standardized:** Unlike physician education and training there is **no** standardization for obtaining practical experience in patient care

#### Nurse practitioner residency is...

**Not required** for graduation or licensure

#### Nurse practitioner assessment and certification are...

**Inconsistent:** NPs must pass a national certifying exam in a specific area of focus (based on the type of program from which the NP graduated) but they are not required to practice in that area—meaning an NP certified in primary care can practice in cardiology, dermatology, neurology, orthopedics, and other specialties without any additional formal education or training.

**Every health care professional has an important role to play in the high-stakes field of medicine. But these high stakes demand education, experience, acumen, coordination and the robust management of care found only with physician-led teams.**