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Primary care is the most likely specialty to work with midlevel practitioners. About 55.4% of primary care doctors worked with at least one nurse practitioner, physician assistant or certified nurse midwife, but this was true for only 45.9% of surgical specialists and 40.8% of medical specialists, according to the NCHS report.

"It really works quite well in the patient-centered medical home, collaborative practice model that we have been promoting," said Glen Stream, MD, who was scheduled to become president of the American Academy of Family Physicians on Sept. 14. "In an integrated team, each professional is practicing up to their level of skill and training and doing a better job of taking care of a population of people."

**Practice factors**

Only 37.6% of primary care doctors in a solo or two-physician practice worked with at least one nurse practitioner, physician assistant or certified nurse midwife, but this went up to 79.9% for groups of 11 or more, according to the NCHS report.

Age also was a factor as to whether a physician was working with a midlevel practitioner. The NCHS report found that 51.2% of physicians under 45 worked with midlevel practitioners, but this was true of only 43.5% of doctors 55 and over.

"A number of physicians are actually training with physician assistants these days," said Michael Powe, vice president of reimbursement and professional advocacy with the American Academy of Physician Assistants. "They're often in the same classroom, and that increases the comfort level."

Experts say the use of midlevel practitioners has grown because it takes much less time to educate them and they are paid less than physicians. For instance, the NCHS survey found that midlevel practitioners were more common at practices that received a greater proportion of income from Medicaid, which tends to have low payment rates compared with other insurance. A total of 53.0% of practices with a high percentage of revenue from Medicaid employed midlevel practitioners, but this was true for only 45.4% of practices with a high level of Medicare payments and 50.9% with a high level of private insurance payments.

Other surveys suggest that the economics of health care play a significant role in the use of midlevel practitioners. A study published online May 9 in the *American Journal of Medical Quality* that looked at physician assistants and nurse practitioners at academic medical centers found that the main reason was to deal with resident duty hour restrictions. The most common secondary reason was to increase the number of patients seen.

Although nonphysician practitioners have become common in the health system, their scope of practice is a source of tension.

Most physician societies, including the AMA, support their incorporation as part of care teams but don't want them practicing without physician supervision or collaboration. Fifteen states allow advanced practice nurses to practice independently of physicians. In the past decade, 16 states opted out of the
federal rule mandating physician supervision of certified registered nurse anesthetists administering anesthesia at hospitals who participate in Medicare.

"Physicians, nurse practitioners, physician assistants and other health care professionals work well together, and these physician-led teams provide the most advantageous care for patients," AMA President Peter W. Carmel, MD, said. "As the [NCHS] study points out, with millions more Americans expected to receive coverage under the [Patient Protection and Affordable Care Act], physician-led health care teams are the optimal solution to ensure that patients receive the right care at the right time in the right setting."

Family physician Jose De Jesus, MD, works with a nurse practitioner at San Antonio's WellMed Medical Group, which has 60 primary care physicians in Texas and Florida. Dr. De Jesus reviews her charts, but she makes house calls to his patients and covers for him when he is out.

"She complements what I do in the clinic, and I am able to see more patients," Dr. De Jesus said. "Physicians have a tendency to think of themselves as the king of the mountain. There's room on the mountain for everybody."

ADDITIONAL INFORMATION:

Which physicians work with midlevel practitioners?

Larger groups were more likely to incorporate nurse practitioners, physician assistants and certified nurse midwives than smaller practices. Younger physicians were more likely to work with these nonphysician health care professionals than older doctors. Practices providing a high percentage of care to those on Medicaid were more likely to have them on staff than those providing services to patients with private coverage or Medicare. How the numbers break down by percentage of physicians:

By specialty

49.1%: Physicians in all office settings
55.4%: Primary care physicians
45.9%: Surgical specialists
40.8%: Medical specialists

By practice size

37.6%: Primary care physicians in practices with one or two doctors
65.0%: Primary care physicians in groups of three to 10 doctors
79.9%: Primary care physicians in groups larger than 11 doctors
34.4%: Surgical specialists in offices with one or two doctors
51.5%: Surgical specialists in offices with three to 10 doctors
69.1%: Surgical specialists in offices with more than 11 doctors
28.2%: Medical specialists in offices with one or two doctors
49.8%: Medical specialists in offices with three to 10 doctors
63.8%: Medical specialists in offices with more than 11 doctors

By age

51.2%: Physicians younger than 45
54.1%: Physicians age 45-54
43.5%: Physicians older than 55

By source of revenue

52.3%: Low percentage of revenue from Medicare
45.4%: High percentage of revenue from Medicare
45.2%: Low percentage of revenue from Medicaid/CHIP
53.0%: High percentage of revenue from Medicaid/CHIP
46.9%: Low percentage of revenue from private insurance
50.9%: High percentage of revenue from private insurance
50.3%: Low percentage of revenue from patient payments
46.7%: High percentage of revenue from patient payments