

Independent Practice of APRNs and PAs

MYTH: The education and training of advanced practice providers (APPs) is comparable with that of primary care physicians.

FACT: There is a wide variation in the training of NPs, PAs, and physicians. NPs are registered nurses with a master's or doctoral degree that must complete 1000 hours of clinical practice to earn a degree.^{1,2} PAs, on the other hand, train for 2 years and complete at least 2000 hours of supervised practice before graduation.³ By contrast, a typical family physician completes 10,000 hours of clinical work and over 5 additional years of training, including residency.⁴ Such extensive training allows physicians to generate broad differential diagnoses and provide comprehensive care to medically complex patients.

MYTH: Allowing APPs to practice medicine without physician collaboration will lower costs in Tennessee's health care system.

FACT: An examination of cost data from the Hattiesburg's Clinic Accountable Care Organization (ACO) revealed that care provided by non-physician providers working on their own patient panels was more expensive than care delivered by doctors.⁵ Four data metrics were evaluated when comparing physicians with non-physicians in the ACO: quality, cost, utilization, and patient experience. Over 10 years of data collected on 300 physicians, 150 APPs, 208,000 patient survey responses, and cost data on over 33,000 Medicare beneficiaries showed clear results: allowing APPs to practice independently failed to deliver high-quality care at low cost.⁶

MYTH: Allowing APPs to practice medicine without physician collaboration will increase access to care in rural and medically underserved communities.

FACT: There is little evidence to suggest allowing APPs to practice independently increases access to care in rural, remote areas. Studies from non-collaborative states like New York,⁷ Minnesota,⁸ and Nebraska⁹ have shown that practice locations for APPs are no different from those in states that require physician collaboration. The truth is, NPs and PAs are no more likely than a physician to open a practice in a rural community for the same economic reasons.

MYTH: The cost of collaborating with physicians in Tennessee is burdensome to APPs seeking to open their own practice, ranging from \$1,500 to \$5,000 per month.¹⁰

FACT: In July 2022, the Tennessee Medical Association polled Tennessee-licensed physicians who contract collaboration duties (chart review, site visits, consultations) with APPs. Of 332 respondents, the average monthly cost of supervision in Tennessee was reported to be \$1,069.27, or \$104.57 per hour. Moreover, a 2019 national study conducted by the Journal of Nursing Regulation polled 8,701 APRNs practicing in 29 states and found that the median rate for collaborative practice agreements was \$500 per month.¹¹

¹ Do you know the differences between NPs and PAs? Practicing Clinicians Exchange website. <https://practicingclinicians.com/content/all-you-need-to-know-about-nps-and-pas>.

² Position statements. American Association of Nurse Practitioners website. <https://www.aanp.org/advocacy/advocacy-resource/position-statements/scope-of-practice-for-nurse-practitioners>

³ Issue briefs. American Academy of Physician Assistants website. aapa.org/advocacy-central/issue-briefs.

⁴ Primary Care Coalition. Compare the education gaps between primary care physicians and nurse practitioners. Texas Academy of Family Physicians website. <https://tafp.org/media/default/downloads/advocacy/scope-education.pdf>.

⁵ American Medical Association. (2022, March 17). Amid doctor shortage, NPs and PAs seemed like a fix. Data's in: Nope. <https://www.ama-assn.org/practice-management/scope-practice/amid-doctor-shortage-nps-and-pas-seemed-fix-data-s-nope>

⁶ Batson, B. et. al. (2022). Targeting Value-Based Care with Physician-led Care Teams. Mississippi Frontline, (63)1. <https://ejournal.msmaonline.com/publication/?m=63060&i=735364&p=20&ver=html5>

⁷ Martiniano R, Wang S, Moore J. A Profile of New York State Nurse Practitioners, 2017. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; October 2017.

⁸ RHAC Brief: Nurse Practitioners in Rural Minnesota—Results of an Employer Survey. Office of Rural Health and Primary Care. Rural Health Advisory Committee. <https://www.health.state.mn.us/facilities/ruralhealth/rhac/docs/npbrief.pdf>. August 2015.

⁹ Hoebelheinrich, K. Ramirez, J. & Chandler, H. Nurse Practitioner Practice in Nebraska. <https://center4nursing.nebraska.gov/sites/center4nursing.nebraska.gov/files/doc/Nurse%20Practitioner%20Practice%20in%20Nebraska%20-%20Hoebelheinrich%2C%20Ram%2C%20Drez%2C%20%26%20Chandler%20-%20Nursing%20News%20SUMMER%202019.pdf>

¹⁰ Kleinpell, R. & Myers, C. Remove outdated Tennessee laws restricting advanced practice registered nurses. The Tennessean. <https://www.tennessean.com/story/opinion/2022/03/22/remove-outdated-tennessee-laws-restricting-advanced-practice-rns/9458863002/>. March 22, 2022.

¹¹ Martin, B. & Alexander, M. The Economic Burden and Practice Restrictions Associated with Collaborative Practice Agreements: A National Survey of Advanced Practice Registered Nurses. Journal of Nursing Regulation; 9:4. January 2019.