Doctors in Disguise? Physician Extenders on the Rise

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There are now by some estimates over 200,000 practicing physician assistants and nurse practitioners in the United States.[1] In many clinic, urgent care, and family practice settings, a patient is more likely to see a physician extender than a physician. In some practice circumstances, physician extenders are tantamount to physician replacements. The American Medical Association (AMA) recently published an article entitled *Are Primary Care Physicians an Endangered Species?* The author stated that he had an enjoyable primary care practice because he had made physician extenders a constructive and integral part of his healthcare team. He also challenged the many physicians who see physician extenders as competitive threats that may cannibalize their business to reconsider their assumptions:

"Promoting the professional development of physician extenders will allow the primary care physician community to recognize the potential for challenging, fulfilling professional development in the arenas of team leadership and population management. The reimbursement adjustment is an obvious mandate to enhance the attractiveness of primary care as a career. More pressing, however, is that the definition of a primary care physician needs to be refined and redefined as the true leader of the primary health care team if there is any hope of reengaging bright, altruistic but balanced young minds into this vocation."

Following the passage of the Medicare and Medicaid programs, there was a shortage of primary care physicians in many areas. Physician extenders were created to fill the void. Thirty-five years ago there were approximately 22,000 practicing extenders, and in 1979 the Congressional Budget Office estimated that this number would nearly triple by 1990. Congress financially encouraged the future role of physician extenders because studies showed that the medical care provided by physician extenders compared favorably with care delivered by physicians but at a lower cost.

Organized medicine has been generally opposed to the expansion of physician extenders despite studies that show physician extenders provide quality cost-effective care. Even today, the AMA's policy on non-physician primary care providers is to oppose anything that alters the traditional pattern of practice in which the physician directs and supervises care. One way to accomplish this goal has been for the AMA to oppose direct reimbursement by federal healthcare programs to physician extenders. On the other hand, the AMA supports reimbursement policies that provide for physician billing for physician extenders at physician rates.

Physician extenders are fighting back by redefining terminology. The American Academy of Nurse Practitioners and the American Academy of Physician Assistants both oppose the use of terms such as mid-level provider and physician extender. Instead, they prefer designations such as primary care providers, clinicians, and healthcare professionals. The military may be an example in this terminology battle. It refers to providers of medical care, including physicians, nurse practitioners, and physician assistants, as simply medical professionals.

In October 2010, the Institute of Medicine (IOM) issued a report recommending a greater role for nurse practitioners in healthcare by removing

barriers from independent practice in those states that require close physician supervision under written practice agreement. The AMA and other physician organizations opposed the recommendation by noting that although nurses are critical to the healthcare team there is no substitute for education and training. Nevertheless, in view of the IOM recommendation, it is likely that many states will follow states like Arizona to allow nurse practitioners to practice independently.

Physician extenders are increasingly becoming the first line of primary care in rural areas, and in the specialties of family practice, pediatrics and obstetrics. Studies show that patients still prefer to be seen by a doctor. However, when given the choice of waiting to see a doctor, or seeing a physician extender, many opt to see the extender. The Affordable Care Act (ACA) expands health coverage to 32 million of those currently uninsured. At the same time, it is estimated that if the current trend continues there will be a shortage of 40,000 family physicians in 8 years. Consequently, the ACA contains $32 million in funding to expand physician assistant training, and it authorizes $50 million for the operation of 10 nurse-managed primary care clinics and

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$30 million for nursing students enrolled in nurse practitioner and nurse midwifery programs.

But what happens when the extender is sued for malpractice? The short answer is that the extender is judged by the same standard of care and scope of practice as the primary care physician. For this reason, it is still common practice to defend the extender with a physician expert. This is because when explaining matters of medicine to the jury, the greater medical education and training of the physician expert still matters to juries – a lot.

Although physician extenders are gaining increased acceptance from the public, payors and physicians, the concerns of organized medicine that they require physician supervision because they lack the extensive education and training of physicians still resonates. The corner stone of medical training is the medical residency. Time will tell whether physician extenders can, without the foundation of medical school and a medical residency, develop the clinical judgment of the sage diagnostician. If not, physicians extenders and physicians will continue to struggle over whether physician extenders should be independent rather than dependent practitioners. Regardless of the outcome of this struggle, physician extenders will likely continue to expand their domain as primary providers for increasing numbers of patients. **AM**

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1 In Arizona a significant difference between a physician assistant and nurse practitioners is that the PA must work under the supervision of a physician. The PA may not exceed the scope of practice of the supervising physician, and the physician is professional and legally responsible for the acts and omissions of the PA. The nurse practitioner is an independent practitioner. However, in many states nurse practitioners must practice in collaboration with or under the supervision of a physician.