The Use of NPs and PAs in Primary Care

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NPs and PAs: *Who Are They and Where Did They Come From?*

- Nurse Practitioners (NPs) and Physician Assistants (PAs) are filling health care gaps country wide and globally.
- They have enhanced:
  - Quality of care
  - Access to care
  - Efficiency of care
  - Cost of care

The Beginning

- Professions began in response to a shortage of physicians.
- Rooted in the purpose of **increasing access to care** in the underserved areas.
- Today, with healthcare costs rising, NPs and PAs are now being utilized in all demographic areas and in many specialty areas of medicine.

The Professions Continue to Grow

- *>100,000 NPs*
- *>60,000 PAs*
- Those numbers have more than **doubled** since 1990.
- More than 60% of physician group practices are now employing NPs and PAs.

NP Education

Began in 1965 by **Loretta Ford** as certificate programs

In 1977 Standard became the master's degree

2006: all accredited NP programs are at the masters level

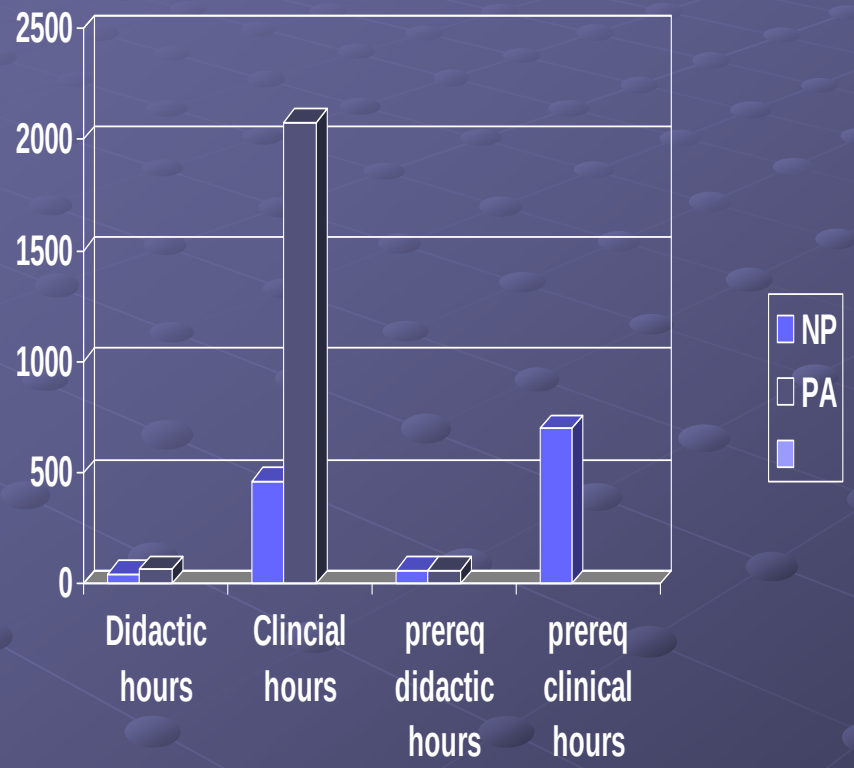
- NP Education is built on the BSN degree
- Based on a core set of competencies
- NPs choose an area of specialization

PA Education

- The PA profession introduced in 1965 at Duke university by **Eugene Stead**

- PA training is **competency based**: modeled after MD training (both didactic and clinical)
- **All programs are held to the same educational standard regardless of the degree conferred**.
- 75% PA programs currently at the master's level

Comparison of NP and PA educational training



- NPs use their undergraduate clinical hours as a foundation for their graduate training.
- The PAs are required to have a varied number of clinical hours in various fields prior to admission (this is not shown on the table to the left).

Role of the NP and PA in Primary Care

- NPs and PAs are Currently educated in different models, however:

- **the *quality of training* is *similar***
- ***Role functions are essentially identical***

  * Most hospitals credential NP/PAs together

Role In Primary Care Setting

- Histories
- Physicals
- Diagnosing
- Treating disease processes
- Ordering and interpreting labs and x-rays
- Prescribing medication
- Counseling patients

Determining Role of NP and PA

- Determined by the Supervising or collaborating physician.
- Must be
  - Within the NP/PA's scope of practice
  - The NP/PA's training and experience
  - State Law

Determining Role of NP and PA cont.

- **LEGAL ASPECTS**

  The laws are written differently for the NPs and PAs but ultimately they allow them to practice in similar manner.

- Every PA has at least one supervising physician.
  - The PA's supervision does not require the physical presence of the physician at the time of providing care.

- The NP has the ability (under state law) to function independently. However, most NPs work in collaboration with MDs-much like the PAs

“Collaborative Health Care System”

- American College of Physicians policy
- Physician is ultimately responsible for all care provided by the non-physician clinicians

Utilizing NPs and PAs

- Its an **INVESTMENT**
  - Expect there to be a learning curve for most new NPs and PAs
  - NPs and PAs look to physicians for further “on the job” training
- Level of experience is critical in determining the amount of autonomy of the NP or PA

Value In Utilizing the NP or PA

- *Hooker et al*
  - The top 20 primary diagnoses made in office setting were identified.
  - This accounted for 37.4% of office visits made in 2000
  - PAs were able to provide approx 20%-50% of the services that the primary care physician would provide

NAMCS Study

- 1995-1999
- Used to describe primary care office visits in which patients were seen by an NP, PA or physician
- NPs and PAs
  - provide similar care to one another and physicians
  - in regards to diagnostics/screening services, therapeutic and preventive services, and medications ordered or provided

Why are NP/PA numbers rising? Why does it work?

- **More affordable**
  - Salaries were 40%-50% of the level of typical primary care physician.
- **Access to care and Efficiency of care**
  - NPs and PAs are capable of taking care of approx 70% or more of primary care visits
  - With caps placed on resident hours, NPs and PAs can fill the gaps.

- **Quality of Care**
  - NPs and PAs can spend more time with routine patients as needed, freeing up the MD to deal with more complex cases.

- 90% of pts who see an NP or PA are **satisfied** with their care.

Licensing and Certification for NPs and PAs

- Graduation from respective NP or PA program
- National Certification through board exam
- State Licensure

*Note: An NP must first have their RN status attained before attending NP program

The PA must have approx 2 yrs of undergraduate coursework similar to the pre-med curriculum in order to attend a PA program

Certification Maintenance

NP

- Complete 75 continuing educations hours
- If certified by the American Nursing Credentialing Center NP must complete one of the following four categories
  - Academic courses
  - Presentations and lectures
  - Publication and Research
  - Preceptorship

PA

- Every 2 years PA must earn and log 100 CME hours of which 50 must be Category I CME
- Must take Physician Assistant National Recertifying Exam every 6 years

NP and PA Prescribing Authorities

1. Must be delegated prescriptive authority by their supervising physician.
2. Must apply for an Illinois Controlled Substance license through the IDPR.
3. Must apply for a Drug Enforcement Administration license (DEA)

NP and PA Prescribing Authorities (Contd.)

- Both can write prescriptions in their own name yet supervising physicians name must appear somewhere on the faxed or written prescription
- Both may not prescribe schedule II controlled substances

PAs role in Billing

- Combined services of physician and PA can be billed at 100% of fee schedule under physicians Medicare pin # if….

  -physician provided some portion of the face-to-face care

  -physician provided general supervision (readily available for consultation, presence not required)
- Payment for care of PAs is made to EMPLOYER of PA. PA cannot receive payment or bill on their own

NPs role in Billing

- NPs can bill Medicare directly and be reimbursed at 85%
- Or they can reassign the billing rights to their employers
- NPs can file “Incident to” charges which are reimbursed at 100% but supervising physician must be in building
- Independent practitioners can never bill as “incident to”

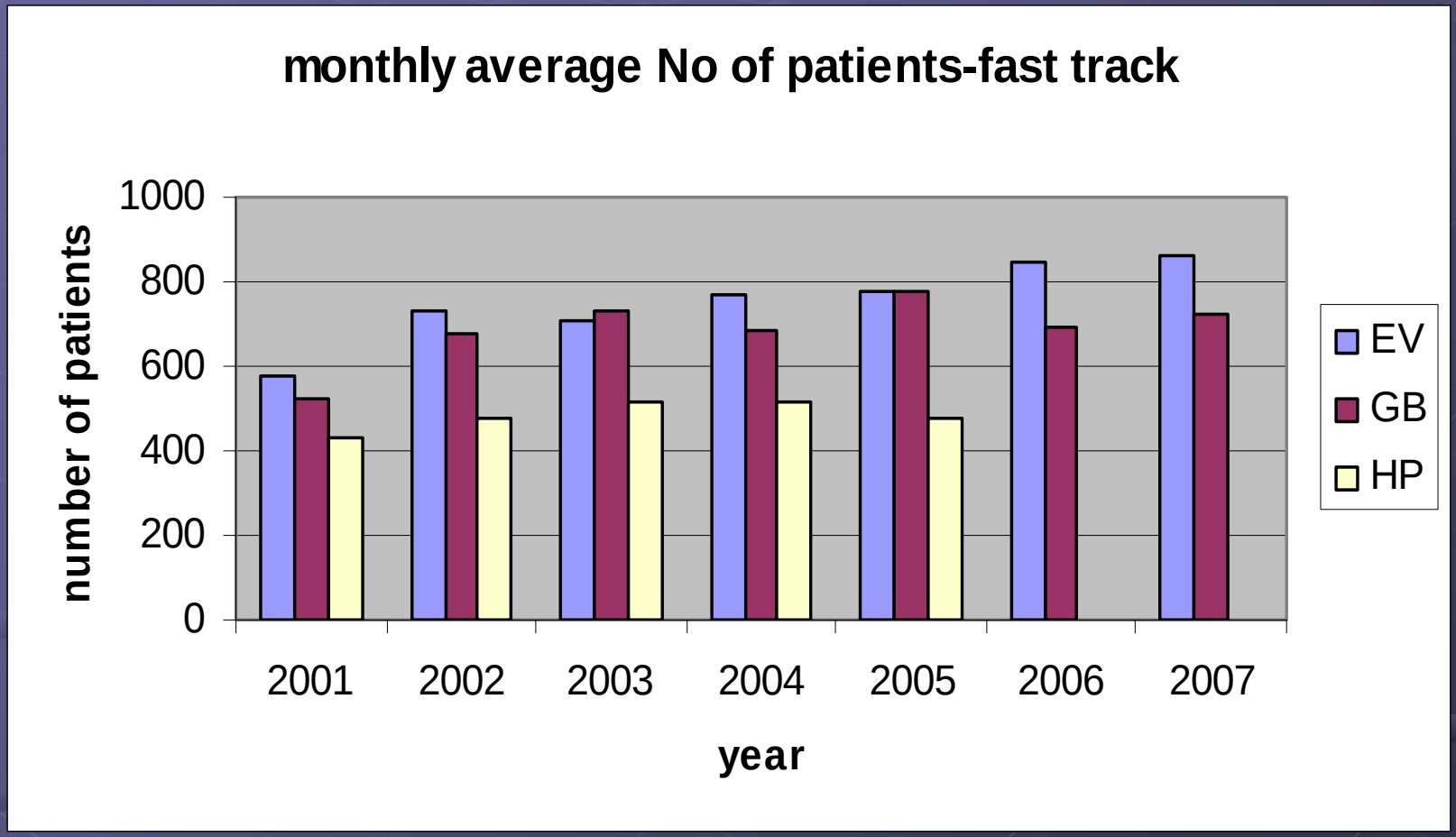
Northshore University

- There are now 240 NPs and PAs in the Northshore University Healthsystems

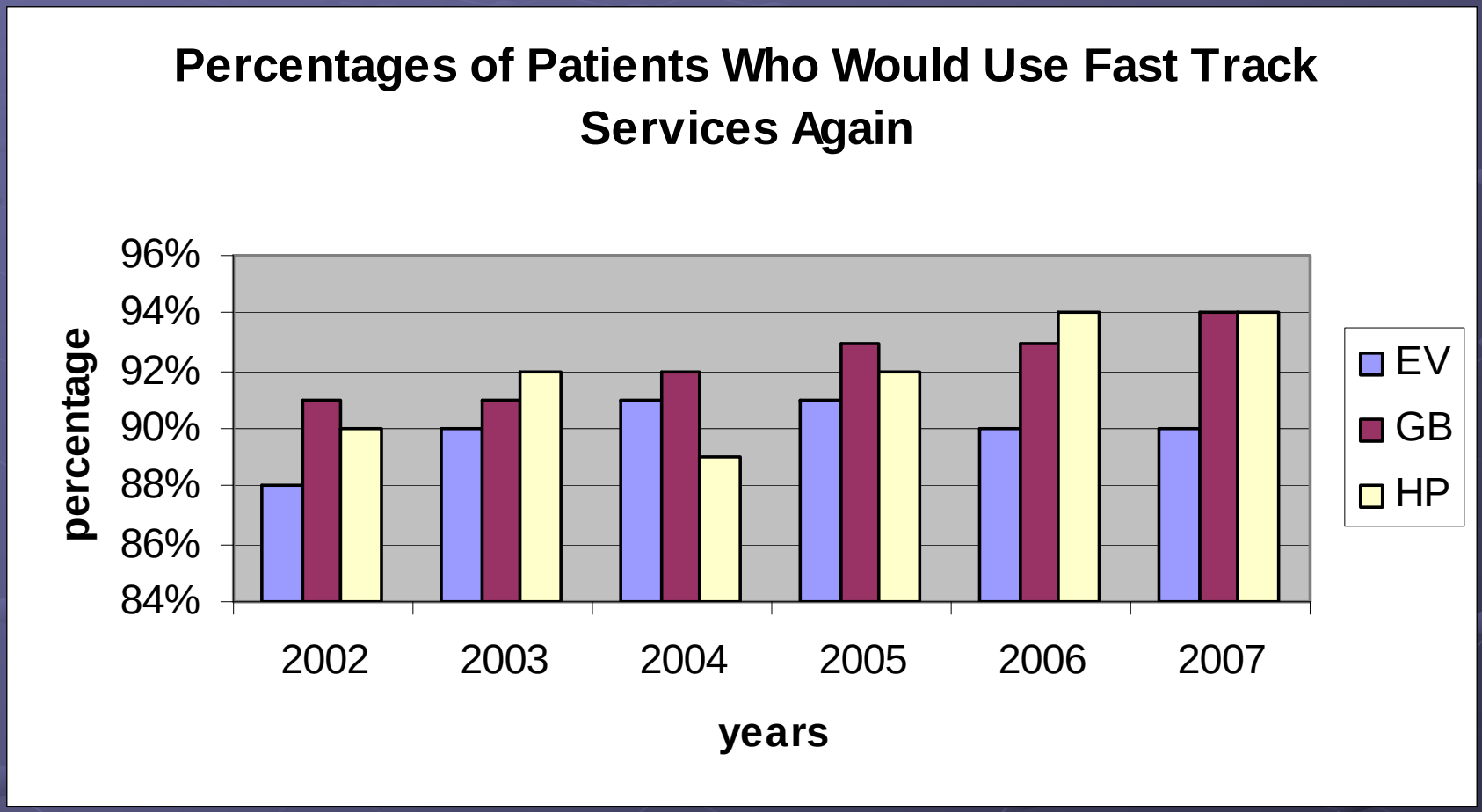
Our story: Emergency Medicine

- Program began in 1997 with 1 NP
- There are now 8 FT and 10 RT NPs/PAs working in 3 (now 4) emergency departments

Productivity



Patient Satisfaction



Why it has worked so well:

- **Strong productivity**
- **High patient satisfaction**
- **High NP/PA satisfaction**

  the ***NP/PA/MD mentoring relationship*** is foundational and is the reason this program has been so successful

QUESTIONS???