

Op-ed: PennLive didn't give the complete picture on nurse practitioners

PennLive

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In response to your Nov. 15 editorial "If they're serious about healthcare reform, lawmakers should set nurse practitioners free," several facts were overlooked and are necessary to fully understand the issue.

Physicians and nurse practitioners are neither professionally equivalent nor interchangeable.

And, it is careless to suggest that maintaining the current collaborative relationship between physicians and nurse practitioners somehow involves an issue of "freedom".

Rather, the current relationship between these two professionals serves to ensure that patients receive the best possible care.

As a physician and president of the Pennsylvania Medical Society, I believe your editorial's conclusion that physicians have shackled nurse practitioners, and that Republican legislators are somehow culpable, is both irresponsible and unfairly politicizes an issue that is far from political.

Had you taken a few minutes to understand the law you have misinterpreted, you would have acknowledged that under state law nurse practitioners are indeed able to practice to the full extent of their training and experience.

And, contrary to your incorrect assertion, they are not required to be supervised by a physician to do so. Nurse practitioners in Pennsylvania can freely diagnose and treat their own patients and can prescribe the same medications physicians do -- with no limitations.

They can order diagnostic studies such as CAT scans and MRIs, perform minor office procedures like suturing small wounds, and can freely order a full range of blood tests and other similar studies.

What they are prohibited from doing is treating patients without the benefit of having direct access to a physician should they encounter a patient with symptoms that fall outside the norm. In other words, a clinical safety net...nothing more.

To that end, your editorial ignored another critical element...the stark differences in the education and training of a physician vs a nurse practitioner.

The disparities are considerable given the duration, complexity, and intensity of a physician's training. It takes 11 years to educate and train a primary care physician, and considerably longer for surgical or interventional medical specialties.

For nurse practitioners, the training varies widely with some programs offering "fast tracks" in as little as 6 years with a considerable portion of that training that can be completed online.

The most compelling difference is the number of clinical hours of direct patient care, under close supervision, that a physician is required to complete before earning the authority to provide

independent care as compared to nurse practitioners -- 17,000 hours for physicians versus 600 for a nurse practitioner (3,500 hours proposed in current legislative proposals).

As I said, the difference is staggering.

Had your research gone beyond the rhetoric of the Pennsylvania Coalition of Nurse Practitioners, you would have learned that states that have granted nurse practitioners with independent practice continue to struggle with access to care, especially in rural and underserved areas.

Why?

In today's practice environment, the cost of opening and maintaining a medical practice is prohibitive unless there are an adequate number of patients to sustain it. Moreover, government mandates coupled with a tangled web of health insurance red tape has all but killed the independent practitioner.

One last point of clarification. The vast majority of nurse practitioners in Pennsylvania, save a scant few, are either employed by a hospital or large health system or work side by side with physicians in group practice settings.

These NPs pay absolutely nothing for their collaborative agreements.

While the Federal Trade Commission (FTC) report you referenced does make the case that "excessive supervision" can stifle the effectiveness of team-based care, you again failed to connect the dots that nurse practitioners are not supervised in Pennsylvania.

Interestingly, you also failed to share with your readers the section of the FTC report warning that broadening scope of practice restrictions aimed at protecting patient health and safety can lead to increased costs associated with NP-delivered care.

The Pennsylvania Medical Society recognizes the valuable role nurse practitioners play in the delivery of healthcare services throughout the Commonwealth.

While they possess an invaluable skill set, we strongly believe that the current team-based care model provides patients with immediate access to the very best of both providers. However, when the complexities of human disease are not obvious, and hoof beats aren't horses but rather zebras, patients benefit from having physicians on their team alongside nurse practitioners.

In the end, it's not about turf or politics, it's about optimizing patient care. And that is the ball we must all keep our eyes on.

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