Recognizing the Value of Advanced Practice Providers (APPs)

BRADFORD B. THOMPSON, MD

Fifteen years ago, as a junior neurology resident evaluating a patient for stroke, I consulted cardiology regarding a concerning EKG. Their nurse practitioner came quickly to evaluate the patient. She provided her thoughts, which included that she was not concerned about ongoing ischemia. With some nervousness because I did not want to offend, I forced myself to ask the obvious question: "Are you going to run the case by a doctor?" While maintaining complete professionalism, she proceeded with what I imagined to be a well-worn speech, explaining that she had appropriate expertise in cardiac ischemia based on her training and experience, and that she was empowered by her supervising physician to make appropriate judgments based on her assessment.

At that point in my training I had only been exposed to the typical academic hierarchy. It was my first meaningful interaction with a nurse practitioner or physician assistant – collectively, advanced practice providers (APPs). Embarrassingly, as far as I was aware, APPs, nurses, clinical pharmacists, physical, occupational, speech, and respiratory therapists, and other allied health professionals had no place in that hierarchy. I simply didn't know any better. I have learned quite a bit since that first lesson, and now count myself among the growing group of physicians who recognize APPs and other allied health professionals for all their worth. Without them, put simply, more people would suffer, and more people would die.

Dr. Friedman's commentary in September's Journal ("Physician Overextenders") misses the mark. As a clinical gait specialist, when he refers a patient for additional opinions on gait, he is justified in expecting that only the best provides those assessments. Best, though, is not defined by the letters after one's name. The success of APPs and physicians alike depends upon multiple factors, including intelligence, education, experience, and enthusiasm. There are APPs with whom I would gladly entrust the care of a loved one because they bring all of these factors to the table. But don't take my word for it. Studies have shown APPs to be non-inferior or even superior to physicians in a variety of settings, including primary care,[1] cardiology,[2] oncology,[3] and critical care.[4] Their importance is also recognized within neurology. The American Academy of Neurology released a position paper in which they state, referring to APPs, "It seems clear that a team-based approach to patient care is necessary to achieve desired high-quality outcomes."[5]

It is true that a fresh APP graduate with limited or no experience will have a less robust span of knowledge than a fresh physician. However, with time, ongoing education and experience, APPs, like physicians, can develop excellence. Often, that excellence is highly focused, and may well outstrip many physicians. The specialty of my team of APPs is neurocritical care. When someone has the misfortune of requiring their services, those APPs are the exact people one would want there – not just to place a cannula and identify concerns to trigger a phone call to me, but to save lives and function right there on the spot. When the circumstance is such that a good outcome is not possible, they are also there to guide families through what may be the worst moment of their lives. Of course they can call me, and they do. Of course I supervise them. Often though, that supervision feels more like a conversation among colleagues.

I will close with another anecdote. Recently a patient who had suffered severe traumatic brain injury and made a remarkable recovery came back to visit our unit. The patient himself had no memory of his time with us, but his parents could not possibly forget. They expressed their thanks to me and the other physicians involved in their son's care, but their emotion really came out in reconnecting with our APP staff (and nurses!). Their hugs and expressions revealed their gratitude, admiration, and respect for the excellent care and profound caring those individuals had provided. I think we physicians should extend the same sentiment.

References

1. Virani S, Akeroyd J, Ramsey D, Chan W, Frazier L, Nasir K, Rajan S, Ballantyne C, Petersen L. Comparative effectiveness of outpatient cardiovascular disease and diabetes care delivery between advanced practice providers and physician providers in primary care: Implications for care under the Affordable Care Act. *Am Heart J*. 2016;181:74-82.
2. Rymer J, Chen A, Thomas L, Stafford J, Enriquez J, Goyal A, Peterson E, Wang T. Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *J Am Heart Assoc*. 2018;7(17).
3. Zhu J, Zhang T, Shah R, Kamal A, Kelley M. Comparison of Quality Oncology Practice Initiative (QOPI) Measure Adherence Between Oncology Fellows, Advanced Practice Providers, and Attending Physicians. *J Cancer Educ*. 2015;30(4):774-778.
4. Kleinpell R, Grabenkort W, Kapu A, Constantine R, Sicoutris C. Nurse Practitioners and Physician Assistants in Acute and Critical Care: A Concise Review of the Literature and Data 2008-2018. *Crit Care Med*. 2019;[Epub ahead of print].
5. Schwarz H, Fritz J, Govindarajan R, Penfold Murray R, Boyle K, Getchius T, Freimer M. Neurology advanced practice providers: A position paper of the American Academy of Neurology. *Neurol Clin Pract*. 2015;5(4):333-337.

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Experience Counts

KENNETH S. KORR, MD

Medicine is a team sport. That statement, although too frequently overused, remains an ongoing reality of modern medical practice. The rapid growth of Advanced Practice Providers (APPs) in the past two to three decades has been exponential and diversified into every aspect of medical care. APPs play important roles in the OR, the ED, Critical Care Units, as hospitalists, and in office practices and outpatient clinics. They are recognized as a vital, if not indispensable part of the healthcare team providing important expertise and access to quality care in the face of a shrinking physician supply. Having worked with and supervised countless Nurse Practitioners (NPs) and Physician Assistants (PAs) during my career, I have been impressed by their level of compassion, enthusiasm, work ethic and desire to expand their knowledge and experience base. This has been equivalent to what I have seen among physicians, residents and fellows.

Which brings me to Dr. Friedman's September commentary on "Physician Overextenders." I did not view it as a critique of NPs or PAs or their skill level and hope it was not viewed that way by the general readership. It does, however, bring into question the different roles that APPs play in diverse practice settings, how they are represented to the public and more importantly the expectations of referring physicians and patients alike. What is the responsibility of a practice that employs APPs to explain their role and how they function within the hierarchy of a particular group? And in the specific example from Dr. Friedman's commentary, was that expectation fulfilled?

In our cardiology practice we had a PA who specialized in pacemakers and implantable defibrillator devices. She had gained tremendous experience over 30 years and was the "go-to" person for many of us when it came to device interrogation. She may not have possessed the advanced training (4 years of medical school, 3 years of internal medicine residency, 3 years of cardiology fellowship and 1–2 years of electrophysiology training) or technical expertise of our EP docs, but she was more knowledgeable than many of the general cardiologists. She had a large device follow-up clinic and both patients and cardiologists recognized her expertise and were comfortable with her care and decision-making. Her experience counted for a lot.

In the outpatient clinic where I now work, the ratio of MDs to APPs is about 1:1. NPs manage their own patient panels, order testing and refer out to subspecialists. Physicians are available to discuss cases on an as-needed basis and as a cardiologist I am frequently asked to opine on an EKG or advanced care for a complex hypertensive or heart failure patient. So my experience counts. At the same time, as my general medicine knowledge is not that diverse, I seek out their opinions when I feel less confident of my approach. And this is how it should be in this team sport. In our clinic in general, NPs have 1–5 years of experience while the physicians have at least 10 years and frequently more. I suspect this is the trend nationwide as the professional healthcare demographic shifts. We have one Women's Health NP with more than 20 years of experience in both the in-patient and out-patient settings and she is the "go-to" expert for the more complex women's healthcare issues. So once again, experience counts.

Throughout my many years of practice I have referred numerous patients to numerous subspecialists and have always had the prerogative of choosing the specific physician or surgeon to refer to. That decision was usually based on the particular physician's expertise (perhaps for a specific procedure), their experience, their manner and how I felt they would interact with the particular patient. That is what patients are looking for when they go "doctor shopping" or look at Healthgrade scores of physicians and hospitals. It is the expectation that they are going to get the best advice, the best care. In some ways it is at the center of the current national healthcare debate. And of course, that is what Dr. Friedman was looking for as well, the best and most experienced advice. It was his choice to refer to that particular subspecialist and not the NP. In the final analysis, it's not about the competency of the NP, but whether the expectations of the patient and the referring doc were appropriately met and not just shunted into the office algorithm for how a first-time visit is handled.

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Response to Letters to the Editor

JOSEPH H. FRIEDMAN, MD

I very much appreciate the interest my column on the overuse of Advanced Practice Providers (APPs)[1] generated. We all agree that APPs are an increasingly important and integral part of our health care system. Dr. Korr's letter is a much clearer statement of my central argument, which was, and remains, that some APPs are being utilized inappropriately, such as having an APP perform a neurosurgical consultation requested by a neurologist instead of by the neurosurgeon to whom the patient was referred. My basic contention is the same as that in a paper[2] cited by Dr. Thompson, that "the value that APPs bring to patient care is "*not as [in a] physician replacement model*, but rather an advanced practice model of care." That article strongly supports the value of APPs in acute and critical care settings, but does not address the value of APPs in outpatient consultative specialty care, which was the focus of my column.

Dr. Thompson also cited the recommendations of a committee of the American Academy of Neurology.[3] That article actually supports my own contention. Although supporting the use of APPs for "consultations," it states that, "Neurologists will remain essential to the process of diagnostic evaluations and development of a care plan through consultation, while APPs may assume the leadership of straightforward cases."An accompanying editorial on that article[4] agrees. "For example, neurology APPs could follow patients' anticonvulsant levels or monitor patients with Parkinson's disease for medication side effects."

The other three articles Dr. Thompson cites [5-7] also address the use of APPs in very different settings than were relevant to my column. It is likely that there are publications supporting the value of APPs substituting for physician specialists in outpatient specialty care, as Dr. Korr describes from personal experience, but how they are used must be better thought out than the cases I described.

References

1. Friedman JH. Physician overextenders. *RI Med J*. 2019;102(7): 11-12.
2. Kleinpell R, Grabenkort W, Kapu A, Constantine R, Sicoutris C. Nurse Practitioners and Physician Assistants in Acute and Critical Care: A Concise Review of the Literature and Data 2008-2018. *Crit Care Med*. 2019;[Epub ahead of print].
3. Schwarz H, Fritz J, Govindarajan R, Penfold Murray R, Boyle K, Getchius T, Freimer M. Neurology advanced practice providers: A position paper of the American Academy of Neurology. *Neurol Clin Pract*. 2015;5(4):333-337.
4. Moawad H. Advanced practice practitioners. The solution to all that ails medicine? *Neurol Clin Pract*. 2015;5(4):275-7.
5. Virani S, Akeroyd J, Ramsey D, Chan W, Frazier L, Nasir K, Rajan S, Ballantyne C, Petersen L. Comparative effectiveness of outpatient cardiovascular disease and diabetes care delivery between advanced practice providers and physician providers in primary care: Implications for care under the Affordable Care Act. *Am Heart J*. 2016;181:74-82.
6. Rymer J, Chen A, Thomas L, Stafford J, Enriquez J, Goyal A, Peterson E, Wang T. Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *J Am Heart Assoc*. 2018;7(17).
7. Zhu J, Zhang T, Shah R, Kamal A, Kelley M. Comparison of Quality Oncology Practice Initiative (QOPI) Measure Adherence Between Oncology Fellows, Advanced Practice Providers, and Attending Physicians. *J Cancer Educ*. 2015;30(4):774-778.

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