

Assistant Physicians

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Disclosures

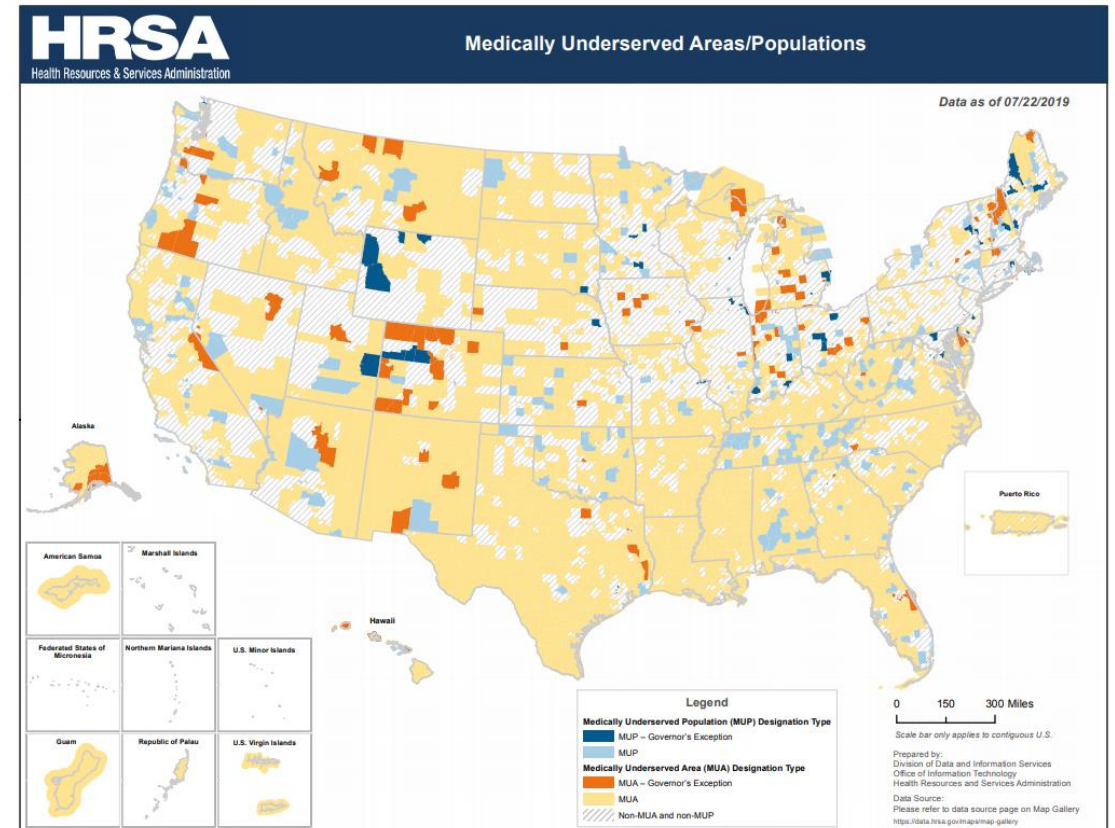
- I have no financial disclosures or conflicts of interest.
- I am a board member of the Missouri Academy of Family Physicians (MAFP).
- The MAFP opposed the legislation creating the position of the Assistant Physician (AP) in Missouri.

Objectives

- Review how the Missouri Assistant Physician became a reality and recent legislation attempts to expand licensure of Assistant Physicians
- Review scope of practice issue for non-physician providers
- Discuss oversight and auditing of collaborating physicians
- Discuss implications of physicians licensed to practice without residency training
- Identify potential long-term effects on current medical education and medical practice

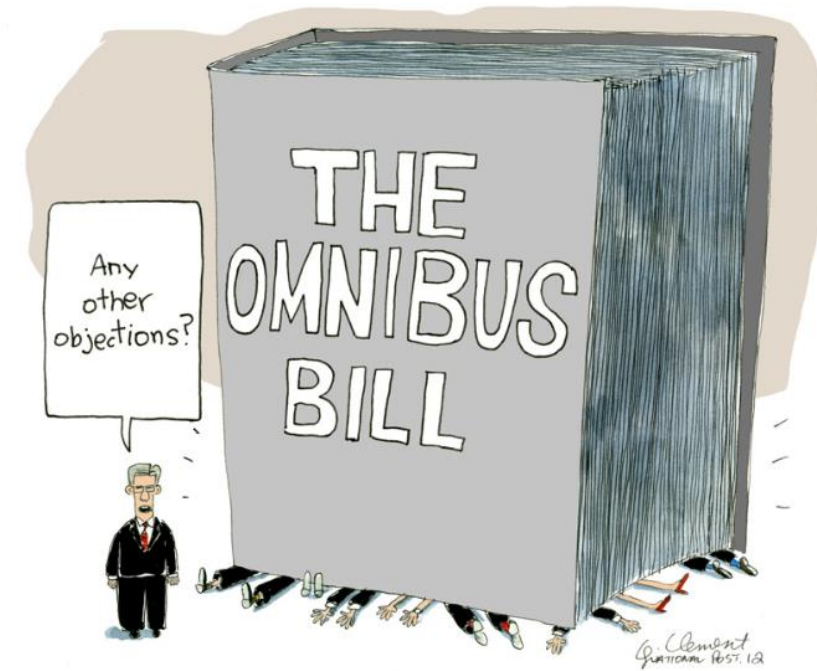
Background

- Shortage of primary care providers(PCP) in underserved areas of Missouri
- Perception that there is an excess of quality medical school graduates that do not match into residency
- Assumption that those unmatched graduates can help fill the need for primary care services
- Assumption that those unmatched graduates want to be PCPs
- Can serve patients without increasing cost



Initial Legislation

- Introduced in 2014 by Representative from Rolla
 - Keith Frederick DO; R 2010-2018; Orthopedic Surgeon
 - Lynn Morris; R. Nixa, MO
- Part of omnibus bill that passed without debate on House or Senate Floor.
 - Minimal input from Graduate Medical Education (GME).
 - Supported by Missouri State Medical Association
 - Opposed by physician assistant and nurse practitioner organizations
- Proposed as time limited, unlimited by the time it was passed
- Final rules published by Board of Healing Arts in August of 2016
- Application for licensure opened January 2017



Rules for AP Licensure

- Citizen or legal resident of the US
- Graduated from a recognized medical school
 - International Medical Graduate accepted
- Be proficient in English
- Have passed Step 1 and Step 2 of USMLE
 - Passed Step 2 within 2 years of applying for AP and no more than 3 years after graduation from medical school
- Have not completed a residency
- Must have collaborating physician agreement within 6 months



Guidelines for Practicing APs 2017-2018

- Must have a Collaborative Practice Arrangement with Licensed Physician
- Licensed Collaborating Physician who:
 - Works together for 1 month (120 hours)
 - After 1 month, must be within 50 miles and immediately available in person or by telecommunication
 - Determines methods of treatment, authority to administer, dispense or prescribe drug
 - Delegates responsibilities to AP based on level of skill, education, training, and competence
 - Determines if can prescribe/dispense scheduled substances
 - APs only prescribe 72 hours of medication or less for new diagnosis
- 100 hours of Continuing Medical Education every 2 years

Scope of Practice of APs 2017-2018

- “Provide care for the diagnosis and treatment of acute or chronically ill or injured persons” as defined by collaborative agreement
“consistent with skill, training, education, and competence”
 - What about the collaborating physician?
- This includes prescribing, performing procedures, and limited controlled substance dispensing
- Only 10% of charts must be reviewed by collaborating physicians
 - 20% if AP is prescribing controlled substances

Initial Concerns from the GME Community

- Establishes a new category of practicing physicians
 - Two tiered system—how to distinguish?
- Supervision requirements are far less stringent than for residents in training
- No duty hour restrictions, limited chart review, limited CME requirements
- Applicant pool likely comprised of those not deemed quality residency candidates



“Show Me” Data

“Characterization of Licensees During the First Year of Missouri’s Assistant Physicians Licensure Program”

--Grant Hoekzema, MD of Mercy in St. Louis and James Stevermer, MD, MSPH of FCM Mizzou were published in JAMA in October of 2018

- During 2017, Missouri licensed 99 assistant physicians
- 25 had secured a collaborative agreement
- 92 were IMGs
 - 76 of whom graduated from schools in the Caribbean
- 7 were US medical school grads, 6 were from allopathic schools
- None were from a Missouri medical school



Table. First Attempt Pass Rates for Assistant Physicians on the US Medical Licensing Examination vs All US and International Medical Graduates

	Pass Rate on First Attempt for Assistant Physicians, No./Total (%)	Pass Rate on First Attempt for All US Medical Graduates, No. (%) ^a	Between-Group Difference, % (95% CI) ^b	P Value	Pass Rate on First Attempt for All International Medical Graduates, No. (%) ^a	Between-Group Difference, % (95% CI) ^c	P Value
Step 1	64/92 (70)	96.74 (94)	24 (14 to 34)	<.001	57.62 (78)	8 (-2 to 18)	.07
Step 2							
Clinical knowledge	39/92 (42)	96.56 (96)	54 (43 to 64)	<.001	49.92 (81)	39 (28 to 49)	<.001
Clinical skills	46/92 (50)	94.54 (96)	46 (35 to 57)	<.001	46.83 (79)	29 (18 to 40)	<.001
Step 3	19/29 (66) ^d	93.87 (96)	31 (11 to 50)	<.001	38.56 (86)	21 (1 to 40)	.004

^a Data reflect the cumulative averages from 2012 through 2016 (<https://usmle.org/performance-data/default.aspx>).

^b Difference between the pass rate for all US medical graduates and the pass rate for assistant physicians.

^c Difference between the pass rate for all international medical graduates and the pass rate for assistant physicians.

^d Step 3 is not required for licensure in Missouri.

- APs had statistically significantly lower first time pass rates on all 4 step exams compared with the matching cohorts of US medical graduates
 - Significantly lower pass rates on 3 Step examinations (exception of Step 1) when compared to IMGs
- 58% of APs failed Step 2 CK & 50% failed Step 2 CS

“Show Me” More Data

- Still the only collective data we have regarding APs as a whole
 - Obtained during the 1st year of the program, 2017
 - Many changes since then, has great potential to build from

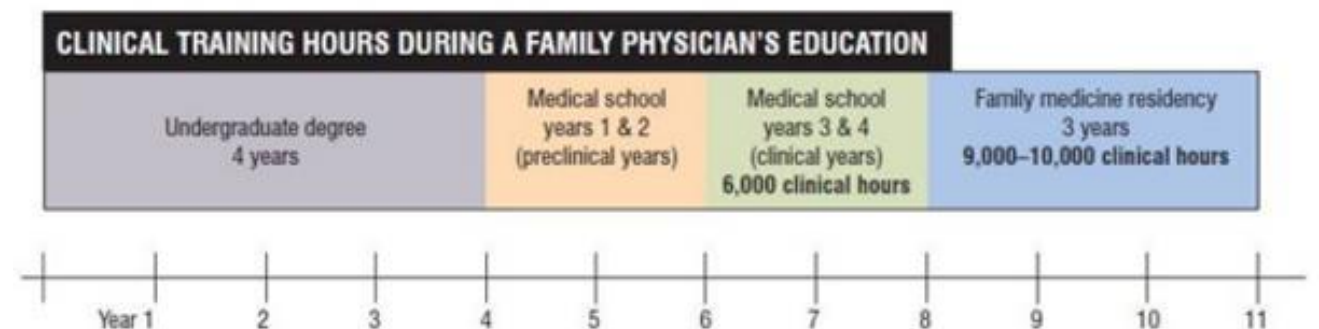


House Bill 2127-Passed; Updates in 2018

- Extended to 4 years to complete Steps
- Can provide **any services** in specified locations
- Shall be considered physician assistants for reimbursement purposes
- No rules can require APs to complete more hours of CME than licensed physicians
- No collaborative practice agreement needed in 6 months
- Collaborating physician only has to be in the same location during 1 month
 - Practice within 75 miles of collaborating physician
 - No patients required to be seen
- No more than 10% of notes can be required to be reviewed by collaborator
- APs can prescribe buprenorphine for up to 30-day supply without refill
- Collaborator can supervise up to 6 full-time equivalent APRNs, PA, or APs

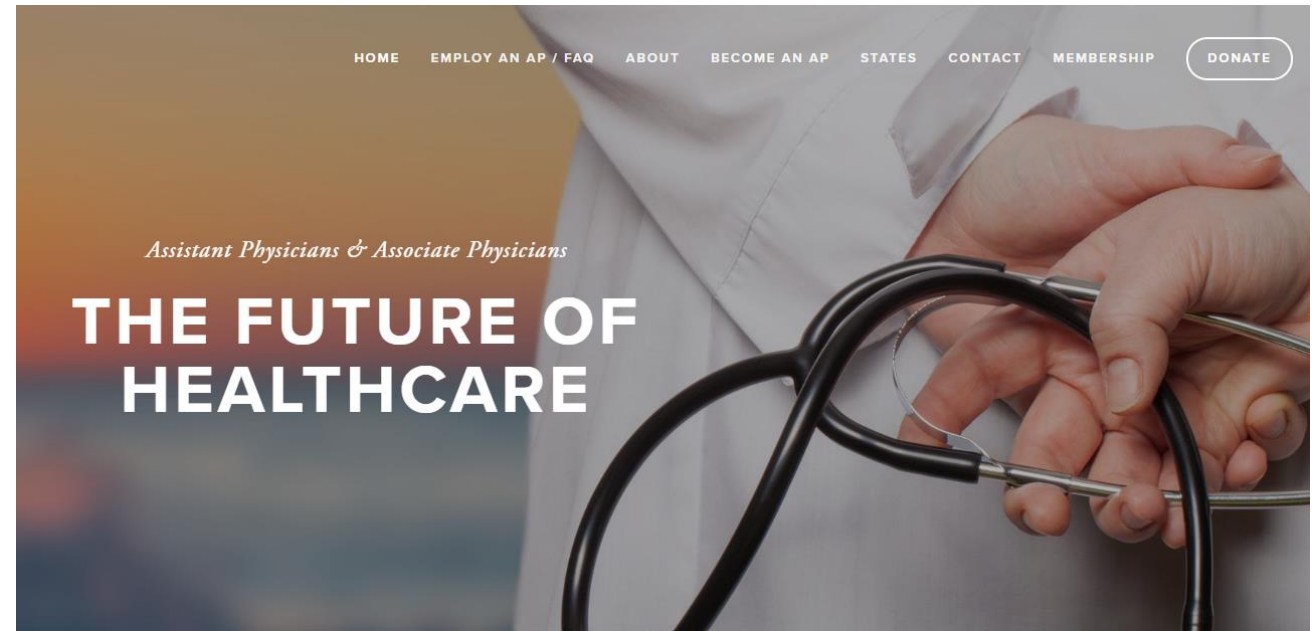
Proposed House Bill 710- Did Not Pass 2019

- Allows APRNs and Physician Assistants to collaborate with an Assistant Physician
- Establishes a process for an Assistant Physician to become a fully licensed physician by:
 - Completing Step 3 of the USMLE *in less than 3* attempts within 3 years
 - Completing 5 years of continuous, full time, active collaborating practice
 - Completing *100 hours of didactics during the 5-year postgraduate training*
 - Completing existing CME requirements for an AP



APs in Missouri Today

- 271 licensed as of Oct 3
 - 63 more than July 23
 - All had collaborating physicians; unnamed
- No list of practice types associated
- No list of collaborating physicians specialties
- City not listed for all licensees
 - Branson, St. Louis, Kansas City
 - Grandview (Medina Clinic)
 - Springfield (Lift Up Someone Today)
 - Columbia (Big Tree Medical Home)



Implications of Collaboration of APs

- Allowing physicians without complete training to provide patient care under limited supervision risks quality and safety
- Promoting care to underserved by APs as a “fallback option” devalues primary care and those patients
- Established an inappropriate standard for the care of rural and urban underserved
- Preys on the confusing nature of medicine for patients trying to navigate the system in search of quality care
 - AP, PA, MD, DO, DNP

Implications of APs for Residencies

- **Devalues residency training**, specifically Family Medicine
- Promotes the idea that “everyone wins”
- Potential loss of qualified applicants
- Should APs be accepted into a residency after working as AP?
- Allows collaborating physician to be “pseudo residency director”
- What are APs paid? Hourly? Salary? Are they even paid?
- How does their new role affect contract negotiations, compensation, and scope of practice for newly minted residents?

Implications of APs on Medical Schools

- Should this be promoted as a career option?
 - National Conference presence
- How do medical schools address this?
- Would it be permissible for medical students to not apply for residency?

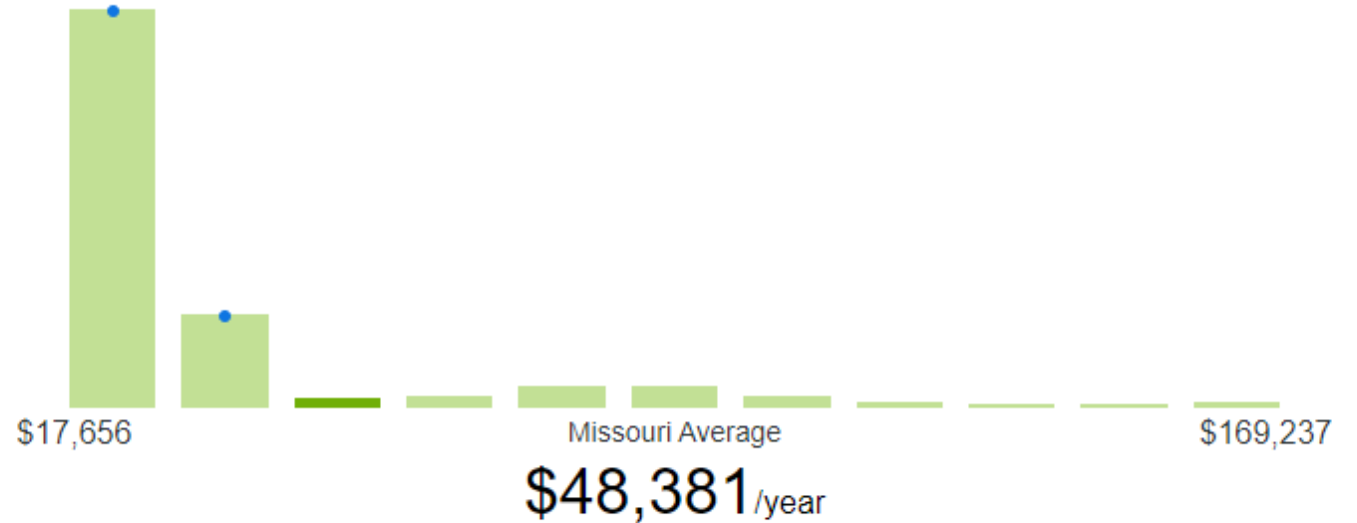


Compensation Information

- As of July 14, 2019
- Updated Sept 20, 2019
- Are APs really making enough to pay off student debt?

Assistant Physician Salary in Missouri

Yearly Monthly Weekly Hourly



Assistant Physician Salary Comparison by Location

Nationwide United States	\$56,175
Missouri United States	\$48,381

Thoughts for Family Medicine at Large

- Do we have primary care needs that truly cannot be met without APs?
- Push for independent scope of practice for PAs and NPs has been ongoing for years.
 - It's tough to reconcile this if APs gain licensure
- Similar legislation has been enacted in UT, AR, and KS. Blocked in VA and WA through Family Medicine Organizations
 - UT, AR, KS—limited to graduates from the state or resident citizens
 - How will other states follow?
 - Are they even aware this is happening?

Thoughts for Family Medicine at Large

- Are residency programs and rural practices “islands” of comprehensiveness that are un-needed?
- Is anybody doing patient care better than no body doing patient care?
- How do we reconcile the public view when 1/3 of the physicians in Missouri Legislature agree with APs practicing independently?
- Is this a standard of care that the public wishes to endorse?
 - To what degree is it our responsibility vs. public responsibility on education of the differences

Questions for our Government

- Who is auditing APs? Collaborating physicians?
- How do you determine effective, safe patient care by APs?
 - Wait for poor patient outcomes?
- Is the degree of oversight the same if it's a Direct Primary Care setting where government reimbursement isn't funding the practice?
 - Patient decision to go there—you get what you pay for?

What Can We Do?

- Expect this issue is **not** going away.
- Become vocal to legislators
 - With your opinion. You already know mine
- Become involved in organized medicine
 - Missouri Academy of Family Physicians-Opposes APs
 - AAFP award for Advocacy Regarding this
 - Missouri State Medical Association-Supports APs
 - Unaware of expansion of APs until July 2019
 - American Academy of Family Physicians-Strongly Opposes Expansion of APs
- Be proud of residency training
 - Share with others the benefits of being surrounded by people more intelligent than yourself

Open Discussion



Thank you!

- Questions or comments to:
 - toddmf@health.missouri.edu

Resources:

- Missouri Division of Professional Registration Assistant physicians. <https://pr.mo.gov/assistantphysicians.asp>
- Missouri Senate Senate Bill No. 718 during 99th General Assembly. http://www.senate.mo.gov/18info/BTS_Web/Bill.aspx?SessionType=R&BillID=69472996
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- AAFP Scope of Practice Kit, What is a Physician? <https://www.aafp.org/dam/AAFP/documents/advocacy/workforce/scope/Restricted/ES-statescopeofpracticekit-051513.pdf>
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- <https://data.hrsa.gov/maps/map-gallery>
- <https://assistantphysicianassociation.com/>
- <https://www.ziprecruiter.com/Salaries/How-Much-Does-an-Assistant-Physician-Make-a-Year--in-Missouri>
- Bernskoetter, Brian. Phone Interview. 22 July 2019. 17 minutes in duration.
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