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
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?
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](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](http://www.senate.mo.gov/18info/BTS_Web/Bill.aspx?SessionType=R&BillID=69472996)
- [https://www.themedinaclinic.org/assistant-physicians](https://www.themedinaclinic.org/assistant-physicians)
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