

Considering Adding a NP or PA to the Practice?

Stuart B Black MD, FAAN

TNS Medical Economics Chair

With the implementation of the Affordable Care Act compounded by the recent multiple changes medicine, it becomes increasingly demanding for many neurologists to keep up with the increased workload. While the implementation of Electronic Health Records has many advantages in addition to the integration of patient care among providers, when one considers the ongoing fees of maintenance and upgrades, it is still an ongoing expense to the practice even after purchase. The new rules and regulations which define government requirements inadvertently impose additional challenges to the average neurology practice. The efforts toward being compliant with the accumulation of new practice mandates are often difficult and time consuming to accomplish. Meaningful Use, the eventual conversion to ICD-10, Accountable Care Organizations, the Patient Centered Medical Home, the “Medical Neighborhood”, and now the concept of transforming specialties into Patient Centered Specialty Practices is all emerging so quickly that it adds greatly to the time neurologists would otherwise be caring for patients. Alternative payment models focusing on “quality” and not “quantity” are redefining payment practices while the insurance “Exchanges” seem to be adding increased complexity to reimbursements. It is not uncommon for office and professional responsibilities to impose even more on the important personal time a neurologist has to spend with family and friends or enjoying non-practice related activities.

These are just a few of the issues which have contributed to the growing interest toward adding Midlevel Advance Practitioners (MLAPs), specifically Nurse Practitioners (NPs) and/or Physician Assistants (PAs), to certain neurology practices. While many neurologists previously looked upon MLAPs to be “physician extenders” or auxiliary to the main clinical services of the practice,

today's model of these well trained professionals have evolved into important medical providers who can play an instrumental role in patient care. In addition to contributing added value to a practice, NPs and PAs can assist a neurologist in accomplishing the multiple additional demands that are now associated with compliance and patient care; including those mentioned above. The modern educational background of NPs and PAs is not limited to Evaluation & Management services but now may include highly specialized skills which apply not only to a general neurology practice but are valuable assets to neurology subspecialists; including in-patient Neurohospitalists and NeuroIntensivists.

Since many neurologists are in the early phases of considering whether adding a NP or PA to their practice may be beneficial, it is hoped that a more detailed understanding of the background of both specialties and the academic requirements of becoming a NP and PA would be of value. The following is a brief overview of the history, education, certification requirements and licensure of NPs and PAs.

The first training program for nurse practitioners was established in 1965. It had its origin at the University of Colorado Schools of Medicine and Nursing under the direction of Loretta Ford, RN and Henry Silver, MD. Ms. Ford was a public health nurse in post World War 11 rural Colorado. She joined the faculty of the University of Colorado School of Nursing in 1961 and began working with Dr. Silver, Professor of Pediatrics, to develop the visionary model of advanced nursing practice. The early nurse practitioner's program was developed under a Master's Degree curriculum, based on the nursing model of care. In 1967, Boston College initiated one of the earliest master's programs for NPs. NP educational and training programs have since grown in parallel across the U.S. Federal Law defers to State Law regarding NP training requirements, which vary among states. NP formal education beyond high school is usually an additional 6-8 years. While nursing school curricula incorporate all of the basic sciences as chemistry, anatomy, physiology, microbiology, pathology, and pharmacology, to name just a few, an advanced practice nurse (which includes NPs, clinical nurse specialists, nurse anesthetists and nurse midwives) has specialized training in a number of advanced practice specialties. There are a variety of paths to becoming a nurse practitioner

in the U.S. Typically the process begins with obtaining a Bachelor of Science in Nursing (BSN) which takes 4 years followed by a Master's of Science in Nursing (MSN) which usually takes an additional 3 years. Doctor of Nursing Practice (DNP) programs require an additional 2-3 years of study beyond the MSN.¹ It is not uncommon for NPs to have ten years or more of nursing experience before they go into their practitioner-ship. The scope of a NP practice is state regulated. In some states a NP may work independently of physicians while in other states a collaborative agreement with a physician is required for practice.

With few exceptions, to practice as a NP in the U.S. requires national certification.² California, Indiana and Kansas are the only states which permit NPs to practice without a national board certification. In those three states, an NP can practice based on graduation from an accredited NP education program and/or completion of a designated amount of work experience.³ NP certification is offered by a variety of non-governmental agencies. The two major national certifying agencies are: American Academy of Nurse Practitioners (AANP) and the American Nurses Credentialing Center (ANCC). Both boards offer certification in a number of different areas; which collectively include adult, neonatal, pediatric, family, geriatric, psychiatric, acute care and women's health. There are additional Nurse Practitioner Certifications Boards, mainly: The National Certification Corporation (NCC) for Obstetric, Gynecologic, and Neonatal Nursing Specialties; American Association of Critical Care Nurses Certification Corporation, and Pediatric Nursing Certification Board. All states require a NP to maintain a current RN license. Nurse practitioners may prescribe controlled substances. On site supervision is not required. NPs recertification requirements require 75-150 CEUs every 5 years as well as a minimum of 1000 hours of clinical practice; both requirements as an NP in the areas of specialization. Recertification requirements are met by meeting clinical practice and continuing education requirements

The first educational program for physician assistants was also established in 1965. Dr. Eugene Stead, chairman of the Department of Medicine at Duke University, established the curriculum; a two year educational model based upon the fast track training of doctors during World War 11. His first students were four Navy corpsmen who had received considerable medical training during their military

service. The PA educational program was, and continues to be, modeled on the medical school curriculum; a combination of classroom and clinical instruction. In addition to anatomy, physiology, biochemistry, pharmacology, physical diagnosis, pathophysiology, microbiology, clinical laboratory science, behavioral science and medical ethics, PAs also complete more than 2,000 hours of clinical rotations. PA training is usually 2 to 3 years of consecutive study, completed during their post-graduate studies, for a total of 6-7 years of rigorous science based post secondary education. The most recognized educational programs are graduate programs leading to a Master' Degree in Physician Assistant Studies (MPAS), Health Science (MHS), or Medical Science (MMS).⁴ Most PA students start their medical education with a background of health care experience. Admission to the better PA programs is very competitive. It is not unusual for a highly ranked PA school to receive annual applications in the range of 800 to more than 1,000 for a class of 35-36 students. For those highly rated schools the Graduate Record Examination (GRE) is not required of applicants who have a U.S. acquired Masters Degree or higher; but all other applicants are required to submit GRE scores. While PAs also have a great deal of autonomy, they must work under the supervision of a physician. The rules and regulations which define the extent to which a PA must be supervised differ from state to state.

Once a candidate has completed the formal PA education program, he/she is not qualified to practice until they pass the national Physician Assistant National Certifying Examination, referred to as PANCE. The examination is administered by the National Commission on Certification of Physician Assistants (NCCPA). Upon completion of the examination and receiving the designation of "Physician Assistant-Certified or "PA-C", the PA must then be licensed in the state in which they wish to practice. PAs have delegated prescriptive authority in all 50 states, the District of Columbia, the Commonwealth of Northern Mariana Islands and Guam. Nearly all these jurisdictions allow PAs to prescribe controlled drugs; on site supervision is not required. All Physician Assistants have recertification requirements of 100 hours of CME every 2 years and a recertification examination every 6 years.

The benefits of a neurologist employing a Nurse Practitioner or Physician Assistant are, to a large extent, highly individualized. As with most practice decisions, what might be beneficial for one physician may not be for another. Although NPs and PAs receive their training in different types of programs, by the time they are at the level of specializing in neurosciences, most will have comparable skill sets. It is very common to see MLAPs of both disciplines working side by side providing the same medical services in both the outpatient and inpatient arena. Once the decision is made to add a NP or PA to the practice, the choice is frequently dictated by the availability of the most qualified applicants more than a specific focus on one professional discipline over the other. The decision to employ an Advanced Midlevel Practitioner is usually based upon the demand for services and intent on adding to the quality care the practice already provides. There should be a well defined intended role as to how the NP or PA would integrate into the care team model. This would include a developed planned communication strategy for patients as well as other members of the medical team. While it is true that in today's changing medical environment, more and more patients are increasingly comfortable being evaluated and treated by non-physician advanced practitioners, the introduction of a NP or PA into the practice is still more efficient when there is a transitional period which allows patients to learn about the new clinician and what services he/she will provide. There are also some essential steps to follow before and during the interview process. As is required in the credentialing of physicians for hospital staff, Medicare and other insurance carriers, background checks are important when adding any new professional to the practice. Confirmation of certification and an unrestricted license with the state board should be verified. It is important to be aware of any past or ongoing investigation, including a Medicare audit, disciplinary action, liability litigation, or prior convictions. If there were problems, those circumstances would deserve further exploration. After due diligence is done and employment is agreed upon, the scope of practice, supervision, responsibilities and state practice laws and regulations for the NP or PA should all be clearly defined in a legal contract best written by a healthcare attorney if possible.

As neurologists in Texas and across the nation find themselves spending more time performing tasks to be compliant with the new rules and regulations of maintaining a practice and monitoring reimbursements, for many, the number of work hours in a day often seems to be increasing. Many physicians are seeing more patients to maintain the practice's medical economic stability. The days get longer and the evenings and weekends get shorter. Adding another physician to the practice may be clinically justifiable but the financial structure may not support an additional neurologist. These types of circumstances have created a rather common scenario that has led some colleagues toward considering employment of a Nurse Practitioner or a Physician Assistant. Other neurologists have added NPs or PAs to the practice as a value added model toward patient care. There are many individualized reasons why a neurologist may, or may not, consider employing a NP or PA. Whatever the impetus, hopefully this discussion of the professional educational environment, certification and licensure of Nurse Practitioners and Physician Assistants will be of some added benefit.