



Advanced practice clinicians as a usual source of care for adults in the United States

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ABSTRACT

Background: Advanced practice clinicians (APCs) including nurse practitioners and physician assistants are increasingly used to deliver care, yet little is known about these providers as a usual source of primary care.

Purpose: This study examined the extent to which APCs serve as a usual source of care and the impact of such use on health care expenditures and quality.

Methods: We performed a cross-sectional study by identifying 90,279 adults from the 2002 to 2013 Medical Expenditure Panel Survey who self-reported their usual source of care as either an APC or a primary care physician (PCP). Using complex survey design methods to make national estimates, we compared annual health care expenditures and quality measures among adults whose usual source of care is an APC to that of adults whose usual source of care is a PCP.

Discussion: Nationally, 32 million adults visit an APC each year, yet only 1.4 million adults report their usual source of care to be an APC. In adjusted analyses, mean annual health care expenditures were \$7,323 among APC patients vs. \$7,959 among PCP patients, a difference of -\$635 (95% confidence interval [-\$1,408 to \$138]). Across specific health services, APC patients trended toward having lower expenditures except for marginally higher expenditures on emergency room visits (\$256 vs. \$227 $p < .001$). APC patients were similar to that of PCP patients across health care quality measures.

Conclusions: Few U.S. adults report their usual source of care to be an APC. Health care spending and quality measures are similar between APC patients and PCP patients. Expanding use of APCs as a usual source of care will likely not lead to increased health care spending.

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Introduction

As health care costs continue to rise (Keehan et al., 2015) and a shortage of primary care physicians

(PCPs) is evident (Bodenheimer & Pham, 2010; Ku, Jones, Shin, Bruen, & Hayes, 2011; West & Dupras, 2012), policy makers seek new strategies to meet the growing health care needs of the nation. The Patient Protection and Affordable Care Act contains several

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provisions to improve access to care and expand health insurance coverage to millions of previously uninsured Americans. Upward of 7,200 additional physicians are required to provide primary care to the Americans who obtain coverage through the Affordable Care Act alone (Hofer, Abraham, & Moscovice, 2011; Huang & Finegold, 2013). Accounting for the aging population coupled with expansion of health insurance coverage, the U.S. Department of Health and Human Services projects a total shortfall of 20,400 PCPs by 2020 (US Department of Health and Human Services, 2013).

Among others, the National Academy of Medicine advocates for increasing the use of advanced practice clinicians (APCs)—nurse practitioners and physician assistants to address the current and projected demand for primary care services (Health Affairs Health Policy Brief, 2012; Institute of Medicine, 2010; Kaiser Family Foundation, 2015; Naylor & Kurtzman, 2010; US Department of Health and Human Services, 2013). APCs currently represent a quarter of the U.S. primary care workforce and practice in diverse settings, which include physician-led health care teams, retail clinics, and as independent providers (Auerbach, 2012; Hooker, Brock, & Cook, 2016; Kralewski, Dowd, Curoe, Savage, & Tong, 2015; Roblin, Howard, Becker, Kathleen Adams, & Roberts, 2004; Stange, 2014; Thygeson, Van Vorst, Maciosek, & Solberg, 2008). Although they perform similar primary care services, insurers generally reimburse APCs at lower rates than physicians (Health Affairs Health Policy Brief, 2012; Naylor & Kurtzman, 2010; Stange, 2014), which may result in APC-delivered primary care costing less than that of PCP. However, lower direct costs associated with APC care may be offset by additional indirect costs because of greater reliance on diagnostic services (Hughes, Jiang, & Duszak, 2015), consultations to specialty physicians, and emergency department visits. In 2010, the National Academy of Medicine recommended that nurse practitioners (the largest constitute of the APC workforce) practice to the full extent of their training as independent clinicians (Institute of Medicine, 2010). However, to date, very little is known about the extent to which APCs practice as a usual source of care and the question remains whether APC-directed primary care differs in meaningful ways compared to PCP-directed care in regards to spending and quality.

Therefore, we used nationally representative data from the Medical Expenditure Panel Survey (MEPS) to examine the use of APCs as a usual source of care in the United States. Our objectives were to (a) estimate the number of American adults who visit APCs and those who specifically self-report their usual source of care to be an APC, (b) compare the characteristics of U.S. adults whose usual source of care is an APC to that of adults whose usual source of care is a PCP, and (c) compare annual health care expenditures and quality of care among adults whose usual source of care is an APC to that of adults whose usual source of care is a PCP.

Methods

Study Population and Data Source

For this study, we pooled 2002 to 2013 data from the MEPS. Conducted annually by the Agency for Healthcare Research and Quality, the MEPS is a nationally representative sample of the noninstitutionalized U.S. population (Cohen, Cohen, & Bantlin, 2009). Detailed information is gathered on health care utilization, expenditures, and health status. The MEPS utilizes an overlapping panel design consisting of household, medical provider, and insurance provider components. For each year, personal- and family-level data obtained from the household, medical provider, and insurance provider are collected and aggregated by the MEPS study team. For this study, we used data from the MEPS household component files including the full-year consolidated data and medical conditions files. This study was granted an exemption from institutional board review.

We analyzed data from all adult (18 years and older) participants of the MEPS survey from 2002 to 2013. For the study time period, a total of 295,701 adults participated, with a range of 21,782 adults in 2007 to a high of 27,820 in 2012. From 2002 to 2013, the response rates among all participants ranged between 58.6% and 69.3%.

Measures

Adults Who Visit APCs

To determine how common APC care for adults is in the United States, we identified annual ambulatory visits to APCs (any visit to either a nurse practitioner or physician assistant in the calendar year) using data from the MEPS consolidated data files. From this, we estimated the total number of U.S. adults who use APC care each year.

Identification of Usual Source of Care

Next, we used MEPS participants' self-reported usual source of care as a surrogate measure of their primary care provider type (Friedberg, Hussey, & Schneider, 2010). MEPS participants are asked whether there is a particular doctor's office, clinical, health center, or other place the individual usually goes to when sick or in need of health advice. From those who answered "yes," we estimated the number of U.S. adults who have a usual source of care.

For those who have a self-reported usual source of care, MEPS staff then inquires about whether their usual source of care is a "facility," "person," or "person within facility." Those who report having a specific provider (i.e., either a person or person within a health care facility) are then asked to identify the professional credentials of the provider. We identified MEPS participants whose usual source of care was an APC

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