

Addressing the Nation’s Primary Care Shortage: Advanced Practice Clinicians and Innovative Care Delivery Models

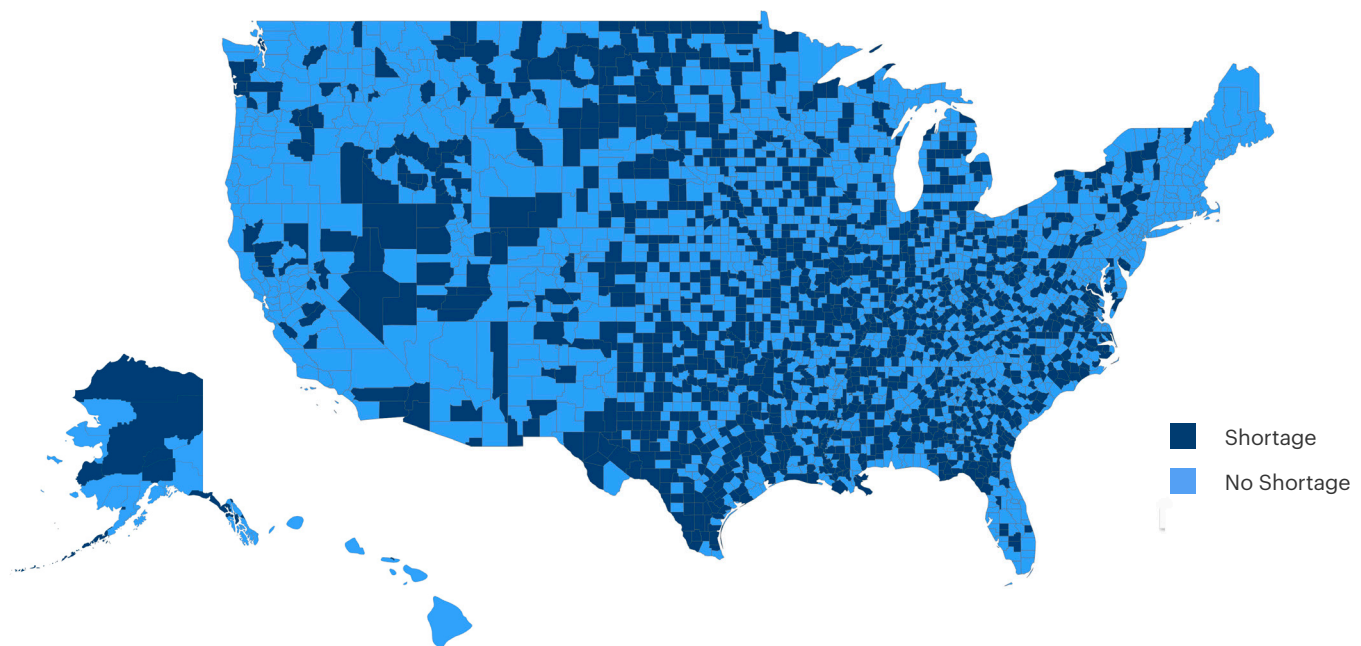
Primary care is the foundation of the U.S. health care system. It includes the treatment of common conditions, illnesses, and accidents, as well as preventive services and the ongoing treatment of individuals with chronic disease. Effective primary care is the patient’s entry point to the care delivery system. It improves quality, outcomes, and patient experience, while coordinating care, containing costs, reducing unnecessary utilization, and promoting use of the proper site of service and efficient use of health care resources.¹

Gaps in Primary Care Access

Access to primary care is a challenge for many individuals with health coverage, as well as the uninsured.

- ▶ Thirteen percent of U.S. residents (44 million) live in a county with a primary care physician shortage, defined as less than one primary care physician per 2,000 people.²
- ▶ Of note, the primary care access challenge impacts rural as well as urban and suburban communities.
 - Rural residents are almost five times as likely to live in a county with a primary care physician shortage compared to urban and suburban residents (38 percent vs. 8 percent).³
 - Yet, nearly as many urban and suburban residents live in a county with a primary care physician shortage as rural residents (21 million vs. 23 million).⁴

U.S. Counties with a Primary Care Physician Shortage



Advanced Practice Clinicians – including nurse practitioners, physician assistants, and certified nurse midwives – are a growing part of the nation’s primary care workforce and represent a practical, near-term opportunity to expand primary care capacity and increase access to care.

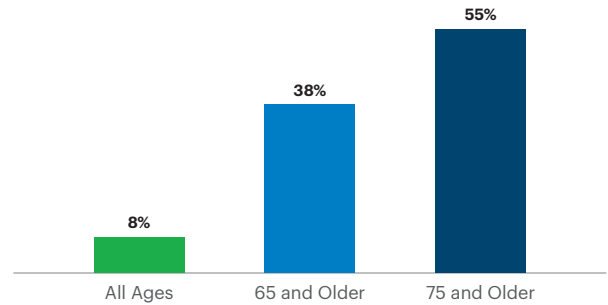
The nation's primary care capacity challenge will intensify over time as demand for primary care increases and the supply of primary care physicians struggles to keep pace.

Increasing Demand for Primary Care

Demand for primary care will increase significantly in the coming years as the U.S. health care system serves a larger, older, and less healthy population. By 2030:

- ▶ The U.S. population will increase 8 percent from 328 million to 355 million.⁵
- ▶ The number of people aged 65 and older will increase 38 percent from 53 million to 73 million.⁶
- ▶ The number of people aged 75 and older will increase 55 percent from 22 million to 34 million.⁷
- ▶ The number of people aged 65 and older living with at least one chronic disease will increase over one-third from 43 million to 59 million.⁸

Projected Increase in U.S. Population: 2018-2030

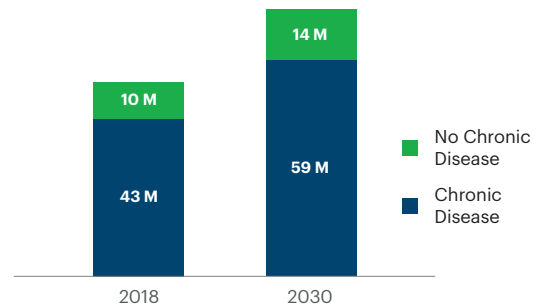


The Low and Declining Supply of Primary Care Physicians

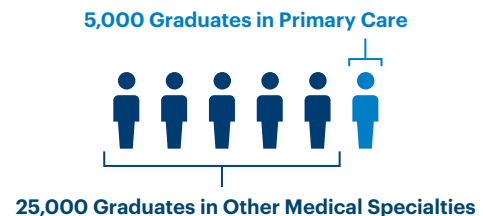
The supply of primary care physicians is – and will continue to be – insufficient to meet the demand of the population.

- ▶ Thirty-three percent of active physicians in the U.S. practice primary care, 288,000 out of 869,000.⁹
- ▶ By 2025, the number of primary care physicians will increase six percent from 288,000 to 306,000.¹⁰
- ▶ Over one-third of all physicians practicing today will be 65 or older by 2030.¹¹
- ▶ A primary care physician with a panel of 2,000 patients would need to spend an estimated 17.4 hours each day to provide recommended preventive, chronic, and acute care – and many primary care physicians have larger panels.¹²
- ▶ In 2017, only one in six medical school graduates – 5,000 out of 30,000 – selected a primary care residency program.¹³
- ▶ The estimated shortage of primary care physicians could grow from 18,000 in 2018 to 49,000 in 2030.¹⁴

Projected Increase in Individuals Aged 65+ with Chronic Disease, 2018-2030



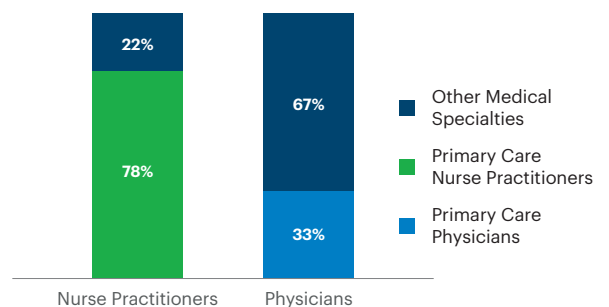
Residency Programs Selected by Physicians Graduating from Medical School in 2017



The Value and Capacity of Advanced Practice Clinicians

Nurse practitioners (NPs), physician assistants (PAs), and certified nurse midwives (CNMs) represent a growing part of the nation's primary care workforce. These Advanced Practice Clinicians help expand primary care capacity and increase access to care, either by practicing independently or as part of multidisciplinary care teams that help primary care practices care for more patients.

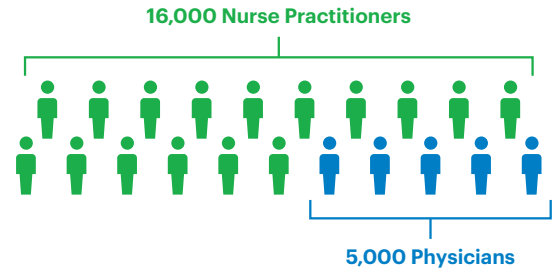
Share of Nurse Practitioners and Physicians Who Practice Primary Care



Nurse Practitioners

- ▶ Seventy-eight percent of NPs in the U.S. – 204,000 out of 262,000 – practice primary care, compared to 33 percent of physicians.¹⁵
- ▶ Each year approximately 16,000 NPs graduate from primary care programs,¹⁶ more than three times the 5,000 graduating physicians entering primary care residencies.
- ▶ By 2025, the number of NPs practicing primary care will increase 47 percent from 204,000 to 299,000.¹⁷
- ▶ NPs are more likely than primary care physicians to practice in underserved communities, including rural areas, and to accept new patients.¹⁸
- ▶ The quality of primary care delivered by NPs is comparable to that delivered by physicians.¹⁹

Clinicians Graduating from Primary Care Programs Annually



NPs diagnose and treat health conditions with an emphasis on disease prevention and health management. All NPs must complete a master's or doctoral degree, advanced clinical training beyond their professional registered nurse preparation, and national certification; undergo clinical outcome evaluations and periodic peer review; and adhere to a code for ethical practices.²⁰

Physician Assistants

- ▶ Twenty-eight percent of PAs in the U.S. – 33,000 out of 116,000 – practice primary care.²¹
- ▶ By 2025, the number of PAs practicing primary care will increase 39 percent from 33,000 to 46,000.²²
- ▶ The quality of primary care delivered by PAs in health centers, along with their referral patterns and their patients' service use, is largely comparable to that delivered by physicians and NPs.²³

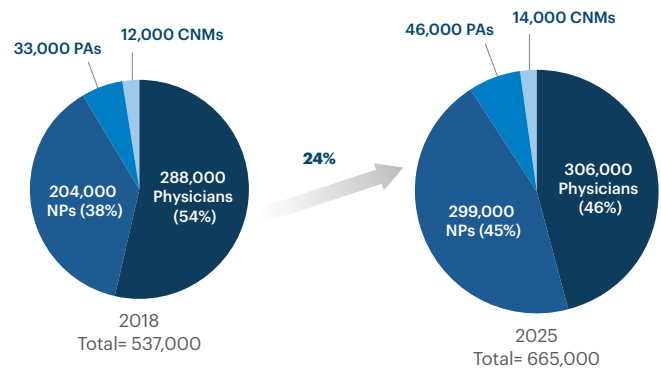
PAs diagnose and treat illness, develop and manage treatment plans, and prescribe medications. PAs, who work under physician supervision in physician practices, hospitals, and other settings, must complete a master's degree, over 2,000 clinical rotation hours, and national certification.²⁴

Certified Nurse Midwives

- ▶ There are 12,000 CNMs in the U.S. practicing primary care.²⁵
- ▶ By 2025, the number of CNMs practicing primary care will increase 17 percent from 12,000 to 14,000.²⁶
- ▶ CNMs improve access to high-quality primary care services for women, especially in rural and inner-city areas.²⁷

CNMs provide a range of primary care services to women, including comprehensive assessments, diagnosis and treatment, prenatal care, and labor and delivery. CNMs, who work in a range of settings, including offices, clinics, hospitals, birth centers, and patients' homes, must complete a graduate degree, a midwifery program, and national certification.²⁸

Supply of Primary Care Advanced Practice Clinicians, 2018 and 2025



Innovative Care Delivery Models

Innovative care delivery models – including urgent care centers, retail health clinics, and in-home clinical visits – enhance efforts to increase primary care capacity and access to care.

Urgent Care and Retail Health

Urgent care centers and retail health clinics meet consumers' needs for reliable triage and cost-effective treatment for non-emergent illnesses and injuries delivered in convenient walk-in locations with extended hours and short wait times, while providing a quality of patient care comparable to a physician office visit.²⁹

- ▶ 7,400 urgent care centers, which treat a broad range of conditions including low- and medium-severity illnesses and injuries requiring immediate care, account for 111 million patient visits each year.³⁰
- ▶ 1,800 retail clinics, which treat a narrower range of low-severity conditions, account for 10 million patient visits annually³¹ – nearly half of which take place when most physician offices are closed.³²

In-Home Clinical Visits

Delivering primary care and preventive services to individuals in their homes is an effective approach to improving access and care delivery. A key advantage of these in-home clinical visits is the review of environmental and social conditions, which provides valuable information and context to inform a patient's treatment plan.

- ▶ There are over three million in-home clinical visits in the U.S. each year.³³
- ▶ In a program for Medicare beneficiaries, individuals receiving in-home clinical visits were associated with a decline in hospitalizations and nursing home admissions, an increase in physician office visits, and higher diabetes and COPD detection rates.³⁴

The Opportunity to Increase Primary Care Capacity

Allowing NPs to practice to the full extent of their education and training represents a meaningful, timely opportunity to increase primary care capacity in the U.S. NPs are qualified to independently deliver high-quality primary care and already do so in 22 States. However, in many States, existing laws limit the ability of NPs to close gaps in primary care access.

Under a broader definition of primary care provider that includes NPs, if all States were to allow NPs to practice to the full extent of their graduate education, advanced clinical training, and national certification:

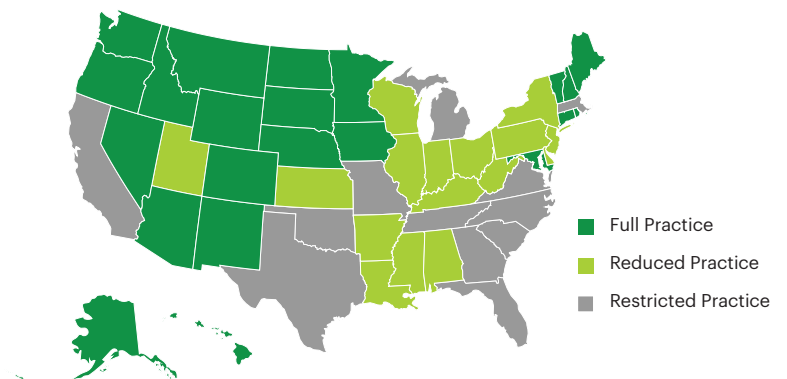
- ▶ The number of U.S. residents living in a county with a primary care shortage would decline from 44 million to fewer than 13 million – a 70 percent reduction.³⁵
- ▶ The number of rural residents living in a county with a primary care shortage would decline from 23 million to 8 million – a 65 percent reduction.³⁶

Nurse Practitioners' Scope of Practice Laws

State laws and regulations that restrict the scope of practice for NPs are sometimes justified as necessary to protect the safety of patients.³⁷ However, these restrictions can compromise patients' health by exacerbating primary care shortages.³⁸ Because State laws differ significantly, the ability of NPs to deliver care to patients varies meaningfully.³⁹

- ▶ 22 States give NPs full practice authority, allowing them to practice primary care to the full extent of their graduate education, advanced clinical training, and national certification by evaluating, diagnosing, and treating patients and prescribing medication independently.
- ▶ 28 States limit or prevent NPs from practicing primary care independently of physicians:
 - 16 States give NPs reduced practice authority, limiting one or more elements of the scope or setting of practice – such as allowing NPs to prescribe only limited quantities or types of medication, or requiring a physician to be present for a share of NPs' office hours.
 - 12 States give NPs restricted practice authority, requiring NPs to practice under the supervision of a physician.

Nurse Practitioners' Scope of Practice Laws



Citations and notes for this brief are available at: www.unitedhealthgroup.com/primarycare/citations