ACCESS FINANCING ORGANIZATION DELIVERY OUTCOMES

Vo.12
Issue 2

JUNE 2017

HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

IN THIS ISSUE

The papers "Comparative effectiveness of outpatient cardiovascular disease and diabetes care delivery between advanced practice providers and physician providers in primary care: Implications for care under the Affordable Care Act" and "Provider Type and Quality of Outpatient Cardiovascular Disease Care: Insights from the NCDR®PINNACLE Registry," co-authored by Julia M. Akeroyd, MPH, and Salim S. Virani, M.D., Ph.D., appeared in the American Heart Journal in November 2016 and the Journal of the American College of Cardiology in October 2015, respectively.

Akeroyd and Virani are researchers in the Health Policy, Quality & Informatics Program at the Michael E. DeBakey Veterans Affairs Medical Center, where Virani is a staff cardiologist. Akeroyd is also a researcher and Virani is an assistant professor at Baylor College of Medicine.

Should scope of practice laws for advanced practice providers be revised?

"Probably yes," says Julia M. Akeroyd and Salim S. Virani, researchers at the Baylor College of Medicine and the Michael E. DeBakey Veterans Affairs Medical Center. The U.S. has fewer primary care physicians per capita than any other industrialized country. According to the Association of American Medical Colleges, the U.S. will face an estimated shortage of 45,000 primary care physicians by 2020, which will increase to 65,000 by 2025. Although the future of health care reform is uncertain, the system would be further strained if the 20 million Americans who obtained health insurance under the Affordable Care Act retained some form of health care coverage. Some have advocated greater use of advanced practice providers (APPs) to address these shortages, especially for chronic disease care delivery.

Our study showed that the quality of routine outpatient care is comparable between physicians and APPs in primary care settings and cardiology practices in the U.S. We examined diabetes and cardiovascular disease patients receiving primary care in Veterans Affairs facilities and found that patients receiving care from APPs were more likely to have better blood pressure control, while those receiving care from physicians were more likely to have better cholesterol control. However, the overall effectiveness of care was very comparable between APPs and physician providers. Similarly, the quality of care delivered by APPs versus physicians in a national sample of cardiology practices showed that outpatient CVD care was comparable between APPs and physician providers.

Our related study of the same cohorts found that health care resource utilization did not differ significantly between provider types. Diabetes patients receiving care from APPs received fewer primary and specialty care visits and a greater number of lipid panels and HbA1C tests compared with patients receiving care from physicians. CVD patients receiving care from APPs received more frequent lipid testing and fewer primary and specialty care visits compared to those receiving care from physicians, with no differences in the number of stress tests.

With projected shortages of primary care physicians in the U.S., it is reassuring to see comparable quality of care and resource utilization between physician and advanced practice providers delivering chronic disease care. Currently, 22 states and the District of Columbia have granted nurse practitioners full practice authority. Although the Institute of Medicine and the Federal Trade Commission support expansion of APP services in other states, scope of practice laws remain restrictive in most states.

A care delivery model with expansion of APP roles could address health care access issues in the U.S. without affecting the quality and health care resource utilization of routine chronic disease care. It is important to note that the results of our studies apply to routine outpatient delivery of cardiovascular disease or diabetes care and do not apply to urgent care or an inpatient setting.

Baylor College of Medicine®

RICE UNIVERSITY'S BAKER INSTITUTE FOR PUBLIC POLICY

HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by Vivian Ho, Ph.D., James A. Baker III Institute Chair in Health Economics and director of the Center for Health and Biosciences at Rice University's Baker Institute for Public Policy, in collaboration with Laura Petersen, M.D., MPH, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

Rice University MS-40
Center for Health and Biosciences
P.O. Box 1892
Houston, Texas 77251-1892

For further information about the program, please contact:

Rice University MS-40
Center for Health and Biosciences
P.O. Box 1892
Houston, Texas 77251-1892
phone: 713.348.2735
email: bakerchb@rice.edu

We're going green!

Rice University's Baker Institute is reducing print mailings in an effort to be more environmentally friendly. If you would like to receive future Health Policy Research newsletters by email, please send your name and email address to bakerchb@rice.edu.

ACCESS FINANCING ORGANIZATION DELIVERY OUTCOMES

HEALTH POLICY research
Rice University's Baker Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

healthpolicy.bakerinstitute.org

Volume 12, Issue 2, June 2017

RICE UNIVERSITY'S BAKER INSTITUTE FOR PUBLIC POLICY

Baylor College of Medicine