



SCOPE OF PRACTICE: MYTHS VS. FACTS

Multiple studies, many published in the last year, offer clear evidence that weakening scope of practice rules drives up costs for patients and taxpayers, while producing poorer outcomes.

MYTH

MYTH 1:

Scope of practice changes would decrease health care costs.

MYTH 2:

Patients are the primary beneficiaries of scope of practice changes.

“Current Indiana state law limits the capacity of these professionals to deliver the patient care they are educated and clinically trained to provide.” – Hoosiers for Health Care Access website)

FACTS

– In the four years after the Veterans Health Administration granted independent practice authority to advanced practice providers, costs rose by \$74 million a year compared to using physicians only. That increase swells to \$160 million a year if differences in pay are excluded. Costs to treat patients assigned to nurse practitioners were 7% higher, an average of \$66 more per patient.

(Chan and Chen, National Bureau of Economic Research, 2022)

– The Hattiesburg Clinic, one of the largest accountable care organizations in Mississippi, reviewed 200,000 patient records after sharply increasing its reliance on APPs. Patients assigned to non-physicians as their primary care provider paid an average of \$515 more per year.

(Batson et al., Journal of the Mississippi State Medical Association, 2022)

APPs’ education and training are far less than that of physicians, and current Indiana law appropriately limits the patient care APPs are authorized to provide, in accordance with their significantly lower levels of training.

– Physicians undergo 10,000 to 16,000 hours of clinical training before they begin to practice, and face rigorous standards to gain admission to medical school in the first place. Nurse practitioners receive 500 to 1,000 hours. Physician assistants undergo about 2,000 hours.

– The VHA study concludes the cost of NP-provided care is higher nurse practitioners are compensating for “lower diagnostic skill” by ordering more CT scans, X-rays, or consultations with specialists. When an independent Mayo Clinic panel reviewed specialist referrals without knowing who had ordered them, it found referrals by APPs were 87% more likely to be unnecessary.

(Lohr et al., Mayo Clinic Proceedings, 2013)

– Despite the extra tests and costs, the VHA study found patients assigned to nurse practitioners had 20% more preventable hospitalizations within a month of the initial visit. In Hattiesburg, NPs’ patients were not only 2% more likely than physicians’ patients to end up in the emergency room, but slightly more likely to land in the ER than patients with no primary care provider at all.

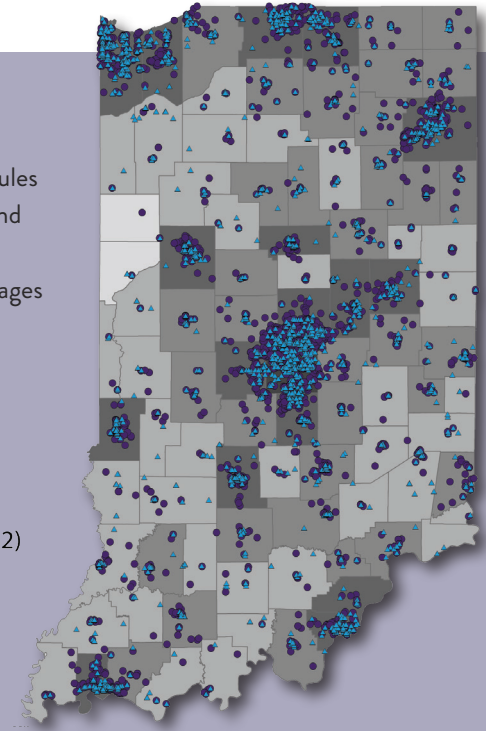
MYTH

MYTH 3:
Changes to scope of practice expand patient access to care.

FACTS

Indiana's concentration of physicians in cities and suburbs is mirrored by a concentration of nurses there. Looser rules of practice would lead to higher costs and poorer outcomes in higher-population areas without addressing provider shortages elsewhere.

- Primary Care Physicians (n=4,982)
- ▲ Nurse Practitioners (n=6,527)



MYTH 4:
Patients welcome scope of practice changes.

76% of Hoosiers over 40 want physicians to take the lead on their care. (ISMA survey, 2020)

Hattiesburg patients assigned to physicians rated their providers higher on all six categories of the clinic's customer-satisfaction surveys.

“The results are consistent and clear....we failed to meet our goals in the primary care setting of providing patients with an equivalent value-based experience.”

– Hattiesburg Clinic CEO Bryan Batson



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