PULASKI COUNTY MEDICAL SOCIETY

When you think professional, ethical, quality healthcare, think physicians of Pulaski County Medical Society.

February 2018 NEWS

Independent practice:
Both nurse practitioners and physicians should be outraged

The United States is facing a looming physician shortage, and some groups see this as an opportunity to promote an agenda of replacing physicians with nurses.

The nurse-as-doctor concept appeared in the Institute of Medicine Future of Nursing2011 report, which called for a radical change to the nursing structure in the United States, including a goal of "full" partnership with physicians. Nursing organizations responded with a plan to double the number of nurses with a doctorate degree by 2020.

To promote independent practice, the American Association of Nurse Practitioners (AANP) invested in an aggressive multi-media campaign, including an onslaught of television commercials promoting unsupervised nurse practice in states like Pennsylvania, which is currently debating scope of practice laws. Nurses' associations also spent over 5.3 million dollars on lobbying and donated 2.1 million dollars in 2016 to congressional candidates.

This PR and lobbying has reaped benefits for nurse practitioners (NPs). The Veterans Administration recently granted full practice authority to NPs, allowing veterans to receive medical care from nurses without physician supervision. In addition, 23 states and Washington, D.C. allow nurses to practice independently, with ongoing political battles in other states.

Unfortunately, this focus on increasing nursing scope of practice is having negative consequences, including a decline in the number of bedside nurses, along with an increase in NP diploma mills, programs that graduate nurses who are ill-prepared to care for patients independently.

Continued on page 3

500 S. University Ave., Suite 311 | Little Rock, AR 72205
Phone: 501.687.0039 | Fax: 501.663.1737 | Email: derek@pulaskicms.org | Website: www.pulaskicms.org

Continued from page 1
Independent practice: Both nurse practitioners and physicians should be outraged

I'm referring to "direct to DNP (Doctor of Nursing)" programs, many of which boast a 100 percent acceptance rates, promote "as little as fifteen months from MSN to DNP," and allow nurses to "bridge" by using work hours to credit towards clinical training. There are multiple accelerated programs that allow students who have not worked one hour as a nurse to become a NP, and even direct entry programs that allow students with a non-nursing bachelor's degree to become a registered nurse and a NP "seamlessly."

Once in attendance, NP coursework may be 100 percent online. Clinical experience hours are often on the honor system and may involve simply shadowing a doctor or nurse, many of whom the students have to find themselves. It is clear that there are simply not enough clinical preceptors to train nurse practitioner students, and a quick web search will show scores of NP students desperately seeking preceptors to attain clinical hours.

This decreased quality of NP training is becoming evident. While early studies showed that NPs working under physician supervision were able to produce similar outcomes in the management of already diagnosed chronic conditions, these NPs were mostly trained at brick and mortar schools, with a high level of clinical experience in nursing before advancing their career.

Newer studies show that removing standardized curriculum and physician supervision from NP training and practice is impacting the quality of patient care. This includes poorer quality referrals to specialists, more unnecessary skin biopsies, increased diagnostic imaging, increased prescriptions — like increased antibiotic prescribing — and higher opioid prescribing in several states, including Connecticut and New Hampshire. Payouts for malpractice claims against NPs are also on the rise, as are claims for the improper prescribing and management of controlled substances. And as training programs continue to churn out NPs at a rate of 23,000 per year, compared to about 19,000 physicians graduating from medical school, these trends are likely to continue.

If you are an NP reading this, you should be outraged. Your profession is being diluted and abused by your leadership and your teaching institutions. Ultimately, the nurse-as-doctor agenda will backfire as the market becomes saturated with poorly trained diploma mill grads.

If you are a physician, you should be outraged. Your years of work and sacrifice are increasingly devalued as you are replaced by an online graduate. As you well know, there is no online medical school and there are no shortcuts to the 20,000 hours of minimum clinical experience that physicians receive during training.

If you are a politician, you should be worried. Your constituents will eventually see that you have fallen for lobbyist lines, like the one about how NPs will enter primary care to ease the physician shortage. On the contrary, CMS data from 2012 showed that NPs are moving into subspecialty practice, despite having received little to no training or supervision in that specialty. Because unlike physicians, who must complete a separate residency of at least three years to change specialty, NPs can jump from one field to another without additional formal training.

You have also fallen for the hype that NPs will provide care in rural areas, where physicians supposedly "won't" go. Also, untrue. In Arizona, where NPs have been unsupervised since 2001, only 11 percent of all non-physicians (NPs, PAs, CNMs) work in rural areas and serve only 15 percent of Arizona's rural population.

And if you have believed the line that NPs save money, well, you may not have seen that the goal of the AANP is pay parity — that NPs be paid the same as physicians — a goal which was achieved legislatively in Oregon in 2013. And NPs may cost the system more, with a rigorous ten-year study showing that unsupervised CRNA practice in rural areas was more expensive than hiring physician anesthesiologists.

If you are a patient, you should be outraged. And scared. But also, hopeful. Because physicians like me do care. I am part of a group called Physicians for Patient Protection (PPP). We recently traveled to Washington, D.C. on our own dime to talk to legislators about our concerns for the future.

For most of us, it's not about the money. If we wanted to be rich, we wouldn't have undertaken study in a field where the average student graduates with $183,000 of student loan

Continued on page 7

Represent your colleagues and your profession as a member of the House of Delegates

If you would like to be involved in shaping how medicine is represented in both Little Rock and Washington, DC, call and submit your name to represent Pulaski County as a member of the **Arkansas Medical Society House of Delegates**. You can influence how medicine is represented by your trade association. If you are a member of the Arkansas Medical Society you can call Derek Rudkin at 687-0039, or email him at ***derek@pulaskicms.org***, to submit your name. The deadline is the end of March.

calendar of events

MARCH 28, 2018

Communicating With Physicians & Employees

Tom Stearnes, State Volunteer Mutual Insurance Company

One of the most important and often most difficult parts of a manager's job is to be able to effectively communicate with the physicians and employees with who they work. The manager serves physicians that are performing many roles in our organizations – doctor, owner, manager, and employee. This session will teach the best ways to prepare reports, hold formal meetings and have discussions in a variety of settings. Employees present a different set of challenges and the program discusses how to deal with problem employees and difficult situations such as conflicts and termination.

APRIL 18, 2018

Top 10 Things You Need To Know About Your Practice *(For Physicians)*

Rana McSpadden, State Volunteer Mutual Insurance Company

This fast-paced program covers 10 key areas that physician owners of medical practices. Should understand and monitor in their practices.

MAY 30, 2018

Coding/Billing Compliance & Self Audits

Laura Watkins, State Volunteer Mutual Insurance Company

CMS has stepped up the number and types of audits plaguing medical practices over the past few years. This presentation discusses these audits as well as how performing routine self-audits may help in staying in compliance.

DR. DOUG ROSS PROMOTED TO CHIEF MEDICAL OFFICER FOR CHI ST. VINCENT

CHI St. Vincent announced today that Dr. Doug Ross has been promoted to the position of Senior Vice President and Chief Medical Officer.

Dr. Ross, of Hot Springs, previously was vice president of medical affairs for CHI St. Vincent Hot Springs. In his new position, he will oversee medical services throughout the CHI St. Vincent system.

Ross has played a key role in helping CHI St. Vincent develop an integrated emergency medical group covering all four CHI St. Vincent hospitals in central Arkansas and Conway Regional Medical Center. He has also played an essential role in quality improvements at CHI St. Vincent Hot Springs.

Ross joined what was then Mercy Hot Springs in 2003 as an emergency medicine physician. He has also served as chief of staff, medical director of informatics and medical director of the emergency department.

He is board certified in emergency medicine and he completed his residency in emergency medicine at the University of South Carolina. He is a graduate of the

Foundation Donors

We invite you to join this dedicated collection of donors who support
The PCMS Healing the Healer Foundation.

$2,500-$4,999

Pulaski County Medical Society

$1,000-$2,499

Monica Dellimore, MD
Amir Qureshi, MD
MandatoryCE, LLC
Blue and You Foundation for a Healthier Arkansas

$500 - $999

Frank LoRusso, MD

To $499

Kay H Chandler, MD
Ashley Deed, MD
Kristen Lienhart, MD
Ben Lincoln, MD
James Meserow, MD
Susan Schmitz, MD

PCMS NEWS

INTERVIEW WITH DR. JENNIFER DILLAHA, MD

What motivated you to choose medicine as a career?

I chose a career in medicine for a few reasons. First, I have always been interested in what makes people whole. By that I mean healthy, but I am also interested other aspects of well-being. In addition, I really like social sciences and was pursuing a career in linguistics, when I realized that I very much missed being involved in the sciences. One day it occurred to me that, if I went into medicine I could do both.

Why did you choose your specialty?

In my former life, I worked as a linguist in East Africa. This was in the early 1980s, when HIV was everywhere and no one knew it. While there I made the observation that some simple medical interventions done the right way (such as vaccinations) could have a huge impact on the health of the people there. This was my introduction to public health, although at the time, I didn't know it was called public health.

Who are the people who influenced you the most in your professional life and why?

The three people who have influence me in my professional life are my father, Dr. Calvin Dillaha, who was chief of dermatology at UAMS. Although he died young at age 44 (in 1969), he set an extraordinary example of commitment service to the people of Arkansas, which I have embraced. The second person is Dr. William Stead, who was the TB Control Officer for the Arkansas Department of Heath for many years. He is my public health hero, because he had a world-wide impact on how tuberculosis was treated around the world, mainly by doing a good job treating tuberculosis in Arkansas. And last by not least, is Dr. Joe Bates, who recognized my interest in public health, mentored me as a young physician and recruited me to the Arkansas Department of Health in 2001 when I completed my training.

What advice would you give a medical student in school right now?

The advice I would offer medical students is to do a public health rotation somewhere before you graduate from medical school. There is no medical specialty that one could choose that would not benefit from a good foundation in public health. By public health I mean the disciplines associated with studying population health, but I also mean gaining familiarity with the public health infrastructure that we have in our country and how we all need to be rowing in the same direction.

Continued from page 3
Independent practice: Both nurse practitioners and physicians should be outraged

debt and takes ten years longer than most college grads to start to earn a full-time salary.

It's also not about a turf war. There are many, many jobs out there for physicians.

It really and truly is about patient safety. We worry about our own health and that of our family. We want the best care for our future too.

Join me in this discussion. Physicians, email me if you want to learn more about joining PPP. Patients, ask your "provider" about their training and credentials. Demand a physician or a physician-supervised practitioner for your care.

*Rebekah Bernard is a family physician and the author of **How to Be a Rock Star Doctor: The Complete Guide to Taking Back Control of Your Life and Your Profession**. She can be reached at her self-titled site, www.rebekahbernard.com.*

Comparison of the Quality of Patient Referrals From Physicians, Physician Assistants, and Nurse Practitioners
Robert H. Lohr, MD et al
DOI: http://www.mayoclinicproceedings.org/article/S0025-6196(13)00732-5/fulltext

Increased NP antibiotic prescribing:
Open Forum Infect Dis. 2016 Sep; 3(3): ofw168.
Published online 2016 Aug 10. doi: 10.1093/ofid/ofw168
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047413/#!po=1.38889

Increased NP diagnostic imaging:
JAMA Intern Med. 2015;175(1):101-107. doi:10.1001/jamainternmed.2014.6349
https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1939374

Increased unnecessary biopsies:
Mid-Level Practitioners in Dermatology A Need for Further Study and Oversight
JAMA Dermatol. 2014;150(11):1149-1151. doi:10.1001/jamadermatol.2014.1922
April 2017Volume 8, Issue 1, Pages 21–30

Increased medication prescribing by NPs:
Journal of Nursing Regulation
Prescribing Practices by Nurse Practitioners and Primary Care Physicians: A Descriptive Analysis of Medicare Beneficiaries DOI: http://linkinghub.elsevier.com/retrieve/pii/S2155825617300716

Pulaski County Medical Society
500 S. University Ave., Suite 311
Little Rock, AR 72205

Presort Standard
U.S. Postage Paid
Little Rock, AR
Permit No. 1767

Finally, FREE HIPAA Training!

For a limited time, HIPAA training is available to all Arkansas medical professionals at no cost.

If you're paying for HIPAA compliance training right now, **you're paying too much!**

At Arkansas Mutual, our policyholders receive **FREE HIPAA** training, CME tuition, risk management assessments and a host of other valuable resources.

For a limited time, we're extending this policyholder advantage to all Arkansas medical professionals.

Access the HIPPA training video at **ArkansasMutual.com**

HIPAA training topics include:
- Consequences of Noncompliance
- What Constitutes a Breach
- Real-Life Cases of Violations

Call Joyce Wilson at **501.716.9190**
or visit **ArkansasMutual.com** to learn more!

ARKANSAS MUTUAL
PROFESSIONAL LIABILITY INSURANCE