Nov. 11, 2022: State Advocacy Update

Stanford University study reaffirms that NPs are not a replacement for physicians

Last week, researchers from Stanford University published a compelling new study comparing the productivity of nurse practitioners (NPs) to physicians. Employing a sophisticated causal analysis, the study, "Productivity of Professions: Evidence from the Emergency Department," uses Veterans Health Administration emergency department (ED) data to demonstrate that NPs practicing without physician involvement use more resources and achieve worse outcomes than physicians.

Findings from the study reinforce the value of physician-led care and can inform scope of practice advocacy.

The study shows that removing physicians from the care team is associated with lower quality of care and higher health care costs. Specifically, it finds that NPs practicing without physician involvement raise 30-day preventable hospitalizations by 20%. NPs demonstrate lower levels of skill in making hospital admission decisions and in prescribing certain medications. They also increase length of stay in the emergency department by 11%, in part because they are more likely than physicians to seek information from external sources such as X-rays, CT scans and formal consults, which, in addition to contributing to longer lengths of stay, raises health care costs.

Higher resource use and worse outcomes makes NPs less productive, on average, than physicians. Altogether, productivity differences between NPs and physicians are so significant that it is more costly to employ NPs than physicians, even accounting for differences in salary. The authors estimate that continuing to use the current staffing allocation of NPs in the ED results in a net cost of $74 million per year, compared to staffing the ED with only physicians.

NPs are valuable members of the health care team, but they are not a replacement for physicians. Findings from this study can be used by states to help inform how best to leverage NPs within a physician-lead team in order to achieve high-quality, efficient care.

Copyright 1995 - 2021 American Medical Association. All rights reserved.
More articles in this issue

- Nov. 11, 2022: Advocacy Update spotlight on Medicare payment
- Nov. 11, 2022: National Advocacy Update