Will There Be a Doctor in the House?

As of this writing, the SARS-CoV-2 virus has killed more

than 129,000 and infected 2.8 million people in the United States. There have been more than 11 million documented infections worldwide.[1] Throughout the coronavirus pandemic, physicians, nurses, and the entire health care community have been working side-by-side caring for patients and saving what lives they could. Yet, while many see a national emergency as a time to come together in unity, others have utilized this time of crisis for political gain.[2]

The pandemic has created an opportunity for an abundance of non-physician advocacy groups to lobby for permanent independent practice. Nearly every non-physician group has rallied at the local, state, and federal level to permanently codify their "independent practice." As physicians, it is imperative that we start paying attention and protect our patients and our profession. We value all members of the health care team, especially during this time of crisis. Yet, non-physicians are not physicians. We went to medical school for a reason. To become a doctor. When COVID-19 management had no proven therapies and required clinical judgment based on years of intense apprenticeship and a deep understanding of fundamental pathophysiology and biochemistry, physicians drew on their unparalleled expertise to steer the teams through unchartered waters.

Nonetheless, the American Association of Nurse Practitioners (AANP) with one of the largest and most active lobbying groups in the country has, as one of its primary strategic goals that: "nurse practitioners will have parity with physicians and other providers in reimbursement payment and government funding." [3] Yes, you read that correctly. Pay parity suggests to policymakers that replacing physicians with non-physicians is an acceptable alternative: same pay for the same work. We, as physicians, wholeheartedly disagree. We believe the independent practice of medicine follows a rigorous path of medical school, then residency, then board certification in a specialty. The AANP has been lobbying for years for NPs to penetrate the highest levels of government, and they want to practice medicine.

In the U.S., we have created a multitiered health care system with variance in access based upon where you live and what you can afford. It happened while most of us were not paying attention. Yet this is where we are. We cannot sit on the sidelines anymore. We have no central coordination of health care oversight, health care quality, or health care cost in this country. We need physicians to become active in defending the practice of medicine at the state and federal levels to ensure that patients receive care from those with the most expertise.

Please consider this analogy as you are trying to clarify our passion around physician-led care in the U.S. to thought leaders and policy makers. Many politicians are lawyers, so perhaps this could help them understand. If you are arrested in the United States, you have a right to an attorney. You have a right to due process. The Miranda warning offers, "If you cannot afford an attorney, one will be provided for you." The answer to challenges within the criminal justice system has not been, "let's advance the training of paralegals to provide legal services to those

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who cannot afford an attorney." Let that sit with you. Would you want a paralegal defending you in a trial?

The pandemic has inspired lobbyists from non-physician groups to urge politicians to advocate for their independent practice. If states allow the unsupervised practice of medicine without a medical license, why go to medical school? Why devote the time? Why spend the money?

The most assertive lobbying to date centered on the Veterans Administration (VA) System with the Health Care Professional Practice in VA Memorandum (www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8794) and underlying Directive 1899. This directive would allow NPs, PAs, CRNAs, and 29 other non-physician providers the privilege of unsupervised practice within the VA. On June 24, 2020, a letter was signed by 89 organizations and specialty groups (including the American Medical Association and AAEM)[4] to protest this free reign of non-physicians to practice medicine within the VA health system. The document states: "Such a far-reaching expansion is overly broad,

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unnecessary and threatens the health and safety of patients within the VA system." At the time of this writing, the fate of the memorandum—and that of millions of VA patients—remains in the balance.

Aggressive politicking has used the backdrop of the pandemic as subterfuge. Yet, as of the first six months of this crisis, the vast majority of states have not needed to recruit non-physicians to assist in the care of patients with COVID-19 since many patients have deferred their care. ED and hospital censuses have dwindled during the peak COVID months to date. In fact, many hospital systems are struggling. The economic impact on the health care system has resulted in physician salary cuts and layoffs. Yet, NPs and PAs are lobbying heavily for continued and persistent unsupervised practice. Non-physician specialties haven't wasted the opportunity of a crisis to advance their agenda of unsupervised practice. **Physicians need to realize that our patients' health and our profession as a whole is threatened.**

Patients do not know who is and who is not a physician. They do not know the credentials of the person to whom they are trusting their lives. As the most recent AMA Truth in Advertising Survey explains, the lay public – with rare exception – does not understand the difference in training of each team member. When patients call to make an appointment with a doctor or present to the emergency department, they expect to see a doctor. Understanding who is a physician and what that means is even more confusing now that many NPs with a DNP degree are introducing themselves as "doctor."[5]

Please help. Please find a way to get involved. The coronavirus epidemic has reinforced our understanding that emergency medicine physicians on the frontline are a tremendous asset to the health and well-being of the population. For many weeks, communities celebrated with a nightly ritual to recognize the sacrifice and commitment of health care professionals with sirens, noisemakers, and the banging of pots and pans. It was nice to feel the love for little while. That was then. This is now.

We are by no means out of the woods with this pandemic. It has exposed a lot of the good, bad, and ugly of health care. AAEM was founded on the principles of defending the practice of emergency medicine as a physician specialty. The corporate practice of medicine is taking over and making decisions of profit over patient care. This issue impacts all physicians in the U.S. Internists, family medicine, and critical care physicians are being replaced by non-physician providers. As a specialty, AAEM has been the society advocating for our rights as physicians to lead care and to make a living practicing our profession.

"The Academy is what it always has been: the champion of the emergency physician, the uncompromising proponent of workplace fairness, a consistent voice for the emergency patient, reliably putting patient before profit."[6]

It is time to get involved. It is time to make a stand. Physicians have no unifying group to defend the practice of medicine. We need to join together across specialties to defend physician-led care. ●

References:

1. COVID-19 Map. Johns Hopkins Center for Systems Science and Engineering. (Accessed 5 July 2020, at https://coronavirus.jhu.edu/map.html.)
2. *Taking advantage of a crisis for political gain is wrong.* (Published 11 April 2020, Accessed 27 June 2020.); Available from: https://www.physiciansforpatientprotection.org/taking-advantage-of-a-crisis-for-political-gain-is-wrong/.
3. Fleeger, D. *I Won't Take the Nurse Practitioners' Bait*. (Accessed July 20, 2020); Available from: https://www.texmed.org/TexasMedicineDetail.aspx?id=52583&utm_source=Informz&utm_medium=Email&utm_campaign=TMT&_zs=w23eA1&_zl=AHNb5
4. *Letter to the Honorable Robert Wilkie, Secretary U.S. Department of Veterans Affairs*. (Published 24 June 2020, Accessed 5 July 2020); Available from: https://www.acponline.org/acp_policy/letters/sign-on_letter_regarding_the_health_care_professional_practice_in_va_memorandum_june_2020.pdf.
5. *Truth in Advertising Survey Results*. (Accessed 29 June 2020); Available from: https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/premium/arc/tia-survey_0.pdf.
6. Moreno, L. *Steadfast in the midst of uncertainty*. (Accessed 5 July 2020); Available from: https://www.aaem.org/resources/publications/common-sense/issues/presidents-message/steadfast-in-the-midst-of-uncertainty.

Appendix

AAEM APP Workforce Statement January 2019: www.aaem.org/resources/statements/position/updated-advanced-practice-providers

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