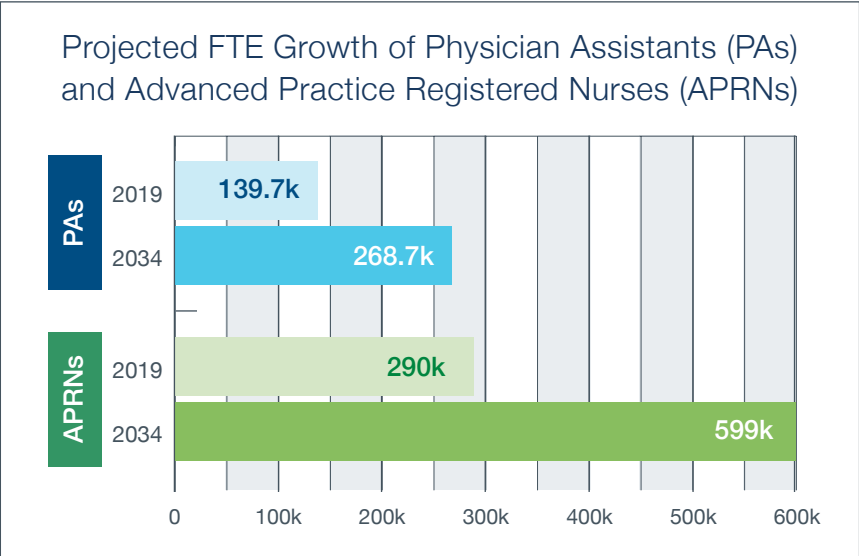


Academic Medical Centers' Role in Addressing Provider Shortages

Strategy #1: Staff Advanced Practice Providers

INTRODUCTION

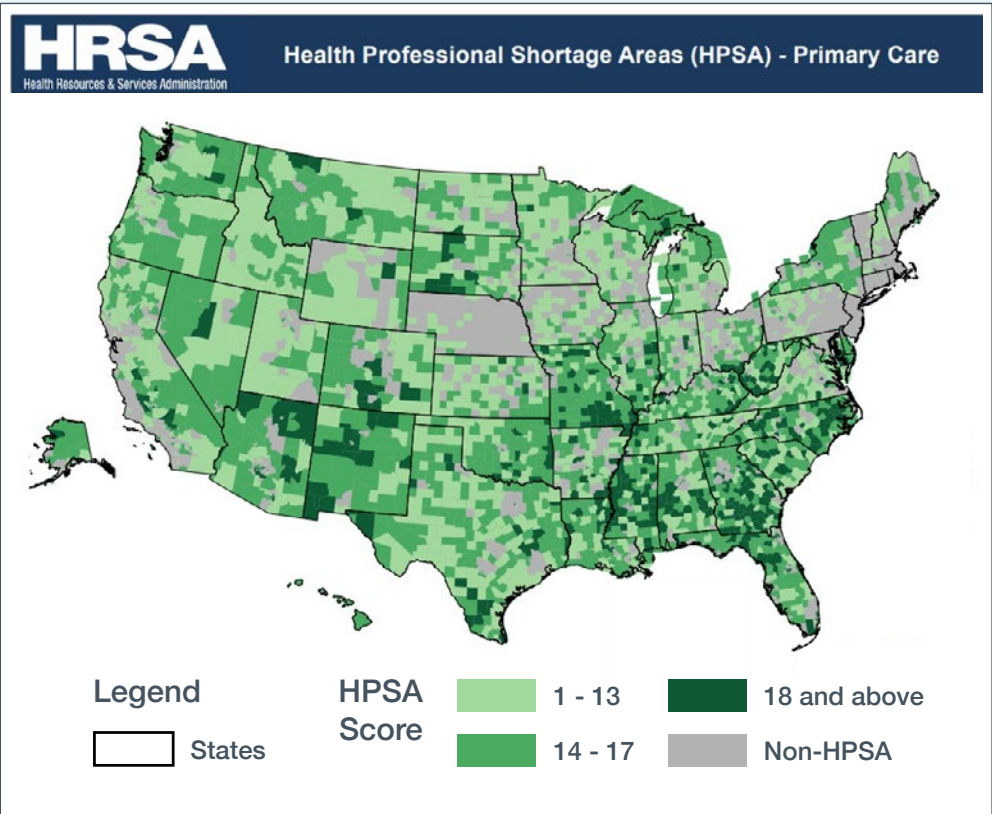
In a 2019 article from the American Journal of Managed Care (AJMC), nurse practitioners (NP), physician assistants (PA), certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists were classified as advanced practice providers (APPs). Decades ago, NPs and PAs were originally employed to support patients in parts of the United States with primary care shortages.¹ As healthcare has become more complex, so too have the opportunities and educational pathways for medical professionals, resulting in more APPs with diverse skill sets nationwide.² When deployed effectively, APPs allow academic medical centers (AMCs) and other health systems to extend their reach to communities outside of their traditional service areas and alleviate physician burnout.



THE ROLE OF APPs IN ADDRESSING PROVIDER SHORTAGES

In 2022, the Health Resources & Services Administration (HRSA) released a map highlighting the health professional shortage areas (HPSAs) in primary care around the U.S.³ Primary care providers are lacking in many communities. The use of APPs could prove valuable in reducing these primary care gaps. In two separately conducted surveys by the American Association of Nurse Practitioners (AANP) and the American Academy of Physician Assistants (AAPA), 62% of NPs and 37% of PAs, respectively, practice primary care more than any other specialty.^{4,5} Staffing more APPs would allow AMCs to place qualified medical professionals in surrounding underserved areas to increase access to quality care in these communities.

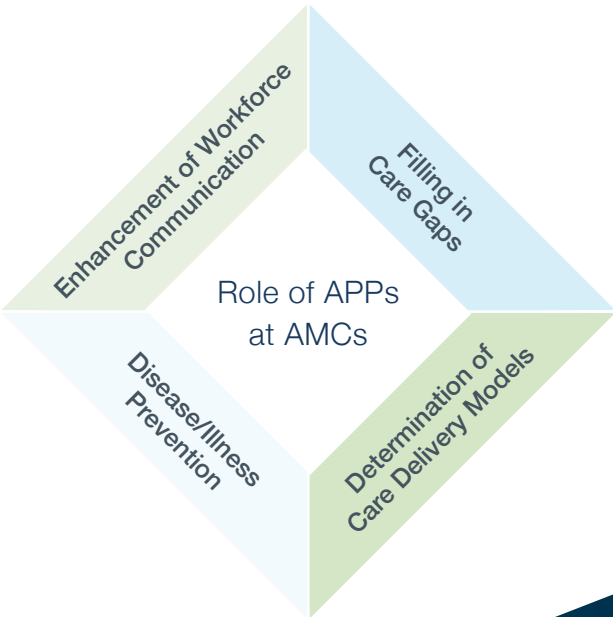
As cited in the first infographic of this series,⁶ burnout is one reason physicians are rapidly leaving the workforce. *Medscape* surveyed a panel of physicians leaving the industry to better understand the main factors contributing to burnout. Specifically, 60% of physicians surveyed cited having “too many bureaucratic tasks” (e.g., charting, paperwork, etc.), while another 40% cited “spending too many hours at work” as reasons for exiting the clinical workforce.⁷ Staffing more APPs allows physicians to practice at the top of their licensure, while distributing the patient workload and associated burden among qualified providers.



CONSIDERATIONS

Although some AMCs were effectively using APPs before the COVID-19 pandemic, others did not fully realize the benefit of integrating APPs into their care networks until faced with unprecedented provider demand during the pandemic. Several AMCs around the country have developed ways to deploy APPs within existing care networks to maximize each provider's licensure as shown to the right.^{8,9}

Following the lead of these initial movers, all AMCs should review their workforce planning strategy and consider whether the incorporation of APPs or expansion of existing provider utilization would be beneficial.



SOURCES

1. AJMC's *Current Evidence and Controversies: Advanced Practice Providers in Healthcare*
2. Association of American Medical Colleges' *The Complexities of Physician Supply and Demand: Projection From 2019 to 2034*
3. HRSA's May 2022 HPSA – Primary Care Map
4. AANP's *Nurse Practitioners in Primary Care*
5. 2021 AAPA Salary Report
6. <https://www.pyapc.com/insights/pya-launches-infographic-series-on-amcs-role-in-addressing-provider-shortages/>
7. The Advisory Board's February 23, 2022, Daily Briefing: *Charted: An inside look at physician burnout*
8. Penn Medicine's *There's No "I" in Team – But at Penn Medicine There Are APPs*
9. American College of Healthcare Executives' *Leveraging Advanced Practice Providers during a Crisis: Lessons Learned from Top Healthcare Systems*