



**Physicians
Insurance**
A MUTUAL COMPANY

**MEETING THE WORKFORCE NEED FOR
TOMORROW'S HEALTHCARE SYSTEM**
STATE OF REFORM CONFERENCE | 2018



OUR VALUES PROTECTIVE | PRINCIPLED | SERVICE ORIENTED
COLLABORATIVE | FORWARD-THINKING

CARE MODEL IS EVOLVING

WHO IS DELIVERING THE CARE?

Old Model

- Doctor
- Nurse
- Orderly

Today's Model

- Doctor
- Physician/Specialist
- Provider
- Hospitalist
- Internist
- Resident
- Advanced Practice Registered Nurse (x4)
- Registered Nurse
- Nurse Practitioner
- Physicians Assistant
- Medical Assistant
- Orderly
- Medical Technician
- MidWife
- Doula

CARE MODEL IS EVOLVING

PRACTICES AND HOSPITALS EMPLOY DIVERSIFIED CARE TEAMS & MODELS

APRN

Advanced Practice Registered Nurse (APRN) is a registered nurse with advanced didactic and clinical education, knowledge, skills and scope of practice (four APRN roles):

- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse-Midwife (CNM)
- Certified Nurse Practitioner (CNP)
- Clinical Nurse Specialist (CNS): holds a master's or doctoral degree in a specialized area of nursing practice related either to: a population (e.g. pediatrics, geriatrics, women's health, or a setting (e.g. critical care, emergency room)

A 4-year bachelor of science in nursing degree with curriculum including an in-depth focus on the sciences, nursing research, public health, and clinical training. To obtain a master's degree, a nurse with a bachelor of science in nursing must put in an additional 500 to 700 supervised clinical hours to qualify as a nurse practitioner.

CARE MODEL IS EVOLVING

PRACTICES AND HOSPITALS EMPLOY DIVERSIFIED CARE TEAMS & MODELS

PA

Physician Assistant (PA) is a healthcare professional who provides healthcare within the medical model as part of a team with physicians and other providers. Physician Assistants are nationally certified and state licensed to practice medicine under the supervision of a physician.

After earning a bachelor's degree, physician assistants average 2000 to 2200 hours of clinical training in a 26-month program with year-round instruction.

CARE MODEL IS EVOLVING

PRACTICES AND HOSPITALS EMPLOY DIVERSIFIED CARE TEAMS & MODELS

- In 2013, HHS projected the current **57,000 licensed NPs** in the U.S. would trend to **110,500** by 2025 (i.e., double):
 - REALITY: **240,000** licensed professionals in March 2018
- BLS predicts continued (**31%**) cumulative growth to 2026
- MPL rates remain low; only **1.9% have been named** as primary defendant in a MPL case

- In 2013, HHS projected the then current **33,000 licensed PA's** in the U.S. would trend to **59,000** by 2025
 - REALITY: **166,000** in 2017
- BLS predicts continued (**37%**) cumulative growth to 2026

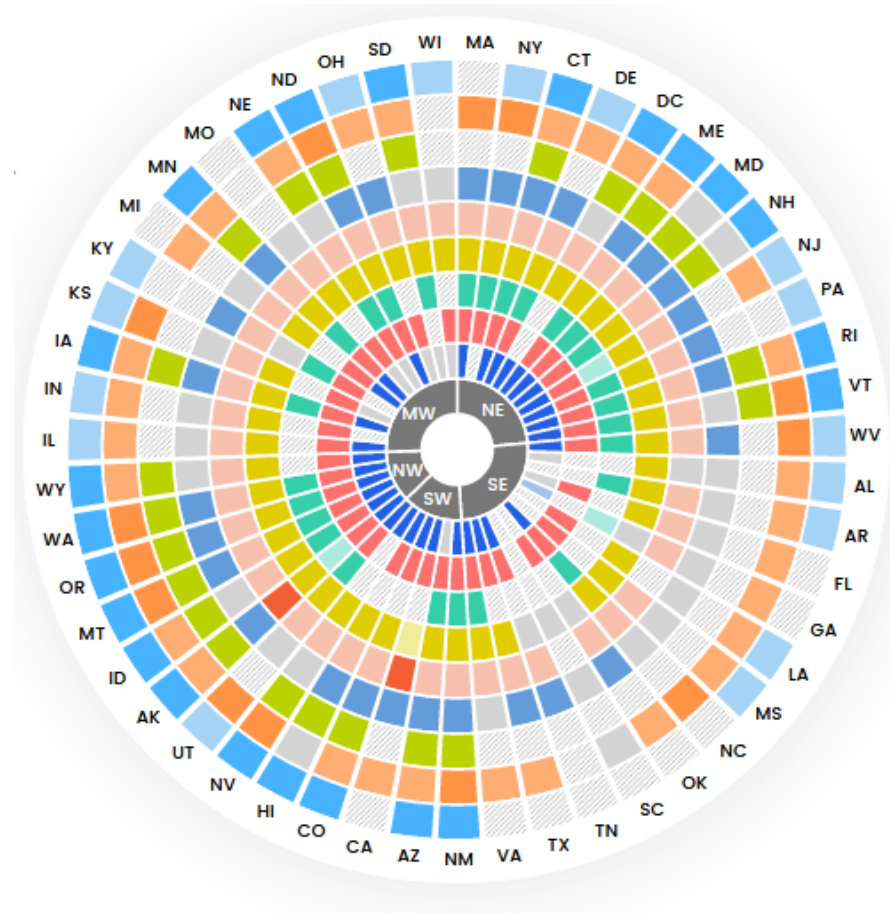
Source: American Association of Nurse Practitioners, Dept of Health and Human Services, Bureau of Labor Statistics

NP SCOPE OF PRACTICE

[HTTPS://WWW.BARTONASSOCIATES.COM/LOCUM-TENENS-RESOURCES/NURSE-PRACTITIONER-SCOPE-OF-PRACTICE-LAWS/](https://www.bartonassociates.com/locum-tenens-resources/nurse-practitioner-scope-of-practice-laws/)

Interactive Nurse Practitioner (NP) Scope of Practice Law Guide

Nurse practitioner (NP) scope of practice laws vary from state to state. Barton Associates understands these laws may have an effect on the locum tenens nurse practitioners we place throughout the United States, and so we put together this handy interactive guide that offers a snapshot of each state's scope of practice laws. For more information on specific state requirements, please review each state's nurse practice act (NPA).



SCOPE OF NURSE PRACTITIONERS: WA

CARE DELIVERY VS. CARE ACCOUNTABILITY

- **Full, Reduced, or Restricted Practice:** Full. NPs in Washington are fully authorized by state law to see patients, provide diagnoses, and prescribe.
- **Medical Staff Membership:** Full. NPs may join medical staffs.
- **Autonomous Practice:** Full. Nurse practitioners can independently diagnose and treat patients without physician involvement.
- **Primary Care Provider:** Full. State statute and/or Administrative Code recognizes nurse practitioners as primary care providers.
- **Independently Prescribe Schedule II Drugs:** Reduced. NPs may prescribe certain drugs after a specified number of hours of experience and pharmacotherapeutics education.
- **Order Physical Therapy:** Full. Nurse practitioners can make referrals for physical therapy, or a referral is not required.
- **Sign Death Certificates:** Full. Nurse practitioners can sign death certificates.
- **Sign Disabled Person Placard Forms:** Full. Nurse practitioners can sign disabled person placard forms.
- **POLST/POST/MOLST/MOST/COLST:** Full. NPs are authorized to sign Washington's POLST form.

SCOPE OF NURSE PRACTITIONERS: OR

CARE DELIVERY VS. CARE ACCOUNTABILITY

- **Full, Reduced, or Restricted Practice:** Full. NPs in Oregon are fully authorized by state law to see patients, provide diagnoses, and prescribe.
- **Medical Staff Membership:** Full. NPs are authorized to join medical staffs.
- **Autonomous Practice:** Full. Nurse practitioners can independently diagnose and treat patients without physician involvement.
- **Primary Care Provider:** Full. State statute and/or Administrative Code recognizes nurse practitioners as primary care providers.
- **Independently Prescribe Schedule II Drugs:** Reduced. Depending on their scope of practice, NPs may prescribe certain drugs after completing a specified number of hours of pharmacology education.
- **Order Physical Therapy:** Full. Nurse practitioners can make referrals for physical therapy, or a referral is not required.
- **Sign Death Certificates:** Full. Nurse practitioners can sign death certificates.
- **Sign Disabled Person Placard Forms:** Full. Nurse practitioners can sign disabled person placard forms.
- **POLST/POST/MOLST/MOST/COLST:** Full. NPs are authorized to sign Oregon's POLST form.

SCOPE OF NURSE PRACTITIONERS: AK

CARE DELIVERY VS. CARE ACCOUNTABILITY

- **Full, Reduced, or Restricted Practice:** Full. NPs in Alaska are fully authorized by state law to see patients, provide diagnoses, and prescribe.
- **Medical Staff Membership:** Reduced. The facility's bylaws determine the composition of medical staff.
- **Autonomous Practice:** Full. Nurse practitioners can independently diagnose and treat patients without physician involvement.
- **Primary Care Provider:** Full. State statute and/or Administrative Code recognizes nurse practitioners as primary care providers.
- **Independently Prescribe Schedule II Drugs:** Full. State law allows ANPs and CRNAs to prescribe as long as they've completed 12 biennial CE hours in advanced pharmacotherapeutics.
- **Order Physical Therapy:** Full. Nurse practitioners can make referrals for physical therapy, or a referral is not required.
- **Sign Death Certificates:** Reduced. NPs may sign death certificates under certain circumstances.
- **Sign Disabled Person Placard Forms:** Full. Nurse practitioners can sign disabled person placard forms.
- **POLST/POST/MOLST/MOST/COLST:** Full. NPs may sign the POLST form in Alaska.

INTEGRATION AND ENGAGEMENT

2013 ASCO EDUCATIONAL BOOK (CLINICAL ONCOLOGY)

- Core values of patient-centered care, trust, mutual respect, inclusiveness, and professional development should be the framework on advanced practice professionals (APPs)/physician teams.
- Clinical roles and responsibilities for APPs should be established before recruitment so employers can establish an appropriate fit with APP candidates and practice.
- APPs should be introduced to practice staff (including attending physicians, physicians in training, other health care professions, and administrative staff) to ensure the APP's training, experience, and clinical responsibilities are understood by those in the practice environment.
- Systems that encourage regular communication between APPs and physicians should be established, including dedicating time to discuss routine patient care, urgent patient issues, and practice improvement.

RISKS

CARE DELIVERY VS. CARE ACCOUNTABILITY

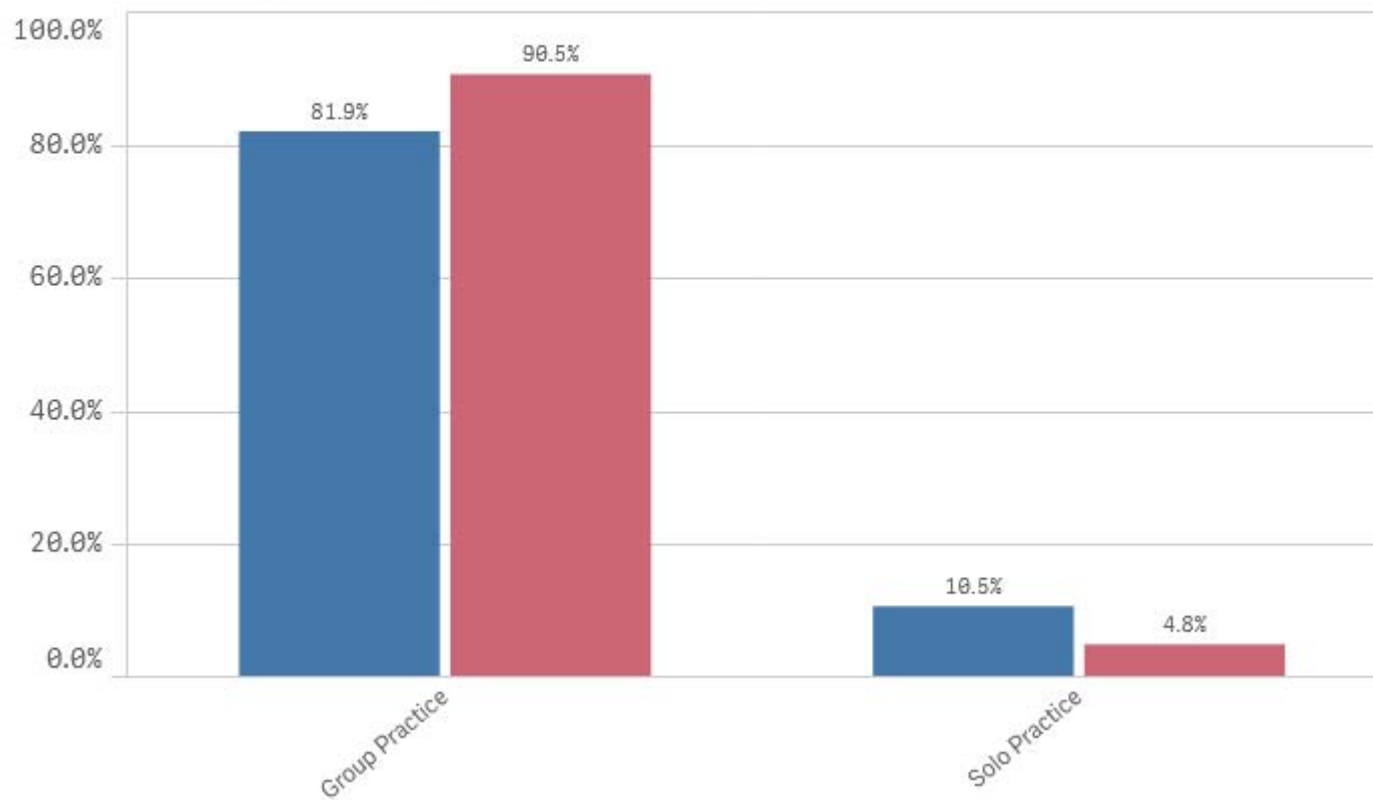
- Words matter – how do you refer to “mid-levels”?
- Don’t surprise patients – are they clear who is delivering care?
- Invest and engage with APPs – are they really part of the team?

CLAIMS EXPERIENCE

BLUE: NATIONAL DATA | RED: REGIONAL DATA

INSURED DEMOGRAPHICS - Employment Status and Practice Type

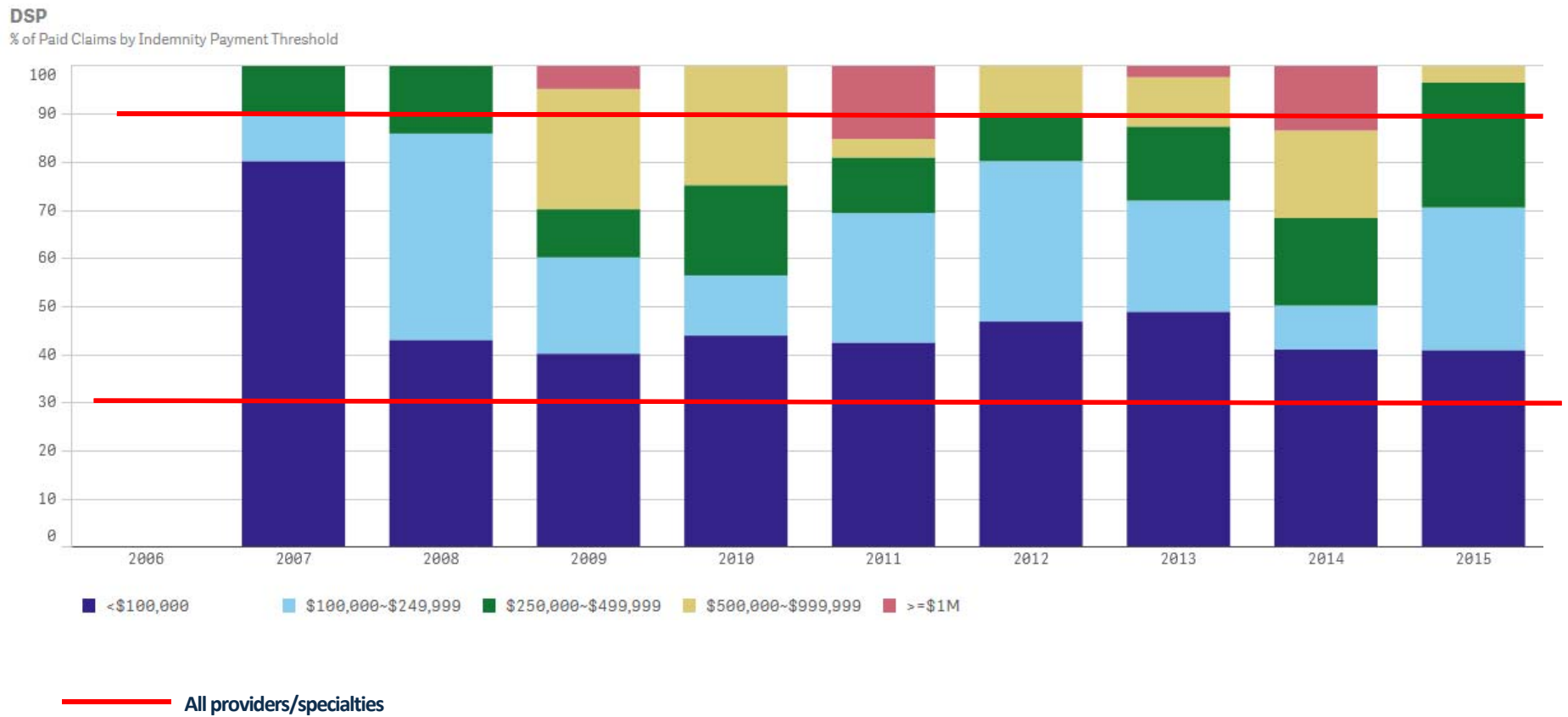
Closed Claims Ratio by Practice Type



CLAIMS EXPERIENCE

CONSISTENT AND COSTLY

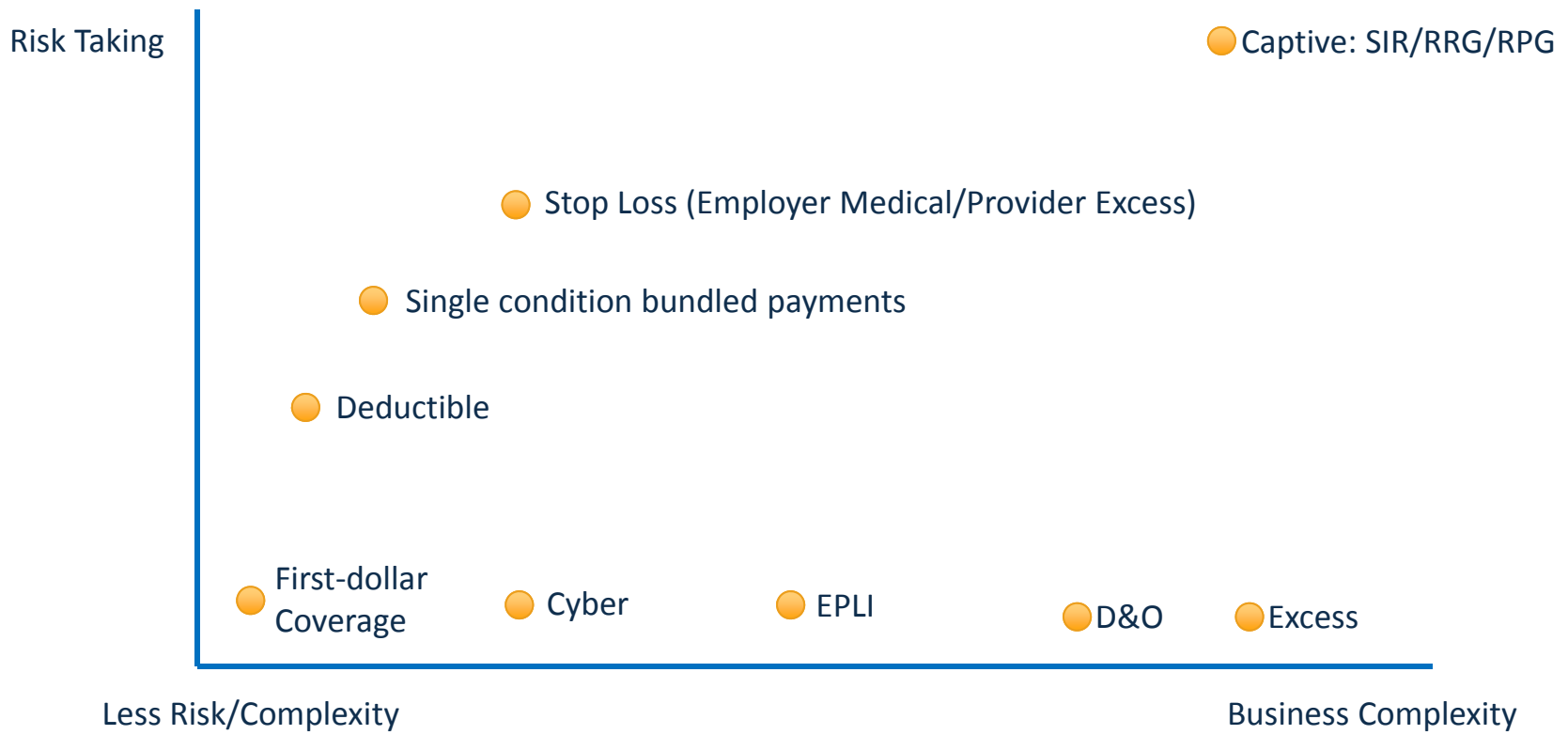
CLOSE YEAR (DSP) - Indemnity Payment Threshold



RISK COVERAGE THAT EVOLVES

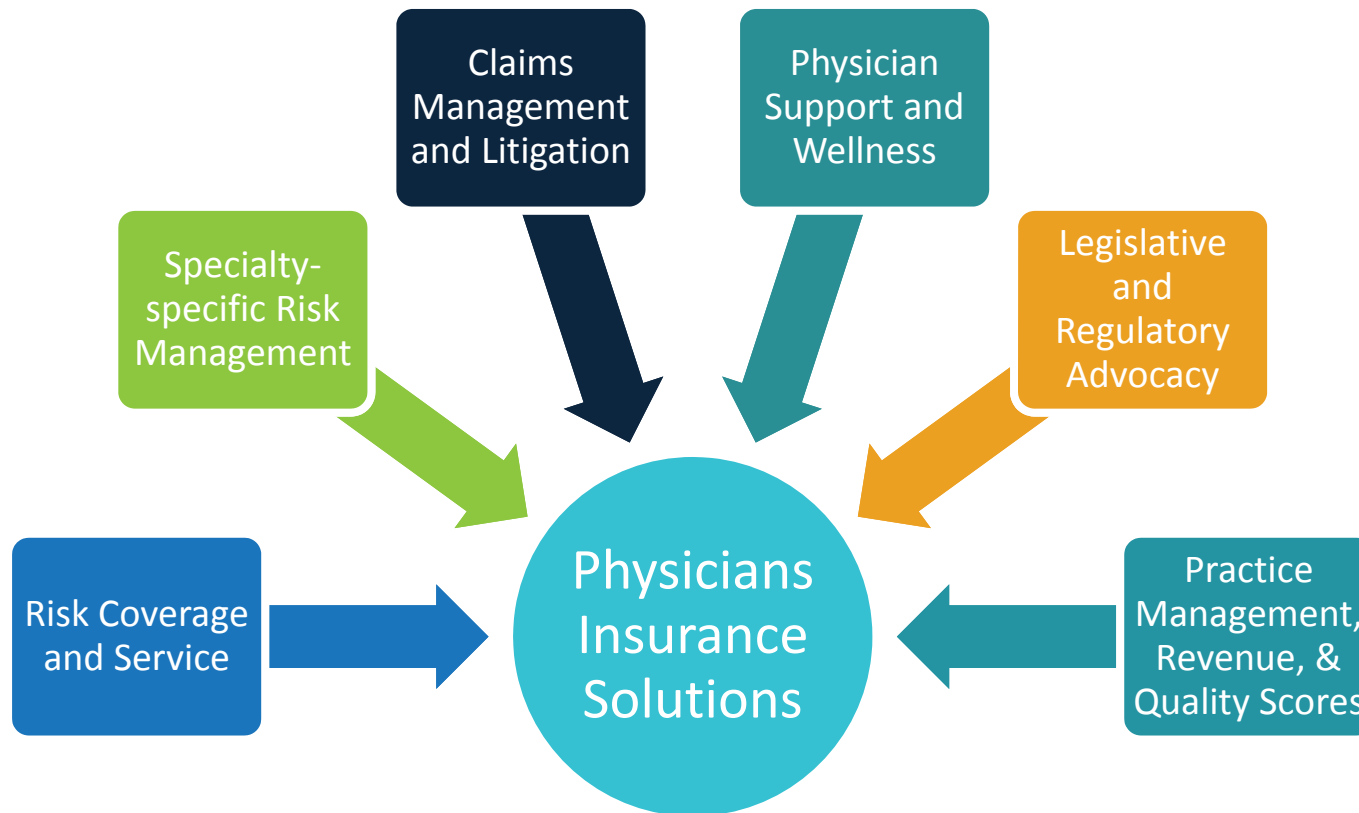
MATCHING PRACTICE AND HOSPITAL RISK APPETITES

Physicians Insurance covers the full evolution of risk coverage which enables you to manage risk with your changing needs



FULL SPECTRUM OF SUPPORT

WE OFFER RELEVANT VALUE BEYOND THE POLICY





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THANK YOU

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