4sight Health Roundup Podcast
Medical Practices Making Room for Advanced Practice Clinicians
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David Burda:
Welcome to the 4sight Health Roundup podcast, 4sight Health podcast series for healthcare revolutionaries, outcomes matter customers count and value rules. Hello again, everyone. This is Dave Burda at News Editor at 4sight Health. It is Thursday, September 25th. We're still not gonna talk about the Epstein files on today's show, but we are gonna talk about employment trends of advanced practice clinicians thanks to a new study in the Journal of the American Medical Association to tell us what the trends say about the direction of the healthcare industry are Dave Johnson, founder and CEO 4sight Health, and Julie Murchinson, partner at Transformation Capital. Hi Dave. Hi, Julie. How you two doing this morning, Dave?

David W. Johnson:
Well, I'm doing absolutely fantastic. I'm in DC for the H FMAs inaugural Vital Collective which it's a conference which I helped bring to life when I was on the HFMA board, so that's exciting. But I'm even more excited that I'm gonna get to see Julie at the event <laugh>.

Burda:
Oh, nice. Nice. Good for you guys. Well buy me one in absentia when you get together. Julie, how are you?

Julie Murchinson:
I was gonna say the same exact thing. I'm just so excited to see Dave today. <Laugh>. <laugh>.

Johnson:
It's wonderful. It's a wonderful world.

Burda:
That’s great. Yeah, it is. It is. Now, before we talk about the results of this new study, let's talk about your use of advanced practice clinicians. Dave, have you ever seen one and I know not visually, but visited one <laugh> and did you have any problems with it?

Johnson:
Well, I've probably seen them when I visited with them. I, you know. Sure. anyway, both Julie and I are one medical subscribers and there are APCs all over one medical really doing most of the heavy duty primary care duties. In fact, anything and everything that they're allowed to do under the law. So yeah, lots of experience, almost universally positive outcomes.

Burda:
Great. Great. Julie, so I'm assuming the same for you. You, you've seen an A PC and worked out Well

Murchinson:
I, at One Medical, absolutely. At my former ob gyn in San Francisco. It's the NP who fired me. So, I don't know, I have mixed feelings.

Burda:

<Laugh>. Oh, there's a story there. We'll, we'll tackle sometime. Okay. Well, I actually prefer to see the nurse practitioner in my cardiologist practice. She's just as good as he is. He's good. He's nice. But the difference is she has open appointments for basic checkups. Right? Yeah. So I've lost my tolerance for waiting, you know, for a tea time, for a pickleball court, <laugh> or an open table at a restaurant, and especially for a doctor's appointment. So you know, us old people, right? There's not much time left. We can't wait anymore. So <laugh> not aging well. Okay. Let's talk about this new study in JAMA on the employment of Advanced Practice clinicians. Let me share some of the top line findings and get your reaction. Done by three researchers with the University of Chicago and the University of Michigan. The study looked at the employment of APCs by single specialty medical group practices from 2008 through 2021. All of the APCs in this study could build independently for their services. Here's what the researchers found. The number of APCs grew from about 95,000 and 2008 to more than 317,000 in 2021. That's a more than threefold increase in 14 years. APC'S share of the clinical workforce at the medical practices grew from 15.1% to 31.8% over the same time period. And most of the APCs were advanced practice registered nurses. The researchers said, quote, these data reaffirmed the shifting composition of the clinical workforce. Close quote. I guess the researchers don't know that data is singular now, but I digress. Dave, what's behind the shifting composition and who are the winners and losers from the shift?

Johnson:
<Laugh>? Honest to God, Dave, I'm having trouble keeping up with all the titles; physician assistant, moving to a physician associate advanced practice providers, advanced practice clinician, nurse practitioners, advanced practice, registered nurses cnra physician extenders, I mean, what a word. Salad. <laugh>, you know, in in Shakespeare's Romeo and Juliet, Juliet says to Romeo at one point what's in a name that's that which we call the Rose by any other name would smell just as sweet. The professional associations are the Montagues and Capulets in this story. They're getting themselves tied up in knots, trying to differentiate between all of these different titles and who gets to do what. And of course, much of this comes down to money, or maybe all of it comes down to money <laugh>. It's almost impossible, for example, to get a dermatology appointment at Northwestern. And my guess is at, at other medical centers, because a licensed dermatologist, a physician has to do the exam. Completely stupid. I mean, any advanced practitioner or even a robot could probably do the exam. This is what Paul Kucero and I are starting to call BS Healthcare, and we gotta stop it. But despite the battles over names and responsibility, this is a most excellent trend. My guess is it's being driven to get your question, Dave. It's being driven by access and cost pressures throw AI into the mix, and we're now able to turbocharge the capabilities of all APCs. So winners and losers medicine, as we often discuss, is the most hierarchical and regulated of all professions. And this hierarchy enhances compensation and status. I, I really couldn't give a rip about either compensation or status <laugh>. What I care about are va and you all, you both know this, are value, outcomes and customer experience. The shift to more APCs in that context is a huge victory for consumers and probably for payers. But it's not yet a loss for doctors. It's interesting to me, Dave, that the JAMA study that you referenced examined increasing numbers of APCs within single specialty medical group practices. So doctors groups are using APCs to extend their reach and revenues. That's all well and good, but I'm not gonna get excited until we see APCs actually displace doctors. And this is even before we start talking about incorporating robots into practice delivery. By the way I don't

know if you've seen these yet Julie I don't think they've, they've gotten to Wheaton yet, Dave, but I'm seeing these cocoa food delivery robots all over Chicago. How many food delivery jobs are they going to replace? And why won't we expect the exact same kind of autonomous future in medicine? I think we can. And so just to wrap it up Juliet was wrong about names. They are important. And as a result, both she and Romeo end up dead at the end of the play, <laugh>. So my question is, will we be saying the same among all these many categories of medical practitioners that are now getting too long to enumerate.

Burda:
Yes. Comedy and tragedy? That is our healthcare system. Thanks Dave. Julie, any questions for Dave?

Murchinson:
That's outstanding, Dave. So you and I have seen a couple strong, kind of advanced primary care models in the last decade, but where do you think, I mean, you just, your whole diatribe was kind of about this, but I'm curious, like in the legacy business models today, which ones do you think are gonna be most meaningfully impacted in the next five years? Or I guess which one is gonna fall first?

Johnson:
Diatribe?! Man, I thought that was highly reasoned analysis. There you go. <Laugh>. anyway, my hope is we see this everywhere and anywhere possible. And like so much in healthcare, the real catalyst for change depends on payment reform. The faster the ecosystem shifts to paying for value and outcomes, the more accelerated and pronounced the shift will become. But just to, you know, pick one area, Julie, like you asked, I'm, I really like these flood the zone primary care models for self-insured employers and manage governmental populations. And I think as we, as they become more pronounced, this is where we'll see even more growth. And interestingly, the study focused on specialty care, but I think the biggest impact's gonna be on primary care.

Burda:
You know, I had to wait nine months for my first ever dermatology appointment at Northwestern. So <laugh>, let's, let's start there. <Laugh>. <laugh>, thanks, Dave.

Johnson:
Good, good thing you didn't get a melanoma in the interim.

Burda:
Yeah, no, I had to stay inside for nine months. Right? Then I had a vitamin D deficiency, Julie, it's your turn. Are you surprised by the results? Why or why not? And how does the shift influence the market in terms of developing new technologies and service models?

Murchinson:
Yeah, I mean, given what Dave said and know the data here, I'm not surprised, given just the educational machine that's been working on this for a while. I remember we talked about this. I feel like in ’21, we've been talking about this for a long time. So you're seeing this come to

fruition. It should have major implications on new technologies, what they are, and you know, how quickly they're adopted and frankly, how service models develop. So when I was looking at the numbers, if APCs are nearly one third of the workforce that the, what I read, it's just think about how much that's expanding the technology user base, because these are people coming in who are more trained with technology or with support systems as part of their overall, you know, delivery model as opposed to where physicians have been over the last a hundred years. But platforms like HR and decision support tools and, you know, all the remote monitoring, all of that is gonna have to be designed more into the workflow of these kinds of practitioners and not just your like, straight up physician. So I think there's some nuances there that are gonna be important. You know, I think when you look at delivery models if APCs are in a position to increasingly manage patient panels, like you can imagine that team-based care and virtual first clinics and, you know, all of our urgent care models, I'm not gonna say retail, that seems to have sort of fallen by the wayside, but all those models become more viable. And, you know, the, the age old thing that these APCs and others can help physicians practice the top of their license, you would think that care could become more scalable and more cost effective. I'm not sure that that's really what's happening. Given everything that Dave said and, and the pushbacks everywhere, I was actually intrigued to look at the graph in that journal article about the penetration in psychiatry and to a certain degree, surgical specialties, you can imagine like tailored tools around telepsychiatry platforms and just other workflow tools that integrate APCs in a material way in those specialties. So we're gonna see, I think like more specialty specific you know just tools, decision aids training modules, all that. And I guess the last thing I'll say is you know, companies that position themselves to actually help the APCs function at the top of their license through automation and diagnostics and all the things, I think that they'll start to become the companies to differentiate over the course of, I don't even wanna put a number on the number of years because I, sometimes it does seem like this is plotting along, but it's, it feels like there could be a new category here of sorts.

Burda:
So tech, so tech is the enabler. Tech is the driver, right? Yeah. Not a barrier. No, that's great. Thanks Julie. Dave, any questions for Julie?

Johnson:
Yeah, Julie, with the assistance of ai, and it's impossible to ignore AI these days, right? Is there any reason that these APCs couldn't be as effective as PCPs at diagnostics and treatment plans? And if that's the case, will the market adapt? And if so, how quickly to this new practice standard to increase access and lower costs? It kind of lets you go a little bit deeper on just that last point you were making.

Murchinson:
Yes. Will it increase access, I believe Yes. Will it lower cost? Well, Dave, for that, we actually need payers to take advantage of this new practitioner category by getting the robust data outcomes it needs and developing, you know reimbursement and financial models around it, cost savings that are tied to a PC care. So, I mean, I hate to say it, this likely and, you know, translates to opportunities for analytics firms and benchmarking platforms and I mean, would be a good

thing, value-based contracting solutions. I'm not, I'm not sure we'll, substantially lower costs here, but I would hope that we could start to manage it better at some point in the near future.

Burda:
Then the question becomes, do you pay APCs less for better outcomes than physicians? Right. So there's a pay scale issue, right? So it it gets pretty complicated.

Johnson:
It does.

Burda:
So no. Interesting.

Johnson:
Market versus medicine.

Burda:
There you go.

Johnson:
We see it every day.

Burda:
That's right. That's right. Well, to me, the most interesting thing is the irony. And Dave, you mentioned this earlier, that the employers in this study are physician group practices. So doctors themselves are driving the trend. And the American Medical Association published the study. We all know the a MA works feverishly to prevent what it calls scope of practice creep. And this study would suggest that the A MA is not doing a good job of it. So <laugh>, that's good for us.

Johnson:
That’s why they're so creepy.

Burda:
Yeah. That's why they're so creepy. That's great. <Laugh> <laugh>. All right. Now let's talk about other big healthcare news that happened this week. Julie, what else happened this week that we should know about? I,

Murchinson:
Well, Dave, I think this is public. Tell me if you think it's not, but our friend, M ark Shaver, has been appointed Chief Strategy Officer at University of Maryland Medical System. Did you hear that?

Johnson:
No, I didn't.

Murchinson:
Yeah.

Johnson:
That's awesome.

Murchinson:
Thanks. Insane times, shout out to Mark. We're so proud of you.

Burda:
Yeah. Congratulations. That's fantastic. Dave, what's your big story of the week?

Johnson:
Well, I don't do this very often, but I just wanted to highlight Ann Summers Hoag's commentary this week on the 4sight Health Platform. The title is Unethical Disruption, where Innovation Lacks Integrity. And what Anne and her colleague Julie Freeland Fisher at the Christensen Institute are doing is taking a look at disruptive innovation and how it's getting applied in not ethical ways, not productive ways. And just to give you a flavor, she's looking at misinformation as a disruptive technology. And it actually passes all six of Clay Christensen's tests as to what constitutes disruptive innovation. You know, targeting non-consumption less initially effective, simpler to use, empowered or turbocharged by technology, sustainable economically and ignored initially by existing providers. And that's a pretty scary concept that misinformation is disrupting knowledge and expertise in the same way that other businesses disruptive technology businesses disrupt disruptive innovation businesses disrupt existing practitioners. So anyway, take a look at that. It's, it's just an incredible piece of scholarship.

Burda:
Yeah. Ann Summers doesn't pull any punches in her pieces, right? I mean,

Johnson:
No kidding.

Burda:
We think we're tough, Dave. I don't know if I'd wanna meet her in an alley. Alley, right.

Johnson:
That's why it's good we have her on our side of the platform. <Laugh>

Burda:
Excellent. Yeah. She's our ringer. Well, thanks Dave, and thanks Julie. That is all the time we have for today. If you'd like to learn more about the topics we discussed on today's show, please visit our website at 4sighthealth.com. You also can subscribe to the roundup on Spotify, Apple Podcast at YouTube, or wherever you listen to your favorite podcast. Don't miss another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.