The Importance of Medical Truth in Advertising & Access to Physician-led Care

AMERICAN OSTEOPATHIC ASSOCIATION

Did you know that your **doctor** may not have graduated from **medical school**?

Question

Do you want a less qualified individual performing your surgery or other invasive procedures, ordering x-rays and lab tests, and being responsible for telling the difference between a life-threatening condition and one that is less serious that shares similar symptoms?

If your answer is **no**, can you identify which of the following health care professionals complete medical school and residency training, qualifying them for unlimited medical licensure in every state?

- Audiologist (AuD)
- Pharmacist (PharmD)
- Nurse Practitioner (NP)
- Associate Physician (AP)
- Doctor of Medical Science (DMS)
- Naturopathic Doctor (ND)
- Doctor of Osteopathic Medicine (DO)
- Doctor of Medicine (MD)
- Physician Associate (PA)
- Doctor of Medical Science (DMS)
- Physician Assistant (PA)
- Doctor of Chiropractic (DC)
- Doctor of Nursing Practice (DNP)
- Optometrist (OD)

Correct Answer

Only **DOs** and **MDs** are **physicians** who qualify for **full medical licensure** in every state.

If you answered correctly – congratulations! Although **90%** of patients surveyed[1] agreed that a physician's additional years of education and training were vital to optimal patient care:

- **73%** were unsure whether a DMS is a physician
- **57%** were unsure whether an optometrist is a physician
- **50%** were unsure whether a DNP is a physician

Only DOs and MDs complete

Four years of medical school **+** Between 10,000 and 16,000 hours of supervised postgraduate ("residency") training **+** A comprehensive, 3-part licensing exam series designed to test their ability to safely treat patients

= *…before* they are allowed to practice medicine independently.

In an attempt to cut costs and solve access to care challenges, many states have begun allowing non-physicians to practice medicine:
- with as little as a **two-year master's degree**
- with training completed **predominantly online**
- **without any clinical practice experience**

and **NO PHYSICIAN OVERSIGHT!**

The pursuit of these cost-cutting goals sacrifices patient safety and compromises quality of care.

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Evidence Shows that Non-Physicians Overprescribe Tests and Medications, Possibly Due to Their Limited Education and Training

- Non-physicians were 15 percent **more likely than physicians to prescribe** an antimicrobial to an adult patient.[2]
- In 34 percent of emergency department cases, non-physicians **recommended imaging studies** when physicians had not.[3]
- Following an outpatient office visit, non-physicians **ordered more diagnostic imaging** than physicians.[4]
- In states with independent prescription authority for Schedule II opioids, non-physicians were 20 times **more likely to overprescribe opioids** than their counterparts in states with restricted prescription authority.[5]

In addition, many insurers have begun replacing physicians with non-physician "primary care providers (PCPs)," and if their network adequacy requirements are met with non-physician "PCPs," **patients may soon no longer have the option to see a physician** even if they would like to.

Legislative trends also suggest that once non-physician clinicians achieve independent practice, they return to state legislatures to seek pay parity with physicians – thereby **eliminating** any cost savings arguments for independent practice.

Regardless of race, gender, location, socioeconomic status or other factors, all patients deserve the privilege of being treated by a physician. The osteopathic medical profession is dedicated to addressing health care shortage issues, as demonstrated by the fact that fifty-seven per cent of DOs practice in primary care and the majority of osteopathic medical schools are located in rural and underserved areas.[6, 7] The AOA and our affiliate partners are committed to working with state and federal governments to seek sustainable solutions – such as those offered by telemedicine and increasing training opportunities for physicians in rural and underserved areas – to ensure that all patients have access to high-quality, physician-led care.

A recent study by the National Academy of Medicine (NAM) found that "**multidisciplinary team-based care is associated with better performance** on traditional measures of health care quality, such as emergency department utilization and hospital readmissions. In addition, several studies have concluded that **optimizing team-based care is a cost-effective intervention**."[8]

The optimal path to delivering high quality, cost-effective medical care is through supporting a collaborative model that utilizes the strengths of each valuable member of the physician-led healthcare team.

1. Baselice & Associates conducted an internet survey of 801 adults on behalf of the AMA Scope of Practice Partnership between May 1–June 6, 2014. The overall margin of error is +/- 3.5 percent at the 95 percent confidence level.
2. See https://pubmed.ncbi.nlm.nih.gov/29378672/
3. See https://pubmed.ncbi.nlm.nih.gov/24119364/
4. See https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1939374?resultClick=1
5. See https://pubmed.ncbi.nlm.nih.gov/32333312/
6. See https://osteopathic.org/wp-content/uploads/OMP-Report-2020-21.pdf
7. See https://www.healthaffairs.org/do/10.1377/forefront.20171023.624111
8. Smith, C. D., C. Balatbat, S. Corbridge, A. L. Dopp, J. Fried, R. Harter, S. Landefeld, C. Martin, F. Opelka, L. Sandy, L. Sato, and C. Sinsky. 2018. Implementing optimal team-based care to reduce clinician burnout. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC.