

ADVANCED PRACTICE PROVIDERS

A workforce shortage of 65,000 physicians is projected for both primary care and specialty medicine by the year 2025.¹ Similarly, the supply of urologists per capita in the United States continues to decrease, a trend that started in 1991 and continues to accelerate. In 2009 there were only 3.18 urologists per 100,000 in the population, which is a 30-year low and amongst the most severe specialty medicine shortages. This is compounded by the fact that urology has the second oldest surgical subspecialty workforce with an average age of 52.5 years, of whom greater than 18% are age 65 years or older.²

In 2010, the Institute of Medicine (IOM) addressed the role of advanced practice providers and the impending physician workforce deficits within the document "The Future of Nursing: Leading Change, Advancing Health." The committee concluded in their report to Congress that the increase in primary care reimbursement in the Medicaid program should be extended for the services of advanced practice providers (APPs); that the Medicare program should be expanded, with encouragement to private insurance to reimburse the services of APPs within the applicable state scope of practice legislation; and that Congress should consider limiting federal funding for nursing education to only those states that have adopted National Council of State Boards of Nursing advanced practice registered nurse model rules and regulations.³ In response to the IOM report to Congress, the American Medical Association (AMA) acknowledged the workforce shortage of both nurses and physicians and endorsed a physician-led team approach to the provision of high-quality, value-based health care through "each team member playing the role they are trained and educated to play."⁴ However, recent data indicate that states with the least restrictive scope of practice laws have experienced the largest increase in the number of APPs that independently provide primary care and medication prescribing services for Medicare patients without physician supervision.⁵

The American Urological Association (AUA) endorses the use of APPs in the care of genitourinary disease through a formally defined, supervisory role with a board-certified urologist under the auspices of applicable state law.⁶ Based on an AUA Office of Education needs assessment survey in October-November 2012, nearly 8,000 APPs are working in urology practices/institutions in the United States, including 3,338 nurse practitioners (NPs), 4,002 physician assistants (PAs), and 411 clinical nurse specialists. The survey results showed that 65% of urologists were interested in the integration and utilization of advanced practice providers in their practice. In a more recent AUA survey on workforce and compensation trends in November 2013, 62% of urologists surveyed responded that they use an APP in their practice. According to the surveyed urologists, APPs account for 41% of an MD/DO full-time equivalent, of which 75% is ambulatory clinic-related, 14% inpatient, and 9% procedural.