Tuesday October 15th, 2024

Owen Foster, J.D., Chair
Green Mountain Care Board
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Dear Chairman Foster and Members of the Green Mountain Care Board,

As the Green Mountain Care Board continues to evaluate and consider the recommendations put forward by Oliver Wyman, I'd like to provide insight regarding one of these decisions: Vermont's Emergency Departments (EDs) should **not** be encouraged to transition to non-physician staffing models. This letter is in no way meant to diminish the vitally important role our non-physician clinicians and teammates play in caring for our patients and communities. Instead, this is a plea to ensure we have the right staffing in the right settings to guarantee the best possible outcome for our patients. To put it plainly, a non-physician staffing model in Vermont's EDs would be a dangerous decision. It would lead to poorer outcomes for Vermonters, increase inefficiencies, raise costs, result in more interfacility transfers, worsen population health outcomes, deepen health disparities in rural communities and frighteningly restrict patients' abilities to access time sensitive emergency treatments.

The field of Emergency Medicine (EM) is specialized and complex and requires rigorous training and a unique breadth of knowledge to handle the acute and unscheduled medical issues that present without warning. This ranges from unresponsive neonates to gunshot victims on any given shift. EM became its own specialized field after it became clear that the quality of care delivered varied widely depending on the training and experience of the providers working in hospital EDs. Board certification in EM ensures that a physician has not only met predefined competencies, but also continues to engage in ongoing education to stay current with advancements in a rapidly evolving field. There have been numerous attempts (mostly by for-profit corporate medical groups) to expand the scope of practice of non-physician providers, defined as Physician Associates (PAs) and Nurse Practitioners (NPs) to function independently and without recommended supervision in EDs, and the results are extremely concerning:

- **Increased cost of care:** a three-year study of EDs in the Veteran's Health Administration found that NPs delivering care without supervision increased lengths of stay by 11% and raised 30-day preventable hospitalizations by 20% compared with EM physicians.[i] Non-physician driven care has been shown to have higher per member per month costs.[ii]
- **Increased resource utilization:** multiple studies have demonstrated higher diagnostic test utilization, longer length of stay, and reduced clinical efficiency in non-EM physician led staffing models.[iii,iv] This would increase the cost to Vermonters who receive care in the ED, which is already considered one of the most expensive places to deliver care.
- **Lower patient satisfaction:** Physician-led teams are associated higher patient satisfaction than non-physician teams.[iii] Moreover, 95% of U.S. voters said it is important to them for a physician to be involved in their diagnosis and treatment and 62% said patients are most likely to be harmed from scope of practice changes.[v]
- **Increased medico-legal risk:** More malpractice claims are paid on behalf of the hospital/practice when a non-physician is the defendant.[vi] Over 85% of malpractice claims against NPs are due to errors in diagnosis, treatment, and medication.[vii] This represents more injuries to Vermonters and more indirect health care costs passed on to taxpayers.

- **Increased inappropriate prescribing:** Non-physicians are more likely to prescribe antibiotics when non needed and overprescribe opioids than physicians.[viii,ix,x,xi] This translates to more avoidable expenses and promotion of irresponsible practice.

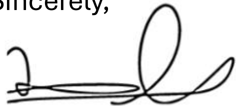
It should be no surprise that clinical care delivery is harmed when non-physicians are placed in inappropriate positions of practicing autonomously and without adequate physician supervision. EM physicians have completed 11+ years of training and >12,000 hours of hands-on clinical work in supervised settings. Comparatively, an NP or PA completes between 5-8 years of training and 500 clinical hours. They are invaluable members of the health care team, but should not be forced to practice with unregulated autonomy.

Non-physician providers should not be considered an appropriate substitute for a licensed, trained, and board-certified/eligible emergency physician. Nowhere is this more true than our most rural, single-coverage EDs. While total ED volumes are lower in rural sites, high-acuity, time-sensitive emergencies present anywhere at anytime. Emergency physicians have procedural competencies in point-of-care ultrasound used in high acuity medical and traumatic emergencies, as well as advanced airway and resuscitation for adult, pediatric, and obstetric patients that would be unavailable or severely limited in any non-physician staffing model.

Rural health communities already have higher age-adjusted mortality compared to urban areas, and higher maternal and infant mortality. Vermont's rural hospitals have far fewer intensive care unit beds and resources available for the critically ill. In fact, our hospital referral region has one of the lowest rates of ICU beds per age-adjusted population in the United States.[xii] Patients requiring this care in rural EDs face lengthy transport times for interfacility transfers. This highlights the need for emergency physicians to be present to perform emergency stabilizing treatments to maximize the survivability of life-threatening illnesses, while also providing ongoing critical care until transport is available. There are no exceptions. While PAs and NPs are valued members of the health care team, they do not uniformly possess the training and expertise in EM necessary to practice independently when it matters most. ACEP believes that regardless of where a patient lives, all patients presenting to an ED deserve to have access to high-quality, patient-centered care delivered by a physician who has completed an accredited emergency medicine residency training program.

There should be no ambiguity about the importance of a physician-led care team in emergency settings. ACEP has made it clear, "the gold standard for ED care is provided by an emergency physician. If PAs and NPs are utilized for providing ED care, the standard is onsite supervision by an emergency physician."[xiii] This position was endorsed by the American Medical Association in June, 2023.[xiv] We believe the Oliver Wyman ACT 167 report's recommendation to consider non-physician staffing models for hospital EDs is dangerous and represents a step backwards for patient safety. We ask the members of the Green Mountain Care Board to reject it. As written, this recommendation threatens the quality of health care delivery in Vermont and the safety and well-being of Vermonters.

Sincerely,



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