Mid-Level Providers May Solve Healthcare Shortages in Underserved Communities

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Introduction

The recent COVID-19 pandemic has unearthed many of the vulnerabilities that plague the United States' healthcare system. A disease that abruptly brought the country to a halt also served to underscore the glaring inadequacies in the nation's healthcare infrastructure and ability to provide care and serve chronically disenfranchised populations. According to recent data published by the Association of American Medical Colleges, the United States could see an estimated shortage of 37,800 to 124,000 physicians by the year 2034, with shortfalls affecting both primary care and non-primary specialties such as surgery, oncology, and neurology. Although the COVID-19 pandemic may have pulled back the curtain concealing many of the shortcomings of medical practice in the United States, this is an issue that far preceded the novel virus. The United States produces fewer physicians per citizen than nearly every other developed nation. Vast interspecialty pay gaps encourage bright young doctors to opt into higher-paying hyper-specialized fields rather than pursuing careers in primary care. With the necessity of access to quality primary care being highlighted by the ever-increasing number of patients and seemingly stagnant growth in the number of physicians, we, as a nation, must look to new innovative ideas on how to treat such a high volume of patients. The answer to this issue may lie in the increased utilization of mid-level providers such as physician assistants and nurse practitioners.

What Is a Mid-Level Provider?

A mid-level provider is a healthcare worker who takes on tasks similar to those carried out by doctors, such as clinical or diagnostic functions—seeing patients, creating treatment plans, ordering tests, and writing prescriptions—but are required to complete fewer years of education than a fully certified physician. The term *mid-level* refers to the complexity of healthcare situations they're permitted to handle, rather than the quality of care that they provide to patients. Therefore, mid-level providers have only 2–3 years of extra education after obtaining a bachelor's degree, compared with the 7–10 years of education that physicians commit to.

A few examples of mid-level providers include nurse practitioners (NPs), nurse midwives, nurse anesthetists, and physician assistants (PAs). Describing providers as "mid-level" occasionally leads patients to believe they are not receiving the highest quality of care, but this is not the case.

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Mid-level practitioners undergo intensive academic and clinical education programs to practice medicine at the level that they do. In fact, PA students often take some classes with medical students as part of their curriculum. To combat the demeaning stigma around the term, certain institutions such as Dartmouth Hitchcock Medical Center have begun to refer to their NPs and PAs as "associate providers."

With increased patient education on the roles and responsibilities of mid-level providers in congruence with an increasing number of medical institutions using more appropriate vernacular to refer to their mid-levels, an environment with less patient doubt can be created. As more and more patients become comfortable with the idea of seeing a mid-level provider when they go in for a checkup, the burden on physicians will be greatly decreased and more patients will be able to receive quality care and attention.

Underserved Communities and How Mid-Level Providers Can Be of Service to Them

The Health Resources & Service Administration (HRSA) keeps an updated list of medical shortage areas/populations organized by state on its website. As of March 2022, the United States has 3,441 areas designated as medically underserved. These areas are designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Of these 3,441 areas, the state of Texas is the second largest contributor of all 50 states, contributing 206. The HRSA also keeps track of health professional shortage areas (HPSAs). The total number of HPSAs in the United States as of March 2022 is 20,760. Of these areas, Texas once again is the second largest contributor, with 1,177 designations.

This shortage especially puts a burden on the minority and impoverished neighborhoods who do not have their medical needs met to begin with. It's very common for minorities to lag behind in multiple healthcare quality measures such as effective patient-provider communication and proper insurance coverage. According to reports by The Commonwealth Fund, minority Americans face difficulties communicating with their physicians. More specifically, Hispanics are more than twice as likely to face difficulties than their Caucasian counterparts (33% vs. 16%), and about one-fourth of Asian Americans (27%) and one-fourth of African Americans (23%) also experience similar problems communicating with their provider.

Aside from the linguistic barriers, financial barriers make matters worse. Minorities tend to have lower rates of insurance coverage, creating even more barriers for them. According to a survey done by The Commonwealth Fund, nearly one-half of working-age Hispanics (46%) lacked health insurance for all or part of the year prior to the survey, as did one-third of African Americans. These variables, combined with a shortage of medical providers, create a lot of suffering for Americans, and if we ignore the problem, the gap will only get larger as time goes on.

With that being said, this crisis is solvable with the use of mid-level providers such as Physician Assistants (PAs) and Nurse Practitioners (NPs). Although PAs need to be supervised by a fully certified physician, the ratio of physician to PA in most states is 1:4. This means we can have more providers within the same clinic, which supports heavier patient volumes, and prevents physician burnout. In some cases, an NP can even work as their own independent entity, having a full scope of practice without the need for physician supervision.

Another important factor is the years of education required for mid-levels. Since the duration of education is less, the rate at which we get new providers into communities increases, once again solving the issue of having insufficient care.

Conclusion

With decreased amounts of schooling and the ability to provide quality patient care, mid-level providers may be the answer to the physician shortages that are currently affecting our country. The transition to a medical system in which all patients are educated on the qualifications and abilities of mid-level providers will not be an immediate one, but with the help of various medical institutions and continued patient education, it is certainly an attainable goal. As more clinics begin to utilize mid-level providers, and an increased volume of patients can be seen, the amount of people who go without medical attention will continue to decrease until eventually, no one must go without quality medical care.

As pre-physician assistant students, we are especially aware of how the inability to access quality healthcare affects underserved communities. As frequent volunteers at the Mission Arlington Clinic we often see, firsthand, just how desperately some people need medical attention. Volunteering in a clinic run almost entirely by mid-level providers and witnessing their ability to diagnose and treat people who otherwise wouldn't be able to receive care has fostered a real passion within us for the physician assistant profession. Both of us hope to eventually practice as PAs and have the ability to serve the underserved in the way that we've witnessed other mid-level providers do.

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