



Promoting Physician-led, Team-based Care

Policy makers are urged to prioritize physician-led, team-based care instead of expanding scope of practice for nonphysicians, to ensure equitable access to care and uphold high patient safety standards.

Why Action is Needed:

Physician-led, team-based care models ensure that our patients' needs are met and that we get to see more patients in an efficient way. [Evidence shows these models prioritize patients](#) and are associated with better patient outcomes, lower costs, increased efficiency, improved quality of care, and improved health care professional well-being. In a physician-led, team-based model, primary care internal medicine physicians can work closely with their care teams, including nurses, nurse practitioners (NPs), physician assistants (PAs), and others. Each member of the care team knows their roles and responsibilities, allowing them to see more patients together than if they were to see them independently. [Research shows](#) that care teams with both physicians and NPs/PAs are associated with lower levels of health care clinician burnout. Additionally, health care clinicians working on multidisciplinary health care teams are more likely to avoid errors and ensure patient safety. Despite the potential of physician-led team-based models, several trends undermine their success, including high implementation costs, insufficient financial incentives, and scope-of-practice changes that permit nonphysician health care clinicians to practice outside of the physician-led team-based model.

Allowing nonphysician clinicians to practice independent of physicians and other team members increases the risk for poor health outcomes and drives up health care costs. Studies have shown that NPs and PAs are more likely to overprescribe [opioids](#) and [antibiotics](#), order [unnecessary diagnostic imaging](#), and [seek multiple consultations](#) and referrals compared to physicians. Although NPs and PAs are often referred to as a solution to extending the primary care workforce, the [reality](#) is that a substantial number are employed in specialty practices, not in primary care. Additionally, [emerging workforce data](#) shows that NPs tend to practice in the same geographic areas as primary care physicians and are not filling gaps in rural and underserved areas.

Additionally, evidence shows that increasing the number of primary care physicians helps reduce mortality. People [living in counties with only one primary care physician](#) per 3,500 persons have a life expectancy almost a year less than those individuals living in counties above that level. As the U.S. faces a growing aging population with higher prevalence of chronic diseases, physicians providing primary and comprehensive care are the best option to prevent, diagnose, treat and manage chronic diseases. Without access to highly trained physicians, minor health problems can spiral into chronic disease, chronic disease management becomes difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and health care spending soars to unsustainable levels.

ACP's Position

Every patient should have access to physicians who can oversee their care, regardless of where they