

The Scope of Non-Physician Provider Practice

The physician shortage, paired with declining reimbursement rates, has fueled physician demand for manpower relief. To meet this demand, the healthcare workforce continues to diversify, with versatility no longer limited to the *horizontal* expansion of specialty and subspecialty areas of medical expertise. Rather, current trends have solicited a *vertical* expansion in the role of the non-physician workforce to provide services that support, supplement, and parallel physician services.

Traditionally, non-physician providers (NPPs) were referred to, collectively, as “*allied health professionals*.”¹ However, NPPs have assumed multiple roles in the provision of healthcare services; they may work synergistically with physicians, supplemental to physicians for the provision of select services, or in parallel to physicians for the provision of services that, though comparable to physician services, are entirely outside the scope of physician practice. As such, NPPs may be further divided into three categories based on the *types of services* they provide:

1. *Technicians and Paraprofessionals*, (a/k/a “*Physician extenders*”) that either provide manpower support or highly technical services both necessary for and contingent upon the provision of certain specialized physician services;
2. *Allied Health Professionals*, (a/k/a “*Parallel providers*”) whose scope of professional practice is separate, distinct, and, essentially, parallel to the scope of physician practice; and,
3. *Mid-Level Providers*, (a/k/a “*Triage providers*”) that are trained to provide a specific subset of physician services, with the *original* objective of providing “*triage*” relief for physicians by enhancing patient throughput.² *Mid-Level Providers* are afforded a significant level of autonomy within their scope of practice, and as such may act alongside – or independent of – physicians under certain conditions for the provision of previously determined services.

Be that as it may, practitioners that are authorized to fall in one category may not always provide the services that distinguish them from practitioners in the other categories. For example, mid-level providers are relied upon for the provision of specialized services that are *incident to* physician services, but also exercise a certain measure of independence, as they can autonomously provide a specific scope of services *in lieu* of physicians. The distinction between permitted and practiced scope of service is an underlying cause of the debates over the regulation and reimbursement of non-physician practitioners.

A diverse healthcare workforce may be instrumental to improving efficacy, quality of care, financial efficiency, patient satisfaction, workforce productivity, and professional satisfaction.³ With the current and impending physician shortage and continued growth in patient demand, non-physician providers will continue to be strategically implemented in these various roles in an attempt to bolster a healthcare system that is in dire need of reform.

¹ “Interprofessional Healthcare: A Common Taxonomy to Assist with Understanding,” by Alice B. Aiken, PT, PhD and Mary Ann McColl, PhD, *Journal of Allied Health*, Volume 38, Number 3 (Fall 2009), p. e-92.

² “Interprofessional Healthcare: A Common Taxonomy to Assist with Understanding,” by Alice B. Aiken, PT, PhD and Mary Ann McColl, PhD, *Journal of Allied Health*, Volume 38, Number 3 (Fall 2009), p. e-94.

³ “Interprofessional Healthcare: A Common Taxonomy to Assist with Understanding,” by Alice B. Aiken, PT, PhD and Mary Ann McColl, PhD, *Journal of Allied Health*, Volume 38, Number 3 (Fall 2009), p. e-92.



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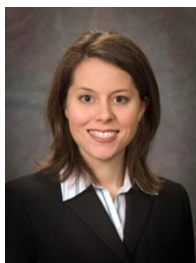
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