Medicare's APP pay parity proposal: Physician concerns laid bare

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The role of advanced practice providers (APPs) in healthcare delivery has expanded considerably, prompting ongoing debate about scope of practice and reimbursement. In 2019, a US executive order sought to eliminate supervision requirements for APPs and equalize Medicare reimbursements, a move that ignited strong reactions across the medical community. A study published in Cutis examined public opinion on this proposal, specifically focusing on comments from medical professionals.

KEY TAKEAWAYS

- The Pivot: A 2019 executive order proposed eliminating APP supervision and equalizing Medicare pay, sparking widespread physician opposition.
- The Data: Of 352 online comments analyzed, 88.4% opposed the executive order, with 89.2% of physician comments expressing opposition.
- The Action: Clinicians should understand the persistent concerns regarding APP training and supervision, particularly in specialty fields like dermatology, when considering policy changes.

The market of healthcare delivery continues to evolve, with advanced practice providers (APPs) assuming increasingly prominent roles in patient care. This expansion has, predictably, led to discussions regarding their scope of practice, the necessity of physician supervision, and equitable reimbursement structures. In October 2019, President Donald Trump issued the Executive Order on Protecting and Improving Medicare for Our Nation's Seniors, a directive that directly addressed these contentious issues. The order proposed two key changes: the elimination of physician supervision requirements for APPs and the equalization of Medicare reimbursements between APPs and physicians. This proposal, intended to streamline care and potentially reduce costs, immediately became a flashpoint for medical professionals.1 To gauge the public's reaction to this executive order, Chelsea R. Stewart and Shari R. Lipner, both from Weill Cornell Medicine, conducted a study analyzing online comments. They specifically examined 352 comments posted on a Medscape article discussing the executive order, alongside a corresponding Reddit discussion. The researchers aimed to characterize these comments by demographic information, where provided, and by overarching theme. Their analysis focused on understanding the prevailing sentiment among medical professionals regarding the proposed changes to APP practice and reimbursement.1

The Public Reaction to Policy Change

The study identified 155 unique commenters across both platforms. A substantial majority, 88.4% (311 of 352 comments), expressed opposition to the executive order. Only 10.8% (38 comments) supported the proposal, with a mere

0.8% (3 comments) offering neutral perspectives. This overwhelming opposition signals a clear divergence between the policy's intent and its reception among the medical community.1

Physicians constituted the largest group of identified commenters, with 102 physicians contributing to the discussion. Their opposition was even more pronounced, with 89.2% (91 of 102 physician comments) explicitly against the executive order. In contrast, APPs, comprising 28 identified commenters, showed a more divided but still predominantly negative view, with 60.7% (17 of 28 APP comments) opposing the order and 39.3% (11 of 28 APP comments) supporting it. This suggests that even within the APP community, the proposed changes were not universally embraced, though their support was notably higher than that observed among physicians.1

The researchers categorized the comments into several recurring themes, providing insight into the specific anxieties and arguments driving the opposition. The most frequently cited concern revolved around the importance of appropriate supervision, appearing in 33.8% of all comments. Physicians consistently emphasized that their extensive training and experience were critical for patient safety and complex decision-making, arguing that unsupervised APPs could compromise care quality. This concern was particularly acute in specialty fields, where the depth of medical knowledge required for accurate diagnosis and treatment is substantial.1

Another prominent theme was the need for improved dermatologic training of APPs, which appeared in 14.5% of comments. Given the study's publication in Cutis, a journal focused on cutaneous medicine, this specific emphasis on dermatology is unsurprising. Physicians in this specialty articulated fears that APPs, without rigorous and extended dermatologic education, might misdiagnose serious skin conditions, delay appropriate referrals, or perform procedures beyond their competency. They argued that the nuances of dermatological diagnosis, often relying on subtle visual cues and extensive pattern recognition, demand a level of training currently only achieved through medical school and residency.1

The concept of equal pay for equal work, a core tenet of the executive order, also generated significant discussion, featuring in 13.4% of comments. While proponents of the order argued that if APPs perform similar services, they should receive similar reimbursement, physicians countered that the scope and depth of their responsibility, diagnostic acumen, and liability were fundamentally different. They contended that equalizing pay without equalizing training and accountability would devalue the physician's role and potentially incentivize less qualified providers to undertake complex cases.1

Concerns about patient safety were explicit in 10.2% of comments, often intertwined with the supervision debate. Commenters worried that reduced oversight could lead to increased medical errors, particularly in complex or atypical presentations. The potential for patients to receive suboptimal care from providers lacking comprehensive medical training was a recurring anxiety. This directly impacts the quality of care, a fundamental concern for any medical professional.1

The financial implications of the executive order also surfaced as a theme, with 7.1% of comments discussing financial incentives. Physicians expressed concern that the policy might create perverse incentives for healthcare systems to replace physicians with lower-cost APPs, potentially compromising patient care in pursuit of profit. This economic argument highlighted the perceived threat to physician livelihoods and the potential for a two-tiered system of care.1

Finally, the issue of liability appeared in 4.8% of comments. Physicians questioned who would bear ultimate responsibility for adverse outcomes if APPs were to practice without supervision. They argued that current legal

frameworks often place ultimate liability on the supervising physician, and removing this supervision without a clear redefinition of liability would create an untenable situation. This legal and ethical quandary underscored the complexity of the proposed policy changes beyond mere reimbursement rates.1

The Nuance of Online Discourse

The study's methodology, while effective for capturing broad sentiment, carries inherent limitations. Relying on online comments from Medscape and Reddit means the sample is self-selected and may not represent the full spectrum of medical professional opinion. Individuals motivated to comment online often hold strong views, potentially skewing the results towards more vocal opposition or support. The demographic information provided by commenters was also self-reported and often incomplete, making it challenging to draw definitive conclusions about specific subgroups beyond broad categories like 'physician' or 'APP'.1

But the sheer volume of comments and the consistency of themes across platforms lend weight to the identified concerns. The study did not differentiate between various APP types (e.g., nurse practitioners, physician assistants), which could have distinct training pathways and scopes of practice. This broad categorization might obscure specific concerns or areas of consensus that vary by APP profession. The study focused on a single executive order from 2019; public opinion may have evolved since then, particularly with the increased reliance on APPs during the COVID-19 pandemic. Still, the core concerns regarding training, supervision, and patient safety remain relevant in ongoing debates about healthcare workforce policy. For clinicians seeking to stay current on these evolving roles, the Oxford Handbook of Clinical Medicine offers a concise reference for navigating the broader internal medicine landscape, including team-based care models.

The study did not explore the perspectives of patients, who are ultimately the recipients of care. Their views on APP autonomy and physician supervision could offer a different dimension to the debate. The absence of patient input is a notable gap, as policy changes directly impacting care delivery should ideally consider the patient experience and preferences. Future research could incorporate patient surveys or focus groups to provide a more comprehensive understanding of the policy's potential impact.1

The study's focus on a Medscape article and a Reddit discussion means it captured a snapshot of opinion from specific online communities. These platforms tend to attract different user bases and foster distinct types of discourse. While Medscape is a professional medical news site, Reddit is a broader social media platform, and the tone and depth of comments might vary accordingly. The researchers did not perform a comparative analysis of comments between the two platforms, which could have revealed interesting differences in how these issues are discussed in more formal versus informal settings.1

The executive order itself was a proposal, and its full implementation and long-term effects were not part of this study. The analysis captures initial reactions to a proposed policy rather than an evaluation of its actual impact on patient outcomes or healthcare economics. This distinction is important; initial opposition does not necessarily predict negative real-world consequences, nor does initial support guarantee positive ones. The study provides a valuable baseline of professional sentiment at a critical juncture in healthcare policy discussion.1

CLINICAL IMPLICATIONS

> The strong physician opposition to unsupervised APP practice and pay parity, particularly in a specialty like dermatology, underscores a persistent tension in healthcare policy. Clinicians, especially those in general practice, must recognize that these debates are not merely academic; they reflect deeply held beliefs about patient safety and the value of specialized training. The data indicates that the medical community, at least as represented online, views physician supervision as a non-negotiable component of quality care, not an optional add-on.
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> For healthcare systems and policymakers, the study highlights the need for more robust engagement with physicians when considering changes to scope of practice and reimbursement. Ignoring such widespread professional concern risks alienating a critical part of the workforce and potentially undermining trust in new care models. Simply mandating pay parity or eliminating supervision without addressing the underlying concerns about training and liability will likely face continued resistance.
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> The specific emphasis on dermatologic training for APPs is a clear signal that specialty societies must play a more active role in defining appropriate training pathways and competency standards. If APPs are to assume greater autonomy in complex fields, their education must demonstrably meet the demands of those specialties. Without this, the concerns about misdiagnosis and suboptimal patient care will persist, regardless of executive orders or reimbursement structures.

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