

The Future of Care: Michigan Needs Patient Care Teams

Patient care teams address access.

Patient care teams in the medical home model enhance access to care through open and same-day scheduling, expanded clinical hours, and new options for communication. MAFP has ample evidence to suggest that team-based, physician-led care results in better quality outcomes, higher patient and physician satisfaction rates, and more cost-effective care. This is especially true when comparing collaborative care with the type of independent practice sought by advanced practice registered nurses (APRNs).

In states where nurses have independent prescribing authority, data show that nurse practitioners tend to practice in populated areas rather than underserved and rural regions. In contrast, evidence suggests that Family Physicians are more likely to practice in rural and underserved areas than any other health care professional.

Research shows that the best care is achieved when the ratio of nurse practitioners to physicians is about 4-to-1. At this ratio, we can provide everyone with a physician-led team, and help fill the primary care shortage.

The interests of patients are best served when their care is provided by a physician or through an integrated practice supervised directly by a physician. We must not compromise quality for any patient, and we don't have to.

Patient care teams in the medical home model address the full range of care, and decrease costs.

Patient-centered care offers a full array of health care services using a team-based approach. This includes delivering care for all stages and ages of life, including acute care, chronic care, behavioral and mental health care, preventive services, and end-of-life care. It also includes coordinating and/or integrating care for services not provided by the patient care team across all elements of the complex health care system and patient community.

Across the United States and Michigan, outcomes from the medical home model have shown reductions in emergency room visits, decreases in hospital admissions, and fewer total hospital inpatient days.

Education and training of physicians and APRNs is not interchangeable: What should be the minimum standard for who can practice medicine?

Doctors bring a broader and deeper expertise to the diagnosis and treatment of all health problems. They are trained to provide complex diagnoses and develop comprehensive plans to treat those diagnoses. Physicians are required to have approximately 21,700 training and clinical hours, on average, while a nurse practitioner is required to have approximately 5,350 training and clinical hours.

Three out of four patients prefer to be treated by a physician even if it takes longer to get an appointment and costs more.



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