

THE RURAL HEALTHCARE CRISIS:

NINE REASONS WHY ADVANCED PRACTITIONERS CAN HELP SOLVE IT



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Solving the Rural Healthcare Crisis

Our country has a rural healthcare crisis. Just one quick glance at the facts drives this reality home with painful clarity. While there are 20 percent of Americans living in rural areas today, only 10 percent of the country's physicians work there. That translates to a ratio of one physician for every 2,500 patients. In fact, 67 percent of rural areas are considered Health Professional Shortage Areas, and the majority of areas continue to be the most underserved.

No matter the reasons behind the lack of physician presence outside of urban centers, the fact is there aren't enough of them to meet patient demand. And, there is certainly no lack of effort among industry leaders, government entities and academia to help solve the issue — from resident programs aimed at rural hospitals, a move to accept more medical school applicants from rural areas, to innovative rural recruiting programs.

The truth is, there are many appealing aspects to working and living in our country's rural communities. However, despite the aggressive efforts in selling the rural lifestyle by hospitals, many physicians aren't inclined to make this their first choice. A survey conducted by Cross Country Search (formerly Cejka Physician Search) found that only eight percent of primary care physician residents were open to working in a rural community.

The good news? Advanced practitioners (APs) appear to have different motivations and openness to their location and work environment. The same Cross Country Search survey found advanced practitioners are three times more likely than physicians to be open to working in a rural community. Moreover, advanced practitioners are further motivated by independence and autonomy in a work environment, something increasingly found in rural healthcare facilities.

The better news? APs, primarily nurse practitioners (NPs) and physician assistants (PAs), can cover many of the healthcare services provided by primary care physicians, while also improving a facilities' workflow, patient satisfaction and revenue generation. In fact, we've compiled nine reasons why APs can dramatically curb the rural healthcare crisis.

APs offer an extensive clinical scope.

With their extensive training, including thousands of hours in pharmacology, clinical medicine, behavioral and basic sciences, and clinical rotations, APs have been prepared to handle a wide array of tasks. Their clinical responsibilities vary, but they are typically equipped to examine patients, order and interpret lab tests, perform psychological evaluations, consult for surgery, diagnose diseases and disorders, and prescribe medicines. Responsibilities of advanced practitioners are ever expanding, encompassing administrative tasks such as maintaining patient records, making referrals, providing patient education, handling medication requests, completing forms, and reviewing test results. APs often work relatively independently, and depending on the region, may even be able to work autonomously.

AP supply is keeping up with demand.

Amidst a shortage of physicians, the supply of advanced practitioners continues to keep up with both current and projected demands. The most recent data from the Association of American Medical Colleges (AAMC) projects a shortfall of as many as 120,000 physicians by 2030. On the other hand, the national supply of nurse practitioners is 57,330 — matching the exact number of NPs in demand. In fact, in 2025, no US state is projected to have a shortage of primary care NPs. To succeed in the continually evolving healthcare market, hospitals and primary care practices should consider non-physician providers as critical components to comprehensive healthcare teams.

APs can have a level of autonomy.

Both nurse practitioners and physician assistants can practice autonomously in many states. Though there is a range of opinion among medical professional organizations, according to the Journal of American Academy of PAs, it appears that autonomy is inevitable. The level of autonomy varies by state. The American Medical Association maintains a state law chart outlining scope of practice for physician assistants, and the American Association of Nurse Practitioners (AANP) features an interactive map with the most recent laws for NPs. Even within states where advanced practitioners must have medical supervision, they can alleviate much of the burden physicians face since they can fulfill so many roles.

APs can fill physician vacancies.

Given the scarcity of physicians within rural communities, just the departure of one can precipitate a health care coverage crisis. The costs of physician vacancies and turnover have been estimated by various organizations from between one half to more than two million dollars per year per vacancy, depending on specialization and facility. It can be especially challenging for facilities in rural areas to fill vacancies because they work on thin margins, limiting their financial ability to quickly woo fresh talent to their facility. Hospitals and healthcare practices can hire advanced practitioners to help stop the bleeding.

APs can increase productivity.

Healthcare facilities that use physician assistants and nurse practitioners see increased productivity and profitability according to Medical Group Management Association (MGMA). Cecilia Beard, Vice President of Client Services at Cross Country Search says, “When a nurse practitioner or physician assistant can see a patient, who from an acuity perspective, is not as high, the physician can focus on higher acuity procedures. Additionally, this reduces healthcare costs because it keeps lower acuity patients from unnecessary visits to the emergency room.” The arrangement boosts patient access to healthcare, which in turn raises patient satisfaction, ultimately leading to an increase in revenue.

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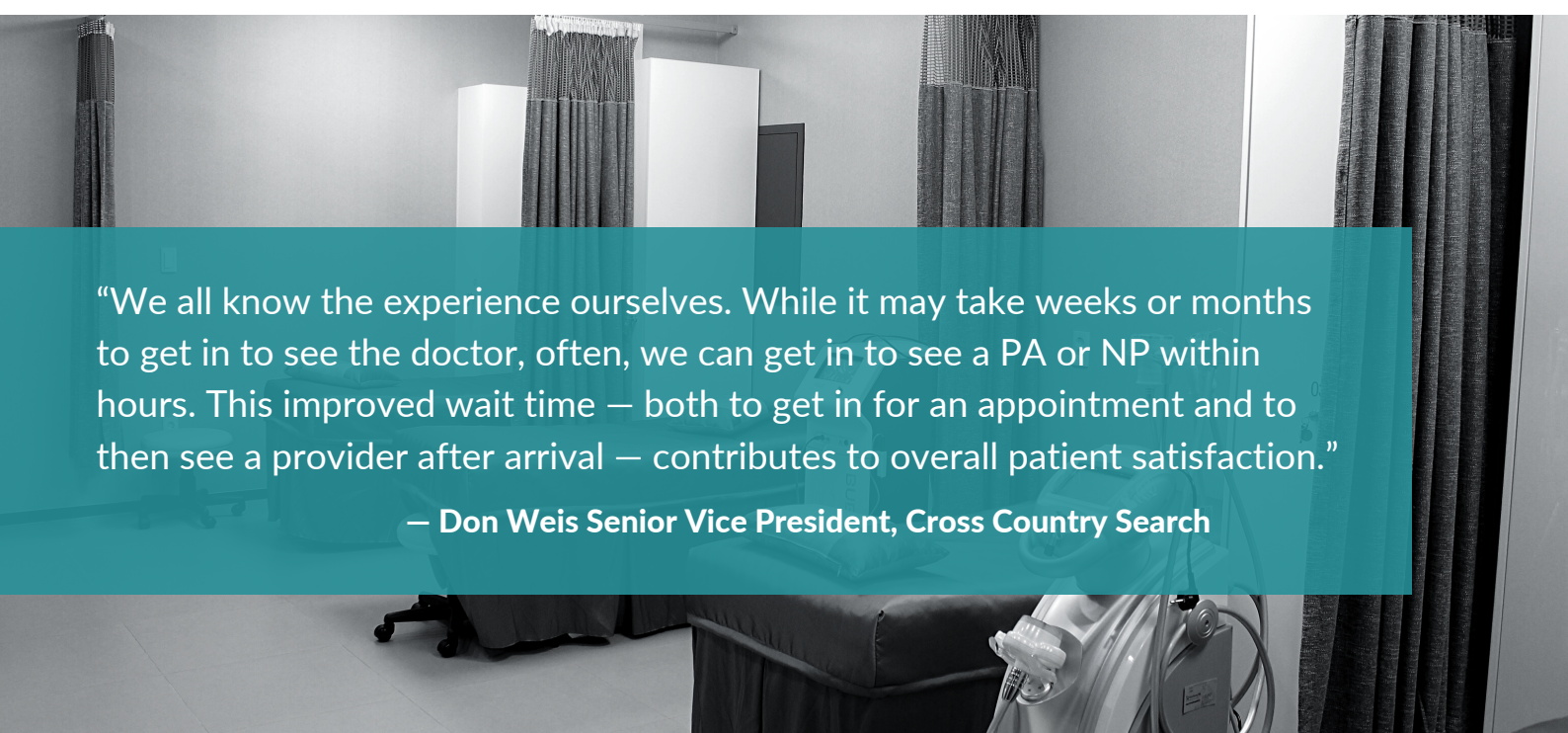
APs can improve workflow.

Advanced practitioners can improve workflow by lessening the administrative burden physicians face. An American Medical Association (AMA) survey found that administrative burden, along with stress and lack of time, were top reasons reported for physician burnout. Doctors spent approximately the same amount of time on office visits (3.08 hrs/day) as they did on desktop medicine (3.17 hrs/day) according to a study published in Health Affairs. Advanced practitioners can take over tasks like quality reporting and clinical documentation, significantly improving a facility's workflow.

APs can specialize.

Regarding specialization, facilities can hire APs to provide generalized care thereby freeing physicians to offer more specialized services. On the flip side, hospitals and practices may choose to hire APs who are specialized and can contribute skillsets in areas including but not limited to:

- Emergency medicine
- Pediatrics
- Family medicine
- Internal medicine
- Obstetrics and gynecology
- General surgery
- Psychiatry
- Acute care
- Neonatology
- Gerontology



“We all know the experience ourselves. While it may take weeks or months to get in to see the doctor, often, we can get in to see a PA or NP within hours. This improved wait time — both to get in for an appointment and to then see a provider after arrival — contributes to overall patient satisfaction.”

— Don Weis Senior Vice President, Cross Country Search

APs can improve patient satisfaction.

A Harris poll reports 93 percent of patients agreed they consider physician assistants to be trusted healthcare providers. Further, 94 percent of patients reported being willing to see a PA instead of a physician according to a National Commission on Certification of Physician Assistants survey. Since having advanced practitioners on staff can ease administrative tasks, it can also improve wait times. Don Weis, Senior Vice President, Cross Country Search, says, “We all know the experience ourselves. While it may take weeks or months to get in to see the doctor, often, we can get in to see a PA or NP within hours. This improved wait time — both to get in for an appointment and to see a provider after arrival — contributes to overall patient satisfaction.”

APs can increase revenue.

A recent MGMA report found that primary care practices that employ more physician assistants, nurse practitioners and other non-physician providers have greater healthcare revenue and productivity. As healthcare facilities continue to report increasing and staggering operating costs, the use of APs is helping to offset this trend. MGMA reports a 13 percent increase in costs for primary care practices from approximately \$391,000 to \$441,500 per physician. The Medscape 2018 physician survey reports a mean annual salary of \$299,999. In contrast, the median annual wage was \$110,930 for nurse practitioners and \$104,860 for physician assistants in 2017 according to the BLS. Advanced practitioners, at nearly 1/3 the salary of physicians, can significantly improve a facility's bottom line. Additionally, recruitment of advanced providers costs healthcare facilities less.

Consider an advanced practitioner for your next hire.



With skills ranging from general to specialized care, a great deal of autonomy, and a bevy of operational improvements, hiring advanced practitioners into your facility is a logical decision. These healthcare providers are abundant in supply and are willing to take on assignments in rural areas and smaller facilities. And ultimately, advanced practitioners can improve your bottom line.

As the healthcare industry's preeminent direct-hire talent acquisition partner, Cross Country Search offers the national healthcare community a full suite of innovative and solution-focused talent management solutions. Our recruitment experts are skilled in securing both APs and physicians, and have placed thousands of these valuable professionals across the country. For more information, visit [crosscountrysearch.com](https://www.crosscountrysearch.com).