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Definitions of HealthCare "Providers"

As a member of the New York State Board for Medicine and Legislative Chair of the American College of Obstetricians and Gynecologists it has become evident to me that within the lay public a considerable degree of confusion exists as to who or what a health care "provider" is. Let me try to make this clear. It is important for patients to know the level of training that the person taking care of them has; their scope of practice; liability protections, and oversight by State Agencies, licensing boards, and specialty boards. New York is unique in that health care providers are licensed by the Education Department but regulated through the Department of Health.

Let us begin with physicians. In the United States a physician has completed four years of college, four years of medical school and three or more years of specialty training (residency). In order to be licensed they must also pass all three parts of the United States Medical Licensing Exam and apply for the license through the State and present evidence of moral character, no criminal record, etc. Each specialty also has requirements for board certification that includes a written and oral exam. Lifetime maintenance of certification is dictated by each specialty board so that physicians must "keep up" on scientific and technologic advances. It is required by New York State that continued medical education be documented for relicensure and failure to do so is medical misconduct. New York also requires physicians to complete a course on the detection of child abuse and another course on infection control. Upon graduation from medical school this person is conferred the Doctor of Medicine (M.D.) but cannot practice until the above steps have been completed. Doctors of Osteopathy (D.O.) complete the same course work and exams but have attended a four year school of Osteopathic Medicine which differs very little from M.D.'s. Their specialty training is exactly the same. Doctors may practice solo, be in large multispecialty groups or single specialty groups and might oversee nurse practitioners, midwives, physician assistants—a group known as midlevel providers.

The Patient Protection and Affordable Care Act of 2011 ("Obamacare") recognizes that tens of millions more patients are going to be seeking health care, physicians will be in short supply, there will be more clinics and urgent care centers and that access will have to be through these midlevel providers under the supervision of physicians. A nurse practitioner is a registered nurse (R.N.) who has completed a college curriculum and then gone on for two years to be further licensed as a nurse practitioner. Under current law they may not practice independently but under a physician's guidance; their scope of practice is regulated by the State and they have prescription writing privileges upon completion of appropriate coursework. They work in physicians' offices, clinics, and emergency rooms and are well trained and an integral part of the "team". They know their limitations and seek help when needed. One of the fastest growing groups of midlevel providers is that of the Physician Assistant. These are people who have completed four years of college, one year of working in the health field (such as emergency medical technician), then two years of physician assistant school with course work and

clinical training under physician preceptors. Upon graduation and passing a licensing exam they may now work as a physician assistant. They may not practice independently but may perform all tasks that the supervising physician feels comfortable allowing: doing rounds, assisting in surgery, working in offices in each specialty. This growing field is helping physicians immeasurably as time constraints due to increasing patient loads, onerous regulations and paperwork leave less time for direct patient care.

In the field of midwifery New York State recognizes and licenses Certified Midwives and Certified Nurse Midwives. Certified Midwives complete four years of college, two years of midwifery school and appropriate examinations. Certified Nurse Midwives completed their Registered Nurse training then go to midwifery school and licensure. For all practical purposes they practice identically, providing prenatal care, deliveries, assistant at C-sections and doing routine gynecology exams. New laws have eliminated the requirement that they have a written collaborative agreement with an obstetrician but rather a somewhat ambiguous “collaborative arrangement”. This could be the topic of a whole new article but suffice it to say that these midwives are wonderful providers that have a level of expertise and caring that enriches the birthing experience. New York expressly does not license lay midwives since their level of training is unknown and they do not have liability insurance or a collaborative arrangement with anyone, hence the risk to a pregnant woman is immense. A Doula is lay person who may provide emotional guidance during a delivery but has no formal training in medicine and is not licensed.

It is beyond the scope of this article to get into holistic healers, naturopaths, acupuncturists, etc. The Health and Education Departments struggle to make health care more safe and to provide better access while not sacrificing competency. It is required by the Health Department that ALL providers wear a prominently displayed tag, name badge or lab coat that clearly states who are they are so that a patient never has to wonder who they saw for that visit. When in doubt, ask.