INTRODUCTION

America has a growing need for allied health providers (non-physicians) due to the aging population of baby boomers, growth in the insured population as a result of the new health care reform law, an aging health care workforce, and the soaring cost of health care. The need for allied health providers is especially apparent in the field of primary care, which can be administered in hospitals, family practices and minute clinics. Americans receive most of their health care from primary care providers.

Allied health providers (AHPs) are critical to improving access, lowering costs, and increasing the quality of health care. Recent studies have shown that AHPs lower the cost of health care because they use fewer resources, their patients have fewer complications (less hospitalization and re-hospitalization time) with success rates and patient satisfaction rates as high or higher than that of licensed physicians.¹

INDUSTRY SPECIALIZATION AND DIVERSIFICATION

Allied health professions include the following: registered nurses, advanced practice registered nurses, physician assistants, occupational therapists, physical therapists, optometrists, podiatrists, psychologists and pharmacists. Many of these professions originated as a result of the enactment of Medicare and Medicaid in 1965. Through these programs, the federal and state governments provide health care services to large segments of the populations who had previously been unable to afford or get access to medical care. For example, registered nurses who were already trained in patient care were given the option to complete additional training and become a licensed nurse practitioner (NP) and serve as primary care providers to help overburdened physicians. Furthermore, with the passage of Medicare legislation, more federal funding was available to pay and train specialists.² Therefore, specialties such as podiatry, optometry, and psychology emerged as licensed non-physician professions and became a profitable alternative to obtaining a medical degree.

Key Takeaways

Growing shortage of Allied Health Professionals

- Allied health began when Medicare and Medicaid programs caused a greater need for health care providers.
- Current shortage of AHPs is exacerbated by the new health care reform law and the high cost of health care.

Essential to the administration of primary care

- As highly educated and trained professionals, AHPs are capable of administering safe and quality care.
- AHPs decrease the time patients spend waiting for an appointment, spend more time with patients, and increase overall patient volume.

Alleviating America’s health care crisis

- AHPs lower costs, increase access, and improve the quality of health care.
- Team-based care and an expanded and uniform scope of practice for allied health professionals may help to mitigate the shortage of primary care providers.

For more information, please contact the American Action Forum’s Director of Healthcare Policy, Michael Ramlet, at mramlet@americanactionforum.org.
Physical therapy and occupational therapy first emerged in the 1950s after WW II due to the increasing number of survivors with disabling war wounds. The roles of the physical and occupational therapist expanded in the 1950s from that of a technician to a professional practitioner. Generally, over the last decade, allied health professionals have substantially increased their scopes of practice. All but registered nurses are now allowed to practice independently in most states, prescribe most drugs and perform certain procedures and surgeries. Figure 1 shows the allied health industry provider segregation by profession in 2008.

Figure 1: 2008 Allied Health Professions

**MID-LEVEL MEDICAL PROFESSIONALS**

*Registered Nurse (RN)*
Registered nurses (RNs) treat, educate and provide advice and emotional support to patients and to the patients’ family members. Specific duties of RNs include recording patients’ medical histories and symptoms, helping to perform and analyze diagnostic tests, operating medical machinery, administering treatment and medications and helping with patient follow-up and rehabilitation. However, work responsibilities and titles vary from one RN to the next depending on specialty, work setting and patient population served. Registered nurses are required to obtain their education and training through an associate’s degree, a bachelor’s degree, or a diploma from an approved nursing program.

*Advanced Practice Registered Nurse (APN)*
Advanced practice registered nurse (APN) is a term used to encompass certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs) and nurse practitioners (NPs). APNs serve as...
primary and specialty care providers, providing a blend of nursing and healthcare services to patients and families. The most common specialty areas for APNs are family practice, adult practice, women’s health, pediatrics, acute care and geriatrics. Advanced practice nurses need a master’s degree and it is typical for RNs to become APNs through advanced educational preparation and training programs. APNs work independently or in collaboration with physicians and often focus on the provision of primary care services. Advanced practice nurses can prescribe medications in all states, but the authority to prescribe certain controlled substances varies depending on individual state laws.

Physician Assistant (PA)
Physician assistants (PAs) practice medicine under the supervision of physicians and surgeons. PAs are formally trained to provide diagnostic, therapeutic and preventive healthcare services, as delegated by a physician. More specifically, PAs take medical histories, examine and treat patients, order and interpret laboratory tests and x-rays and make diagnoses. They also treat minor injuries by suturing, splinting and casting and prescribe certain medications. Many PAs work in primary care specialties, such as general internal medicine, pediatrics and family medicine. Requirements to become a licensed PA include a bachelor’s degree, experience in the health care industry, graduation from an accredited PA program, passing a national exam and participating in annual education seminars.

Occupational Therapist (OTR)
Occupational therapists (OTRs) help patients improve their ability to perform tasks in living and working environments. They work with individuals who suffer from a mentally, physically, developmentally, or emotionally disabling condition. Therapists assist patients in improving their basic motor functions and reasoning abilities and help clients perform all types of activities, from using a computer to caring for daily needs such as dressing and eating. A master’s degree or higher in occupational therapy is the typical requirement for entry into the field. In addition, occupational therapists must attend an academic program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) in order to sit for the national certifying exam.

NON-PHYSICIAN PROFESSIONALS

Physical Therapist (PT)
Physical therapists (PTs) are healthcare professionals who diagnose and treat individuals who have medical problems or other health-related conditions, illnesses, or injuries that limit their abilities to move and perform functional activities in their daily lives. Treatments may include therapeutic exercise, functional training, manual therapy techniques, assistive and adaptive devices and equipment and physical agents and electrotherapeutic modalities.

Physical therapists often consult and practice with a variety of other professionals, such as physicians, dentists, nurses, educators, social workers and occupational therapists. Today’s entrants to this profession need a post-baccalaureate degree from an accredited physical therapy program. All states regulate the practice of physical therapy, which usually requires passing scores on the National Physical Therapy Examination and fulfilling state requirements such as jurisprudence exams.
**Podiatrist (DPM)**
Podiatrists, also known as doctors of podiatric medicine (DPMs), diagnose and treat disorders, diseases and injuries of the foot and lower leg. To alleviate these problems, podiatrists prescribe drugs and physical therapy, set fractures and perform surgery. Most podiatrists have a solo practice, although more are forming group practices with other podiatrists or health practitioners. Specialization in surgery, orthopedics, primary care, or public health is typical among podiatrists. Besides these board-certified specialties, podiatrists may practice other specialties, such as sports medicine, pediatrics, dermatology, radiology, geriatrics, or diabetic foot care. Podiatrists must be licensed, which requires 3 to 4 years of undergraduate education, the completion of a 4-year podiatric college program and passing scores on national and state examinations.

**Optometrist (OD)**
Optometrists (ODs) are the main providers of vision care. They examine patients’ eyes to diagnose vision problems, such as nearsightedness and farsightedness, test depth and color perception, and test the ability to focus and coordinate the eyes. Optometrists may prescribe eyeglasses or contact lenses, or they may provide other treatments, such as vision therapy or low-vision rehabilitation.

Optometrists should not be confused with ophthalmologists who are physicians that perform eye surgery, as well as diagnose and treat eye diseases and injuries. An OD degree requires the completion of a 4-year program at an accredited school of optometry, preceded by at least 3 years of pre-optometric study at an accredited college or university. All states require optometrists to be licensed. Licenses must be renewed every 1 to 3 years and continuing education credits are required for renewal.

**Clinical Psychologist**
Clinical psychologists are concerned with the assessment, diagnosis, treatment and prevention of mental disorders. While some clinical psychologists specialize in treating severe psychological disorders, such as schizophrenia and depression, many others may help people deal with personal issues, such as divorce or the death of a loved one. Clinical psychologists generally are not permitted to prescribe medication to treat patients; only psychiatrists and other medical doctors may prescribe most medications. A master’s or doctoral degree and license are required for most psychologists. Licensing laws vary by state and position and require psychologists to limit their practice to areas in which they have developed professional competence through training, experience and passing an examination.

**Pharmacist**
Pharmacists distribute prescription drugs to individuals. They also advise their patients, physicians, and other health practitioners on the selection, dosages, interactions and side effects of medications. In addition, pharmacists monitor the health and progress of their patients to ensure that they are using their medications safely and effectively. Most pharmacists work in a community setting, such as a retail drugstore, or in a healthcare facility, such as a hospital. A pharmaceutical license is required in all states. In order to obtain a license, pharmacists generally must earn a Doctor of Pharmacy (Pharm.D.) degree from a college of pharmacy and pass several examinations.

According to the Bureau of Labor Statistics, the demand for allied health professionals is expected to continue to increase over the next decade and beyond, as the demand for primary care increases. Table 1 details the projected growth for each allied health profession from 2008-2018.

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PRIMARY CARE FACILITIES

Hospitals
Although hospitals constitute only 1 percent of all healthcare establishments, they employ 35 percent of all healthcare workers as is seen in Figure 2. Hospitals employ workers with all levels of education and training, including most allied health professions. In a hospital setting, mid-level medical professionals made up of RNs, APNs, PAs and occupational therapists work in close collaboration with one another and with the physicians and surgeons during diagnosis, treatment and recovery of patients. This team effort is critical to administering quality care in a busy and demanding hospital setting.

RNs, APNs and PAs frequently relieve overburdened physicians and lower the cost of staffing clinics, emergency rooms or other departments. These mid-level medical professionals work under the supervision of physicians, while completing all tasks within their skill set. Since hospitals have a large and diverse staff, it is common for mid-level medical professionals to have managerial duties as well. Management includes positions such as unit manager, head nurse, or chief of nursing. These positions require AHPs to supervise other mid-level medical staff members, as well as medical technicians and assistants, in addition to ordering medical supplies and equipment.

Non-physician professionals (physical therapists, clinical psychologists, pharmacists, etc.) are often employed in hospitals as well, although their practices are is more independent and less collaborative with the team of mid-

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Table 1: Allied Health Profession Projections of Growth

<table>
<thead>
<tr>
<th>Occupation Title</th>
<th>Employment, 2010</th>
<th>Projected Employment, 2020</th>
<th>Change, 2010-20 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse (Including APNs)</td>
<td>2,737,400</td>
<td>3,449,300</td>
<td>26%</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>83,600</td>
<td>108,300</td>
<td>30%</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>108,800</td>
<td>145,200</td>
<td>33%</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>198,600</td>
<td>276,000</td>
<td>39%</td>
</tr>
<tr>
<td>Optometrist</td>
<td>34,200</td>
<td>45,500</td>
<td>33%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>12,900</td>
<td>15,500</td>
<td>20%</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>154,300</td>
<td>188,000</td>
<td>22%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>274,900</td>
<td>344,600</td>
<td>25%</td>
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</tbody>
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Figure 2: Employment in the Health Care Industry

- Hospitals: 35%
- Offices of physicians: 17%
- Offices of other health practitioners: 11%
- Other ambulatory health care services: 10%
- Nursing and residential care: 23%
- Outpatient care centers: 4%
level medical professionals and their supervising physicians. The health care services that non-physician professionals offer are greatly utilized in a hospital setting, but their specific skills are not needed in the routine day to day administration of inpatients’ health care needs. Many pharmacists, clinical psychologists and physical therapists work in hospitals while it is more common for podiatrists and optometrists to work out of a private practice or in a shared practice with other professionals in their specialty.

**Physician Offices**

Many positions in physicians’ offices are staffed by allied health professions such as physician assistants, APNs, RNs and related occupations of medical technicians and assistants. Physician assistants, APNs and RNs generally work under the supervision of a physician. However, PAs and APNs may be the principal care providers in rural or inner-city clinics where a physician is present for only 1 or 2 days each week. In such cases, the PA or APN confers with the supervising physician and other medical professionals as needed and as required by law. As in a hospital setting, mid-level medical professionals work closely with their supervising physician and contribute to the team by recording patients’ medical histories and symptoms, performing diagnostic tests, administering authorized treatment and medications and helping with patient follow-up.

Mid-level medical professionals enable the office to run more efficiently by allowing the doctor to see more patients each day. Literature on the role of mid-level medical professionals indicates that they decrease the time patients spend waiting for an appointment, spend more time with patients and increase overall patient volume.

Non-physician professionals and occupational therapists usually work at their own private practice or in partnership with another professional in their specialty or related occupation. Assisted by medical technicians, assistants and aides, non-physician professionals work autonomously within their scope of practice. These professionals refer patients to physicians and other health practitioners when necessary. In addition, non-physician professionals, who are in private practice, are responsible for running a small business. They may hire employees, order supplies, and keep records, among other tasks.

**Minute Clinics**

Minute clinics offer a quick and affordable alternative to doctors’ offices and hospital emergency rooms. Most are staffed with allied health providers (typically physician’s assistants or nurse practitioners) who provide basic medical care (including writing prescriptions) for a limited number of conditions. In minute clinics, AHPs work autonomously within their scope of practice, without the supervision of a physician. Visits last approximately 15 minutes and patients with significant or unusual medical concerns are referred to outside physicians. For the uninsured and underinsured, the clinics offer an alternative way to access primary care services.

Staffing minute clinics with APNs and PAs enables the clinics to be a faster and more affordable way to receive primary care. Research has proven that allied health providers provide equal or better quality health care than physicians at a lower cost. Minute clinics allow the treatment of common medical conditions such as strep throat, mono, flu, ear infections and pregnancy testing to be handled quickly and effectively by well trained allied health providers instead of by an expensive and time consuming doctor or hospital visit.
Policy Implications

Once the new federal health reforms are fully implemented, millions of formerly uninsured Americans will begin to look for a primary care provider. Unfortunately, many patients will not have access to one, unless state laws change. Researchers recommend that state regulators act immediately to remove legal and reimbursement barriers preventing allied health professionals from providing primary care and to empower them to lead multidisciplinary teams.

The diversity of state regulations on scope of practice and prescribing ability has been a major obstacle to fully using the skill sets of AHPs and providing increased access to primary care. APHs mobility from state to state is limited by regulations that are often too restricting, arbitrary and unrelated to evidence about patient safety and quality of care. Indeed, researchers are noticing a trend indicating the AHPs are migrating to states that have enacted more permissive scopes of practice.\textsuperscript{xv}

The contribution of APHs to primary care is also limited by insurance plan regulations that do not recognize certain allied professions as accepted providers and the increased malpractice insurance risk for physicians when supervising AHPs.\textsuperscript{xvi} Furthermore, these restrictions create barriers to achieving the nation’s goal of providing efficient, cost-effective primary care to all. As research suggests, team-based care and an expanded and uniform scope of practice for allied health professionals may help to mitigate the shortage of primary care providers.
References


vi O’Grady, E. Op cit.


xvi Mahar, M. Op cit.