



Mobility of North Carolina Physician Assistants and Nurse Practitioners between Primary Care and Non-primary Care Specialties: a longitudinal study



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BACKGROUND AND PURPOSE

Whether the U.S. faces a physician shortage is actively debated, but there is general consensus that the nation faces an inadequate supply of primary care providers. Primary care workforce shortages could be met by the deployment of providers who can change specialty to fill emerging workforce needs. In the U.S., physicians are generally bound to one specialty for the course of their careers. Nurse practitioners (NPs) are educated and certified within broad categories of practice, and physician assistants (PAs) obtain generalist training and certification. Although PAs and NPs are able to change practice specialties, little is known about how often they actually make these shifts. This study examines transitions between primary care and non-primary care specialties among PAs and NPs in North Carolina.

Research questions

1. What proportion of PAs and NPs change between primary care and non-primary care specialties?
2. What is the predominant direction of this change?
3. Is changing between primary care and specialty associated with years in practice, age of practitioner, or gender?

METHODS

Data Source

- North Carolina Health Professions Data System, 1996-2007
- State licensure data
- Practitioner information is collected annually as part of licensure process

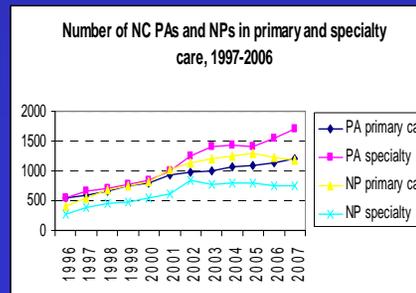
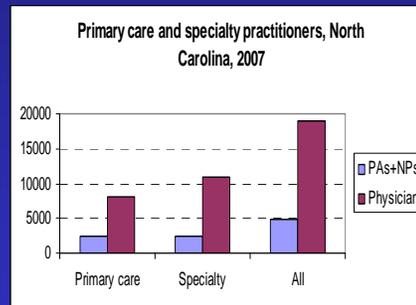
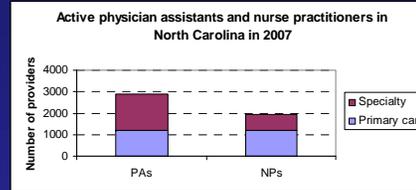
Definitions

- Primary care defined as
 - Family medicine
 - General practice
 - Internal medicine
 - Pediatrics
- All other specialties defined as not primary care

Variables examined

- Age
- Years since graduation from PA or NP program
- Gender
- Specific specialty

RESULTS



Mobility between primary care and non-primary care specialties

	PA	NP
Persons observed (N)	4106	3899
Persons who changed between primary and specialty (%)	20%	10%

Direction of mobility

	PA	NP
Specialty changes (N)	1121	540
Changes from primary care to specialty (%)	46 %	54%
Changes from specialty to primary care (%)	54%	46 %

Additional findings:

- For PAs, specialty change was most common within the first four years of practice.
- Female PAs were more likely to change specialty than men.
- For PAs and NPs, age differences were very small between those who did and did not change specialty.

Specialties most commonly moved to after primary care

PAs	%	NPs	%
Emergency medicine	20	Gynecology	19
Other specialty	6	Geriatrics	10
Psychiatry	6	Geriatric family practice	10
Geriatric family practice	5	Public health	6
Occupational medicine	5	Occupational medicine	5
Cardiovascular disease	4	Cardiovascular disease	5
Neoplastic disease	4	Ob/gyn critical care	4

CONCLUSIONS

- In North Carolina, 20% of PAs and 10% of NPs changed between primary care and specialty care within 11 years.
- A larger proportion of NPs than PAs work in primary care.
- Although movement in both directions was similar, PAs were slightly more likely to move toward specialty care and NPs were slightly more likely to move toward primary care.

POLICY RELEVANCE

Workforce policy can take advantage of PA and NP specialty mobility by employing strategies to influence PAs and NPs to migrate toward specialties where they can contribute most to access, quality, and cost of health care.

