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# We need to apply the evidence to nonphysician practice

**T**he *Journal of Family Practice* rightfully places a high priority on evidence-based practice by including “strength of evidence” qualifiers to help physicians analyze scientific studies and emphasizing campaigns that encourage good stewardship of medical resources. The editorial “When patients don’t get the care they should” (*J Fam Pract.* 2020;69:427) struck on an often-neglected aspect of evidence-based practice: the increase in care provided by nonphysician practitioners.

Henry Silver, MD, created the first pediatric nurse practitioner (NP) training program at the University of Colorado in 1965. That same year, Eugene Stead, MD, created the first physician assistant (PA) program at Duke University. The goal of both professions was simple: to create physician extenders to reach medically needy

patients in underserved areas. But over the past 20 years, NPs and PAs have increasingly sought—and legislatively gained—independent practice, the right to treat patients without physician supervision.

Here’s where evidence-based practice comes in. Despite claims by NP advocates that “50 years of evidence” shows safe and effective practice, the truth is that there is no scientific evidence that nonphysicians can practice safely and effectively *without physician supervision*. The best meta-analysis of nurse practitioner care, a Cochrane review, found only 18 studies of adequate quality to analyze.<sup>1</sup> Of these, only 3 were performed in the United States, and

**Studies show that nonphysician practitioners order more labs and radiographic tests and prescribe more medications—including antibiotics—than physicians.**

*every single study* in the Cochrane review involved nurses working under physician supervision or following physician-created protocols. Yes, even supposedly independent NPs in Mary Mundinger’s famous 2000 study were practicing under a collaborating physician, as required by New York statute at the time. In addition, NPs in the study were assigned a physician mentor and received an additional 9 months of training with medical residents.

Regarding the emphasis for physicians to “choose wisely,” research raises concerns about an overuse of health care resources by nonphysician practitioners. Studies show that nonphysician practitioners order more labs<sup>2</sup> and radiographic tests<sup>3</sup> than physicians; prescribe more medications, including opioids,<sup>4</sup> antipsychotics,<sup>4</sup> and antibiotics<sup>5</sup> than physicians; place lower-quality referrals than physicians<sup>6</sup>; and perform significantly more biopsies than physicians to diagnose malignant neoplasms in patients < 65 years.<sup>7</sup>

As the rate of nonphysician practitioners increases (significantly outpacing the growth of physicians), we must be cognizant of the rising risks to our patients in the

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absence of appropriate physician oversight.<sup>8</sup> This issue is so concerning to me that I co-authored a book on the subject.<sup>8</sup> I encourage all physicians to educate themselves on this topic and make practice decisions with the evidence in mind. **JFP**

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