Twitter Thread by Taz



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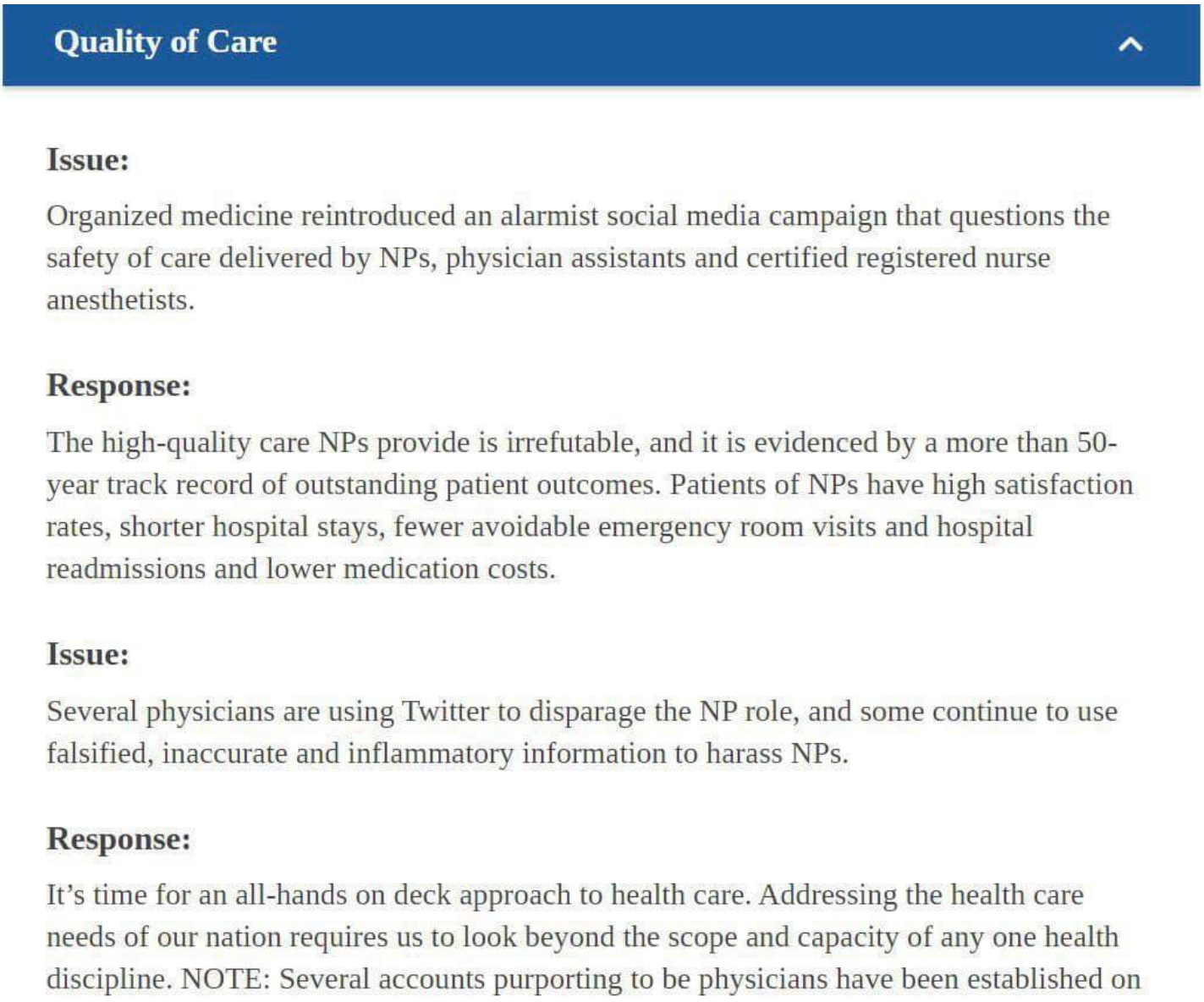
LONG TWEET. The WGN report by Rich McHugh set off a firestorm. The American Association of Nurse Practitioners(AANP) is on the defensive, claiming it disparaged NPs. Doesn't matter that WGN's anchorman clearly stated it was about transparency in health care, which all HCPs should



2)support. Nope, they had to resort to the predictable victimhood role and gaslighting to which we all have become accustomed. No comment about the parents and the fact that they were lied to, didn't even register on their radar. What became apparent after that story is that Full

3)Practice Authority(FPA) aka: "independent" practice aka: practicing medicine w/o a medical license should never have been an option in the U.S., because it represents two-tiered care. Now the AANP has set out to prove they are being discredited because physicians had the

4)unmitigated gall to question their "evidence". Something lazy a** legislators should have done but didn't. There is no "alarmist" agenda or conspiracy by "organized medicine". There is simply presentation of facts and disputation of alleged "facts". The high quality care the



Quality of Care

Issue:

Organized medicine reintroduced an alarmist social media campaign that questions the safety of care delivered by NPs, physician assistants and certified registered nurse anesthetists.

Response:

The high-quality care NPs provide is irrefutable, and it is evidenced by a more than 50-year track record of outstanding patient outcomes. Patients of NPs have high satisfaction rates, shorter hospital stays, fewer avoidable emergency room visits and hospital readmissions and lower medication costs.

Issue:

Several physicians are using Twitter to disparage the NP role, and some continue to use falsified, inaccurate and inflammatory information to harass NPs.

Response:

It’s time for an all-hands on deck approach to health care. Addressing the health care needs of our nation requires us to look beyond the scope and capacity of any one health discipline. NOTE: Several accounts purporting to be physicians have been established on

5)AANP claims they provide is indeed disputable(https://t.co/ik0LfLYHAI). NP education USED to be of high quality. Not anymore. Why? Because the nursing educational system chose not to maintain their former excellent standards. When one devalues their own education, the

Education

Issue:

Physician groups have created materials that compare the clinical and educational hours of NPs to that of physicians.

Response:

The NP workforce has the clinical education and preparation necessary to diagnose, treat, manage and prescribe medications. Today's health care provider workforce shares overlapping knowledge and skill, and no one discipline owns any one aspect of care. Additionally, NPs have been providing high-quality patient care for over 50 years, and hundreds of studies consistently demonstrate care outcomes similar to that of physicians.

Issue:

Several publications featured misinformation from an anti-NP physician organization that challenges NP education and outcomes.

Response:

Today's national NP program accreditation requirements, competency-based standards

5)inevitable result will be substandard. Can't fake it until you make it in medicine because human beings aren't objects. They talk. They react. They manifest the results of mediocre care. Their mismanagement is evident and has to be addressed. Because healthcare professionals

Issue:

Anti-NP physician groups question NP education and outcomes as well as studies that reflect favorably upon NP practice. New anti-NP physician groups, websites and social media accounts continue to form, and new publications continue to be released.

Response:

A study released by the American Enterprise Institute (AEI) in 2018 reiterated that millions of Americans lack adequate access to primary care (particularly in rural areas), noting that the number is projected to increase. The study found that a large and growing body of research shows care delivered by NPs to be as good as, or better than, the care provided by primary care physicians. AEI's study urges lawmakers, hospital administrators, health care systems and others involved in assuring access to primary care to "remove restrictions on nurse practitioners that limit their scope-of-practice, and physicians should work with nurse practitioners to build a workforce that is more responsive to communities' health needs."

6)are human, errors(which may or may not rise to the level of malpractice/negligence), are to be expected. But when those numbers deviate from the "norm", it raises red flags. It did. You see, when the Institute of Medicine(now National Academy of Medicine) published its paper

7)on the "Future of Nursing" in 2010, the goal was to transform the landscape of physician-led healthcare to nursing-led. For the record, there was no mention of a "team" approach. Of course the mission was fully supported by the Robert Wood Johnson Foundation and several nursing

8)organizations. Problem is, they didn't formulate a good plan on how to achieve this goal. What was understood is that a whole hell of a lot of NPs were needed. This created an opening for the proliferation of degree mills which have flourished--unchecked. Standards for becoming

9)a NP dropped. Those graduates eventually entered the workforce. What did anyone with common sense expect when an individual untrained and unlicensed in medicine is allowed to practice it? Stellar results? The degree mills are the norm and are responsible for producing the

10)majority of NPs today. There is no proof that since FPA the quality of care being provided is outstanding. Because not one state, regulatory, nursing or legislative body, since the passage of FPA, has followed up quality of care before and after FPA. Not one. But how does one

11)mask this production of substandard NPs and add undeserved credibility? Make it easy to get a "doctorate". It also helped that corporate medicine conflated HCPs under the umbrella "provider". The AANP signed on to what they refer to as "provider neutral" terms; thereby

Improper Use of Terminology — Midlevel

Issue:

The term "midlevel provider" is used by the U.S. Drug Enforcement Administration (DEA) to describe NPs. That term is also used on a digital encyclopedia site, where editing of content on the site's NP page has been restricted for one year due to “persistent vandalism.”

Response:

AANP continues to work with government agencies and other organizations in the health care space to ensure that language is provider-neutral, inclusive of NPs and free from improper terms like midlevel provider. Progress in these spaces will help resolve issues associated with improper use of terminology on digital sites, which reference government agencies and others as information sources.

12)indirectly endorsing lack of transparency. Great for them, not so great for patients. The NPs who do not support FPA, whom I believe are in the majority, say nothing. They are not opposing where it counts, in their state legislatures. They are invisible and thus ineffective.

13)The AANP, who is leading the FPA campaign, cannot be more clear about their goal, which is nursing-led medicine. They are simply not interested in physician-led care or a team. Period. They attempt to discredit and label individuals who oppose FPA as anti-nurse practitioners.

Team-based Care

Issue:

As pro-NP legislation is considered by states across the nation, physician groups continue their efforts to “protect” the physician-led team.

Response:

There are some in organized medicine who oppose giving patients a choice of health care provider, claiming that only physicians and physician-led health care teams can provide the primary care services patients require. Unfortunately, these organizations don’t want direct competition from NPs. Decades of evidence highlight how NP-led and nurse-led health centers provide outstanding quality of care, improve health outcomes and reduce health care costs.

14)MedTwitter accounts opposing FPA, they are coming for you to have your accounts shut down for "harassing" them with facts. The irony is the AANP, a so-called professional organization, put out a bullying call TO ALL THEIR MEMBERS to attack WGN/Rich McHugh. And for those of

15)us who opposed Section 5 of the Medicare Executive Order, “Protecting and Improving Medicare for our Nation’s Seniors”, and it included several medical organizations, there were no inaccuracies. Just s**t the AANP didn't like.

Executive Order on Medicare

Issue:

Organized medicine is actively opposing Section 5 of the Executive Order (EO) on Medicare and has distributed material that includes negative and inaccurate NP-related content. (Read AANP's statement and press release regarding the EO, and make your voice heard in favor of Section 5.)

Response:

More than 130,000 NPs bill for Medicare services, making them one of the largest and fastest-growing Medicare-designated providers. Based on Medicare claims data, approximately one out of every three Medicare patients receive billable services from an NP, and over 82% of NPs are currently accepting new Medicare patients. With approximately 73% of all NP graduates delivering primary care, NPs comprise approximately one-quarter of the primary care workforce. The NP community is committed to serving Medicare beneficiaries and supports seniors' access to high-quality, accessible, patient-centered care.

16)I maintain that there was very little enmity between NPs and physicians until the AANP decided that they were equivalent to primary care physicians. There is a reason that no nursing organization has followed up quality of care in one FPA state now that NPs are unsupervised.