

The Role of Advanced Practice Providers in Urology



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KEYWORDS

• Advanced practice providers • Nurse practitioners • Physician assistant

KEY POINTS

- Population growth, particularly in the Medicare population, has greatly increased the need for urologic care in the United States—these needs cannot be met by urology as a specialty.
- Advanced practice providers (APPs) are unique providers of health care services who are practicing at the highest level of their certification and should be identified as such.
- Licensure and scope of practice requirements for nurse practitioners and physician assistants are governed at the state level and vary greatly by location.
- Billing regulations for practices that utilize APPs are complex; these must be understood and scrupulously followed.
- It is incumbent on urology as a specialty to recognize and address potential deficits in care and develop mechanisms to properly utilize APP resources to address these deficits.

INTRODUCTION

The undersupply of urologists relative to need for urologic was anticipated in literature from early in the last decade.¹ More recently, the American Urological Association (AUA) annual census² identified 13,044 “practicing urologists” in the United States in 2019, an increase of 384 over the 12,660 reported in the 2018 report.³ Of note, 85.6% (11,167) and 84.5% (10,693) were identified as active practicing urologists in 2019 and 2018, respectively. Consequently, the AUA census report suggests that the per capita ratio of urologists to the general population has improved from 3.72 to 3.99 urologists per 100,000 population in 2015 and 2019, respectively. Despite this increase, 62.4% of counties in the United States had no urologists in 2019.

Although on the surface, the AUA census data may provide some reassurance that the tide on urology manpower issues is beginning to be turned, this does not capture the extent of the problem, because the expansion of the Medicare

population has exacerbated the shortage of urologists in the United States. The baby boom generation (born between 1946 and 1964) began to age into Medicare in 2011, when those born in 1946 turned age 65. This resulted in an immediate and dramatic increase in Medicare enrollment—daily Medicare enrollment increased by 16.6% in 2011 compared with 2010 (**Fig. 1**).⁴ This trend has continued; since 2011, average new daily Medicare enrollment has increased by 21.4% compared with the 3 prior years. Even given disenrollment due to death and other causes, from 2008 to 2019, the Medicare rolls grew by more than 16 million beneficiaries, an increase of more than 29%.

Given the impact of Medicare expansion, a more appropriate analysis than total urologists per capita may be the number of urologists who treat Medicare beneficiaries, because this number is substantially lower than the number of urologists reported to be in active practice in the AUA census. As illustrated in **Fig. 2**, Medicare data

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