The Emerging Role of the Nurse Practitioner

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Introduction

“The American health care system is in need of a fundamental change” (Institute of Medicine, 2001).

Nurse practitioner’s are a solution to this need and imperative to meet our Nation’s current & future healthcare demands.
Introduction

• Discuss the Dynamics Related to the Primary Care Crisis and how the Nurse Practitioner (NP) Role Contributes to the Resolution of the Primary Care Crisis
• Discuss the Characteristics of the NP
• Discuss the Difference in Patient Outcomes and Delivery of Care Between NPs and Physicians
• Discuss the NP Barriers to Practice.

Dynamics affecting future healthcare services

• Increase in US population by 2025
  – 347.3 million people
• Increase in aging population
  – # of Americans > age 65 at 48%
• Affordable Care Act
  – Adding 30.8 million people to current healthcare system

(AAMC 2015; HRSA 2013)
Aging Population

Dynamics affecting future healthcare services

- Problems with healthcare access, quality, and costs will worsen
- Decrease number in primary care / Increase number in specialties
- Effects on aging population & disparities
- Will worsen as the U.S. population increases & ages.
- Efficient different care models and better use of health care professionals

(Kurz, 2011)

(AAMC)
Dynamics affecting future healthcare services

Physician Demand and Supply

• Total physician demand projected to increase by up to 17%
  – By 2025, demand for physician will exceed supply by a range of 46,000 to 90,000
    • Shortage of primary care physicians: 12,500 – 31,100
    • Shortage of surgeons and specialists: 28,200 – 63,700

(NRSA, 2013)

Nurse Practitioners Improving Access to Primary Care

Institute of Medicine (IOM)

• Shaping the health care workforce for the future
  – based on traditional health care delivery models
  – did not consider use of other PCP’s, redesign of health care, or other innovations

• Definition of PCP
  – To include physicians, NP’s, and PA’s trained in practice of primary care
IOM Definition of Primary Care

“Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community”.

(HRSA, 2013)

Nurse Practitioners Improving Access to Primary Care

- Practicing Nurse Practitioner’s
- Increase in number of Nurse Practitioner’s
- Cost effective, quality care
Nurse Practitioners Improving Access to Care in Primary Care

– The Institute of Medicine (IOM)
– American Nurses Association (ANA)
– American Academy of Nurse Practitioners (AANP)
– American College of Physicians (ACP)
– Medical Payment Advisory Commission (MedPAC)
– Veterans Health Administration (VHA)
What is a Nurse Practitioner (NP)?

• Education & Training
  • Master’s or Doctoral degree program

• Qualifications
  • National Certification
  • Professional Development
  • Research

• License & Practice Locations
  • State Regulations
  • All community types in many settings

• Unique Approach
  • Emphasis on the whole person

Scope of Practice

• Diagnosing, treating, and managing acute and chronic disease (e.g. diabetes, high blood pressure)
• Obtaining medical histories and conducting physical examinations
• Ordering, performing, and interpreting diagnostic studies (e.g., routine lab tests, bone x-rays, EKGs)
• Prescribing pharmacologic treatments and therapies for acute and chronic illness (extent of prescriptive authority varies by state regulations)
• Providing well-child care, including screening and immunizations
• Providing prenatal care and family planning services
• Counseling & educating patients on disease prevention and positive health and lifestyle choices.
The Past
Reaction to Specialization

Reaction to Specialization
During the late 1950s and early 1960s, specialization in medicine expanded, and this resulted in a shortage of primary care physicians. Rural areas were impacted the most by this shift. Primary care physicians who decided not to specialize in a particular area of medicine, recruited Registered Nurses with clinical expertise and began collaborating with them to identify and treat the primary care needs of children and families.

Creation of Medicare and Medicaid
First NP Education Program

Throughout the country, a consensus developed among nursing leaders that nurses were experienced and knowledgeable about the health care needs of children and families. This led to an expansion of their roles to parallel the roles and responsibilities of a primary care physician. In 1965, one of these leaders, Loretta Ford, partnered with a physician, Henry Silver, to create the very first training program for Nurse Practitioners. Their program, offered at the University of Colorado, focused on family health, disease prevention, and the promotion of health.

Reaction to Nurse Practitioners

The introduction of the first Nurse Practitioner program was met with resistance. Ford, Silver, and their students faced opposition from nurses who worried that the title "Nurse Practitioner" was misleading and would be misinterpreted by both the medical and nursing community as well as the public. Health care professionals were concerned that NPs were not qualified to provide medical care that physicians usually delivered without the supervision of a physician.
Drive for Legitimacy

Coordinated Organization
NP Numbers Swell

Certification Status
Legislation Solidified

Very much accustomed to fighting to legitimize their profession, nurse leaders throughout the country worked with members of Congress and lobbyists to achieve reimbursement and provider status. Their hard work paid off when the Omnibus Reconciliation Act of 1989 was signed into law by President George H. W. Bush. The act created limited reimbursement for Nurse Practitioners.

Professional Identity

In 1993, Nurse Practitioner leaders throughout the country gathered at a leadership summit to develop a unified approach for all NP objectives — including policy and advocacy development. Soon after, the National Nurse Practitioner Coalition (NNPC) was formed, which later became the American College of Nurse Practitioners (ACNP). The NP community strengthened their identity and made it easier for NP advocates to support the profession’s causes.
Meeting a New Need

NP’s at Present

- There are more than 205,000 licensed in the U.S.
- An estimated 17,000 completed their academic programs in 2013-2014
- 95.1% have graduate degrees
- 96.8% maintain national certification
- 86.5% are prepared in primary care
- 84.9% see patients covered by Medicare and 83.9% by Medicaid
The Present

• 44.8% hold hospital privileges; 15.2% have long term care privileges
• 97.2% prescribe medications, and those in full-time practice write an average of 21 prescriptions per day
• Hold prescriptive privileges in all 50 states and D.C., with controlled substances in 49
• In 2015, the mean, full-time base salary was $97,083, with average full-time NP total income at $108,643

The Present

• The majority (69.5%) of NPs see 3 or more patients per hour
• Malpractice rates remain low; only 2% have been named as primary defendant in a malpractice case
• Nurse Practitioners have been in practice an average of 10 years
• The average age of NPs is 49 years

(AANP, 2015)
NP Cost Effectiveness

**Academic Preparation**

• NP preparation cost 20-25% that of physicians

• In 2009, total tuition cost for NP was less than one-year tuition for medical MD or DO preparation

(AANP, 2010)

NP Cost Effectiveness

**Compensation Comparison**

<table>
<thead>
<tr>
<th>Nurse Practitioner</th>
<th>Physician</th>
</tr>
</thead>
</table>

![Map of Nurse Practitioner Compensation](image1)

![Map of Physician Compensation](image2)
NP Cost Effectiveness

- **Primary Care Setting**
  - Less costly interventions and fewer ED visits & hospitalizations (Hunter et al., 1999; Coddington & Sands, 2009)
- **Occupation Health**
  - Less time off work (Sears et al., 2007)
- **Older Adults**
  - 42% less cost intermediate and skilled care; 26% less cost long term stays
  - Less ED transfers and fewer specialty visits; shorter length hospital stays (Hummel & Prizada, 1994)

NP Cost Effectiveness

**Acute Care Setting**

- NP-managed
  - lower overall drug costs, achieve management goals, and comply with prescribed regimen) (Chen et al., 2009; Paez & Allen, 2006)
- **NP/Physician group**
  - decrease length of stay & costs with higher hospital profit (Cowan et al., 2006 Ettner et al., 2006)
- **Addition of NP model to neuroscience**
  - resulted in $2.4 million savings first year (Larkin, 2003)
- **Addition of NP model to cardiovascular**
  - decrease mortality from 3.7% to 0.6% & over 9% decrease in cost per case (from $27,037 to $24,511) (Bolin, 2009)
NP Education

- They also carry with them years of experience gained in the nursing field, so they will have more of an idea of what to expect during residency than most medical students will ever have.
- They will be paired up with experienced physicians in their field of specialization, and will work side by side with them in all phases of the position they will be filling upon graduation.
Education Comparison

**Degrees Required and Time to Completion**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Undergraduate degree</th>
<th>Entrance exam</th>
<th>Post-graduate schooling</th>
<th>Residency and duration</th>
<th>TOTAL TIME FOR COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family physician (M.D. or D.O.)</td>
<td>Standard 4-year B.A./B.S.</td>
<td>Medical College Admissions Test (MCAT)</td>
<td>4 years, doctoral program (M.D. or D.O.)</td>
<td>REQUIRED, 3 years minimum</td>
<td>11 years</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>Standard 4-year B.A./B.S.*</td>
<td>Graduate Record Examination (GRE) &amp; National Council Licensing Examination for Registered Nurses (NCLEX-RN) required for M.S. programs</td>
<td>1.5 – 3 years, master’s program (M.S.)</td>
<td>NONE</td>
<td>3.5 – 7 years</td>
</tr>
</tbody>
</table>

The country’s 165,000 nurse practitioners could help fill the gap, but doctors are fighting efforts to let them treat patients without supervision.

The U.S. has 10,000 fewer doctors than it needs, a shortage that could reach 130,000 by 2025.
NP Outcome Studies

- OTA Report - 1986
- Naylor et al., 1994 - Transitional care model
- Mundinger et al., 2000 (RCCT)
- Larkin (2003) - patient days, days on ventilators, complications
- Laurent, Reeves, Hermens, et. al. (2006) – Cochran data Base Review (substitution of physicians by nurses)

Outcomes Comparison

- Serum lipid levels
- Satisfaction with care
- Health status
- Functional status
- Number emergency department visits & hospitalizations
- Blood glucose and blood pressure
- Mortality

(Stanik-Hutt et al; 2013)
Outcomes Comparison

*Fewer Hospitalizations for Diabetics Seen by Nurse Practitioners*

- Preventable hospitalizations compared
- NP 93,443 patients
- General physician 252,376 patients
  - NP 10% lower risk for preventable hospitalization
  - NP 6% lower risk admission for poor diabetes control

(Kuo et al; 2015)

Assessment: Crisis in Primary Care

Scope of Practice Barriers
- American Medical Association (AMA)
- Practice Restrictions
- Physician Collaboration
- Discriminatory Managed Care Policies
Barriers to Practice

Application of Evidence Based Practice

- Institute of Medicine Report 2001
- Institute of Medicine defines a clinician
- Decades of proven quality care
- Emphasize & implement evidence-based practice
- Research evidence with clinical expertise
Application of Evidence Based Practice

- Expanded access to care
- Critical analysis
- AANP evidence of quality and cost effectiveness
- Evidence clinical decision making
- Equal to physician
- Manage acute and chronic illnesses

NP Patient-Centered Care

- Personal Health Care Provider
- Primary Care Provider Directed Practice
- Whole Person Orientation
- Care is Coordinated and Integrated
- Quality and Safety
- Enhanced Access
- Cost Effective
Discussion

• Health Policy Influence
  – IOM report recommends seeking significant improvement in public and institutional policies nationally, statewide and locally
  – Remove scope of practice barriers (educate policy makers and use nurse lobbyists with support of local and national nurse organizations)

(Robert Wood Johnson, 2010)

Conclusion

• Key points:
  – Rising Healthcare Costs
  – Primary Care Provider Shortage
  – Nurse Practitioners
  – Literature support
  – Actions needed to implement
  – Outcome measures
Conclusion

The literature clearly supports the value of increasing access to nurse practitioner care as a means of improving access to care, clearly delineating improvements in outcomes for patients.