EVIDENCE, VALUE AND THE ROLE OF DOCTORS OF NURSING PRACTICE

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IOM DEFINITION

“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.”

Primary Care: America’s Health in a New Era, 1996

Mundinger 2007
PRIMARY CARE ISN’T PRIMARY CARE ANYMORE
GAPS IN CARE

• Coordinated care across sites
• Chronic illness management
• Patient adoption of medical treatment
• Age and risk related prevention
• Protection of mental & physical frailty
• Managing co-morbidities
• Community and family resources
• Patient values & medical decisions
COMPREHENSIVE CARE

• Primary care
  – First contact, diagnose & treat illness

• Plus…
  – Care across sites
  – Management of complex & chronic illness
  – Coordination of specialist care
  – Education/coaching/counseling
COMPREHENSIVE CARE REQUIRES MEDICAL & NURSING SKILLS

• Nurses with clinical doctorate have this complement
BASIC NURSING SKILLS COMBINE WITH MEDICAL SKILLS

• Identification of nuanced change of condition
  – 12-hour hospital shifts
  – Intimate evolving care
• Use of community/family resources
• Patient values incorporated in care
• Education & communication
• Resource readiness for discharge
• Individualized disease prevention & health promotion
NURSES WITH CLINICAL DOCTORATE

• Provide comprehensive care
• Have 8 years education and extensive experience
• Equivalent outcomes with MDs in primary care
• Bring nursing specific skills to their practices
COMPREHENSIVE CARE

• In primary care and
• In specialty care
Extends and adds new benefits beyond conventional medicine
WHY ADMITTING PRIVILEGES?

- Co-manage acute episode
- Health management of other conditions
- Build relationships to increase patient adoption of preventive care
- Assure safe discharge
- Contain costs
PHYSICIANS ARE NOT DRAWN TO COMPREHENSIVE GENERALIST CARE

- It’s not all about money
- It’s about core mission and competency
REIMBURSEMENT IN FOCUS

• It’s about outcomes & value not process & equity

• Evidence-based practice is necessary but not sufficient

• Applying evidence & measuring outcomes will lead to pay for value
MEDICARE PATIENTS
FORECAST OF NEED

• Chronic illness ↑
• Co-morbidity ↑
• Lack of close family support
• Extended life and extended frailty
• Coordination of specialist care
WILL THERE BE SUFFICIENT NUMBERS OF DNP\textsl{s} TO MEET COMPREHENSIVE CARE NEED?

- Doctoral study in core discipline increases attractiveness of nursing careers
- Profession transitioning to require doctorate for advanced practice
- 8,000 NPs/yr now could easily be 10,000 DNPs/yr in a decade
NATIONAL POLICY RECOMMENDATION

• Access to GME funding for residencies for those with clinical doctorate

• Parity in payment and prescriptive authority

• Eliminate all MD oversight for practice

• Fund evaluations of outcomes

Mundinger 2007
“If we are facing in the right directions, all we have to do is keep on walking.”