

How Will We Meet the Health Service Needs of an Aging America?

The 16th Princeton Conference



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- Thesis today:
 - Inadequate number of health care providers for primary care: should surge NPs into role
 - System failure inevitable with the aging of America without change
 - Knowledge explosion and technological advances are driving change
 - Increasing physician specialization
 - Cascade effect can be anticipated, as it has historically taken place

NYT April 27, 2009

- Dearth of primary care physicians: unable to meet the needs of an aging America
“Shortage of Doctors an Obstacle to Obama Goals”
http://www.nytimes.com/2009/04/27/health/policy/27care.html?_r=1&hp
- 2007-2008 NPs saw over 600 million patient visits (American College of Physicians, “Nurse Practitioners in Primary Care,” 2009)

Cascade Effect & Delegation

- Knowledge explosion and need to change practice patterns
- No matter what the profession, there will always be someone to whom we delegate
- Physicians/Nurses, Nurses/Nursing Aides, Dentists/Dental Hygienists
- All will react with protectionism and concern for infringement on practice acts
- Few lead by considering the right adjustment of “team”

Key papers for today

- Safriet, B. (2002). “Closing the Gap Between *Can* and *May* in Health-Care Providers’ Scopes of Practice: A Primer for Policymakers,” 19 *YALE JOURNAL ON REGULATION* 301-334.
- Christian, S., Catherine Dower, C., and O’Neil, E., (2007). *Overview of Nurse Practitioner Scopes of Practice in the United States – Discussion*. The Center for Health Professions: San Francisco.
- American College of Physicians. “Nurse Practitioners in Primary Care.” Philadelphia: American College of Physicians; 2009: Policy Monograph.

- Basic premise: Gap in the U.S. health care industry between abilities of non-physician care providers and government regulations
- Dominant provider groups lobby to obtain scope of practice monopolies
- Results in exclusion of provider skills and underuse, creating systematic inefficiency

What Do NPs Do?



- 62% see 3-4 patients/hour
 - 96.5% prescribe medications (494 million prescriptions/year)
 - 65% authorized to write controlled substances
 - 66% practice in one primary care site
- AANP 2003-2004 Practice Site Survey and NP Sample Survey (response rate 69%)

- NPs are registered nurses who are educated to provide primary care to patients (N=over 150,000)
- Originated in mid 1960s in response to physician shortage
- 11 states – independent practice, 27 require collaboration, 10 require supervision

- Prescriptive authority in all states with varying MD involvement
- 42 states require national certification as part of licensure
- Over half of states require a MS degree
- Written practice protocols often required

- Implications

- Preventing professionals from practicing to full extent negatively affects health care costs, access, and quality
- NP practices are impeded by scope of practice laws, financing and reimbursement mechanisms, malpractice insurance, and outdated practice models
- The professions and the public are ill-served

- Policy options to consider
 - Continued trend to expand NP scope of practice to match competence
 - Adopt uniform scope of practice laws to reduce variability among states
 - Increase number of NP programs to reflect growing demand for primary care

American College of Physicians, 2009

- Position 1: MDs and NPs complete different levels of education as well as knowledge skills and abilities...not equivalent and complementary. Shared commitment to high quality care, however, MDs often most appropriate.

American College of Physicians, 2009 (2)

- **Position 2: Collaboration principles**
 - Effective interdisciplinary collaboration is critical to high quality care
 - Team members should understand their complementary roles as defined in professional practice acts
 - Collaboration among MDs and NPs can occur face-to-face, by telephone, by email, and by EMRs
 - Payment systems should provide sufficient reimbursement for coordination of care and collaboration between NPs and MDs

American College of Physicians, 2009 (3)

- Position 3: Licensing and certification exams for NPs should be developed by nursing based on training and scope of practice statutes and regulations. ACP therefore opposes use of step 3 of the U.S. Medical Licensing Exam and Certification by the NBNE for the DNP

American College of Physicians, 2009 (4)

- Position 4: In the patient-centered medical home model, care is best served by an interdisciplinary team, where the team is led by the physician. However...ACP believes the need for evaluation of MD-lead, as well as NP-lead, PCMHs, according to state practice laws.

- **A New Degree and Exam Create 'Doctor Nurses,' Irking Physicians (Mangan, 2009)**

- 80 nursing schools offer DNPs – up to 200 by 2015
- In 2008, 40 DNPs sat for certification by NBME
- Vehemently opposed by AAFP and AMA
- Warn of confusion to the public

THE CHRONICLE OF HIGHER EDUCATION

<http://chronicle.com/weekly/v55/i19/19a00701.htm>

From the issue dated January 16, 2009

Health Service Redesign?

- Is residency intended to establish a rigorous foundation for the practice of general internal medicine or the **foundation for further training in sub-specialties?** (Horwitz, 2009)
- At NYUCN we would argue that with the knowledge explosion and cascade effect require to effectively deploy all practitioners, the latter holds.
- Rigorous ongoing quality cost and effectiveness evaluation.