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”

• 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


• 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

Safriet, 2002
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

Christian, et al., 2007
• 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

Christian, et al., 2007
• 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

Christian, et al., 2007
• 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

Christian, et al., 2007
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.
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

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.