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Prescriptions

Making Sense of the Health Care Debate

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With Doctors in Short Supply, Responsibilities for Nurses May Expand

By **MICHELLE ANDREWS**

Marilyn K. Yee/The New York Times In many states, nurse practitioners perform medical services once provided only by primary care doctors.

If the health care system is overhauled, patients and practitioners are likely to face a primary care bottleneck, experts say. An estimated 30 million newly insured people will begin making appointments for check-ups and other routine care with physicians who are already stretched thin caring for existing patients.

The increase in demand may well put an end to a simmering policy dispute over the circumscribed role of nurse practitioners in medical care. If tens of millions of new patients enter the health care system, it seems clear that nurse practitioners will be needed to perform many of the tasks now performed by physicians.

Nurse practitioners are registered nurses who typically have a master's degree in nursing. Numbering roughly 125,000 nationwide, more than three-quarters of them train in primary care, making them the largest group of non-physician primary care providers, according to a study by the American College of Physicians. (Physician assistants, another type of non-physician provider, generally work for specialists rather than in primary care.)

As this blog has noted, the American Academy of Family Physicians projects a shortfall of 40,000 physician generalists — family practitioners, pediatricians, general internists and geriatricians — by 2020, even without significant changes to the current health care system. No one expects that nurse practitioners can fill that gap. The nursing profession faces its own supply challenges, with shortages of all types of nurses estimated at 260,000 over the next 15 years.

But the health care bills moving through Congress contain provisions that would increase funding for nurse training programs, including one aimed specifically at raising the number of advanced practice nurses, which include nurse practitioners.

State laws that define nurse practitioners' "scope of practice" vary, but in general they perform many of the tasks that primary care doctors do: they diagnose and treat illnesses, order tests, prescribe drugs and make referrals to specialists. Twenty-two states allow nurse practitioners to practice independently, without physician involvement. In other states, they work with varying degrees of oversight and input from physicians.

Nearly a quarter of primary-care physician practices have nurse practitioners on staff.

Although doctors and nurse practitioners work amicably together in clinics and medical offices around the country, skirmishes over how much independence nurse practitioners should have periodically erupt among policy makers. Physician organizations, sensitive to encroachment on their turf, argue that nurse practitioners, who have less clinical training, may miss a diagnosis, especially with patients who have multiple chronic conditions. “We think that collaborative work and use of the team approach is preferable,” said Dr. Lori Heim, president of the American Academy of Family Physicians.

There are financial considerations in addition to clinical ones. Nurse practitioners earn significantly less than primary care physicians and can provide comparable care at a lower cost. A RAND Corporation study that examined ways to control health care spending in Massachusetts found that increasing the use of nurse practitioners and physician assistants for certain types of office visits could save up to \$8.4 billion by 2020.

Federal funding for nurse education has always been a sore spot among nurses. Unlike doctors in training, whose residencies are almost entirely funded by Medicare, most nursing education is self-financed. Nurse education received a little over \$300 million in federal funding in 2006. Half of that amount was restricted to hospital diploma programs, which graduate only about 5 percent of nurses today.

The Senate Finance Committee bill would provide \$50 million annually from 2012 through 2015 to fund a Medicare demonstration program for graduate nurse education. Participating hospitals would receive Medicare reimbursement for their education and clinical instruction costs. Meanwhile, the House health reform bill that was unveiled last week would authorize an additional \$638 million to support nurse training from 2011 to 2015, including training for advanced practice nurses.

“This bill recognizes that we need more resources for graduate nursing education,” said Brenda Cleary, director of the Center to Champion Nursing in America, a program of the AARP Public Policy Institute.

Physicians, too, recognize that looming primary care shortages are too big for them to address single-handedly. “There is more than enough medical care required for both nurse practitioners and primary care physicians to do,” said Ms. Heim.

As for patients, “There’s never been a problem with consumers thinking they’re getting second-rate care with nurse practitioners,” said Linda Aiken, a professor of nursing and sociology who directs the Center for Health Outcomes and Policy Research at the University of Pennsylvania. Quite the opposite. Patients who were cared for by nurse practitioners were more satisfied, some studies have found, and they believed nurse practitioners did a better job at patient education and communication.