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JOURNAL OF

NURSING LAW

 SPRINGER PUBLISHING COMPANY

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Advanced Practice Nurses: Prime Candidates to Become Primary Caregivers in Relation to Increasing Physician Shortages Due to Health Care Reform

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Many of us are familiar with the phrase “Is there a doctor in the house?” With national physician shortages we may very well start to hear “Is there a nurse–doctor in the house?” Advanced practice nurses are prime candidates to take over the role of primary caregivers and allow physicians to transition into a profession of specialized fields of medical practice.

Keywords: advanced practice nurse; nurse practitioner; physician shortage; primary caregiver; healthcare program

The national physician shortages are constantly escalating and have been well documented. Many young aspiring doctors “increasingly choose the better pay and balanced lifestyle promised by specialty practice,” which has an effect on patients “that translates into long waits, long drives, or in worst cases, postponed care that eventually lands them in the emergency room” (Aleccia, 2009). The Association of Medical Colleges reports that the United States may be facing a 150,000 doctor shortage by the year 2025 (Chapman, 2010). The American Medical Association (AMA) estimates the doctor shortage to equal a deficit of 85,000 by the year 2020. Regardless of the actual number of physicians needed to serve the American populace, data are evident that doctors are facing extraordinary understaffing difficulties; at the same time, they are facing dramatic increases in patient loads.

Advanced practice nurses (APNs or nurse practitioners [NPs]) are highly trained registered nurses (RNs) who possess a graduate degree in a specialized nursing discipline, typically a Masters degree or doctorate and have advanced education and experience in the diagnosis, treatment, and management of common illnesses (Parker, 2010). Significantly, the executive director of the American Association of Colleges of Nursing, Polly Bednash, PhD, RN, FAAN, has stated that a “doctorate

or DNP will be the standard degree for all graduate nurse practitioners by 2015” (Mahar, 2010).

NPs are already playing an integral role as primary caregivers, filling the void left by increasing patient hospitalization admissions rates in relation to massive physician shortages, and “approximately 80% of NPs provide primary care services in the United States” (Stuart, 2010). Currently, 28 states have introduced legislation designed to expand the role of APNs to that of primary caregivers (KJRH-TV, 2010). Several states already allow APNs to act independently of physician supervision. Many other states are currently seeking to fill the void left by a lack of physicians, including Oklahoma, Oregon, Washington, California, and New York (Coburn, 2010; Gordon, 2010; Johnson, 2010). The American Academy of Nurse Practitioners indicates that 95% of APNs already prescribe medications, writing an estimated 19 prescriptions per day.

HEALTHCARE REFORM IMPACT ON DOCTOR SHORTAGES

As a result of the recently passed Affordable Care Act Healthcare Reform Legislation, more than 32 million additional Americans are anticipated to be included in the health care patient pool (DelawareOnline, 2010). This large number of additional patients will further

exacerbate physician shortages across the country. Medicare typically reimburses NPs at a lower rate than doctors are reimbursed. The expansion of APNs as primary caregivers has the potential to save millions of dollars at a time when our economy is in dire need of reducing government spending. Maryland columnist Jay Hancock believes that NPs should be allowed to practice completely independent from physician supervision, and that APNs are already allowed to practice independently in Washington, Oregon, Alaska, and Washington, DC (Hancock, 2010).

Doctors have already begun to mount an opposition to such measures arguing that allowing NPs to usurp physicians' roles will place patients at risk. The president of the Medical Society of Virginia, Dr. Daniel Carey, publicly stated, "When you talk about increasing the scope of practice of nurse practitioners . . . we have problems with that. They are not acknowledging the significant difference in training" (Smith, 2010). The AMA President, Dr. James Rohack, opines that "increasing the responsibility of nurses is not the answer to the physician shortage" (Bagg, 2010). Significantly, it has been reported that "doctors have shown up in white coats to testify against nurse practitioner bills. The AMA, which supported the national health care overhaul, says that a doctor should supervise an NP at all times and at all settings. Just because there is a doctor shortage, the AMA argues, is no reason to put nurses in charge and endanger patients" (Mahar, 2010). One critic of the expansion of the role of APNs claims, "Doctors went to their medical schools for a reason, and allowing a nurse to take over their roles is a short-sighted way of solving these shortages" (Joyner, 2010).

NPs have accumulated their own support and are beginning to form their own professional associations across the nation (Gallagher, 2010). University of Southern Indiana Professor Daniel Lucky describes that the difference between NPs and physicians is not education or professional qualifications but, instead, it is their health care approach:

NP practice is based on the nursing model of care—not the medical approach . . . Nursing teaches us that we should not reduce human beings to mere signs and symptoms, place a disease on someone, give them a pill, and send them off. As nurses, we are trained to look at the entire patient from a holistic perspective and then, actively partner with the patient and family to not only correct problems, but also enhance optimal health. Nursing care places the patient—not the provider—as the central focal point. (Beaulieu, 2010)

In fact, the Josiah Macy Jr. Foundation recently released a report recommending immediate removal of

legal and financial barriers preventing APNs from providing primary care (Glenn, 2010). NPs assert that they are not trying to infringe on doctors' specialties but are a critical resource in providing patient care in this country's time of dire need (West, 2010). In actuality, research indicates that NPs do not commit malpractice as often as physicians or, at least, they are not sued as often—only 1.4% of NPs are named as a primary defendant in medical malpractice lawsuits (Stuart, 2010).

CONCLUSION—LET THE NURSES DOCTOR!

As a health care attorney, I support the expansion of NPs' primary care roles provided that they do not usurp the proper functions of physicians. Other legal scholars and medical professionals familiar with APNs as primary caregivers have full confidence in their ability to render superb health care to patients. Physicians are adept at dealing with advanced diseases and treatments for complex disorders, whereas NPs are completely capable of diagnosing common diseases and disorders and prescribing medications to treat patients. The Journal of the American Medical Association published a study in 2000 which determined that patients of NPs recovered as well, or better than, patients under the supervision of a primary care physician (Cleary et al., 2000). The greatest benefit of expanding NPs' roles is that they not only manage patients with current illnesses, APNs can simultaneously teach healthy patients how to stay healthy. This is exactly the type of care America needs if we are going to improve the overall health of our citizens and concurrently lower health care costs. Oftentimes, patient satisfaction is higher among patients receiving care from an APN as opposed to a licensed physician (Horrocks, Anderson, & Salisbury, 2002). As evidenced by happier and healthier patient results coupled with reduced costs and government spending, I believe allowing NPs to use their knowledge to better serve patients' needs while simultaneously reducing the national debt is common sense and good business judgment.

As the old adage says, "Doctors diagnose, nurses heal." Clearly, the only practical solution to our massive physician shortage is to let qualified APNs diagnose and heal.

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