Options to Reduce Physician Shortages: Assessing Advanced Practice Nurses as Primary Caregivers

By Kevin C. Murphy MURPHY JONES, LLP

Any 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.¹

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 U.S. may be facing a 150,000 doctor shortage by 2025. (Chapman, 2010). The American Medical Association 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 populous, the data is 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, Ph.D, RN, FAAN, has

stated that a Doctorate, or "DNP," will be the standard degree for all graduate nurse practitioners by the year 2015. (Maher, 2010).

Nurse practitioners 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 eighty percent of Nurse practitioners provide primary care services in the United States." (Stuart, 2010). Currently, twenty-eight States have introduced legislation designed to expand the role of advanced practice nurses to that of primary caregiver. (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; Johnson, 2010; and Gordon, 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 thirty-two million additional Americans are anticipated to be included in the healthcare 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 nurse practitioners should be allowed to practice completely independently from physician supervision, pointing to the fact that APNs are already allowed to practice independently in Washington, Oregon, Alaska, and Washington D.C. (Hancock, 2010.)

Doctors have already begun to moun 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 American Medical Association (AMA) President, Dr. James Rohack, opines that, "increasing the responsibility of nurses is not the answer to the physician shortage." (Bag 2010). Significantly, it has been reported that, "Doctors have shown up in white coats to testify against nurse practitione bills. The AMA, which supported the national health care overhaul, says that doctor should supervise an NP at all times and in all settings. Just because there is a doctor shortage, the AMA argues, is no reason to put nurses in charge and endanger patients." (Maher, 2010). One critic of the expansion of th 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 thei 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 healthcare 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 healthcare 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, Friedewald, Kane,

Lenz, Mundinger, Shelanski, Siu, Totten & Tsai, 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. Often times patient satisfaction is higher among patients receiving care from an APN as opposed to a licensed physician. (Anderson, Horrocks & Salisbury, (2002).

As evidenced by happier and healthier patient results, coupled with reduced costs and government spending, I believe allowing NPs to utilize their knowledge to better serve patients' needs while simultaneously reducing the national debt is common sense and good business judgment. According to an old adage, "Doctors diagnose, Nurses HEAL!" Clearly, the only practical solution to our massive physician shortage is to let qualified APNs diagnose, treat and heal our increasing patient population.

UPDATE

When I initially wrote this article, and had it published in late 2011, I never suspected that my premise would come to fruition in such a short time span. However, due to the US Supreme Court's decision upholding the Affordable Care Act ("ACA"), and the 2014 deadline for implementation, states are 'under the gun' to resolve the primary caregiver shortages and are scrambling to timely address the issues. There have been constant ongoing developments supporting my thesis and pushing for the expansion of Advanced Practice Nurses' ("APN") scope of practice. Significantly, just last week the Washington Post published a piece outlining the current state-of-affairs of APN's independence nationwide and highlighted that eleven (11) states have pending legislation authorizing nurses with Master Degrees, or equivalent or higher degrees, to "order and interpret diagnostic tests, prescribe medications

and administer treatments without physician oversight...Similar legislation is likely to be introduced soon in three other states."²

More importantly for our state of California, the lack of available primary caregivers in relation to our huge populous poses a serious threat to patient healthcare. The ACA allocates \$11 billion to expand and/or build new healthcare clinics to serve U.S.A. indigents, but "California has a very significant [physician] workforce crisis. Community health centers are really feeling this...They are having challenge with recruiting physicians; they are having challenges with retaining physicians as there's increased competition now because everybody's trying to expand and gear up for healthcare reform...It's not just the community centers, but the entire healthcare industry is facing the impact of this crisis" said Carmela Castellano-Garcia, Director of the California Primary Care Association."3

Significantly, California state Senator Ed Hernandez's introduced S.B. 491 on February 21, 2013, calling for expansion of the role of nurse practitioners.⁴ Sen. Hernandez is pushing for the expansion of APNs, in addition to optometrists an pharmacists, "We're going to be mandating that every single person in this state have insurance...What good is it if they are going to have a health insurance card but no access to doctors?' In support of this legislative action, Beth Haney, President of the Cal. Association for Nurse Practitioners, said, "We don't have enough providers...so we should increase access to the ones we have."6

Lastly, there is a petition on the Whit House website open through April 22, 2013, designed to show support for legislation expanding the scope of practices of Advanced Practice Registered Nurses ("APRNs"). The petition is titled, "Remove Barriers that Prevent Advanced Practice Nurses from Practicing to their Full Scope" and can be signed online by interested citizens.⁷

As we rapidly approach the ACA

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implementation 2014 deadline, many states are looking to APN practitioners to assume the role of primary caregiver, despite staunch opposition by physicianoriented groups. Regardless of opinions on the advisability or possible harmful effects of allowing APN professionals to treat patients independently, we are going to implement creative solutions or face a pool of "insured" individuals unable to get medically necessary treatment.

¹ Aizenman, N.C. (March 24, 2013). "Nurses can practice without physician supervision in many states." Washington Post. Retrieved from http://articles.washingtonpost.com/2013-03-

24/national/37989896_1_nurse-practitionerphysician-primary-care-practices

² KXJZ News (March 4, 2013). "California Clinics Grow, But Hiring Doctors May Not Be Easy." Capitol Public Radio. Retrieved from: http://www.capradio.org/articles/2013/03/04/ california's-clinics-grow,-but-hiring-doctorsmay-not-be-easy

3 Senate Bill 491 text: http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_0451-0500/sb_491_bill_20130 221_introduced.html

⁴ Mishak, M. (February 9, 2013). "State lacks doctors to meet demand of national healthcare law." Los Angeles Times. Retrieved

http://articles.latimes.com/print/2013/feb/09/l ocal/la-me-doctors-20130210

5 Id.

6 Id.

7 See: https://

petitions.whitehouse.gov/petition/removebarriers-prevent-advanced-practice-registerednurses-practicing-their-full-scope/WSJdg1P3

End Note

This article was originally published in Vol. 14 of the Journal of Nursing Law, Volume 14 (2011). It has been reproduced with permission. When this article was originally published, it was unexpected that its premise would come to fruition in such a short time span. However, due to the United States Supreme Court's decision upholding of the Affordable Care Act ("ACA"), and the 2014 deadline for its

implementation, states are under pressure to resolve the primary caregiver shortages and are scrambling to timely address the issues. There have been ongoing developments supporting the thesis presented in this article and pushing for the expansion of Advanced Practice Nurses' ("APN") scope of practice. Significantly, the Washington Post recently published a piece outlining the current state-of-affairs of APN's independence nationwide and highlighted that eleven (11) states have pending legislation authorizing nurses with Master Degrees, or equivalent or higher degrees, to "order and interpret diagnostic tests, prescribe medications and administer treatments without physician oversight...Similar legislation is likely to be introduced soon in three other states."

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As the ACA's 2014 implementation deadline approaches, many states are looking to APN practitioners to assume the role of primary caregiver, despite staunch opposition by physicianoriented groups. Regardless of opinions on the advisability or possible harmful effects of allowing APN professionals to treat patients independently, we are going to implement creative solutions o face a pool of "insured" individuals unable to get medically necessary treatment.

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