



Nurse Practitioners: 40 Years of Experience in the U.S. and Likely Future

Stephen C. Schoenbaum, MD, MPH
Executive Vice President for Programs

www.commonwealthfund.org

scs@cmwf.org

AGPAL-QIP

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Advanced Practice Nurses in the U.S. – Demographics*

4 types:

- **Certified nurse anesthetists (1909)**
 - 37,000
- **Certified nurse midwives (1920s)**
 - 10,000
- **Clinical nurse specialists (early 1960s)**
 - Consultant-facilitator role vs. direct patient care– usually in hospitals
 - 69,000 (15,000 also nurse practitioners)
- **Nurse practitioners (1965)**
 - 150,000 nurse practitioners vs. about 850,000 physicians
 - Designed originally to fill a gap in primary care (pediatrics)
 - 2/3 work in primary care
 - 1/5 work in rural areas.
 - All independently licensed by U.S. states; but required degree of supervision varies from none in 15 states to collaborative practice
 - » Note: physicians' assistants all must practice under a physicians' license
 - Most work in physicians' offices
 - » “Collaborative practice” partly driven by licensure, but mostly by reimbursement policies of payers
 - Over 300 schools offer NP programs (over 1000 total programs) in the US
 - 650 primary care nursing programs (family, adult medicine, pediatrics)
 - Currently Masters level training is required for licensure & certification
 - Increasing number of Doctor of Nursing Practice (DNP) programs

Evidence of Effectiveness

Significant body of literature showing similar results to those of physicians for similar conditions

- “Burlington Trial” of nurse practitioners (1974)***
- Reviews: 2002**; 2005*****

pitzer WO, Sackett DL, Sibley JC, et al. The Burlington randomized trial of the nurse practitioner. N Engl J Med. 1974;290:251-256

Horrocks S, Anderson E, Sallisbury C. Systematic review of whether nurse practitioners in primary care can provide equivalent care to doctors. Brit Med J. 2002;324:819-823

Laurant M, Reeves D, Hermens S, et al. Substitution of doctors by nurses in primary care. Cochrane Database Syst Rev 2005;18:CD001271: Fifteen studies met the inclusion criteria. General conclusion was: “In general, no appreciable differences were found between doctors and nurses in health outcomes for patients, process of care, resource utilisation or cost.”

Trends

Sarah Andl, NP, administering care to a homeless person at a community health center.
New York Times, April 2, 2010

- **DNP**
- **Examination/“Boards”**
 - New examination created by the U.S. National Board of Medical Examiners, working with nursing education leaders
- **Teams in Medical Homes**
- **Care for “underserved” populations**
 - Rural, Homeless; Low income
 - Nurse run community health centers
 - Homeless
- **Special roles**
 - ?unique to NPs



Kate Clay, Program Director
Dartmouth Center for Shared
Decision-Making



“This place is great. The staff is wonderful and always takes time to answer my questions.”
— Nurse Managed Centers patient



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healthcare centered around you

UM Nurse Managed Centers are Nurse Practitioner managed family health centers in Ann Arbor, Michigan ([click here for locations, hours and directions](#)). The community-based practices provide individualized primary health care. University of Michigan Faculty Nurse Practitioners and Midwives work collaboratively with physicians and other health care providers to provide high quality holistic care. To learn more about our staff, visit [Who We Are](#). View our [photo gallery](#) to see pictures of our clinics.

Nurse Practitioners offer compassionate, effective, expert professional care that is patient-centered. Our Nurse Practitioners may serve as Primary Care Providers for you and your family. To learn more about the Nurse Practitioner approach, visit [Why Choose a Nurse Practitioner?](#)

UM Nurse Managed Centers offer a full range of primary care services including prenatal care and well and sick child visits. For a complete listing of our services, visit [What We Do](#). We accept a variety of [insurance](#), including M-Care.

Based on annual patient satisfaction surveys, where 1=very dissatisfied and 4=very satisfied, patients rated Nurse Managed Centers 3.9 for overall quality of care. To read testimonials from our satisfied patients, visit [What Our Patients Say](#).

Likely Future Roles of Primary Care Physicians

Modern medicine has helped create increasing numbers of complex patients

- Multiple chronic conditions
- Multiple medication/treatment requirements
- 25+ percent of a typical U.S. adult primary care practice

Diagnosis/management of each condition is relatively straightforward, but...

- Diagnosis, management of “complications” is challenging

Comprehensiveness of care

- Mental & physical; and their interactions

Up for grabs: practice leadership/management

Teamwork



Acknowledgment & Thanks!



**Joanne Pohl, PhD,
ANP-BC, FAAN;
Professor
University of Michigan
School of Nursing
Ann Arbor, Michigan**