New Directions in Health-Care Reform: The Role of Nurse Practitioners

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Managed health care, health maintenance organizations, and other cost containment measures driven by the private sector in conjunction with Congressionally funded initiatives are serving as the guiding forces in health-care reform in the United States. Within this move toward restructuring health-care services, the role of nurse practitioners is expanding and evolving. Nurse practitioners provide high-quality, cost-effective, and comprehensive primary care services. Increased use of nurse practitioners in disease prevention, illness management, and health education is one way of meeting the health-care needs of the U.S. population. Artificial and politically imposed barriers to effective utilization of nurse practitioners should be removed. Innovative strategies for more effective use of nurse practitioners must be identified and implemented.

The Need for Health-Care Reform

Economic Needs

National health-care reform, a major goal of the Clinton administration, failed for a number of reasons. Two primary reasons for the failure were (Pearson, 1996) as follows.

1. Special interest groups continually switched their political positions.
2. A few groups, such as the American Medical Association (AMA), and some insurers who have become powerful and wealthy from the existing system, had a vested interest in maintaining the status quo.

As a result of the failure of governmental efforts to institute national health-care reform, the private sector along with Congressionally funded innovations are leading this movement. Controlling costs is the major impetus for restructuring the health-care system. Managed care and health maintenance organizations are the primary methods being used to reduce expenditures (Mahoney, 1988; National Advisory Council on Nurse Education and Practice, 1994; Pearson, 1996).

Service Needs

Health-care reform is needed to resolve the problems of inaccessibility, high cost, and fragmentation of health-care ser-
Table 1. Significant Changes Revolutionizing American Society

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<th>Category</th>
<th>Description</th>
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<tr>
<td>Cultural and ethnic diversity</td>
<td>Increased immigration</td>
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<td>Changing family structures</td>
<td>More single parent households</td>
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<td>Infant mortality</td>
<td>Rate of 10 deaths for every 1,000 live births</td>
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<td>Epidemic communicable illnesses</td>
<td>Such as AIDS and increasing numbers of drug-resistant strains of “old diseases” such as tuberculosis</td>
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<td>Economic disparity</td>
<td>In 1992, about 60 million U.S. citizens were uninsured or underinsured.</td>
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<td>Aging of the population</td>
<td>In 1988, 12.4% of the population were 65 years old or older; however, by the year 2030, that percentage will almost double.</td>
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<td>Increased numbers of chronically ill and disabled U.S. citizens</td>
<td>In 1989, 14.1% of U.S. citizens suffered from one or more chronic illnesses.</td>
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<td>Unhealthy lifestyle choices</td>
<td>In 1990, 27% of U.S. citizens smoked cigarettes, 51% drank alcohol, 6.4% used illicit drugs, and 26% were overweight.</td>
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Barriers to Effective Use of Nurse Practitioners

Nurse practitioners are a new type of health-care provider designed to meet these economic, societal, and service health-care needs. The Pew Health Professions Commission (1991), incorporating the skills and knowledge of 27 interdisciplinary public and private experts, developed a national Agenda for Action for health professional schools to educate practitioners to meet the changing health needs of the U.S. people. This report noted that previous efforts to reform the health-care system have failed. The challenge now is to reform the system by changing the way health professionals are educated. The Pew Commission urges schools to emphasize interdisciplinary training in community-based sites as well as in acute care facilities. Their report supports training in health promotion, primary care, rural settings, and encourages an emphasis on the health of the community, as well as the individual.

One component of health-care reform may be the expansion of the role of nurse practitioners in health-care delivery. However, many people are unfamiliar with the purposes and functions of nurse practitioners. The movement to utilize mid-level nurse practitioners began about 30 years ago (1960s) and has been unevenly accepted across the country. Nurse practitioners are registered nurses who have advanced education and clinical training in a primary care field, such as adult, family, geriatric, pediatric, psychiatric, school, or women's health. Studies indicate that they provide high-quality, cost-effective care; a unique and comprehensive approach to health care; and care that results in a high level of patient satisfaction (American Academy of Nurse Practitioners, 1988; Lancaster and Lancaster, 1993). Because nurse practitioners have a strong history of working collaboratively with other providers, they are in a key position to facilitate restructuring of the health-care system. Nurse practitioners can make particularly important contributions by (Aiken and Salmon, 1994):

1. improving primary care availability;
2. improving care of the underserved;
3. redesigning the role of public health; and
4. restructuring hospitals.
author, Barbara Safreit (1992), concluded that the root of the health-care problem is that there really is no system in the U.S. health-care system. The word “system” connotes organization, coordination, and a considered structure; however, these qualities currently are absent in the over-all scheme of U.S. health-care services. Moreover, the current focus is oriented toward medicine, not health, and it focuses on cure, not care (Fagin, 1992; Safreit, 1992). According to Safreit, U.S. consumers are begging for a rational health-care system that will address these basic concerns.

1. Can I get care (access)?
2. How good will it be (quality)?
3. How much will it cost (affordability)?

Opposition to the use of midlevel providers such as nurse practitioners has been fostered by physicians. Over a decade ago, in 1981, the AMA House of Delegates resolved to eliminate federal funding for the training of nurse practitioners and recommended that the AMA advise hospital administrators to allow only physicians to do admission histories and physical examinations. The AMA House of Delegates has resolved to oppose any attempts to empower nurse practitioners in becoming unsupervised primary medical care providers and receiving reimbursement for their services. One reason for the AMA’s strong opposition to nurse practitioners is concern that the current gap between nurse practitioners’ and physicians’ salaries will close (Safreit, 1992). To illustrate, in 1992 the median wage for family practice physicians and internists was $100,000 and for pediatricians was $98,037; however, the median wage of nurse practitioners was $43,680 (Prescott, 1994). With the expanding role of advanced practice nurses, physicians fear that this salary disparity will be reduced as the public recognizes its overvaluation of physician services and undervaluation of nurse practitioner services (Prescott, 1994; Safreit, 1992). In addition, physicians recognize that the cost of educating nurse practitioners is significantly below the cost of educating physicians. In 1985, the annual cost of educating a nurse practitioner was estimated to be $14,600; whereas, the annual cost of educating a physician was $86,000 (Prescott, 1994). Physicians fear that the public will refuse to pay these educational costs when, in many cases, nurse practitioners can provide the same quality of care at less expense.

Significant barriers to practice also exist, because each state determines its own rules and regulations for practice. Some states are highly restrictive and prohibit prescriptive authority; whereas, others allow for practice with physician supervision or under the umbrella of nurse/physician-determined protocols, including agreed upon prescriptive authority. In addition, some states prevent public and private third-party payers from reimbursing services performed by nurse practitioners (Prescott, 1994; Safreit, 1992).

Despite this opposition, nurse practitioners have maintained a foothold in the health-care system largely because of patient satisfaction with their services and lack of access to physician services. The general public is beginning to recognize that nurse practitioners offer promise for immediate as well as long-term improvement in the health-care system (Aiken and Salmon, 1994; National Advisory Council on Nurse Education and Practice, 1994; Safreit, 1992).

**Nurse Practitioners as One Aspect of Health-Care Reform**

As has been noted, nurse practitioners are playing a vital role in health-care reform. Settings in which nurse practitioners work are varied and include (National Advisory Council on Nurse Education and Practice, 1994); ambulatory care, home health care, nursing home or extended care facilities, hospitals, student health services, and prisons. It is estimated that nurse practitioners can perform 75 and 90% of the activities provided by primary care physicians (Lancaster and Lancaster, 1993; Prescott, 1994). These basic services include (National Advisory Council on Nurse Education and Practice, 1994): promotion and maintenance of health, prevention of illness and disability, basic care during acute and chronic phases of illness, guidance and counseling of individuals and families, referral to other health-care providers and community resources, and nurse-midwifery services when appropriate.

In contrast to physicians, the majority of whom are specialists, 82% of all nurse practitioners are in primary care settings. Many of these advanced practice nurses work in rural or underserved areas. They provide care within their areas of competence at levels equal to or better than that provided by physicians. In addition, as a result of decreased salaries, decreased educational costs, reduced numbers of malpractice claims, and increased patient compliance, nurse practitioners can promote savings in the health-care delivery system. In fact, it has been estimated that if used to their potential, nurse practitioners could save eight billion dollars annually (Pew Health Professions Commissions, 1994).

**Services Provided by Nurse Practitioners**

Nurse practitioners serve as cost-effective gatekeepers in a complex, fragmented, and highly specialized health-care system. They are committed to health promotion and disease prevention; community-determined and community-based care; the use of appropriate health-care technology; the use of appropriate health-care personnel; and collaboration among health-care professionals and between the health sector and other public sectors, such as social welfare, utilities, environment, housing, and transportation (Stanhope and Lancaster, 1992). Specific services that nurse practitioners provide are listed in Table 2 (American Academy of Nurse Practitioners, 1988).

As mentioned previously, managed care is gaining popularity as one way to provide holistic, high-quality, and cost-effective services to individuals. Nurse practitioners provide highly effective managed care. The case of Miss E., an 80-year
Table 2. Services Provided by Nurse Practitioners

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<td>Delivering individualized care focusing not only on health problems but also on the effects that health problems have on individuals and their families</td>
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<td>Obtaining medical histories, performing physical examinations, and ordering and interpreting such diagnostic studies as laboratory findings and X-rays</td>
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<td>Diagnosing and treating such common health problems as respiratory infections and minor injuries</td>
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<tr>
<td>Diagnosing, treating and monitoring such chronic diseases as arthritis, diabetes, and hypertension</td>
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<td>Prescribing and recommending prescriptions for medications and other treatments</td>
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<td>Providing prenatal care and family-planning services</td>
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<td>Delivering such well-child care services as health screening and immunizations</td>
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<td>Providing such health maintenance care as annual physical examinations and explaining details of health problems, medications, and other topics to help people fully understand how to care for themselves</td>
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<td>Encouraging positive health behaviors and self-care skills by giving people the information they need to make healthy lifestyle choices and health-care decisions</td>
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<td>Collaborating with physicians and other health-care professionals to provide interdisciplinary health services</td>
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<td>Charging competitive fees that are covered by some health insurance programs in a number of states</td>
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<td>Integrating patients into their communities by involving family, friends, and neighbors in the plan of care, when appropriate</td>
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old with advanced cancer of the breast with metastases to the lumbar and sacral vertebra, weight loss, confusion, and chronic brain syndrome, illustrates how nurse practitioners act as gatekeepers and effectively provide managed care services. Care provided by the nurse practitioner included coordinating Miss E.’s care through communication with the oncologist, radiologist, housing authority supervisor, brother and sister-in-law, county protective services, and dial-a-ride. Because of multiple factors, including disarray of the health-care system, unfamiliarity with the system, physical and sensory limitations, and general decrease in functioning, often it is nearly impossible for elderly patients to manage their complex care alone. Thus, frequently either a family member has to help them “navigate” and “negotiate” their way through the system, or that patient ends up missing needed health care and social services. Ultimately, without preventive primary care services, the patient often either ends up in the emergency room or hospitalized. The managed care approach described above enabled Miss E. to continue living independently in the community (Donovan, 1984) and illustrates the comprehensive and integrated health care that nurse practitioners provide.

Evaluation of Nurse Practitioner Effectiveness

Numerous studies have evaluated the effectiveness of nurse practitioners as primary health-care providers. The most comprehensive study of their effectiveness was released in 1986 by the U.S. Office of Technology Assessment (OTA). This study, “Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives: A Policy Analysis,” assessed the contributions of these three groups of health-care providers in meeting the nation’s health-care needs. The report concluded that, within their scope of practice, nurse practitioners provide high-quality care equivalent to that provided by physicians. In addition, because nurse practitioners typically function within an approved area of competence, few problems arise with their performing tasks associated with medical practice. Research on the role of nurse practitioners is summarized in Table 3.

Thus, although nurse practitioners are currently underutilized in the health-care system, studies show that they are cost-effective primary health-care providers. Nurse practitioners are educated for collaborative practices; they are not meant to replace physicians throughout the health-care system, but rather to provide primary care and to manage patients with chronic illness. Nurse practitioners are ideally suited to be the first person that the patient sees in the health-care system, providing referrals to physicians as needed.

The Future Role of Nurse Practitioners in the Health-Care System

To resolve the problems of inaccessibility, high cost, fragmentation, increasing numbers of chronically ill individuals, in-
Table 3. Research on the Role of Nurse Practitioners

A review of 26 studies comparing the performance of nurse practitioners to physicians identified that nurse practitioners received higher scores than physicians on the following variables: amount and depth of discussion regarding child health care, preventive health, wellness promotion, advice, therapeutic listening, and support offered to patients; completeness of patients’ histories and follow-up on history findings; completeness of physical examination and interviewing skills; and patient knowledge about the treatment plan given to them by the health care provider (American Academy of Nurse Practitioners, *Quality of Service*, Undated).

A review of 15 studies showed that between 75 and 80% of all adult primary care services and up to 90% of all pediatric primary care services could be performed in a cost-effective, high-quality manner by nurse practitioners (American Academy of Nurse Practitioners, *Quality of Service*, Undated).

A review of several studies revealed that the quality of care based on proper diagnosis, treatment, and patient outcomes provided by nurse practitioners is as high as the care rendered by physicians for the range of skills that nurse practitioners are trained to use (American Academy of Nurse Practitioners, *Quality of Service*, Undated).

The American Nurses Association’s meta-analysis of cost effectiveness and clinical outcomes showed that, on average, physicians spend 16.5 minutes with patients at a cost of $20.11; whereas nurse practitioners spent 24.9 minutes with patients at a cost of $12.36. In addition, nurse practitioners have been rated better at communicating with their patients than were physicians (Fitzgerald, Jones, Lazar, McHugh, and Wang, 1995).

In 12 studies, OTA found that the quality of care by nurse practitioners, including communication with patients, preventing actions, and reductions in the number of patient symptoms, was higher than that of physicians (American Association of Colleges of Nursing, 1995).

Fallon Healthcare System, a multispecialty group in Massachusetts, evaluated the cost effectiveness of a nurse practitioner/physician team in long-term care facilities. The 1992 fiscal utilization data for nursing home patients revealed significantly lower rates of emergency room transfers, hospital lengths of stay, and speciality visits for patients covered by the teams than for patients covered by physicians only. Over-all costs were 42% lower for patients receiving care by the team than for those receiving care by a physician only (Burl, Bonner, and Rao, 1994).

Increasing numbers of elderly individuals, and the shift from illness to wellness, the role of nurse practitioners may easily be expanded. Increased numbers of nurse practitioners may be incorporated into the health-care system in innovative ways (AACN Board of Directors Final Report of the Pew Commission, 1992). Consumers, business persons, policy makers, physicians, and nurses who are concerned about health-care reform must lobby for, identify, and create new strategies for using nurse practitioners fully to meet the urgent health-care needs in our society (Diers and Molde, 1983).

In this time of upheaval in the national health-care system, major health-care reform is rapidly occurring. Just as psychiatrists and other medical specialists have reconceptualized their role in the health-care delivery system (Lieberman and Rush, 1996) so too, primary care physicians are reconceptualizing their role. One new model of care that effectively utilizes the skills of nurse practitioners, eliminates the need for increased numbers of primary care physicians, reduces health-care costs, and ultimately improves the quality of patient care is the use of nurse practitioners as gatekeepers to the health-care system. In this model, nurse practitioners serve as primary care providers who diagnose and treat, educate, counsel, and refer their patients when necessary. Primary care physicians serve as primary care specialists, receiving referrals from nurse practitioners for patients that present with critically acute health problems or extremely complex diagnostic presentations. Ultimately, as health-care reform continues, this and other innovations in the role of nurse practitioners should be instituted to increase access to high-quality services, while reducing health-care costs.

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References


