

Nurse practitioners on the rise

Health care overhaul opens doors for more cost-efficient primary care providers

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If the American system of health care were a patient, the patient would be on life-support. What is the prescription that will help restore this system to a healthy state? Change is needed. But exactly what change is on the horizon? While some may choose to ignore the health care crisis, many cannot afford to.

Nationally, the passage of the Affordable Care Act — the broadest health care overhaul since the 1965 creation of the Medicare and Medicaid programs — gives health care providers and those needing health care more options. It also brings recognition to the role of the nurse practitioner as an expert provider of primary care to people of all ages and all walks of life.

In addition to providing money for health promotion and disease prevention, so important for patients of nurse practitioners, the legislation funds nurse-managed primary care clinics and promotes the full participation of nurse practitioners as care providers in a variety of programs, such as accountable care organizations and community-based primary care programs.

It also sanctions nurse practitioners to lead independence-at-home practices for homebound patients, and leads the way to recognizing nurse practitioner practices as medical homes. Patient-centered medical homes — a team-based treatment model that emphasizes comprehensive, preventive care aided by seamless electronic records — are among the innovative approaches that the new federal law seeks to nurture with financial and regulatory incentives.

Today there are more than 140,000 nurse practitioners nationally with over 8,000 licensed in the state of Texas. Nurse practitioners are expert clinicians who, in addition to diagnosing and managing acute and chronic illnesses, emphasize health promotion and disease prevention, guiding patients to make smarter health and lifestyle choices that may ultimately reduce health care costs.

Nurse practitioners can perform many of the same functions that physicians perform more cost-effectively without compromising quality of service. They provide primary, acute and specialty care, with the majority working in primary care. Nurse practitioners are increasingly choosing primary care over specialty care.

The expansion of health coverage to 6 million more Texans will overload a system already strained, particularly in rural areas. According to the Office of Rural Community Affairs and the Department of State Health Services, 244 of the 254 counties in Texas are completely or partially designated as having a medically underserved population.

Texas is one of only four states that require a "supervising" physician be on the premises for specified times when care is provided by nurse practitioners. The regulations are the most complex in the nation and require time and money to interpret and follow. Physicians are required to spend time in chart review of nurse practitioners' care, often weeks after the patient visit, rather than providing much-needed care to their individual patients. There is ample evidence that nurse practitioners diagnose and prescribe safely without such oversight.

The problems in rural Texas are compounded. Nationally, 18 percent of nurse practitioners practice in rural areas, compared with 9 percent of physicians in rural practices. Since Texas requires that nurse practitioners have both their prescriptive authority and ability to diagnose delegated to them by a physician and to have a physician present once every 10 business days if they practice in medically underserved sites, it is more difficult for nurse practitioners to fill these gaps. Nurse practitioners have been forced to shut down practices and leave patients with no health care provider when physicians are not willing to meet these requirements.

Sixteen states and the District of Columbia allow nurse practitioner practice without physician involvement. A total of 35 states allow nurse practitioners to diagnose and prescribe without physician delegation. No data indicate poorer patient outcomes, nor is there an increase in malpractice claims.

What is the answer for Texans in a state that faces an \$18 billion budget shortfall and already ranks last in access to health care and 46th in overall health care by the Commonwealth Foundation?

According to the AARP, the Bipartisan Policy Center, the Brookings Institution, the CATO Institute, the Center for American Progress, the Josiah Macy Jr. Foundation, the Texas Public Policy Foundation and the Texas Health Care Policy Council, removing restrictive nurse practitioner practice regulations is a step in the right direction.

Modernizing and simplifying Texas law for nurse practitioners who are already diagnosing and prescribing is an important part of the solution, at no additional cost to Texas.

The Texas Capitol sits in one of the many parts of Texas designated as having a medically underserved population.

Visitors and legislators who pass through the halls of the Capitol in Austin each year have their health care needs met by Tim Flynn, a nurse practitioner who is employed by the State of Texas and is the only one in the country who holds the distinction as the health care provider in charge of the statehouse employees and those who visit the Capitol.

Flynn's practice has grown exponentially, and because the population he serves at the Capitol is pretty well-educated and involved in their own health care, his practice allows him to do what nurse practitioners are known for doing: patient education, health promotion and disease prevention.

Putting it all in perspective is state Rep. Wayne Christian, R-Center:

"It amazes me that nurse practitioner Tim Flynn is entrusted by the State of Texas to provide patient care

to all elected officials, even the president when he visits, but could not go to Palmer Events Center after Hurricane Ike to provide care for

refugees because of restrictive regulations on nurse practitioner practice."

What's a nurse practitioner?

According to the American Academy of Nurse Practitioners, its members:

- Complete rigorous graduate academic nurse practitioner programs with advanced clinical training well beyond their initial registered nurse preparation
- Diagnose and treat acute and chronic conditions such as diabetes, high blood pressure, infections and injuries
- Order, perform, supervise and interpret diagnostic tests such as lab work and X-rays
- Prescribe medications and other treatments
- Treat the whole person, not just a symptom or disease

Nursing report online

A summary of 'The Future of Nursing: Leading Change, Advancing Health,' a recent report by the Institute of Medicine in collaboration with the Robert Wood

Johnson Foundation, is available at <http://bit.ly/d5tRPw>. The full report can be purchased at <http://bit.ly/c8uIWU>.

Future role of nursing

On Oct. 5, the Institute of Medicine, in collaboration with the Robert Wood Johnson Foundation, released the report 'The Future of Nursing: Leading Change, Advancing Health,' a result of a two-year initiative to examine the future role nursing must play in health care in the United States. Its four recommendations have significant implications for nurse practitioners:

- That nurses should practice to the full extent of their education and training and not be limited by outdated statutes and regulations.
- That educational programs must continue to expand to meet the health care needs of today.
- That nurses such as nurse practitioners should be full partners with physicians and other health care professionals in designing health care in the United States.
- An improved infrastructure needs to be in place to adequately collect and analyze work force data.

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