NURSE PRACTITIONERS: PROMOTING ACCESS TO COORDINATED PRIMARY CARE

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The Institute of Medicine, in 2001, declared that: "the American health care system is in need of a fundamental change." Their report identified significant changes in health care requirements for our nation. For many decades, the focus of health care has been on the management of acute episodic illness. Now, the requirements of our population have changed to include health promotion/disease prevention and chronic disease management. Increasingly, individuals are dealing with the prevention and management of chronic conditions such as heart disease, hypertension, arthritis, and diabetes. Chronic conditions now affect almost half of the U.S. population as the leading cause of illness, disability, and death.

This shift in the focus of health care argues for a change in health care service delivery. It has long been known that to achieve optimal patient outcomes, health care should be patient-centered. The IOM defines patient-centered care as: "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensur(es) that patient values guide all clinical decisions."

Recently several proposals have been brought forward that suggest additional payment for the provision of coordinated primary health care. A number of core features have been recommended for these programs that, it is felt, would improve access and quality of care.

Steps Toward Patient-Centered Care

Of the models that have been brought forward, the most discussed model is the patient centered medical home. This model seeks to provide reimbursement for coordinated comprehensive preventive and primary care. It was first conceptualized in relation to the care of children with special needs. The concept was further articulated and promoted by the American College of Physicians (ACP), the American Academy of Family Practice (AAFP), the American Academy of Pediatrics (AAP) and the American Osteopathic Association (AOA). NCQA and The Commonwealth Fund have contributed to the concept. These parties developed joint principles for the patient-centered care model. They are:

- Personal Physician
- Physician Directed Medical Practice
- Whole Person Orientation
- Care is Coordinated and Integrated
- Quality and Safety
- Enhanced Access
- Appropriate Payment

Fundamentally, this model strives to create a coordinated care model that is directed by a single physician provider. It is thought that this model would provide the U.S. population with a regular source of primary care, which is associated with better health outcomes at lower costs.

The Institute of Medicine Committee on the Future of Primary Care defines Primary Care as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

At a time when there is a shortage of primary care providers in this country, the medical home model was not developed with this definition in mind, nor was it developed in collaboration with the full spectrum of primary care providers licensed and practicing in the United States. While there is much discussion about the merits of the physician-designed medical home model, in fact, there is a cadre of superbly prepared providers already providing this type of care across the nation: nurse practitioners. Unfortunately, these providers have not been included in the proposed medical home model.

Nurse Practitioners Historically Utilize the Principles from this Model

Personal Health Care Provider

In order to reflect the compliment of primary care that is provided nation-wide, it is critical that a patient-centered care model be inclusive of all state licensed primary care providers. Nurse practitioners (NPs) are high quality providers who practice in primary care, ambulatory, acute care, specialty care, and long-term care. In addition to diagnosing and managing acute episodic and chronic illnesses, they emphasize health promotion and disease prevention in their practice. For over 40 years, these expert primary care clinicians have been providing high-quality, cost-effective health care services in health care delivery models that pre-date the "medical home model".

Primary Care Provider Directed Practice

Primary care has been directed by a cadre of health care providers, including nurse practitioners for decades. NPs are authorized to practice across the U.S. and have prescriptive authority in all fifty states and the District of Columbia. These clinicians are registered nurses with specialized advanced education and clinical competency to provide health and medical care for diverse populations in a variety of settings. The body of evidence regarding the quality of NP practice supports that NP care is at least equivalent to that of physician care.

Whole Person Orientation

Like their physician colleagues, NPs, take responsibility for their patient's health care needs and arrange care with other qualified health care professionals as needed. They provide this coordinated care through all stages of life, and care situations including acute care, chronic care, preventive services and end of life care. Nursing practice, including NP practice, is fundamentally whole person oriented and grounded in the concept that individual patients should be viewed within the context of their family and community.

Care is Coordinated and Integrated

NPs, as expert primary care providers, practice in an environment that welcomes collaboration and communication with multiple health care disciplines. This culture of care allows NPs to readily coordinate and integrate a patient's care. NPs are expert at working across the complex health care system. They have a long history of coordinating care with numerous physician specialties as well as through the health care system in hospitals, home health agencies, and nursing homes. NP practice focuses on family and community-based services.

Quality and Safety

Practices that provide patient-centered care should advocate for their patients. This advocacy includes positive, supportive relationships between the provider, patients and the patient's family. Safe, quality care is obtained through the used of evidence-based clinical decision making. The patient's opinion is actively sought by providers in this model. Health care providers in these practices must participate in continuous quality improvement through engagement in performance measurement and improvement. Information technology is part of the patient care infrastructure and utilized in the patient-centered care model.

Multiple studies have been conducted that illustrate the quality of care provided by NPs. Among them, Larkin (Hospitals and Health Networks, 2003) reported statistics that highlighted several studies demonstrating decreased inpatient days, decreased ventilator days, improved heart failure outcomes, and decreased complications such as skin lesions, urinary tract infections, and pneumonia in NP care models. Another study, published in Medical Care Research and Review (2004) as a follow up study of patients randomized to the NP care model and a physician practice demonstrated that there were no differences in health status, physiologic measures, satisfaction, or use of specialist, emergency room, or inpatient services.

A large Meta analysis of the Cochrane Database (2006) examined 16 studies comparing outcomes of primary care nurses and physicians. This study found that the quality of care provided by nurses was as high as that of physicians. In addition, the satisfaction level among patients was higher for the primary care nurses. Important to the discussion of patient-centered primary care is that this Meta analysis showed that this existed across the board among a variety of delivery models.

Enhanced Access

The patient-centered care model calls for enhanced access to primary care providers and their practice partners in order to provide care that is characterized by open scheduling, expanded hours, options for communication among patients, their health care provider and practice staff, all characteristics of nurse practitioner practice. This attention to access to the primary care provider allows for improved patient management and reduction of emergency department visits.

Appropriate Payment

The patient-centered care model currently being promoted discusses the need for payment for these important patient management skills. Recognition and reimbursement for these added practice enhancements is important. Yet, it is important that these practices also reduce costs to the health care system. NP services have documented cost savings in many areas. A study by Cheno with et al in (2005) analyzed the health care costs associated with an innovative on-site NP practice for over 4000 employees and their dependents. Compared with claims from earlier years, the NP care resulted in significant savings of $0.8 to $1.5 million, with a benefit-to-cost ratio of up to 15 to 1. Paez and Allen (2006) compared NP and physician management of hypercholesterolemia following revascularization. Patients in the NP-managed group were more likely to achieve their goals and comply with prescribed regimen, with decreased drug costs.

Recommendations

It is critical that policy makers move forward with health care legislation that promotes cost-effective high quality care for the nation. As the U.S. population's health care needs have shifted to require increased preventive and primary care, it is essential that we invest in models of care that build on the current successes of all clinicians. Legislation, regulation and/or demonstration projects that address patient centered primary care:

- Must be based on the IOM's definition of primary care.
- Should be designed to allow all licensed primary care providers to serve in this role.
- Should give special attention to the support of safety net providers who provide care for patients who would not otherwise have access to care.
- Should include nurse practitioners in the design and development of such programs.

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