

Nurse Practitioners in Primary Care



With 89% of the nurse practitioner (NP) population prepared in primary care and over 75% of actively practicing NPs providing primary care, NPs are a vital part of the U.S. primary care workforce. Evidence supports the high quality and cost-effectiveness of NP care and the continued interest of the discipline to contribute to solving the primary care dilemma.

Ninety percent of the 140,000 NPs credentialed to practice in the U.S. are actively practicing. Fulfilling the potential of the Affordable Care Act (ACA) requires transformation of primary care delivery within the U.S. NPs are a vital element of the primary care workforce with a major role in making high-quality, patient-centered health care available to the broadest possible range of consumers. In fact, NPs make up the most rapidly growing component of the primary care workforce. As licensed independent providers prepared with a blend of medical and nursing preparation, NPs are uniquely prepared and qualified to provide the patient-centered care that is central to meeting the existing and future primary care needs of our nation.

NP Scope of Practice and Preparation

The NP scope of practice includes blending nursing and medical services for individuals, families, and groups. NPs diagnose and manage acute and chronic conditions and emphasize health promotion and disease prevention. Their services include, but are not limited to ordering, conducting, and interpreting diagnostic and laboratory tests; prescribing pharmacologic agents and non-pharmacologic therapies; and teaching and counseling. They practice autonomously and in collaboration with other healthcare professionals to manage patients' health needs.

NPs are prepared through academic graduate (master's or doctoral) programs, which include didactic and clinical courses designed to prepare graduates with specialized knowledge and clinical primary care competencies. Members of the profession are responsible for advancing the NP role, specifying the professional standards and competencies, as well as ensuring that these are met.

NP Commitment to Primary Care

Almost all NPs (89%) are prepared in a primary care focus; e.g. adult, family, gerontological, pediatric, or women's health. The family NP focus is the most prevalent category (see below). Regardless of their population focus, primary care NPs are prepared to fulfill the definition of primary care across settings, including the provision of care at first contact for undifferentiated conditions, ongoing management of acute and chronic conditions, health promotion, and care coordination.

<u>Specialty</u>	<u>Percent</u>
Acute Care	5.3
Adult	17.9
Family	49.2
Gerontological	3.0
Neonatal	2.3
Oncology	0.8
Pediatric	9.4
Psychiatric/Mental Health	2.9
Women's Health	9.1

NP Growth

The enrollment and graduation rates of NP programs have consistently increased over the past several years, with a growing trend towards a greater percentage of NPs being prepared in family health and a steady percentage providing primary care. Enrollment and graduation rates for NP programs over the past five academic years are summarized below.

	<u>Enrollments</u>	<u>Graduations</u>
2005-2006	22,115	6,556
2006-2007	25,473	7,197
2007-2008	28,744	7,550
2008-2009	31,445	8,451
2009-2010	35,371	9,203

Administration
P.O. Box 12846
Austin, TX 78711
P 512.442.4262
F 512.442.6469

Office of Health Policy
P.O. Box 40130
Washington, DC
20016
P 202.966.6414
F 202.966.2856

NP Quality and Cost-Effectiveness

Four decades of evaluation and research on NP practice consistently support the high quality and cost-effectiveness of NP care. In early 2010, having reviewed the literature regarding NPs, Bauer concluded that there is extensive and consistent evidence that NPs provide care of equal or better quality at a lower cost than comparable services provided by others. In the 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, Safriet described the “proven track record” of APNs such as NPs, to provide care across populations and settings.

NPs in Rural Health

Compared to other primary care disciplines, NPs are most likely to practice in rural communities. Indeed, 18% of NPs practice in communities of fewer than 25,000 residents. In states with both a favorable regulatory environment and large percentage of rural residents, NPs are significantly more likely to practice in rural settings. The five states with the greatest reported percentage of NPs in rural areas are Vermont (56%), South Dakota (50%), Wyoming (43%), Montana (40%), and Maine (39%). By contrast, Texas has both great expanses of rural communities and restrictive supervisory requirements; only 13% of Texas NPs practice in communities of fewer than 25,000 residents.

NPs and Select Populations

The vast majority of FNPs (93%) and ANPs (97%) treat patients between the ages of 66 and 85 years; the majority of FNPs (79%) and ANPs (84%) treat patients older than 85. Over 88% of both FNPs and ANPs accept Medicare patients and over 80% of both groups accept Medicaid patients. Almost 60% of FNPs and ANPs accept charitable, or uncompensated patients. Both FNPs and PNs are likely to treat young children. Eighty-nine percent of PNs report treating children covered by Medicaid; 42% of NPs indicate the majority of their pediatric patients have Medicaid as their primary coverage. Most (74%) PNs report that they are currently accepting new patients with Medicaid.

Summary

For over 45 years, NPs have provided patient-centered healthcare to a broad range of populations. The American Academy of Nurse Practitioners' vision for the future calls for high quality health care for all, by the patient's provider of choice. There is a critical need for all primary care providers to practice to the full extent of their scope of practice. As our nation faces the future challenges of an aging population, rising healthcare costs, and the growing burden of chronic disease, NPs bring strength to the healthcare workforce and maximize our available potential to address these challenges.

References

- American Academy of Nurse Practitioners (AANP) (2010). Scope of practice for nurse practitioners. Retrieved March 2011 from www.aanp.org.
- AANP (2010) Standards of practice for nurse practitioners. Retrieved March 2011 from www.aanp.org.
- AANP (2010) Nurse Practitioner Cost-Effectiveness. Retrieved March 2011 from www.aanp.org.
- AANP (2010). Documentation of Quality of NP Care. Retrieved March 2011 from www.aanp.org.
- Bauer, J.C. (2010). Nurse practitioners as an underutilized resource for health reform: Evidence-based demonstrations of cost-effectiveness. *JAANP*, 22 (4), 228-231.
- Goolsby, M.J. (in press). 2009-2010 AANP National Nurse Practitioner Sample Survey: An overview. *JAANP*.
- Institute of Medicine (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies of Science.
- National Task Force of Quality Nurse Practitioner Education (2008). *Criteria for the evaluation of nurse practitioners programs*. Washington, DC: Author.
- NONPF (2006). Practice doctorate nurse practitioner entry-level competencies. Retrieved March 2011 from <http://nonpf.com/nonpf2005/practicedoctorateresourcecenter/competencydraftfinalapril2006.pdf>.