Shortage may mean a bigger role for nurse practitioners

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CHICAGO — A nurse soon might be your doctor.

With a looming shortage of primary-care doctors, 28 states — including Washington and California — are considering expanding the authority of nurse practitioners.

These nurses with advanced degrees want the right to practice without a doctor's watchful eye and to prescribe narcotics. If they hold a doctorate, they want to be called "Doctor."

For years, nurse practitioners have played a bigger role in the nation's health care, especially in regions with few doctors.

With 32 million more Americans gaining health insurance within a few years, the health care overhaul is putting more money into nurse-managed clinics.

Those newly insured patients will be looking for doctors and might find nurses instead.

The medical establishment is fighting to protect turf. In some statehouses, doctors have shown up to testify against nurse-practitioner bills.

The American Medical Association, which supported the national health care overhaul, says a doctor shortage is no reason to put nurses in charge and endanger patients.

Nurse practitioners argue that there's no danger. They say they're highly trained and as skilled as doctors at diagnosing illness during office visits. They know when to refer the sickest patients to specialists. Plus, they spend more time with patients and charge less.

"We're constantly having to prove ourselves," said Chicago nurse practitioner Amanda Cockrell, 32, who tells patients that she's just like a doctor "except for the pay."

On top of four years in nursing school, Cockrell spent three years in a nurse-practitioner program, much of it working with patients. Doctors generally spend four years in undergraduate school, four years in medical school and an additional three in primary-care residency training.

Medicare, which sets the pace for payments by private insurance, pays nurse practitioners 85
percent of what it pays doctors. An office visit for a Medicare patient in Chicago, for example, pays a doctor about $70 and a nurse practitioner about $60.

The best U.S. study comparing nurse practitioners and doctors randomly assigned more than 1,300 patients to either a nurse practitioner or a doctor. After six months, overall health, diabetes tests, asthma tests and use of medical services like specialists were essentially the same in the two groups.

"The argument that patients' health is put in jeopardy by nurse practitioners? There's no evidence to support that," said Jack Needleman, a health policy expert at the University of California Los Angeles School of Public Health.

Other studies have shown that nurse practitioners are better at listening to patients, Needleman said.

The AMA disagrees.

"A shortage of one type of profession is not a reason to change the standards of medical care," said AMA president-elect Dr. Cecil Wilson. "We need to train more physicians."