How to cover an increasing lack of doctors?

Medical groups spar over nurse practitioners’ role

By Andrew Villegas
McClatchy Tribune News

TYRELL COUNTY, N.C. — There are no doctors in rural Tyrell County, N.C. There’s only Irene Cavall, a licensed nurse practitioner and the sole source of primary care for 4,000 residents spread out over 600 square miles.

There are limitations to her work. By state law, she works under the supervision of a doctor, albeit one many miles away and calls him and specialists as needed. For 16 years, however, Cavall has been helping patients with a range of routine problems — from colds to management of diabetes — that don’t always require a doctor. As she said, doctors “don’t need to give someone a Tylenol.”

Nursing leaders say large numbers of practitioners such as Cavall will be needed to fill gaps in primary care left by an increasing shortage of doctors, a problem that would intensify if Congress extends health insurance to millions more Americans.

Advocates say nurse practitioners have the extra education and training needed to perform a variety of services, including physical exams, diagnosis and treatment of common ailments and prescribing drugs.

However, the American Medical Association and doctors’ groups at the state level have been urging states to move cautiously arguing that patient care could be compromised.

This battle has been waged for years, even as nurse practitioners grow rapidly in number — there are 125,000 or more — and expanded their responsibilities.

What’s different now is the increasing conflict as pressure grows to use nurse practitioners and other so-called physician extenders, including physician assistants, certified nurse midwives and pharmacists.

The Association of American Medical Colleges estimates there will be a shortfall of up to 46,000 primary care doctors by 2025.

The AMA sparked harsh criticism from nursing groups when it released a report in October bluntly questioning whether nurse practitioners “are adequately trained to provide appropriate care.” To back up its claims, the report cited recent studies that questioned the prescription methods of some nurse practitioners, as well as a survey that found only 10 percent of those questioned felt well-prepared to practice primary care.

The American Nurses Association and more than two dozen other nurses’ organizations called the AMA report misleading, saying in a letter in December it “contains numerous factual misrepresentations.”

Fueling the debate, the nonpartisan Brookings Institution’s Engelberg Center for Health Care Reform issued a report in September by 10 experts that said one way to curb health care spending was to encourage states to permit “greater use of nurse practitioners, pharmacists, physician assistants and community health workers.”