Primary care doctors are a cornerstone of the healthcare system. They are the first line of defense when we get sick, and they’re who we rely on to manage and coordinate our care when we have more complex health needs. But increasingly we are finding their numbers are not keeping up with the population’s needs, and some geographic areas are facing significant primary care shortages. Already, 65 million Americans live in primary care shortage areas, with those living in rural areas feeling the shortage most acutely.¹

Unfortunately, a variety of trends, including an aging population and the potential influx of newly insured patients under health reform, will further challenge the supply of primary care physicians. Do nurse practitioners have the potential to help manage the country’s growing primary care need?

Who Provides Primary Care?

In addition to family physicians, who comprise a sizable portion of the primary care workforce, primary care is also provided by general internists, geriatricians, pediatricians, nurse practitioners, physician assistants, and in some parts of the country, osteopathic physicians.² Of the approximately 400,000 primary care practitioners in the U.S., greater than 70 percent are physicians, followed by nurse practitioners and physician assistants.³

Given the enormous role primary care physicians currently play in the healthcare system, data predicting a future shortage of primary care physicians have caught the attention of policymakers, the media, and health policy experts across the country. The Association of American Medical Colleges estimates there will be a shortfall of 45,000 primary care physicians in the next decade.⁴ The shortage is due in part to a growing number of medical students choosing specialty care over primary care. Longer hours, lower pay, greater administrative burdens, and less prestige have all been associated with the practice of family medicine and are cited as reasons for the 51.8 percent drop in the number of medical students going into primary care since 1997.⁵

A Role for Nurse Practitioners?

A looming shortage of primary care physicians, together with an increased demand for primary care due to population growth, an aging population, an increase in chronic disease, and a potential surge in newly insured patients under federal healthcare reform are creating an urgent need to remedy the problem. One solution that has been offered to address the anticipated shortage of primary care physicians is expanding the role nurse practitioners can play in providing primary care.

Importantly, the rate of growth for nurse practitioners exceeds the growth rate for primary care physicians. Whereas the number of nurse practitioners nationally is growing at a rate of 9.44 percent per capita, while the number of primary care physicians nationally is growing at a rate of just 1.17 percent per capita.⁶

To expand the role nurse practitioners can play in providing primary care, state laws and regulations governing what nurse practitioners are allowed to do must be examined and in many cases revised. “Scope of practice” is the term used by licensing boards that defines the procedures, actions and processes that are permitted by law for licensed individuals, such as nurses, based on their specific education and experience.

Proposing changes to a profession’s scope of practice is not without its challenges as it sometimes creates turf battles with those in other professions who view the proposed change as encroaching into their area of practice.⁷ Yet the growing use of advanced practice nurses, such as nurse practitioners, in primary and specialty care has been credited with improving access problems, reducing wait times, increasing patient satisfaction and freeing physicians to handle more complex cases.⁸

For some, the reason for supporting an expansion of nurse practitioners’ scope of practice is a simple matter of math. Both the cost and length of time to prepare a nurse practitioner for practice are less than what they are for family physicians. Most nurse practitioners are able to practice upon completing at least a Master’s degree program – typically a total of six years of training. Family physicians, upon obtaining a Bachelor of Science degree, must complete four years of medical school followed by at least three years of residency training – a total of at least 11 years of education and training.

Given the vast difference in family physicians’ training compared to that of nurse practitioners, some have voiced concerns that nurse practitioners may not be sufficiently trained to work independently of physicians and that patient care will be harmed if nurse practitioners’ scope of practice is expanded. Yet states that have expanded nurses’ scope of practice have witnessed no deterioration in patient care, and a growing body of research suggests a high level of quality associated with care provided by advanced practice nurses.⁹

While the shorter length of education and training for nurse practitioners is viewed as an advantage by some, there are challenges that need to be addressed. For one, qualified nurse practitioner applicants are being turned away from training programs.
Evidence from the Field

Educational requirements, certification mechanisms and legal scopes of practice for nurse practitioners are decided at the state level, leading to considerable variation in what nurses are permitted to do from state to state. For example, nurse practitioners have the ability to prescribe medications in all 50 states and the District of Columbia, although 35 states (including Ohio) require physician involvement. More than half of states, with Ohio among them, require physicians to be involved when nurse practitioners are diagnosing and treating a patient. Further complicating matters, in some states the laws are very clear, whereas in others they are vague.

While there is sometimes a confusing array of state regulations governing what nurse practitioners can do, nurses have been gaining ground in terms of the care they are legally able to provide. Over the past 20 years state legislatures have become increasingly receptive to expanding nurses’ scope of practice. Below are several examples of how nurse practitioners have gained greater visibility and autonomy.

Department of Veterans Affairs

In 1996, Congress expanded the number of veterans eligible to receive services through the U.S. Department of Veterans Affairs (VA), prompting the department to hire more nurse practitioners to provide primary care in both inpatient and outpatient settings. Quality and outcome data have demonstrated impressive results for the VA’s approach, with one study finding that VA patients received significantly better healthcare than patients enrolled in Medicare’s fee-for-service program. In addition to positive quality outcomes, the Congressional Budget Office concluded that the VA’s spending per enrollee grew just 30 percent from 1999 to 2007 compared to 80 percent for Medicare for the same time period.

Massachusetts’ Experience

Shortly after passage of Massachusetts’ healthcare reform law in 2006, which extended health insurance to almost all of the state’s residents, the demand for primary care services quickly outpaced the state’s supply of primary care doctors. While a law passed in 1994 had authorized nurse practitioners to act as primary care providers (and Medicaid formally recognized nurse practitioners as primary care providers), more than a decade later private insurance carriers failed to list nurse practitioners in their directories of primary care providers.

In response, Massachusetts lawmakers passed a law in 2008 mandating that private insurance carriers include nurse practitioners in their primary care provider directories. This formalized recognition of nurse practitioners’ scope of practice in the state, which helped to make nurse practitioners more visible in the healthcare delivery system and provided consumers with greater choice. Furthermore, the ability to measure and report the outcomes of nurse practitioners’ work has become easier. Nurses in the state still work collaboratively with physicians under written protocols designating physicians who can provide medical direction, and physician supervision is required for prescriptive practice.

Conclusion

Numerous forces are converging to create a need to proactively address the current and anticipated future shortage of primary care practitioners. Passage of historic federal healthcare reform legislation, with its focus on increasing access to healthcare, has made the need for solutions even more pressing.

Expanding the use of nurse practitioners to address the primary care shortage has been advanced as one solution to ease the primary care practitioner shortage. The federal healthcare reform law encourages the use of nurse practitioners in primary care. Of the $50 million authorized to create 10 nurse-managed primary care clinics in underserved areas, $15 million has been released. While lawmakers across the country have moved in the direction of expanding nurses’ scopes of practice, strong political pressures will continue to influence the process. Policy at the state and federal levels can be helpful both in addressing scope of practice for nurse practitioners and in supporting initiatives to grow the supply of nurse practitioners in the workforce.

Endnotes

3. Bodenheimer, T. and Pham, H.H.
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15. Tobler, L.