

School of Nursing
THE GEORGE WASHINGTON UNIVERSITY

The New Medical Workforce

Presented at:
The Health Industry Forum,
Robert Wood Johnson
Foundation Princeton, N.J.

Joyce Pulcini, PhD, PNP-BC, FAAN
Professor
George Washington University School of Nursing
Washington, DC

Goals

- Discuss the increased demand for primary care services and other workforce issues to improve the supply of primary care providers who are not physicians
- Discuss issues around scope of practice and regulatory practices that limit optimal use of these providers
- Examine innovative models to provide primary care

PRIMARY CARE IOM, 1996

Primary Care is 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**.

Who is Providing Primary Care? (Pohl, 2013)

Total (2013 data)	Percent primary care by selected clinicians*	# Practicing primary care
Physicians (878,194) <small>Federation of State Medical Boards Data</small>	33%	208,807 (2010) 289,804 (2013)
NPs 180,233 <small>Kaiser Foundation: http://kff.org/other/state-indicator/total-nurse-practitioners/</small>	52% - 66% (AHRQ-AANP)	55,625 (2010) 93,721-108,000 (2013)
PAs 86,500 <small>AAPAs Vital Statistics 2012 National Commission on Certification of Physician Assistants</small>	43.4%	30,402 (2010) 37,541 (2013)
Total 1,144,927		294,834 (2010) 421,070 + (2013)
<small>*(AHRQ (2012). Primary care workforce facts and stats #2.) http://www.ahrq.gov/research/findings/factsheets/primary/pcwork2/index.html</small>		

Geographic Distribution of Health Care Professionals in Primary Care, 2010

AHRQ (2012). Primary care workforce facts and stats #3. <http://www.ahrq.gov/research/ncwork3.htm>

Geo-graphy	NP	PA	Family physicians	Gen Internal Med	General Peds	US Population
Urban	72.2%	75.1%	77.5%	89.8%	91.2%	80%
Large Rural	11.0%	11.7%	11.1%	6.7%	6.2%	10%
Small Rural	7.7%	6.9%	7.2%	2.4%	1.8%	5%
Remote Rural/ Frontier	9.1%	6.3%	4.2%	1.1%	0.8%	5%

2014 Physician Match Data

<http://www.aafp.org/medical-school-residency/residency/match/nrmp.html#2012>

- Family Medicine match by U.S. medical students: 1,416 (an increase of 62 from 2013)
- General Internal Medicine Primary Care matches by U.S. medical students: 202 (an increase of 2 from 2013).
- Primary Care Pediatrics match by U.S. medical students: 34 (an increase of 4 from 2013)
- Internal Medicine Pediatrics match by U.S. medical students: 284 (a loss of 28 from 2013)

Total of 1,923 U.S. medical school graduates matched to primary care residency programs

Including international graduates, 3,759 primary care matches

Pohl, 2013

2014 Primary Care NP Workforce Data Based on 2013 NP Graduation Rates*

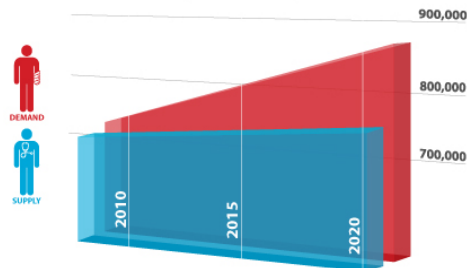
- **14,411 graduates from all NP programs in 2013**
 - **13,645 prepared in primary care roles**
 - An increase of 1,881 from 2012
 - Enrollment rates continue to grow
 - Currently a total of about 180,000 NPs nationally
- Specific Primary Care NP Rates**

 - Family NP: 9,623
 - Adult NP: 953
 - Adult/Gero & Gero NP: 1,669
 - Peds NP: 821
 - Women’s Health: 421
 - Dual Track: 158

*American Association of Colleges of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF) (2014). *Enrollment & Graduation Annual survey.*

Physician Workforce Projections (AAMC, 2010)

Projected Supply and Demand, Physicians, 2008-2020
(ALL SPECIALTIES)



Source: https://www.aamc.org/newsroom/keyissues/physician_workforce/

Workforce Projections for Pharmacists

Service Type	No. Pharmacists Employed in 2001	No Pharmacists Needed in 2020
Order Fulfillment	136,400	100,000
Primary Services	30,000	165,000
Secondary and tertiary services	18,000	130,000
Indirect and Other	12,300	22,000
Total	196,700	417,000

Johnson, T. (2008). Pharmacist work force in 2020: Implications of requiring residency training for practice. *Am. Journal Health System Pharm*, 65, 166-170 (p. 167.)

The Problem

- Medical school graduates are not choosing primary care specialties to an increased degree.
- The ACA has improved access to care for many Americans thus more primary care is needed.

What is the alternative?

This is where expanded scope of practice for nurses and other health professions comes in.

Initiative on the Future of Nursing



Recommendations for an action-oriented blueprint for the future of nursing

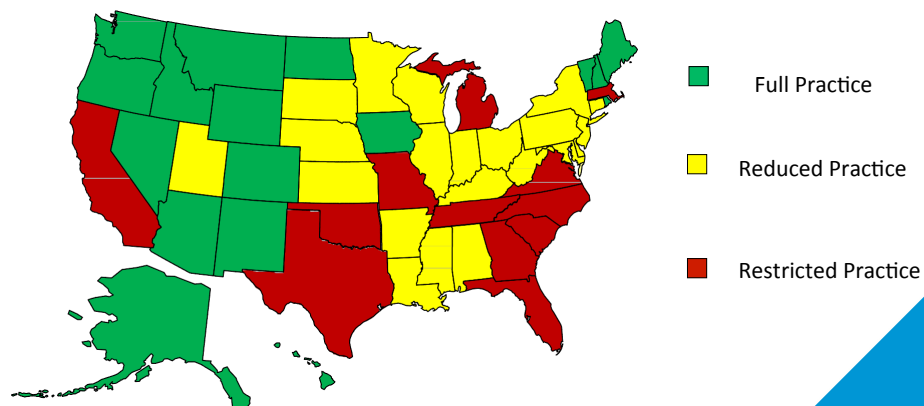
Four Key Messages

- #1. Nurses should be able to practice to the full extent of their education and training
- #2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
- #3. Nurses should be full partners with physicians and others in redesigning U.S. health care
- #4. Effective workforce planning and policy-making require better data collection and an information infrastructure

The State Practice Environment for NPs

- 22 states and the District of Columbia allow independent practice with some prescriptive limits
<https://www.ncsbn.org/2567.htm>
- 18 states and the District of Columbia allow NPs to practice fully under their own license (full plenary authority) including prescriptive authority
<http://www.aanp.org/images/documents/state-leg-reg/stateregulatorymap.pdf>
 - NY, CT just passed legislation
 - Nebraska passed legislation and governor vetoed it.
- At least 12 states are considered most restrictive including MA., Mich., Calif., Fla., VA.

2013 Nurse Practitioner State Practice Environment



AANP | American Association of
NURSE PRACTITIONERS™

<http://www.aanp.org/images/documents/state-leg-reg/stateregulatorymap.pdf>

Changes in Healthcare Professions' Scope of Practice: Legislative Considerations (NCSBN, ASWB, FSBPT, FSMB, NABP, NBCOT, 2006)

- Professional scopes of practice have evolved
- Overlap among scopes of practice is common.

“Overlap among professions is necessary. No one profession actually owns a skill or activity in and of itself. One activity does not define a profession, but it is the entire scope of activities within the practice that makes any particular profession unique. Simply because a skill or activity is within one profession’s skill set does not mean another profession cannot and should not include it in its own scope of practice” (p. 9).

Critical factors in decision-making process for regulatory boards regarding scopes of practice

- Historical basis for the profession, especially the evolution of the profession advocating a scope of practice change
- Relationship of education and training of practitioners to scope of practice
- Evidence related to how the new or revised scope of practice benefits the public
- The capacity of the regulatory agency involved to effectively manage modifications to scope of practice changes.

“Overlapping scopes of practice are a reality in a rapidly changing healthcare environment. The criteria related to who is qualified to perform functions safely without risk of harm to the public are the only justifiable conditions for defining scopes of practice.” (p. 17)

The Problem

- Even if all NPs and PAs were allowed to practice independently, there would still not be enough primary care providers to go around.
- No major problems have been reported in the states that allow independent practice so what is the problem?

What are the market forces at play?

- New models for primary care practice are evolving along with expansion in scope of practice for health professionals.
- How can we foster innovation in the market?

Policy Perspectives: Competition Advocacy and the Regulation of Advanced Practice Nurses, FTC, March 2014.

Potential harms from APRN Physician supervision requirements:

- Exacerbate well documented provider shortages
- Increase health care costs and prices
- Constrain innovation in health care delivery models
- Mandated collaboration agreements are not needed to achieve the benefits of Physician /APRN coordination of care
- Competition Advocacy Comments issued for Massachusetts, Connecticut, West Virginia, Louisiana, Kentucky, Texas, and Florida.

“...rigid ‘collaborative practice agreement’ requirements may be inconsistent with a truly collaborative and team-based approach to health care. Such requirements can impede collaborative care rather than foster it, because they limit what health care professionals and providers can do to adapt to varied health care demands and constrain provider innovation in team-based care.” (FTC, 2014, p.20)

Disruptive Innovations: New Models of Care

Retail Clinics

Nurse Managed Clinics

Use of traditional professionals in a new way

- PharmD’s as part of the primary care team
- OTD/PTDs with increased responsibility for care within the health care team
- Community Health Workers as team members
- Use of RNs in Primary care to provide care coordination, work more closely with PCPs and in new team configurations, group visits etc.

Is patient engagement a disruptive Innovation??

Conclusions

- As the ACA is fully implemented the need will increase for primary care providers
- New and existing models are needed to meet these needs
- Team care will be a key component of these models but will work best if each professional on the team is able to work to the top of their license.
- “Independent” practice does not preclude collaboration but instead is enhanced by it.
- Patient/family centered care as well as patient engagement will lead to highly knowledgeable and involved consumers who will advocate for the care that best meets their needs.

References

- Auerbach, D.I. (2012). Will the NP workforce grow in the future? Hew forecasts and implications for healthcare delivery. *Medical Care*, 50(7), 606-610.
- AHRQ. Primary care workforce facts and stats #2. and #3, 2012. <http://www.ahrq.gov/research/findings/factsheets/primary/pcwork2/index.html>
<http://www.ahrq.gov/research/pcwork3.htm>
- American Association of Colleges of Nursing (AACN) and National Organization of Nurse Practitioner Faculties (NONPF). *Enrollment & Graduation Annual Survey*, 2014.
- American Association of Nurse Practitioners (AANP), (2013) 2013 Nurse Practitioner State Practice Environment. Available at: <http://www.aanp.org/images/documents/state-leg-reg/stateregulatorymap.pdf>.
- Cronenwett, L., & Dzau, V.J. (2010). Chairman’s summary of the conference. In Culliton, B., (Ed.), Who will provide primary care and how will they be trained? Durham, NC: Josiah Macy Jr. Foundation.
- Federal Trade Commission. (2014). *Policy Perspectives: Competition Advocacy and the Regulation of Advanced Practice Nurses*. Washington, DC: FTC
- Iglehart, J.K. Expanding the Role of Advanced Nurse Practitioners—Risks and Rewards. *NEJM*, 368:20, 1935-1941, 2013.
- IOM. (2011). *The Future of Nursing: Leading Change, Advancing Health*. National Academies Press.
- IOM. (2012). *Geographic Adjustment in Medicare Payment Phase II: Implications for Access, Quality, and Efficiency*. National Academies Press.
- Johnson, T. (2008). Pharmacist work force in 2020: Implications of requiring residency training for practice. *Am. Journal Health System Pharm*, 65, 166-170.
- National Governors Association. The role of nurse practitioners in meeting increasing demand for primary care. 2012. <http://www.nga.org/cms/home/nga-center-for-best-practices/center-publications/page-health-publications/col2-content/main-content-list/the-role-of-nurse-practitioners.html>
- National Residency Match Program, 2013. Available at: <http://www.nrmp.org/data/resultsanddata2013.pdf>.
- National Council of State Boards of Nursing (NCSBN), Association of Social Work Boards, Federation of State Boards of Physical Therapy, Federation of State Medical Boards, National Association of Boards of Pharmacy, & National Board for Certification in Occupational Therapy, eds. *Changes in Healthcare Professions’ Scope of Practice: Legislative Considerations*. Chicago: NCSBN. 2006.
- National Council of State Boards of Nursing (NCSBN). (2014). APRNs in the US. Available at: <https://www.ncsbn.org/2567.htm>
- Naylor, M.D., & Kurtzman, E.T. (2010). The role of nurse practitioners in reinventing primary care. *Health Affairs*, 29 :893-899. doi: :1377/hlthaff.2010.0440.
- Newhouse, RP, Stanik-Hutt, J, White, KM, Johantgen, M., Bass, EB., Zangaro G, et al. (2011). Advanced practice nurse outcomes 1990-2008: A systematic review. *Nursing Economics*, 29, 1-21.
- Pohl, J.M., Hanson, C., Newland, J., Cronenwett, L. (2010). Unleashing the full potential of nurse practitioners to deliver primary care and lead health care teams. *Health Affairs*, 29, 900-905.
- Pohl, J.M., Barksdale, D.J., Werner, K. (2013). Primary Care Nurse Practitioner and Physician Workforce: The Latest Data-Can We Afford to Waste our Workforce? Health Affairs Blog, June 18, 2013. <http://healthaffairs.org/blog/author/pohlbarsdalewerner/>

References

- Pohl, J. (2013). Role of Nurse Practitioners in meeting the nation's primary care needs. National Health Policy Forum, Reconsidering Scope of Practice, Washington, DC, October 4, 2013
- Reinhardt, U. (2013, Oct 11). The Dubious Case for Professional Licensing. New York Times Economix Blog, Available at: http://economix.blogs.nytimes.com/2013/10/11/the-dubious-case-for-professional-licensing/?_php=true&_type=blogs&_r=0
- Reinhardt, U. (2013, January 29). Testimony before the U.S. Senate Committee on Health, Labor, Education & Pensions: Subcommittee on Primary Health and Aging. Hearing on: "30 Million New Patients and 11 Months to Go: Who Will Provide Their Primary Care?" Available at: www.help.senate.gov/imo/media/doc/Reinhardt.pdf
- Safriet, B.J. (2011). Federal options for maximizing the value of advanced practice nurses in providing quality, cost-effective health care. In Institute of Medicine (Ed.), *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.
- Sonenberg, A. Knepper, H. Pulcini, J. (in review). Implementing the ACA: The influence of Nurse Practitioner regulatory policies on workforce, access to care, and primary care health outcomes.
- Traczynski, J. & Udalova, V. (2012). Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes. Presented at the Fourth Annual Midwest Health Economics Conference, April 4-5, 2013, in Madison, Wisconsin.