The Status of Nurse Practitioners (in Finland-Nurse Prescribers) in the United States

Betsy Frank RN PhD
Professor Emerita
College of Nursing, Health, and Human Services
First Some Definitions-Definition of Nursing

• American Nurses Association definition of Nursing:

“Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.” (Retrieved from: http://www.nursingworld.org/especiallyforyou/what-is-nursing)
Definition of Primary Care from Johns Hopkins University

• “Primary care is the level of a health services system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care, regardless of where the care is delivered and who provides it. It is the means by which the two main goals of a health services system, optimization and equity of health status, are approached.” (Retrieved from: http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/definitions.html)
Definition of Nurse Practitioners from the American Academy of Nurse Practitioners

• “NPs assess patients, order and interpret diagnostic tests, make diagnoses, and initiate and manage treatment plans – including prescribing medications...” (Retrieved from: http://www.aanp.org/all-about-nps)

• Dr. Loretta Ford (founder of the NP movement) stresses NP’s give health care which is not same as medical care although some similarities
Similarities in Definitions

• Rooted in nursing
• NP’s and other nurses do deliver primary care
• Primary care does include prescriptive authority
History of the Nurse Practitioner Movement in the US

- 1965-Dr. Loretta Ford (a nurse) and Dr. Henry Silver (physician) formed first NP program to expand access to care to pediatric population-a certificate program
- 1967-one of first master’s programs for NP’s at Boston College
- By 1973-65 NP programs (not all at MS level)
- By 1989-90% of educational programs either at master’s or post-master’s level
- By 1999-60,000 NP’s and by 2010-135,000 NP’s most in primary care
- Consensus statement on regulation in 2008 by National Council of State Boards of nursing
Current Education for Nurse Practitioners in the US

- Most programs still at master’s level
- Some are moving from initial NP preparation at the master’s level to the DNP level (Doctorate of Nursing Practice)
- American Association of Colleges of Nursing (AACN) published a statement on need for the DNP
  - Makes NP equivalent to pharmacists and physical therapists
  - Credits in MS programs = most doctoral programs
Status of DNP

• Goal was by 2015 all advanced practice nurses would be prepared at DNP level
  – CRNA’s will have met goal (certified registered nurse)
• AACN has stated the 2015 is goal
• How is DNP different?
  – More leadership and systems thinking
  – More implementation of EBP on system level
Prescriptive Authority

• Regulated by each state
• 18 states have complete independent practice
• Other states require some type of collaborative agreement with physicians
  – Indiana requires collaborative agreement
• NP’s can prescribe controlled narcotics and other drugs as defined by each state
Outcomes

• Numerous studies have shown equivalent or better outcomes as compared to physicians
  – Systematic review by Newhouse et al. (2011)
    • Patient satisfaction
    • Self-assessed health
    • Functional status
    • Blood pressure control
    • Glucose control
  – Search of Cochrane shows several positive reviews
Cost Analysis

• Chenoweth et al. (2008)
  – Showed over $1,000,000 in savings with an NP on site in an employment setting

• Bauer (2010) stated NP care was reduce overall health spending

• Donald et al. (2013) showed enhanced behavioural indicators and over –all health status in care delivered to residents in long-term care
  – Also cost efficient
The Future

• IOM Report (2011)
  – Nurses should practice to full extent of education and training—including removing restrictions on NP practice
So What Are Barriers?

• In United States
  – Physicians ignoring evidence on quality of care delivered despite shortage of primary care providers
  – More an economic issue than quality
    • More NP care = less income (perhaps) for physicians
  – Medicare reimburses at 80-85% of physicians’ rate
  – With more people insured—physicians will NOT be able to deliver all the primary care
Best Care is Delivered Interprofessionally with Team Approach

- Some care will include independent NP practice
- Some care will include NP along with other health professionals
So What About Finland?

• How should the education system be designed for the future of healthcare in Finland?
• How should the regulatory issues be dealt with?
• How can barriers be overcome?
  – Look at strengths
    • Like Dr. Ford’s approach building on the role of the Public Health Nurse as a way to strengthen the NP role?
Questions???
Kiitos

Betsy.Frank@indstate.edu