A Board Lesson on Collective Action: How Nurses Amplify Their Voices

At our recent annual Nursing Economic Board Meeting, the Board approved a motion to submit a Letter to the Editor of Becker’s Hospital Review (reprinted here) in response to a notice about 15 physicians who are expected to be let go from the suburban Edward-Elmhurst Hospital in the coming year, as reported by Becker’s Hospital Review (Rappleye, 2019). These physicians, who work in immediate care clinics, will be replaced by nurse practitioners (NPs). The implications made and response by local physician groups about this decision was that NPs are viewed as “mid-level” providers and this practice will put patients in danger.

The Nursing Economic Editorial Board was made aware of the original report and a response made by our colleagues from Rush University College of Nursing and Rush Health in Chicago from Board member Rhonda Anderson. We believe that during The 2020 International Year of the Nurse and Midwife, the nursing community has a unique opportunity to inform the public and policymakers about the vital role NPs play in advancing health access, equity, and quality care. We applaud our Rush colleagues in setting the record straight by expressing their dismay at the description of nurse practitioners (NPs) as “mid-level” providers in their Letter to the Editor to Becker’s Hospital Review on December 11, 2019.

The evidence is clear that NPs are expert clinicians who provide excellent patient care. A 2018 study found “APNs provided care that was of equal or greater quality compared to that provided by primary care physicians/MDs (PCMDs).” Another study in 2013, which examined research between 1990-2009 evaluating the comparative healthcare quality, safety, and effectiveness of care delivered by either physicians or NPs, found that outcomes for NPs were comparable to physicians in 10 of 11 instances (satisfaction with care, health status, functional status, number of emergency department visits and hospitalizations, blood glucose, blood pressure, and mortality) and better, in the 11th case, serum lipid levels. Nursing Economic published two related articles in its November/December 2019 issue: “The Economic Cost and Impacts of Scope of Practice Restrictions on Nurse Practitioners” and “Cost-Effectiveness of Advanced Practice Nurses Compared to Physician-Led Care for Chronic Diseases: A Systematic Review.”

Across five measures of the cost of care, a 2018 Medicaid study found the cost of NP-provided primary care was between 11% and 29% lower than the cost of physician-provided primary care. States
with more care-provider restrictions are more likely to use more resources than those without restrictions. Who will care for the nation’s residents and citizens when there are healthcare gaps created by physician shortages?

By 2025, a 14.1% shortage of PCMDs will occur; an additional 1,116 PCMDs, or nearly 17% of the current primary physician workforce (7,505 total), will be needed to meet demand. A viable solution to this impending primary care provider shortage is the nation’s advanced practice nurse (APN) workforce. The pool of available APNs is growing and projected to double by 2025. Approximately 90% of APNs are educated in primary care and 75% practice in a primary care specialty area.

Let’s be clear, NPs are professional colleagues and there is no need for physicians to be upset or distressed. NPs provide high-level care and are reliable partners of the care team; they are not “mid-level” providers. To advance the nation’s health care and improve access, quality, and care for patients where they live, work, play, and pray, we need all types of healthcare providers. The Nursing Economic® Editorial Board thanks our colleagues at the Rush University College of Nursing and Rush Health in Chicago for reminding Becker’s Hospital Review of the importance and contributions of NPs. We heard your voices and we respond with evidence and support. $ 

Sincerely,
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References