At the start of each semester, Renee Dahring, MSN, RN, CNP, stands in front of her undergraduate nursing students and asks who among them plans to become a nurse practitioner (NP). Usually about half her students raise their hands.

Dahring says the scene would have been different 20 years ago, when she was a nursing student. If her instructor had asked the class the same question, she says the number of responses wouldn’t have been close.

“NPs didn’t really exist. We knew they were out there but many of us didn’t have thoughts of pursuing that,” Dahring says.

This display of interest in the NP profession speaks to the accelerated growth of NPs in the industry and their increasing role in the healthcare system. With many healthcare reform initiatives focused on improving individuals’ access to care, NPs are in a great position to continue to grow and make an impact on the industry.
Existing and thriving

Today, not only do NPs exist, they are thriving. There are 157,000 NPs practicing in the United States, and the number has spiked in the last five years, says Mary Jo Goolsby, Director of Research & Education at the American Academy of Nurse Practitioners (AANP).

“There are about 40% more NPs practicing today than there were five years ago,” Goolsby says.

That trend is likely to continue. A recent study conducted by David Auerbach estimates that the number of NPs practicing in the country will reach 244,000 by 2025.

Michelle Perron Pronsati, Editor for ADVANCE for NPs and PAs, says the rapid growth of NPs is due to the fact that the public better understands the NP’s role.

Hospitals and practices are realizing they can operate effectively with NPs and have become more open to hiring them. Also individuals are becoming more aware of what NPs offer and are more willing to seek an NP for primary care.

The public’s new perception of NPs is due in part to the efforts of the AANP. Founded in 1985, the AANP was created to enhance the identity of NPs, raise public awareness, and support legislation that promotes autonomy for NPs. Most recently, the AANP launched a public awareness campaign in May 2012 to promote the NP’s role in the healthcare system.

“Four decades of research demonstrates that NPs provide high-quality, cost-effective, comprehensive, patient-centered health care with excellent outcomes,” said AANP President Penny Kaye Jensen in a press release. “A fully enabled nurse practitioner workforce will increase access to quality health care; improve outcomes; and make the health care system more affordable for patients all across America.”

Educational opportunities for NPs

Not only has the number of NPs exploded, but the number of schools that offer NP programs is also on the rise. Specifically, there has been a drastic increase in the number of schools offering Doctor of Nurse Practice (DNP) degrees. In 2006, there were just 20 schools with DNP programs. That number jumped to 184 in 2011, and according to the American Association of Colleges of Nursing (AACN), another 101 programs are in the planning stages.

The rapid increase of DNP programs is largely due to a recommendation made by the AACN. On October 25, 2004, AACN members voted to move the level of preparation necessary for advanced nursing practice from the master’s degree to the doctorate level by the year 2015. The recommendation is not a mandate because state law regulates the licensure of NPs; however, the top NP associations have endorsed the recommendation, and many schools are

Nurse Practitioners by the Numbers

157,000 nurse practitioners practicing in the US

40% more nurse practitioners practicing today than five years ago

244,000 nurse practitioners expected to be practicing by 2025

184 schools offering doctor of nurse practitioner (DNP) programs
prepared to meet the increased demand for DNP programs.

The government is also providing incentive payments to hospitals that provide clinical training to advanced practice registered nursing (APRN) students. The Graduate Nurse Education Demonstration will provide reimbursement for eligible hospitals that partner with schools offering APRN programs.

The goal of the program is to increase the number of training opportunities available to APRN students to develop the “clinical skills necessary to provide primary care, preventive care, transitional care, chronic care management, and other services appropriate for Medicare beneficiaries.”

Traditionally, NPs begin their health careers as registered nurses working in the acute care setting. After collecting years of real life experience, they return to school to earn their advanced degree and become NPs. However, Dahring has noticed a new trend. She says some eager nursing students are deciding to enroll in graduate programs immediately following their undergraduate course work.

Meeting the primary care shortage

Within the next two years, experts estimate the Affordable Care Act will expand healthcare coverage to more than 32 million Americans. However, the supply of primary care physicians can’t keep up with the increase in access. The American Academy of Family Physicians estimates that the United States faces a shortage of 60,000 primary care physicians overall by 2020.

Luckily, the NP profession has roots in primary care and family practice. Of the licensed NPs currently working in the US, 80% are prepared in primary care. Also, the number of practicing NPs is on the rise. A recent study conducted by David Auerbach estimates there will be an additional 87,000 NPs practicing in the United States by 2025.

NPs are willing and able to deliver primary care services and have demonstrated the ability to deliver outcomes equal to physicians. Although their education is structured differently than physicians, NPs have either completed a master’s or doctorate program, making them qualified to manage illnesses, interpret diag-
nostic and laboratory tests, prescribe medications, perform physical exams, and more.

“There is a growing gap and huge need that makes anyone in the primary care space more desirable,” says Mary Jo Goolsby, Director of Research & Education at the American Academy of Nurse Practitioners (AANP). “Primary care is an area where NPs continue to grow as compared to other disciplines. Fewer and fewer are entering into primary care, but that’s not the case for NPs.”

Many healthcare reform initiatives focus on providing patient-centered care and chronic disease management to new healthcare consumers. “With their established patient-focused approach, NPs are ideally suited for this type of practice,” Goolsby says.

In fact, many see NPs as the key ingredient needed to manage the primary care shortage, particularly in rural areas that are hit hardest. About 20% of Americans live in rural areas, but only 9% of physicians practice there, according to Dr. Howard Rabinowitz, a professor of family and community medicine at Thomas Jefferson University’s Medical College.

On the other hand, NPs are flourishing in rural areas. According to the AANP, NPs are more likely to practice in rural communities than any other primary care provider. Many NPs have established nurse-led community centers in rural and underserved areas.

“Part of the nursing model is to reach out to populations that are not served well by the current healthcare system,” Michelle Perron Pronsati, Editor for ADVANCE for NPs and PAs, explains. “NPs tend to be more open to those practice opportunities.”

Although their education and experience makes them capable of practicing autonomously, state law dictates how independently NPs can practice. In 16 states (Alaska, Arizona, Colorado, Washington, Hawaii, Idaho, Iowa, Maine, Montana, New Hampshire, New Mexico, North Dakota, Oregon, Rhode Island, Vermont, and Wyoming) and the District of Columbia, NPs have plenary authority, which means they can practice as an independent provider. The 34 remaining states require NPs to either collaborate with or be supervised by a physician. The AANP works with NP representatives in each of those states to lobby for more modern scope of practice laws, says Tay Kopanos, DNP,NP, Director of Health Policy, State Government Affairs for AANP.

“Our role is to look at the legislative and regulatory landscape and see how can we help ensure that patients get direct access to the expertise an NP
can provide. We are actively working with states to modernize their state practice laws and regulations,” Kopanos says.

States laws also dictate whether NPs can do the following:

- Prescribe drugs
- Sign handicapped parking permits
- Order physical therapy
- Serve as primary care providers
- Sign death certificates
- Sign workers’ compensation claims

View our snapshot of state practice laws for NPs below and a full-size version on page 9.

Complementing, not competing

NPs were originally thought of as physician extenders or mid-level providers, Dahring says. However, most NPs oppose the use of such terms because they are not definitive of their role or abilities. Studies have shown that NPs provide a standard of care equal to physicians and other healthcare providers. In fact, an article that appeared in the April 2010 issue of the Journal of the American Academy of Nurse Practitioners stated that “of more than 100 published, post-OTA reports on the quality of care provided by both nurse practitioners and physicians, not a single study has found that nurse practitioners provide inferior services within the overlapping scopes of licensed practice.”

The difference between what conditions a physician can treat and what an NP can treat comes down to 5%. According to estimates, family practice physicians can treat 90% of the conditions that come through the door, while NPs are able to treat 85%. That 5% that physicians can perform includes procedures such as circumcision and vasectomy, according to Kopanos.

In many cases, primary care physicians, although qualified, do not perform such procedures as frequently as a specialist. When it comes to more common primary care services such as managing illness, prescribing medications, and performing physical exams, there is a lot of overlap with what the NPs and physicians can do.

Although NPs provide many of the same services at a level that is equal to that of a physician, Dahring says physicians should not see NPs as competition.

“It is not our goal to take patients away from MDs any more than specialists are trying to undermine family practice,” Dahring says.
Kopanos agrees and says the arguments that NPs may drive physician practices away from the state or reduce physician salaries are baseless. In fact, studies have shown physician salaries are on par and in some cases better in states that have modernized their NP scope of practice laws. More importantly, states that allow NPs and other non-physician providers the ability to practice to the top of their education are better prepared to implement integrated healthcare systems and provide comprehensive care to their citizens.

New opportunities for nurse practitioners

Nurse practitioners (NP) have traditionally worked in the primary care setting. Of the 157,000 licensed NPs in the country, 88% practice in the primary care space, according to the American Academy of Nurse Practitioners (AANP), while others pursue opportunities to fill needs outside primary care.

Pursuing specialties

In the past, NPs didn’t have options outside the primary care umbrella: family medicine, pediatrics, and women’s health. However, that has changed and more NPs are beginning to pursue careers in various medical specialties, such as dermatology, emergency medicine, psychiatry, surgery, internal medicine, and oncology. Although all NPs essentially receive a degree in primary care, they now have the option to complete additional rotations in certain medical specialties, says Renee Dahring, MSN, RN, CNP, a family nurse practitioner and career coach. In many cases, nurses who have practiced in a specialty will pursue specific training in the same specialty.

“Only a few years ago this would have been unheard of in NP programs, we just didn’t think beyond primary care as a work setting,” Dahring says. “This just goes to show how we as NPs have branched out.”

NPs who have already completed their graduate work can pursue additional course work in a desired specialty through certifications. Many associations provide certification programs for NPs who are interested in those areas. As more NPs look to specialize, Michelle Perron Pronsati, Editor for ADVANCE for NPs and PAs, expects more certifications to become available.
Primary care NPs have increasing opportunities to practice outside the traditional doctor’s office setting, including corporate wellness clinics and retail clinics. NPs’ skill set makes them ideal candidates for these positions because they require nursing and clinical skills, say Dahring.

Dahring works in a unique setting herself, a correctional facility.

“As an NP it’s a great job,” she says. “It’s an area that pushes problem solving skills and people skills.”

Laidman, who has practiced in Connecticut, Colorado, Hawaii, Wyoming, and Iowa, chooses to take locums assignments in states that give NPs plenary authority, which means NPs can practice as an independent provider and use all of his or her NP expertise without added licensure restrictions.

Although their education and experience makes them capable of practicing autonomously, state law dictates how independently NPs practice. In 16 states (Alaska, Arizona, Colorado, Washington, Hawaii, Idaho, Iowa, Maine, Montana, New Hampshire, New Mexico, North Dakota, Oregon, Rhode Island, Vermont, and Wyoming) and the District of Columbia, NPs have plenary authority. The 34 remaining states require NPs to either collaborate or be supervised by a physician.

“We find that locums or travel NPs have the greatest challenges when they practice in one state and move to another state where state laws are more restrictive,” says Tay Kopanos, DNP, NP, Director of Health Policy, State Government Affairs for the AANP. “We see state laws influencing where NPs choose to live, practice, and accept locum tenens positions,” Kopanos says.

Fortunately Kopanos and the AANP work to lobby state legislators to adopt modern nurse practice laws. Most notably, the AANP successfully lobbied legislators in Colorado, Vermont, and North Dakota to allow NPs plenary authority in those states. Right now, they are working with legislators in Michigan to pass a similar bill. In the meantime, NPs who are interested in researching the NP scope of practice laws can find the information on the AANP website.

Barton Associates has also created a handy tool for locum tenens NPs who are considering an assignment in a new state (see page 9).
ABOUT BARTON ASSOCIATES

Founded in 2001, Barton Associates is a leading national locum tenens staffing firm serving physicians, nurse practitioners, and hospitals, practices, and companies throughout the United States in a wide-variety of medical specialties. Learn more about the Locum Tenens Experts at Barton Associates at www.bartonassociates.com.

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