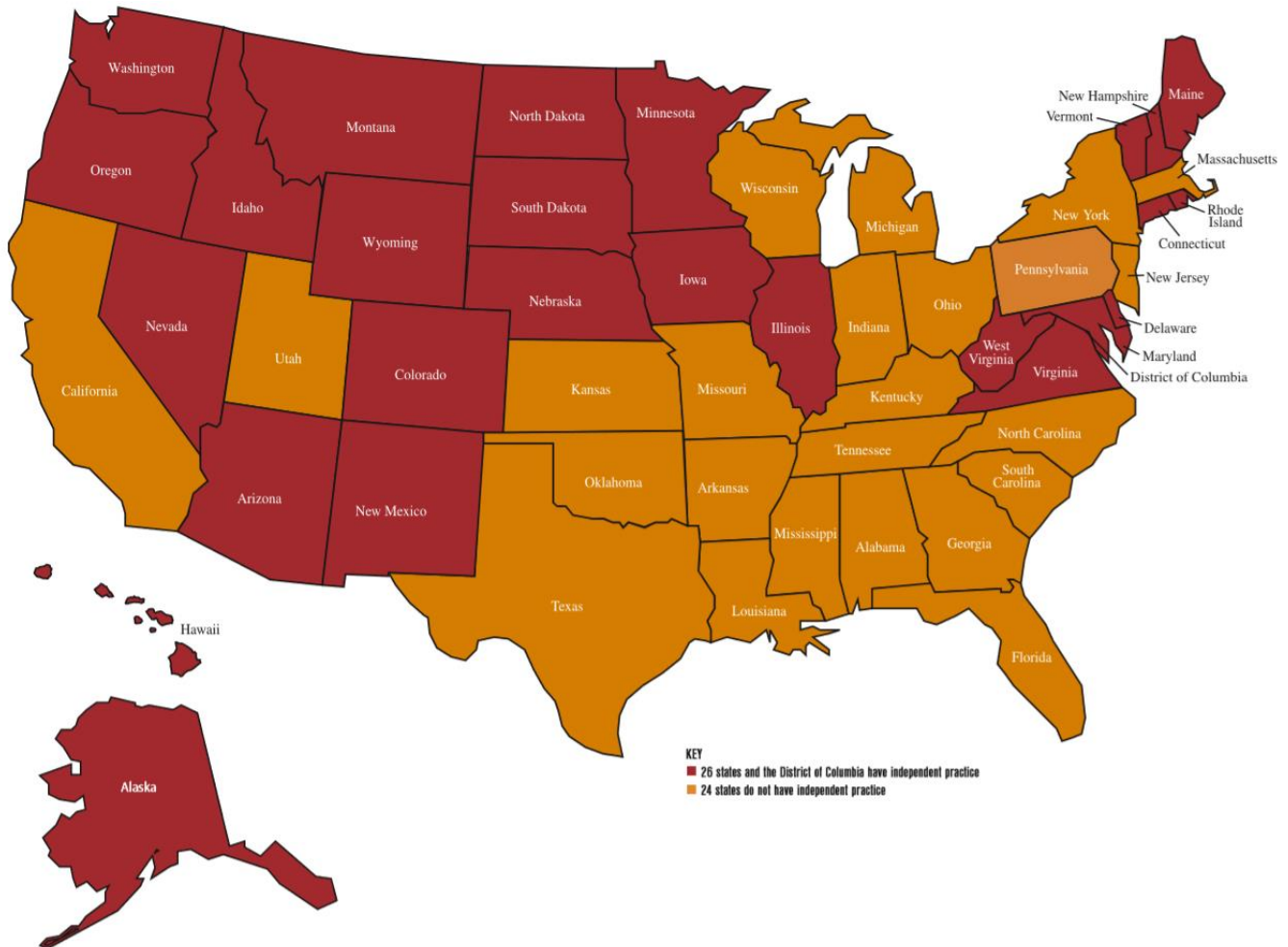




SCOPE OF PRACTICE — NURSE PRACTITIONERS



State practice and licensure laws in 26 states and the District of Columbia allow for “independent practice” by nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including medication prescribing. Of those, 10 states require an advanced practice nurse practitioner (APRN) to complete a certain number of hours or years of collaborative practice with a physician before practicing.

RECOMMENDATION:

The American Academy of Family Physicians (AAFP) recognizes the valuable contributions of the nursing profession and we believe that the nurse practitioner should function in an integrated practice arrangement under the direction and responsible supervision of a practicing, licensed physician. The AAFP encourages health professionals to work together as clinically integrated teams in the best interest of patients. Patients are best served by a health care team led by a physician. Nurse practitioners should not function as independent health practitioners.

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Education and Training

There are significant differences in the educational and training requirements between physicians and nurse practitioners. All physicians are required to complete a four-year bachelor's degree, four years of MD/DO education, and three years of residency which includes 12,000 to 16,000 hours of clinical patient care. Physicians' education is standardized by state medical boards, while nurse training is not. Further, physicians are required to take 150 hours of Continuing Medical Education (CME) training every three years, and also must sit for their board certifications every six to ten years. Each physician is required by law to carry individual medical liability insurance. By contrast, nurse practitioners are required to complete only a four-year bachelor's degree and 1.5 to 3 years of masters-level coursework and between 500-1,500 clinical hours before becoming registered nurses. Nurses also are not required to complete mandatory, standardized CME, sit for board certifications at standardized intervals, or carry medical liability insurance.

Patients Choice

A survey conducted on behalf of the AMA Scope of Practice Partnership in March 2012 surveyed 801 adults nationwide. The survey found that patients prefer a physician-led health care team. Four out of five patients prefer a physician to have primary responsibility for leading and coordinating their health care. In fact, 91% of respondents said that a physician's education and training are vital to optimal patient care, especially in the event of a complication or medical emergency. Additionally, 86% of respondents said that patients with one or more chronic conditions benefit from a physician-led health care team. Lastly, 79% of respondents believe that nurse practitioners should not be able to practice independently of physicians. Ultimately, three out of four patients prefer to be treated by a physician even if it takes longer to get an appointment and even if it costs more.

Workforce Shortage

As the U.S. health care market continues to grow, there will be increased demand for health care providers. According to the Association of American Medical Colleges, the U.S. will face a shortage of more than 90,000 doctors by 2020, including a shortage³ of 45,000 primary care physicians. According to the American Association of Colleges of Nursing, the U.S. nursing shortage is projected to grow up to 260,000 registered nurses by 2025. The AMA reported that increased use of APRNs isn't solving the access problem stating that since 2004, the number of nurse practitioners entering primary care has dropped by 40%. The AHRQ reported that in 2010, just over half (52%) of nurse practitioners practiced primary care.

Importance of Physician-Led Team Based Care

The most efficient patient care is provided by teams of health professionals in the patient-centered medical home led by physicians, not independent practice by a single non-physician health professional. Nurse practitioners are a vital part of the health care team but they cannot adequately replace a fully trained physician. The patient-centered medical home model improves the quality of care because it capitalizes on the unique expertise of each member of the patient's health care team. It ensures patients are under the care of a physician and expands access to health care services. Wholesale substitution of non-physician health care providers for physicians is not the solution, especially at a time when primary care practices are being called upon to take on more complex care. Patients need access to every member of their health care team—starting with a primary care physician, nurse practitioners, physician assistants, and all the other professionals who provide health care. The family physician is trained to provide complex differential diagnosis, develop a treatment plan that address multiple organ systems, and order and interpret tests within the context of the patient's overall health condition. Nurse practitioners, on the other hand, are specifically trained to follow through on the treatment of a patient after a diagnosis and to implement protocols for chronic disease management. Physician-led team based care addresses patients' needs for high quality, accessible health care and reflects the skills, training and abilities of each health care team member to the full extent of their license.