

Is Evidence of Comparative Effectiveness Likely to Change the Shape of US Healthcare? The Case of Nurse Practitioners (NPs)

John B. McKinlay, Ph.D.; Rebecca S. Piccolo, ScM; Lisa D. Marceau, MPH

Background

“Despite the growth and evolution of the profession [Nurse Practitioners], there is lingering confusion about when and where they are qualified to work and the quality of care they can provide. A perception exists that seeing a Nurse Practitioner instead of a doctor is second-class care, best suited to times and places where a doctor is unavailable.”

J Health Serv Res Policy. Apr 2011;16(2):124-125

For over 50 years comparative effectiveness studies have shown **nurse practitioners (NPs) are as effective as primary care physicians on nearly every measureable outcome: they can do 80% of what physicians do in everyday practice.**

- Until recently, this robust evidence has had little impact.
- NPs are assuming an ever greater role in the delivery of primary health care.
- Evidence of the comparative effectiveness of NPs legitimizes their increasing responsibility for US healthcare.
- A combination of economic, political and socio-cultural considerations, rather than evidence per se, provide the primary reasons for their expanding role.

Objective

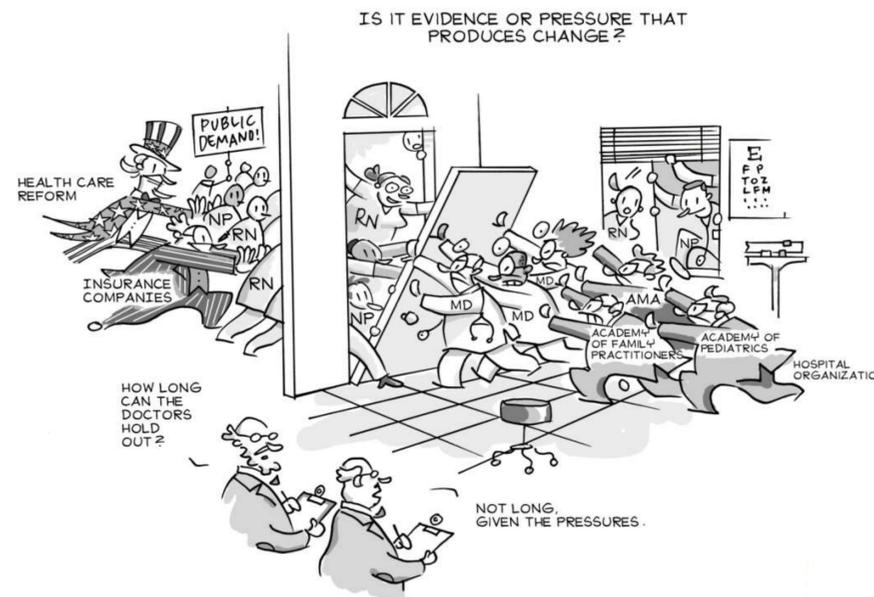
We discuss principal reasons for the recent emergence of NPs in the US. This development provides a timely case study of the likely success of the comparative effectiveness initiative as a catalyst for health system change in the US.

Methods

Comprehensive online review of literature concerning NPs, professionalism and health system change.

Findings

- Evidence of the comparative effectiveness of appropriately trained nurses has existed for 50 years.
- Sociological work reveals professionals and their associations (unions) obstruct changes that might threaten their social position, status and income.
- The rise and institutionalization (through licensure) of professional groups is primarily achieved and legitimated through state (Government) support; NPs have finally obtained this.
- Retail Clinics vividly illustrate how appropriately trained NPs can effectively manage many tasks - which presently overburden physicians - with high levels of patient satisfaction.
- Some NPs are opposed to the expansion of their responsibilities and clinical autonomy.
- Current efforts to address the shortage of primary care physicians (e.g. payment reforms, invention of medical homes, training more doctors and curriculum changes) are unlikely to produce substantial improvement.



Findings continued

Summary of Major Factors Contributing to Rising Prominence of NPs

- **The shortage of primary care physicians** is critical and ever worsening;
- **Patient throughput** and productivity is increased by NPs in a profit driven system;
- **Unsustainable costs** of U.S. healthcare;
- **Rapid aging** of the US population with co-morbidities often requiring palliative care;
- **Medical care in ERs is provided inappropriately** up to 80% of the time;
- **Inaccessibility** of primary health care for between 40-80 million Americans;
- **Widening disparities** in access to and the quality of healthcare;
- **Recent health care reforms** in the US encourages a greater role for NPs and increases funding for their training;
- **More autonomous practice** permitted by legislative changes and greater clinical responsibilities for NPs;
- **The emergence of cost effective alternatives** to traditional physician based primary care (e.g., retail clinics); and
- **Changes in the traditional DP relationship** are eroding the professional dominance of physicians.

Conclusions

- For many reasons unrelated to evidence of comparative effectiveness, NPs will increasingly assume **responsibility for ever more primary healthcare** in the US.
- Using the increasing role of NPs for primary care in the US as a case illustration, we argue **future changes to US healthcare will continue to be driven by economic, social and political considerations**, rather than by robust evidence of comparative effectiveness.
- While the increased presence of NPs may increase access to primary care in the US, it may also **further institutionalize the two-tier health system** that exists in the U.S.