Available online at www.sciencedirect.com
ScienceDirect
Nurs Outlook 63 (2015) 130–136
Nursing Outlook
www.nursingoutlook.org

Role of the registered nurse in primary health care: Meeting health care needs in the 21st century

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ARTICLE INFO

Article history:
Received 23 March 2014
Revised 22 July 2014
Accepted 4 August 2014
Available online 15 August 2014

Keywords:
Primary care
Primary health care
Registered nurse

ABSTRACT

There is widespread interest in the redesign of primary health care practice models to increase access to quality health care. Registered nurses (RNs) are well positioned to assume direct care and leadership roles based on their understanding of patient, family, and system priorities. This project identified 16 exemplar primary health care practices that used RNs to the full extent of their scope of practice in team-based care. Interviews were conducted with practice representatives. RN activities were performed within three general contexts: episodic and preventive care, chronic disease management, and practice operations. RNs performed nine general functions in these contexts including telephone triage, assessment and documentation of health status, chronic illness case management, hospital transition management, delegated care for episodic illness, health coaching, medication reconciliation, staff supervision, and quality improvement leadership. These functions improved quality and efficiency and decreased cost. Implications for policy, practice, and RN education are considered.

Cite this article: Smolowitz, J., Speakman, E., Wojnar, D., Whelan, E.-M., Ulrich, S., Hayes, C., & Wood, L. (2015, APRIL). Role of the registered nurse in primary health care: Meeting health care needs in the 21st century. Nursing Outlook, 63(2), 130-136. http://dx.doi.org/10.1016/j.outlook.2014.08.004.

Health care delivery in the United States requires fundamental redesign to become effective, sustainable, and cost-effective. Early and consistent utilization of primary health care services is associated with improved patient health outcomes, reduced health disparities, and more efficient spending of health care dollars (Turner & Weinberg, 2013). Aging population demographics, increasing health care costs, and the projected need of an estimated 34 million individuals now eligible for health insurance because of the enactment of the Patient Protection and Affordable Care Act propels the need to reinvent primary health care services (Elmsdorf, 2011; Mitka, 2007).

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http://dx.doi.org/10.1016/j.outlook.2014.08.004

This challenge is further complicated by a rapidly expanding primary care workforce shortage and provider dissatisfaction within the current primary health care work environment (Bodenheimer, Chen, & Bennett, 2009; Dyrbye, 2011; Green, Savin, & Lu, 2009; Laurant et al., 2009). With increasing emphasis on the utilization of teams to enhance the work satisfaction of clinicians and improve health outcomes for individuals, communities, and populations, experts across the country are reimagining the future of primary health care (Institute for Alternative Futures, 2013; Leasure et al., 2013; Reeves, Tassone, Parker, Wagner, & Simmons, 2012). It is essential that the roles and responsibilities of all health care professionals be rapidly reconceptualized so the expertise of the care delivery team, including the registered nurse (RN), is optimized in these reimagined primary health care models.

As part of the Robert Wood Johnson Foundation (RWJF) Executive Nurse Fellow action learning project, a seven-member team from the 2012 cohort with academic, government, and service sector experience chose to examine the role and economic implications of RNs in the delivery of primary health care. This project was guided by the overarching RWJF Executive Nurse Fellow program goals to enhance leadership capacities that drive improvements in population health; access, cost, and quality of American health care systems; and the identification and formation of future health professionals. Although advanced practice registered nurses are RNs, the team chose to focus solely on the RN role because the advanced practice registered nurse contribution to primary health care has been examined in the literature and discussed by members of the media as well as the health care community (American Academy of Nurse Practitioners, 2013; Institute of Medicine, 2011; National Governors Association, 2012). To date, RN utilization in primary care has not received this level of attention (Anderson, St. Hilaire, & Flintner, 2012). Therefore, this project sought to advance this work by identifying primary care practices that use RNs to the full extent of their training, education, and scope of practice and explore the economic implications of these models. Project findings serve as the basis for proposing recommendations for interprofessional team-based clinical practice, education, and policy initiatives that optimally use the knowledge and skills of RNs to improve population health.

Statement of Position

Primary health care is the provision of essential health care services, involving the widest scope of health services offered, in the community for persons from all socioeconomic groups and geographic regions (Muldoon, Hogg, & Levitt, 2006; World Health Organization, 2014). There is a compelling need to expand the contributions and optimize the scope of practice of RNs in primary health care to address a rapidly expanding primary health care access crisis, promote the creation of healthy and satisfying work environments for RNs and interprofessional team members, and enhance the health of our nation. This includes individuals seeking to maintain optimal health and those with acute and chronic physical and mental health conditions. RNs are well positioned to contribute to direct care delivery, care coordination, and leadership of interprofessional teams in primary health care.

Background

RNs and Primary Health Care in the United States: Historical Overview

Nurses in the United States have played strong roles providing care for persons in the home and community for decades. The “district” or “visiting nurse” as embodied by Lillian Wald at the turn of the 20th century is emblematic of the early public and primary health roles served by RNs (Buhler-Wilkerson, 1993). In 1929, almost 200,000 RNs were employed in private duty or public health, whereas 4,000 RNs were employed in hospitals. By the 1930s, changes in demographics, fragmented coordination of services among agencies, the growth of hospital-based care, and societal expectations reduced the demand for district nursing services.

The shift to hospital-based nursing accelerated in the 1930s at which time insurance coverage for illness-related medical and surgical hospitalization began supporting nursing salaries. RNs replaced student nurses as the primary hospital labor force. By 1939, hospitals employed 28,000 of the 300,000 RNs in the workforce (D’Antonio & Whelan, 2009; Rutherford, 2012). The trend toward hospital-based care has continued because of social, political, and payment models (Elhauge, 2010).

As of 2010, 62% of RNs worked in hospitals, whereas approximately 10% were employed in primary or home care settings (U.S. Department of Health and Human Services Health Resources and Services Administration, 2010, 2013). Workforce appraisals comparing census data from 2000 with averages of census data from 2008 to 2010 showed a substantial decrease in the number of RNs working in physician offices (−14.3%) and the offices of other health practitioners (−43.1%). The change in RN employment into hospitals paralleled the change in physician practice ownership by hospitals. In 2001, 61% of physician practices were privately owned compared with hospital or health system ownership. By 2012, privately owned physician practices had decreased to 53.2% (Kane, 2009; Kane & Emmons, 2013).