



Optimizing full scope of practice for nurse practitioners in primary care: A proposed conceptual model

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ABSTRACT

Background: Nurse practitioners (NPs), if utilized to their optimal potential, could play a key role in meeting the growing demand for primary care.

Purpose: The purpose of this study was to propose a comprehensive model for maximizing NP contributions to primary care which includes the factors affecting NP care and patient outcomes and explains their interrelated impact.

Method: We synthesized the results of the published literature to develop a model, which emphasizes NP scope of practice regulations, institutional policies, NP practice environment, and NP workforce outcomes as determinants of NP care and patient outcomes.

Discussion: Our model provides a framework to help explain how variations in scope of practice regulations at the state-level and institutional policies within organizations directly and indirectly influence the practice environment of NPs, NP workforce outcomes, and patient care and outcomes.

Conclusion: Aligning policy change, organizational innovations, and future research are critical to NP optimal utilization and patient care and outcomes.

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Introduction

The U.S. health care system is at a vital crossroads in regards to health care workforce planning because of the aging population and rising prevalence of chronic illnesses (DeVol & Bedroussian, 2007; Institute of Medicine, 2012). In addition to these strains on the system, the enactment of the Affordable Care Act (ACA) has allowed millions of Americans who were previously uninsured to obtain health insurance and gain better access to health care services (Patient

Protection and Affordable Care Act, 2010). Projected increases in demand for care have led policy makers to call for an expansion of the primary care workforce (Institute of Medicine, 2010; National Governors Association, 2012). Currently, physicians, nurse practitioners (NPs), and physician assistants provide the bulk of primary care in the United States (Agency for Healthcare Research and Quality, 2012). One set of projections estimates that by 2025, an additional 52,000 physicians will be needed to meet the severe demand for primary care services (Petterson et al., 2012). This estimate is alarming given that the primary care

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physician workforce is expected to continue to shrink ([Association of Medical Colleges Center for Workforce Studies, 2010](#)). In contrast, over the past few decades, the NP workforce has experienced steady growth and is expected to double within the next 15 years ([Auerbach, 2012](#)). Contributing to this growth will be the ACA's expansion of loan forgiveness programs and demonstration grants for 1-year residency-training programs for NPs in federally qualified health centers ([Patient Protection and Affordable Care Act, 2010](#)). Because NPs will represent a substantial supply of primary care providers (PCPs) in the near future ([Poghosyan, Lucero, Rauch, & Berkowitz, 2012](#)), many see their optimal utilization as a key to meeting growing demand for primary care services ([Federal Trade Commission, 2014](#); [Institute of Medicine, 2010](#); [RAND Health, 2009](#)).

Utilizing primary care NPs to their full capacity could, in part, mitigate or eliminate primary care shortages ([Green, Savin, & Lu, 2013](#)). About half of the NPs in the United States provide direct primary care services ([U.S. Department of Health and Human Services, 2014](#)), and they comprise approximately 20% of the total primary care workforce ([Agency for Healthcare Research and Quality, January, 2012](#)). However, increasing the number of NPs alone will not address the deficiencies in primary care delivery because many policy and practice setting barriers affect NPs' ability to offer services at the full range of their educational preparation and competencies, which have not been fully explored, understood, or addressed. To date, most efforts in understanding NP practice and challenges facing this workforce have taken a fragmented approach focusing only on some aspects of issues facing these providers, for example, scope of practice regulations ([Berg, 2012](#); [Reagan & Salsberry, 2013](#)). To learn how to effectively utilize NPs, maximize their contributions to primary care, and promote high-quality care and better patient outcomes, it is necessary to take a comprehensive approach to understand barriers affecting NPs and their interplay to propose interventions to eliminate them.

NP Care and Patient Outcomes

The high quality and the cost-effectiveness of NP care have been repeatedly documented in comprehensive investigations ([Horrocks, Anderson, & Salisbury, 2002](#); [Newhouse et al., 2011](#)). Findings from number of studies suggest that NP involvement in patient care improves the overall health and functional status of patients ([Stanik-Hutt et al., 2013](#)) and a range of other outcomes ([Hayes, 2007](#); [Hoebeke, 2008](#); [Mundinger et al., 2000](#)). For example, in one study, comparable blood pressure control rates were observed among patients with hypertension receiving care from NPs compared with those receiving care from physicians ([Wright, Romboli, Ditulio, Wogen, & Belletti, 2011](#)). In like manner, NPs and physicians had similar screening rates for blood glucose and blood pressure, with NP

care supporting better lipid control than physician care ([Ohman-Strickland et al., 2008](#); [Stanik-Hutt et al., 2013](#)). In addition, a recent study found that primary care physicians and NPs deliver similar types of services and spend their time in nearly identical ways ([Buerhaus, DesRoches, Dittus, & Donelan, 2015](#)). Although similarities are found between the two provider types, the literature does suggest differences in their practice patterns. For example, NPs are more likely to recommend home blood pressure monitoring than are internists or family physicians ([Tirabassi, Fang, & Ayala, 2013](#)), which significantly enhance the diagnosis and management of cardiovascular and other conditions ([Agarwal, Bills, Hecht, & Light, 2011](#)). Other studies found that NPs were more likely to provide disease education to their patients than physicians and most other health care providers ([Hing, Hooker, & Ashman, 2011](#); [Lenz, Mundinger, Hopkins, Lin, & Smolowitz, 2002](#)). Although evidence is clear that NPs are capable of providing high-quality, safe patient care, NPs often are not utilized to their optimal capacity ([Institute of Medicine, 2010](#)). Thus, identifying the factors that may potentially affect the utilization of NPs and their contributions to primary care becomes a significant policy, practice, and research priority.

Purpose

The purpose of this article was to conduct a thorough review of the literature and develop a comprehensive model that identifies the potential factors affecting NP care and patient outcomes.

Methods

The literature search was conducted in three electronic databases: Medline, PubMed, and Cumulative Index to Nursing and Allied Health Literature and also used Columbia University library's "Article Search" function to acquire articles from all university databases. Other web sources such as Google Scholar were used to identify additional studies. The search was limited to articles containing keywords or their combinations in the title, abstract, or keywords section. Examples of keywords used were "nurse practitioners," "nurses," "scope of practice," "organization," "practice environment," "work environment," "job satisfaction," "intent to leave," and "turnover." We did not limit our search to a particular time frame to assure that we included most relevant material in building our model.

Titles of articles were screened followed by evaluation of abstracts. We did not limit our search to empirical studies alone because our focus also was to understand policy and other issues that might be important for NP care and outcomes. We included both reviews of literature and research and policy reports. In

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