

# Why hire an NP??

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# Population Demand

- Health Care Reform increased # of eligible's
  - OHSU predicts a 16% increase in demand
- Rural populations are aging and tend to be more vulnerable
  - need more primary care and case coordination
- Rural areas have higher rate of poor payers:  
High # Uninsured, Medicare and Medicaid  
=Poverty =chronic illness=PCP High demand



# Rural Healthcare shortages

- Persistent shortage of MDs in Rural
  - Physicians 11% in rural areas vs NPs 18.6 % (2010)
  - Recommended ratio 1MD:1200patients Rural ratio is 1 MD:2940
  - Shortages of PCP MD expected to increase
  - NP workforce predicted to grow 130% (2008-2025)
- MDs can't afford to make a living off the low populations and low payer insurances in rural
- Rural areas can't afford MD's salaries
  - Average Salary comparison Bend Oregon  
(By USDA rules All of Central and Eastern OR counties EXCEPT Deschutes are rural)
    - MD=Bend \$184,343      Hermiston \$170,000
    - PA= \$82,452
    - NP= \$84,457 Ave national salary \$95,000 – lowest @ \$64,100

# NPs Broad Education

- NPs hold masters degrees (BS +2 or more yrs)
  - Many moving to Doctorates (BS+4 = to MD yrs)
    - but before practicing medicine, MD's need 3-7 years of residency that DNP's don't require
  - 100 hrs minimum CME/2 yr renewal
  - NPs treat acute & chronic conditions similarly to MD's **but operate from a Nursing Philosophy /Model** – if they wanted to be an MD they would get that degree!!
  - They assess & examine; diagnose & interpret findings; order, perform procedures, develop care plans, and prescribe.

# NPs Economics

- Cost reports in 2007 showed 3 efficiencies for NPs
- 1. > Technical efficiency /# providers/pt
- 2.> Process efficiency w>#NP on staff
- 3. RHCs that maximized NPs were the most cost effective
  - but the cost/visit is not related to the #NP FTEs

Ortiz J., Wan T.T.H., Meemon N., Paek S.C., & Agiro A. (2010). Contextual correlates of Rural Health Clinics' efficiency: analysis of Nurse Practitioners' contributions. *Nursing Economics* 28(4): 237-244.

# Government promotes the use of NPs

- RHCs requiring at least one NP or PA be employed > 50% of the time the clinic is open.
- 2014 federal law recognized NP independence according to state law (no MD supervision required if state law doesn't require it)
  - Estimated cost savings \$654 million recurring

# Using NPs Promotes Health Reform Agenda

- Mean time spent with patients is higher for NP's than for other provider types
  - which meets the needs of complex client types new to the system
- NPs have broad backgrounds and education
  - They tend to focus on preventative primary care.
  - They emphasize education/facilitation of patient participation in self-care/health promotion



# NPs are part of Multidisciplinary Teams

- Health Care Reform recognizes the importance of Interdisciplinary teams
- Evans, K.A., (2013). For a true team approach get interprofessional. *Advance for NPs & PAs*. October. 2013
  - To promote innovation and safety
  - Cost savings
  - **Quality** Dailey M., and Peterson C., (2014). ANA unveils new framework for measuring nurses' contribution to care coordination. *American Nurse Today*. 9(3):28-29.



# Healthcare Reform calls for more NPs

- NPs are known for their commitment to quality care that is higher or parallel to national benchmarks
- ACA recognizes NPs as leaders in the new model of primary care homes.
- The IOM, & even the FTC in 2014, recommended NPs full and independent practice.