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

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 focuses 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
    - To promote innovation and safety
    - Cost savings
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.