How can nurses help improve access to primary care?

Takeaways:

- Advanced-practice registered nurses (APRNs) provide high-quality primary care. But a shortage of them, and of the faculty to train them, makes it hard to meet the nation’s growing need for primary care.
- State laws and regulatory barriers prevent APRNs from practicing to the full extent of their education and training in many areas, and there are not enough nurse leaders with decision-making authority to overcome those barriers.
- Provisions of the 2010 Affordable Care Act (ACA) aim to increase the nursing workforce, prepare more APRNs and create incentives for more nurses to get advanced degrees and become faculty.

HIGH-QUALITY, HIGH-VALUE CARE

APRNs, particularly nurse practitioners and nurse-midwives working on interdisciplinary teams, can serve as many patients’ first point of contact with the health care system. A significant body of research shows that APRNs provide high-quality, high-value care. They are trained to take health histories and conduct physical exams, diagnose and treat many acute and chronic health problems, prescribe medications, order and interpret lab results, coordinate care across providers and settings, and educate patients. Nurse practitioners are a key source of primary care in community health settings and nurse-managed clinics.

OBSTACLES TO EXPANDING THE APRN WORKFORCE

- Difficulty obtaining credentials. To be nationally certified, nurse practitioners and certified nurse-midwives need at least a master’s degree, and our increasingly complex health system is demanding more nurses with doctorates. The 2010 Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, called for raising the number of baccalaureate-prepared nurses in the workforce to 80 percent and doubling the population of nurses with doctoral degrees. Only about half of nurses have baccalaureate degrees.

Overview

The ACA will bring some 30 million uninsured Americans into a health care system already grappling with an acute need for primary care providers and an aging population with more complex, chronic health problems. The nation’s 3.1 million nurses—who comprise the largest health care profession—play an integral role. Given the demands on the system for primary care and for health care in underserved communities, APRNs are especially critical. They include certified nurse practitioners, certified nurse-midwives and certified clinical nurse specialists, all of whom have post-graduate education and significant clinical training.
today.\(^4\) The cost of graduate education is often a disincentive for potential students.

- **Shortage of nursing faculty.** The faculty shortage complicates efforts to find solutions. U.S. nursing schools turned away 67,563 qualified applicants from baccalaureate and graduate nursing programs in 2010, with insufficient faculty as the primary cause. Faculty jobs usually pay less than clinical positions.\(^5\)

- **Scope of practice limitations.** APRNs face barriers to providing care to the full extent of their education and training.\(^6\) Their ability to do so—known as scope of practice—varies widely based on state licensure laws, regulations on prescribing medications and other restrictions. As of 2010, 16 states allowed nurse practitioners to see primary care patients without supervision by or required collaboration with a physician.\(^7\) APRNs also may face challenges in getting reimbursed for services and often are reimbursed at a lower rate than other providers delivering the same care. The Institute of Medicine report recommends removing scope-of-practice restrictions and calls on key federal agencies and states to improve payment policies.

- **Underrepresentation in decision-making.** Veteran nurses and nurse leaders have vast experience and innovative ideas about how to improve nurse education and training programs, encourage more nurses to pursue advanced degrees, remove unreasonable limits on scope of practice and ensure in other ways that APRNs become the primary care providers the nation urgently needs. But nurse leaders are severely underrepresented on management teams, in boardrooms\(^8\) and in policy debates—all settings in which key decisions are made.

### EFFORTS TO EXPAND APRN WORKFORCE

The ACA contains numerous provisions to strengthen nurse education and training and to increase the number of nurse faculty who can, in turn, educate more APRNs for primary care. It authorizes $31 million over five years to 26 nursing schools to increase full-time enrollment of nurse practitioners; nearly $15 million will go to 10 nurse-led clinics to provide comprehensive primary care in medically underserved communities. The ACA updates the Nurse Faculty Loan Program and creates financial incentives for graduate students and recent advanced-degree nursing graduates to become faculty at schools of nursing. The American Recovery and Reinvestment Act of 2009 also funded nursing workforce development programs, and many states and private philanthropies, including the Robert Wood Johnson Foundation, support programs to encourage more nurses to become APRNs and nurse faculty.

### WANT TO KNOW MORE?

- **The Future of Nursing: Leading Change, Advancing Health** (IOM)
- **Practice & Access to Care** (CCNA)
- **Health Care Reform: Key Provisions Related to Nursing** (ANA)
- **Nursing Shortage Resource** (AACN)
- **Improving Access to Adult Primary Care in Medicaid: Exploring the Potential Role of Nurse Practitioners and Physician Assistants** (Kaiser)
- **The Future of Nursing: Focus on Scope of Practice Report Brief** (IOM)

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2. [http://content.healthaffairs.org/content/29/5/893.abstract](http://content.healthaffairs.org/content/29/5/893.abstract)
4. [http://www.aacn.nche.edu/Media/FactSheets/nursfact.htm](http://www.aacn.nche.edu/Media/FactSheets/nursfact.htm)
5. [www.aacn.nche.edu/IDS](http://www.aacn.nche.edu/IDS)
6. [http://championnursing.org/category/topics/22/overview](http://championnursing.org/category/topics/22/overview)