

# VUSN Homecoming Reunion *Lunch & Lecture*

October 16<sup>th</sup>, 2009

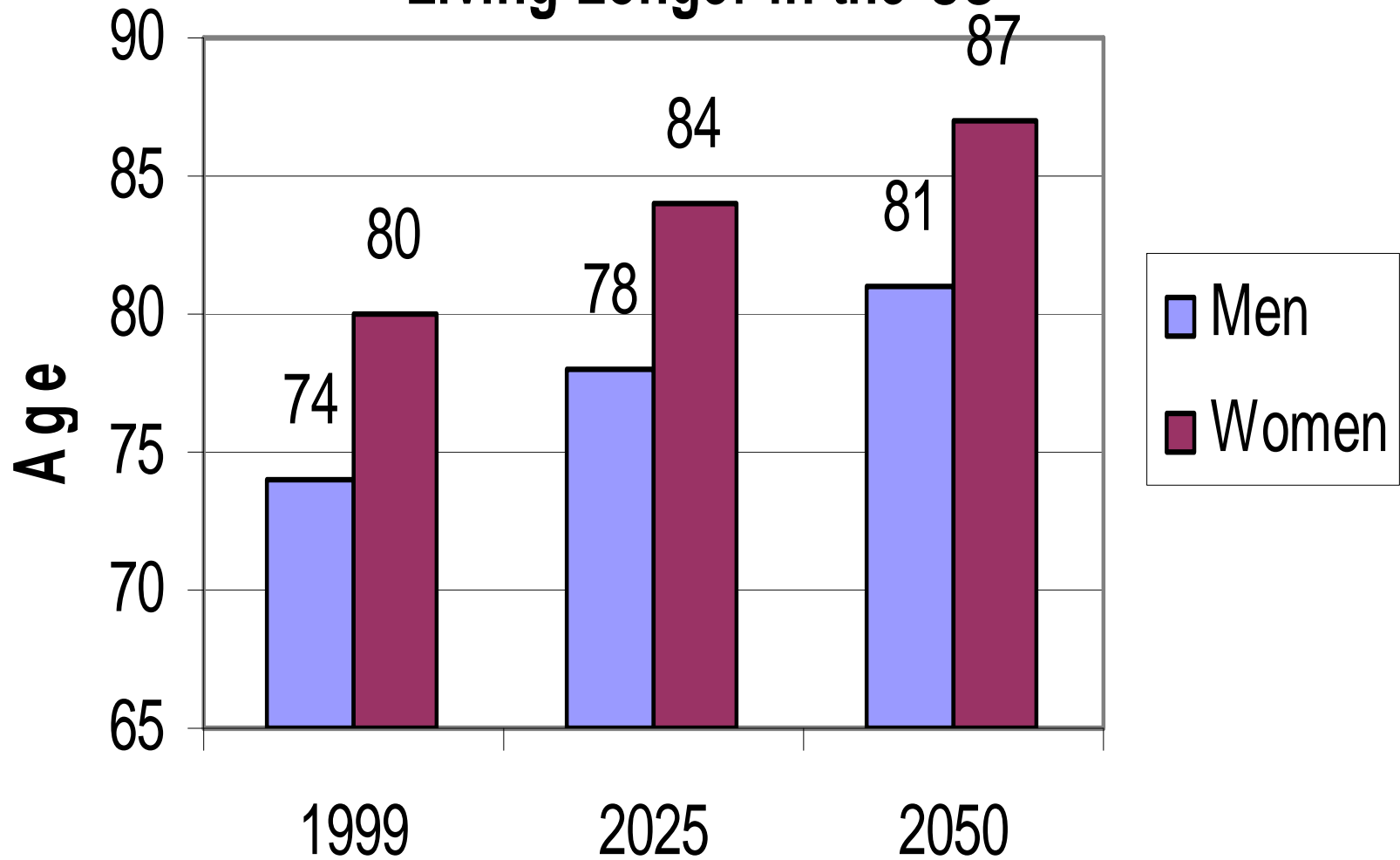
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## Living Longer in the US



# Physicians in Residency Programs

## Number of Physicians in Residency Programs, in the U.S. (1995 & 2006)

	<u>Number of Resident Physicians</u>		Percent Change
	1995	2006	
Primary Care Residents	38,753	40,982	6
Specialty Care Residents	59,282	63,897	8
All physician residents	97,416	104,526	7

Source: GAO Report: Primary Care Professionals 2008

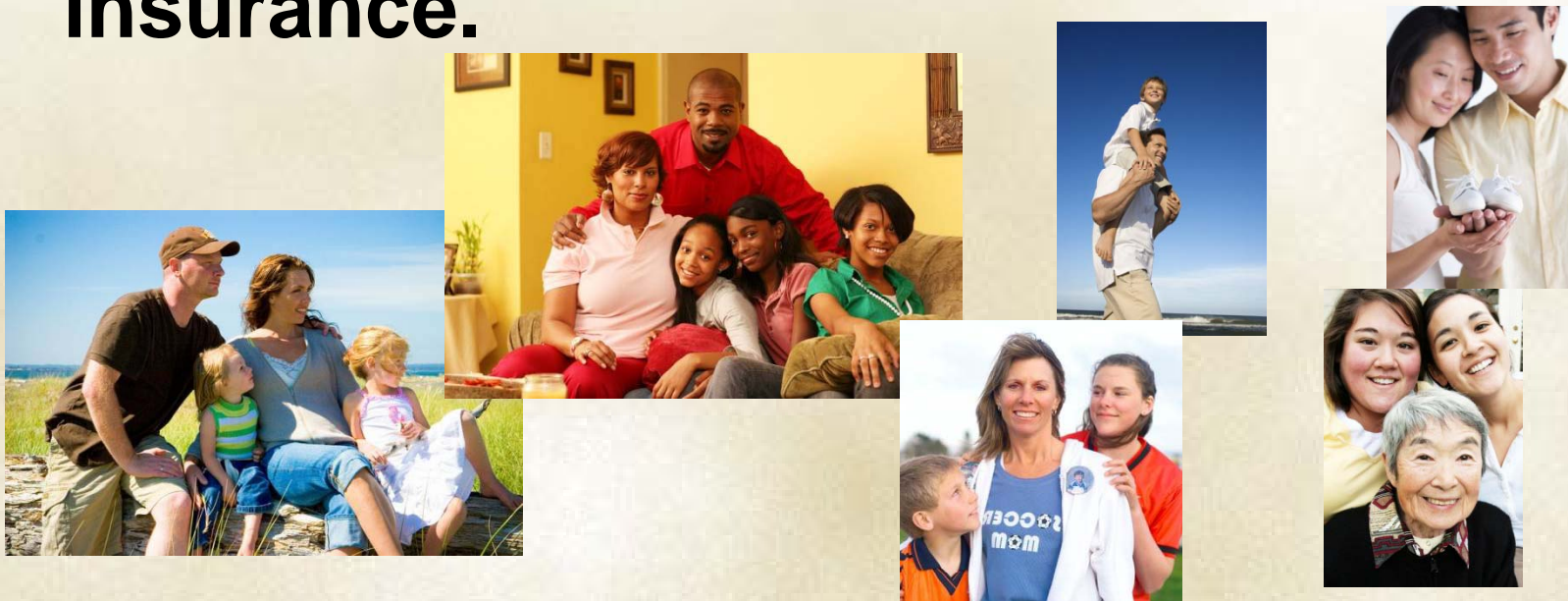
# RN Demand Nationally

- US nursing schools turned away 40,285 qualified applicants from baccalaureate and graduate nursing programs due to:
  - insufficient number of faculty , clinical sites, classroom space, clinical preceptors and budget constraints
  - AACN reported a national nurse faculty vacancy rate of 8.8% which roughly equates to 1,600 faculty vacancies across the country. (86.2% of these vacancies were faculty positions requiring or preferring a doctoral degree)



# The Faces of the Uninsured

**Most of the 46 million uninsured are in working families and do not have access to employer-sponsored insurance.**



Source: Kaiser Commission on Medicaid and the Uninsured  
<http://www.kff.org/uninsured/7806.cfm>

# The Faces of the Uninsured

**Nine in ten of the uninsured are in low- or moderate-income families.**



Source: Kaiser Commission on Medicaid and the Uninsured  
<http://www.kff.org/uninsured/7806.cfm>

# The Faces of the Uninsured

**Medicaid has played a key role in preventing more Americans from becoming uninsured.**

Source: Kaiser Commission on Medicaid and the Uninsured  
<http://www.kff.org/uninsured/7806.cfm>



# The Faces of the Uninsured

**The uninsured suffer from negative health consequences due to their lack of access to necessary medical care.**

Source: Kaiser Commission on Medicaid and the Uninsured  
<http://www.kff.org/uninsured/7806.cfm>



# The Faces of the Uninsured

**Medical bills are a burden for the uninsured and frequently leave them with debt.**



Source: Kaiser Commission on Medicaid and the Uninsured  
<http://www.kff.org/uninsured/7806.cfm>



# The Perfect Storm

Aging Population

Technology shortage

Nursing Staff and nursing faculty Workforce shortages to keep up with the growing demand

Growth in uninsured & under-insured

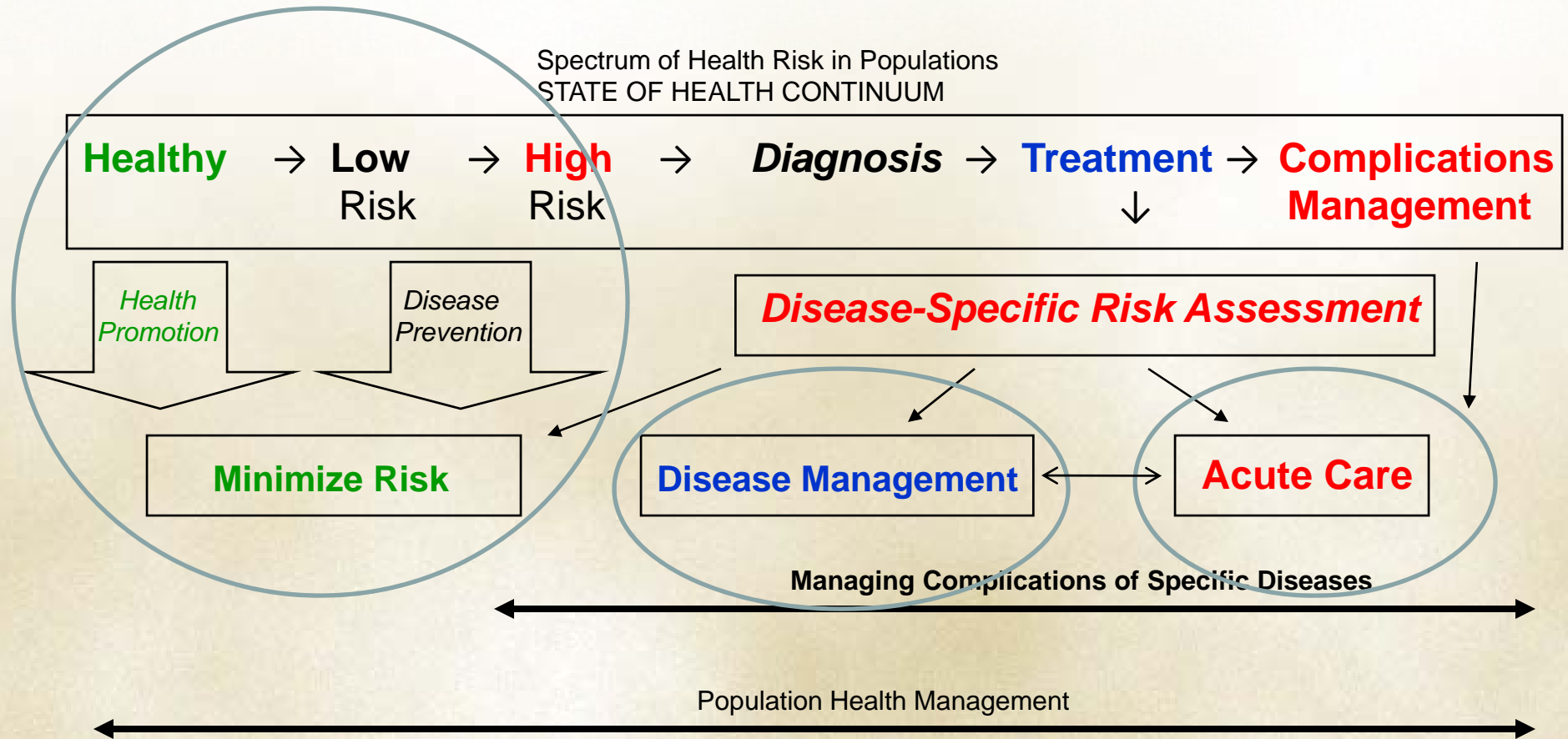
Primary Care physician shortage



# “HANDOFFS”



# The Role of the Advanced Practice Nurse In Population Health Management



Adapted from Todd & Nash (1997). *Disease Management*. Chicago: AHA.



# Advanced Practice Nurse

- (APNs) are Master's degree – prepared nurses and doctorally-prepared nurses with graduate courses in:
  - Advanced nursing care
  - Advanced pharmacology
  - Advanced Patho-physiology
  - Research and Evaluation
  - Critical thinking
  - Project Evaluation



*To name a few.....*

# Titles based on clinical specialty/scope of practice:

1. Nurse Practitioners (NP)
2. Nurse Midwives (CNM)
3. Nurse Anesthetists (CRNA)
4. Clinical Nurse Specialist (CNS)



# WHY Advanced Practice Nurses (APN's)

1. They are experts in population health management
2. They can legally diagnose and treat a vast variety of health problems
3. They can write prescriptions
4. They are able to bill
5. They are much less expensive to educate than MD's
6. They can be produced more quickly – a minimum of 3 – 4 semesters after the basic undergraduate nursing preparation of eight semesters
7. They can “free up” physicians for more seriously ill patients.



# How many APNs are there? Why aren't we better using them?

- There are over 250,000 NPs

However,

only half of them are practicing as “billing” NP providers because they are not allowed to practice in many states to their legal, full scope of practice.



# What are barriers practice?

The Boards of Medical Examiners in many states (except frontier states) restrict NP scope of practice due to fear of:

- competition.
- perceived financial threat



# What about law suits and patient safety?

The number of NPs (and APNs) who have had a malpractice claims filed against them is negligible.



# What To Do?

1. Better statistics and data management
2. Regionalize educational offerings and fill existing spots in APN programs
3. Federal pre-emption/state compact licensure since research documents show that NPs can give 60 – 90% of the care now given by family practice MDs and general OB/GYN MDs and general Pediatricians
4. Allow primary care to be done by NPs and encourage MDs considering primary care to go into specialties



# What To Do? (cont.)

5. Invest in schools of nursing with distance learning capacity and fund the expansion of that capacity
6. Support technology advances. Today's nursing shortage assumes work will be done in 10 years the same way it is now
7. Explore why nurses today are still “hunters and gatherers”. Why can we track a Fed-Ex package to China and back and lose a patient going to X-ray?



# What To Do? (Cont.)

8. Expand federal programs that encourage nurses to become faculty with enticements such as loan forgiveness
9. Realize that when NIH research funding takes a bath, NIH funding for the National Institute of Nursing Research hits a Tsunami. This reduces the number of future doctorally – prepared research faculty in our schools



# What To Do? (Cont.)

10. Fund scholarships for full-time and half-time nursing students with modest stipends with payback requirements to serve in HPSA areas
11. Increase funding for APNs via The National Health Service Corps
12. Adjust reimbursements so that the right provider with the right info made available at the right time can give the right care to the right patient for the right reason in the right setting



## The Fall 2008 issue of Inquiry: The Journal of HC Organization, Provision and Financing

- Contains an open letter from the editor to the President on Health Care Reform and offers 6 recommendations.

Inquiry 45: 249-251 (Fall, 2008)

[www.inquiryjournal.org](http://www.inquiryjournal.org)

- **#5** reads: “Immediately revamp regulatory mechanisms to allow NPs to practice independently to meet primary care needs, at least in regions designated as medical shortage areas.”





# Questions

