

Position Statement Affirming the Competency, Quality and Continuing Role of Nurse Practitioners in the Primary and Specialty Care Settings

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Summary

Nurse practitioners are uniquely qualified to resolve unmet needs in primary health care by serving as an individual's first point of contact within the health system (Sherwood, Brown, Fay, & Wardell, 1997). They often provide care for patients who lack access to health care services (AANP, 2007f). The cohesion of advanced education and training with their experience as a registered nurse is what defines a nurse practitioner (NP). This definition is critical to the future of the profession and serves an important role in the reformulation of health care, in achieving external legitimacy, and in strengthening advanced practice nursing within the complex health care system (Hanson & Hamric, 2003). This position statement affirms CANP's support for evolution in advanced practice nursing and for the continuing role of NPs practicing in primary and specialty care settings based on the principles of primary health care (NONPF, 2002). The California Association for Nurse Practitioners (CANP) acknowledges the significance of adhering to established core competencies, academic curricula, and national certification as the basic requirements for advanced nursing practice within these practice settings. Further, CANP supports a patient-centered model of care delivery. Patient-centered care enhances access to coordinated and integrated care. NPs practicing under this model provide a lower cost of health care for patients utilizing evidence-based clinical decision-making which results in safe, high-quality care (AANP, 2007f). Nurse practitioners have worked in partnership with patients and other healthcare providers since the inception of the profession, demonstrating excellence in academic education and clinical training and providing safe, efficient, and cost-effective health care and services. It is the position of CANP that NPs will continue to shape and expand primary and specialty care services within California. They will continue to contribute to the provision of high quality patient care within the health system, adding value to the NP role as recognized members of the health care team, while serving a major role in bridging the healthcare needs in our society.

Background

The CANP Board of Directors, in consultation with its Health Policy and Practice Committee (HPPC), conducted an analysis and review of the literature and examined several documents in support of our position on the contributions and continuing role of NPs in primary and specialty care settings. The intent of this position statement affirms CANP's position regarding the competency, quality and pivotal role that NPs play in the delivery of health care services across multiple domains of practice and the significant impact NPs have upon the outcomes of patient care.

Providing patient access to quality primary care is essential in sustaining a well functioning health care delivery system (Medicare Payment Advisory Commission, [MedPAC], 2008). For over forty years, NPs have been providing primary care that is cost effective, efficient, and quality driven (AACN, 1998; AANP, 2007d; AANP, 2007e), applying advanced knowledge, skills and abilities to assess, diagnose, and treat patients with a variety of health problems while addressing health promotion and disease prevention. Established research has demonstrated that NPs provide care comparable to physicians in quality and patient satisfaction. Their presence as health care providers increases access to health services and reduces costs of care while providing equal outcomes to physician care. (Nies, et al., 1999; Sidani & Irvine, 1999; Ingersoll, McIntosh, & Williams, 2000; Kinnersley, et al., 2000; Mundinger, et al., 2000; Venning, Durie, Roland, Roberts, & Leese, 2000; Horrocks, Anderson, & Salisbury, 2002; Fahey-Walsh, 2004; Lenz, Mundinger, Kane, Hopkins, & Lin, 2004; Ettner, Kotlerman, Afifi, Vazirani, Hays, Shapiro, & Cowan, 2006; Obman-Strickland, et al., 2008). Standards of practice for NPs center on competency, quality, evidence-based practice, and patient-centered care, providing a framework for coordinating care. These standards are the essential underpinnings for safe NP practice in treating and managing acute and chronic conditions and coordinating health care services while maintaining an emphasis on health promotion and disease prevention.

Definition of Nurse Practitioners

The NP's focus within the health care system is largely on health maintenance and disease prevention, providing education and counseling to individuals, families and communities within many domains of practice (CANP, n. d.). As licensed registered nurses, NPs obtain graduate education and clinical competency to "provide primary and/or specialty nursing and medical care in ambulatory, acute

and long term care settings independently and in collaboration with physicians (AANP, 2007b, para. 1).” As such, nurse practitioners utilize their primary role as a registered nurse as a foundation to build upon their knowledge and skills preparing them to work in acute care, adult/geriatric care, family/across the lifespan care, neonatal care, women’s health, pediatrics, and mental health (Atwater, et al., 2008; AANP, n.d.). Services and functions executed by NPs in primary and specialty care settings include obtaining thorough health histories, performing physical examinations, diagnosing and treating health conditions, ordering and interpreting diagnostic tests, prescribing medications, evaluating care interventions, counseling, and educating patients, families, and significant others in health promotion and disease prevention (AANP, n. d.). In some practice settings, this extends to the evaluation, treatment, and discharge of hospitalized patients performed in collaboration with physicians.

Competency and Scope of Practice

Competency-based education delineates consistent outcomes and describes the educational preparation necessary for NPs serving in primary care roles (NONPF, 2002). The domains and core competencies in primary and specialty care settings reflect the current knowledge base and scope of practice (SOP) for primary care NPs and have been well established and revised (NONPF, 2002; 2006). In this sense, “*Competencies are the domain or body of knowledge and skills that essentially define a profession or discipline*” (NONPF, 2002, p. 6). For NPs, these competencies define the practice areas and the domains of practice (management of patient health/illness status, nurse practitioner-patient relationship, teaching-coaching function, professional role, managing and negotiating health care delivery systems, monitoring and ensuring the quality of health care practice, and culturally sensitive outcomes). These competencies provide a clear set of expectations in maintaining clinical competency, and they ensure that NP graduates have the ability to apply their knowledge, judgment and skills in their practice roles (NONPF, 2002) to improve quality health care outcomes in patient populations (AANP, 2007a). Preparing clinicians in these practice areas provides greater access to quality primary care practice (NONPF, 2002) and expands the NP’s role and ability to provide health care services within primary and specialty care settings.

The scientific process and national standards of care provide NPs the framework for managing patient care that incorporates health status assessment, diagnosis, development and implementation of a treatment plan, and the continued evaluation of patient status (AANP, 2007b). To practice at this advanced level, all

NPs require licensure as a registered nurse (RN) by their state of practice, Master's or doctoral preparation to practice as an advanced practice registered nurse, and national board certification in their advanced practice specialty and role (Klein, 2005).

Quality

The Institute of Medicine [IOM], (1990, Vol. 1, p. 4) defines quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” and specifies what quality should achieve: safe, effective, patient-centered, timely, and equitable outcomes (IOM, 2001). This definition encompasses a wide range of health services aimed at disease prevention and health promotion that are necessary to positively affect the health and well being of individuals and to improve the quality of care delivered by many types of health care practitioners (Chasin, Galvin, & the National Roundtable on Health Care Quality, 1998).

The need for securing and preparing an adequate workforce capable of providing primary health care services is paramount to the stability of the health care system. To meet the changing societal and ongoing health care needs of patients, NPs have continued to evolve their primary care roles in the health care workforce in response to the inadequate supply and maldistribution of primary care providers (Office of Statewide Health Planning and Development and Center for California Health Workforce Studies, [OSHPD & CCHWS], (2000). NPs commonly work within underserved or vulnerable areas of the populations that are less attractive to other health care providers. Grumbach and colleagues (2003) describe a larger proportion of nurse practitioners and non-physician primary care clinicians than physicians practicing in underserved areas, caring for minority patients and providing care to the uninsured and Medicaid beneficiaries. As such, the evolving role of the NP has created a paradigm shift in the delivery models of health care across a variety of practice settings demonstrating the value aspect of the NP role within and between multiple levels of the health care system defined by patient, organizational, and system-wide outcomes (Pogue, 2007). Nurse practitioners are advocates of quality care, providing tailored interventions toward risk reduction, health promotion, health education, and counseling while engaging patients in the process of care (Munding, 2002).

Nurse practitioners are responsible and accountable for their clinical practice and skills, professional growth and development, and ethical conduct. NPs maintain and build their competency and

abilities through collaboration with physician colleagues and other members of the healthcare team. Several studies identify the benefit of this collaborative effort toward assuring quality of care and improving access to care (Draye & Brown, 2000; Running et al.,2008).

Nurse practitioners are a vital component of the health care system, serving as advocates for patients and quality care, and coordinating comprehensive and primary care services within various models of health care delivery (AANP, 2007f). As expert primary care clinicians, NPs provide competent, affordable, cost effective, and accessible health care services to patients, families and communities, functioning as collaborative members of the health care team. Although former research studies have compared the cost effectiveness of NPs to general practitioners, few have quantified the economic value of nursing. However, recent research (Dall, Chen, Siefert, Maddox, & Hogan, 2009) is promising to improve understanding of the economic value of RN services, and in quantifying their interventions to improve quality of care. Overall, nurse practitioners, given their competency and the high quality of their care as outlined above, play a major role in bridging the gap of health care needs in our society today (Anderson, Gilliss, & Yoder, 1996; Weiland, 2008).

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