

The Gulf Between Doctors and Nurse Practitioners

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Not long ago, I attended a meeting on the future of primary care. Most of the physicians in the room knew one another, so the discussion, while serious, remained relaxed.

Toward the end of the hour, one of the physicians who had been mostly silent cleared his throat and raised his hand to speak. The other physicians smiled in acknowledgment as their colleague stood up.

“Nurse practitioners,” he said. “Maybe we need more nurse practitioners in primary care.”

Smiles faded, faces froze and the room fell silent. An outraged doctor, the color in his face rising, stood to bellow at his impertinent colleague. Others joined the fray and side arguments erupted in the back of the room. A couple of people raised their hands to try to bring the meeting back to order, but it was too late.

The physician had mentioned the unmentionable.

I remembered the discord and chaos of that meeting when I read a [recent study in The New England Journal of Medicine](#) [1] of nurses’ and physicians’ opinions about primary care providers.

For several years now, health care experts have been issuing warnings about an impending severe [shortfall of primary care physicians](#) [2]. Policy makers have suggested that nurse practitioners, nurses who have completed graduate-level studies and up to 700 additional hours of [supervised clinical work](#) [3], could fill the gap.

Already, many of these advanced-practice nurses work as their patients’ principal provider. They make diagnoses, prescribe medications and order and perform diagnostic tests. And since they are reimbursed less than physicians, policy makers are quick to point out, increasing the number of nurse practitioners could lower health care costs.

If only it were that easy.

Three years ago, a [national panel of experts recommended](#) [4] that nurses be able to practice “to the full extent of their education and training,” leading medical teams and practices, admitting patients to hospitals and being paid at the same rate as physicians for the same work. But physician organizations opposed many of the specific suggestions, citing a lack of data or well-designed studies to [support the](#)

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In an [effort to build consensus](#) [6], the Robert Wood Johnson Foundation then invited a dozen leaders from national physician and nursing groups to discuss their differences. The hope was that face-to-face discussions would help physicians and nurses understand one another better and see beyond the highly charged and emotional rhetoric. The approach worked, at least initially; after three meetings, the group drafted a report filled with suggestions for reconciling many of the differences.

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[1] <http://www.nejm.org/doi/full/10.1056/NEJMsa1212938>

[2] <http://well.blogs.nytimes.com/2012/12/20/where-have-all-the-primary-care-doctors-gone/>

[3] <http://www.nejm.org/doi/full/10.1056/NEJMhpr1301084>

[4] <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>

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