



ANA ISSUE BRIEF

*Information and analysis on topics affecting nurses,
the profession and health care.*

Solving the Crisis in Primary Care:

The role of nurse practitioners, certified nurse-midwives, and certified midwives

Key Points

NPs and CNMs are qualified to lead medical homes for all types of populations and health conditions, and will be invaluable in the looming gap in primary care services.

The ability of NPs and CNMs to provide high quality, cost-effective primary care has been widely recognized and is supported by significant research.

Integrated health care systems that are seen as models in reforming care delivery—Intermountain Health Care, Geisinger, and Kaiser—all depend heavily on NPs and CNMs to provide care.



Introduction

Much attention is being paid to the “medical home” as a way to increase access to quality care and control health care costs. This issue brief provides an overview of the “medical home,” with a focus on the role that nurse practitioners (NPs) and certified nurse midwives (CNMs) can play as primary care providers (PCPs) providing care in a medical home model.

What is a medical home?

A “medical home” is an approach to care that utilizes primary care providers to ensure the delivery of coordinated, comprehensive care.¹

The concept of a medical home is not new. The concept is well-known in pediatrics, where it has become a cornerstone of efforts to ensure coordinated care for children with special health care needs.

The current interest in the medical home springs from the hope that the model can “bend the curve” of health care costs through care coordination and the support of primary care.

Who are primary care providers (PCPs)?

In addition to pediatricians, family physicians and internal medicine physicians are generally considered PCPs. The Medicare medical home demonstration project also identifies geriatric physicians as PCPs. And obstetrician-gynecologists are considered by many to provide primary care services to women.

Nurse practitioners and certified nurse-midwives are also PCPs. Their advanced education prepares them to provide initial, ongoing and comprehensive care, including taking comprehensive health histories, performing physician examinations, ordering and interpreting laboratory tests and other studies, and prescribing medication and other therapies.² They provide a host of services that emphasize health promotion and disease prevention, but also diagnose and treat acute and chronic illness and disease, working collaboratively within the health care team and referring patients who need specialized care.

The Institute of Medicine has offered a broad definition of primary care and the clinicians who provide that care. In *Primary Care: American’s Health in a New Era*, the definition of primary care is “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of

personal health care needs, developing a sustained partnerships with patients, and practicing in the context of family and community.”³ The IOM defines “clinician” as “an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health care services to patients,” and goes on to note that this clinician “may be a physician, nurse practitioner, or physician assistant.”

A team approach to care

Consumer advocacy groups have studied the medical home model and have put forth a set of principles that should guide the development and implementation of the medical home from the consumer perspective. These principles refer repeatedly to the “care team” and specify that the team “is led by a qualified provider of the patient’s choice, and different types of health professionals can serve as team leader.”⁴

In addition to NPs and CNMs, other nurses play an important role in the “medical home,” most notably in providing care coordination. One well-documented model, “Guided Care,” has been shown to improve the quality of health care in a particularly challenging and costly group of patients—older adults with multimorbidity (multiple chronic health problems).⁵

What’s in a name?

Concern has been expressed that the term “medical home” conjures up a place, like a nursing home, rather than a model of care. It has been suggested that a “health care home” might signify a broader, more holistic approach.^{6,7} A number of government agencies and organizations, including Health Resources and Services Administration⁸ and the National Quality Forum⁹, have used the term “health care home.” CMS has recently adopted “Advanced Primary Care model (APC).”

NPs and CNMs as recognized providers of primary care

Community health centers have decades of experience in providing high quality, cost-effective primary care to vulnerable populations. As a result of a bipartisan initiative that significantly increased funding for health centers, health centers experienced considerable growth in recent years. And they looked in large part to NPs and CNMs. A recent report noted that “between 2000 and 2006, the number of primary care physicians at health centers grew 57%, while the combined number of nurse practitioners, physician assistants, and certified nurse midwives grew by 64%. At the same time, the number of nurses grew by 38%.”¹⁰

MedPAC, the Medical Payment Advisory Commission, has also focused attention on the promotion of primary care as a means to improve quality and control costs in the Medicare system. While MedPAC has noted that data on the number of nonphysician practitioners treating Medicare patients is compromised¹¹, a recent report has recommended that policy makers consider ways to make changes in subsidies that would promote

primary care: "...allocating shares toward nurse practitioners and physician assistants – key professionals in managing patients' chronic conditions – could be useful for promoting primary care service use."

The integrated health systems that are seen as models in reforming care delivery —Intermountain Health Care, Geisinger, and Kaiser— all depend heavily on NPs and CNMs to provide primary care.

The Veterans Health Administration is the largest integrated health care system in the country, often cited for its comprehensive electronic medical record and coordinated care. In the VA, NPs "act as individual PCPs in both the home and hospital setting...are responsible for delivering essential and preventive care, providing patient and family education, and coordinating all care services."¹² Each of the 4.5 million primary care patients in the VA is assigned an individual PCP, and of the 5000 providers, 20% are NPs.¹³

Efforts in the states

The concept of the "medical home" has taken hold in many states as policy makers have looked for ways to improve care within the state Medicaid and Children's Health Insurance Programs (CHIP) programs.¹⁴

Some states have expanded access to care by avoiding the principle of a "physician-directed practice" and recognizing other certified Medicaid providers— such as nurse practitioners and nurse-midwives—to lead a medical or healthcare home. The much-lauded North Carolina program, which began in the 1990s, includes NPs and PAs as two of the many provider types who serve as medical homes. In their "key messages" about the medical home, Washington State answers the question of who can provide a medical home with the following: "A primary care provider (physician or nurse practitioner) leads the medical home with the support and direction of the patient, the patient's family, clinic staff, community agencies, and other specialty care service providers."¹⁵

Evidence for high quality and cost effective care primary care

The ability of APRNs to provide high quality, cost-effective care has been widely recognized by patients and the health care community and is supported by significant research and critical analysis.^{16,17}

According the American Academy of Nurse Practitioners, there are over 125,000 NPs practicing the United States today. At least 66 percent of NPs practice in primary care settings, and 20 percent practice in remote or rural frontier settings.¹⁸ The AANP has produced summaries of the evidence documenting the quality of NP practice¹⁹ and the cost effectiveness of NP practice.²⁰

Nurse-midwives are commonly thought of in terms of care to childbearing women and they do attend over 10 percent of the vaginal births in the U.S.²¹ However, nurse-midwives have a long history of providing primary health care services, beginning with the early days of the Frontier Nursing

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Service, when they traveled on horseback to serve the families of Appalachia.²² According to the American Midwifery Certification Board, there are currently 11,320 CNMs and CMs. Since 1991, the number of midwife-attended births in the United States has nearly doubled.²³

Health system reform: An opportunity to improve NP and CNM utilization

The nursing community, in a consensus statement on health reform that provides solutions for improving access, cost and quality, made specific recommendations aimed at increasing access to primary care.²⁴ Many of those recommendations are included in the Affordable Care Act, along with other provisions that target primary care.

For example, patients are incented to obtain primary preventive care in primary care settings by elimination of cost-sharing in private plans (§1001), Medicare (§4104) and Medicaid (§4106). In addition to a Medicaid pilot programs for the chronically ill (§2703), the Center for Medicare and Medicaid Innovation has launched their program with a projects to test medical home models.

A "Medicare bonus" that provides a 10% increase in primary care reimbursement rates is available from 2011 to 2015 and applies to NPs and CNSs (§2011-16); unfortunately, the increase in Medicaid reimbursement for primary care is not available to APRNs. (§2013-14).²⁵

There are many other provisions, including several targeted at increasing the primary care workforce, that will also apply to APRNs.

Unleashing the potential of APRNs

In a report released in 2010, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine noted that "Restrictions on scope of practice, policy- and reimbursement-related limitations, and professional tensions have undermined the nursing profession's ability to provide and improve both general and advanced care." The Committee's first recommendation was to remove scope of practice barriers to allow APRNs to practice to the full extent of their education and training.²⁶

In 2002, Safriet made similar specific recommendations in *Primer for Policymakers*: greater consistency in scope-of-practice laws, increased flexibility in the regulatory process to facilitate expansion of roles, and acknowledgement and accommodation of existing and evolving overlap among professional competencies. "By perpetuating a 'mine, and therefore not yours' practice culture, current laws erect, rather than remove barriers to inter-professional collaboration, practice and respect. They also continue to divert attention and resources from the business at hand: seeing to the well-being of people who need health care..."²⁷

Even earlier, in a 1992 paper, *Health Care Dollars and Regulatory Sense*,

Safriet, urged “immediate legislative reform to reduce the restrictions that currently constrain advanced practice nurses, especially nurse practitioners and certified nurse-midwives.” The fundamental restructuring of existing health care delivery systems now underway provides an opportunity to make such long-overdue changes that will permit more effective utilization of all health care personnel.²⁸

Recognition and Accreditation of Primary Care Homes

There are some exciting new developments regarding efforts to disseminate and recognize this model. URAC, a healthcare quality organization that offers a wide range of accreditation, education and measurement programs, developed (with ANA input) 3 toolkits designed to educate and guide practices on how to create a “Patient Centered Health Care Home (PCHCH) ”.²⁹

Effective October, 2010, NCQA, another prominent healthcare quality organization, will recognize “nurse-led” primary care practices as patient centered medical homes under the Physician Practice Connections® – Patient Centered Medical Home™ (PCC-PCMH) recognition program. Practices are being encouraged to add names of eligible NPs and PAs to their practice information. Unfortunately, despite the significant role certified nurse-midwives (CNMs) and Certified Midwives (CMs) play in providing primary care for women, the recognition program is currently limited to NPs and PAs.³⁰

The Joint Commission will also soon release standards for accrediting the “Primary Care Home (PCH).” In the PCH model, the patient selects a “primary care clinician (PCC),” and the PCC and interdisciplinary team work in partnership with the patient. ANA has again been involved in this process.³¹

These developments mark an evolution from the “Joint Principles of the Patient Centered Medical Home” that were developed by four physician groups in 2007 and referred to a personal physician and “physician directed medical practice.”³² The “provider neutral” language that is now being adopted is evidence of the widespread recognition and acceptance of the critical role that NPs and CNMs/CMs can play in increasing access to high quality primary care. It also underscores the need to build interprofessional teams that recognize the unique role of a host of health care providers, each able to practice to the full extent of their education and training in providing individualized patient care.

ANA’s Advocacy for NPs, CNMs, and all APRNs

The American Nurses Association (ANA) supports the removal of barriers and discriminatory practices that interfere with full participation by advanced practice registered nurses (APRNs) in the health care delivery system. This includes the ability of NPs and CNMs to lead a medical home.³³ Advocacy for APRNs is an integral part of ANA’s advocacy agenda.³⁴

Resources

For further information about topics related to this issue:

Nurse Practitioners

American Academy of Nurse Practitioners: <http://www.aanp.org>

American College of Nurse Practitioners: <http://www.acnpweb.org>

National Organization of Nurse Practitioner Faculties:

<http://www.nonpf.com/>

National Organization of Pediatric Nurse Practitioners:

<http://www.napnap.org>

Nurse-Midwives

American College of Nurse-Midwives <http://www.acnm.org/>

Quick references on CNMs as primary care providers:

http://www.acnm.org/siteFiles/education/Primary_Care_Providers_7_08.pdf

http://www.acnm.org/siteFiles/position/CNMs_&_CMs_as_PCP_05.pdf

Endnotes

1. There are a host of groups that have specifically defined the components of a medical home. For example, the Patient Centered Primary Care Collaborative (PCPCC) has offered a set of principles (<http://pcpcc.net/content/joint-principles-patient-centered-medical-home>) and the National Committee for Quality Assurance has created a program to recognize a patient-centered medical home.
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10. National Association of Community Health Centers, The George Washington School of Public Health and Health Services, The Robert Graham Center, 2008. Access Transformed: 2008 Building a Primary Care Workforce for the 21st Century. <http://www.nachc.org/client/documents/ACCESS%20Transformed%20full%20report.pdf>
11. ANA has regularly provided comments to federal agencies regarding the need to ensure the inclusion of APRNs in federal surveys and datasets. For example: <http://nursingworld.org/AmbCareSurvey>
12. http://www.vacareers.va.gov/l2_Occupations_Nurse_4.cfm

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21. ACNM Fact Sheet: CNM/CM Attended Birth Statistics http://www.acnm.org/siteFiles/news/CNM_CMAttendedBirths2006.pdf
22. ACNM. QuickInfo: Primary Care Providers. http://www.acnm.org/siteFiles/education/Primary_Care_Providers_7_08.pdf
23. ACNM. Nurse-midwifery in 2008: Evidence-based practice. http://www.acnm.org/siteFiles/news/nurse_midwifery_in_2008.pdf
24. Commitment to Quality Health Care Reform: A Consensus Statement from the Nursing Community. <http://www.nursingworld.org/healthcarereformnursingcommunitystatement>
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