

# NURSE PRACTITIONER PRACTICE IN 2012

FELLOWS OF THE  
AMERICAN ACADEMY OF NURSE PRACTITIONERS  
INVITATIONAL THINK TANK

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## **NURSE PRACTITIONER PRACTICE IN 2012 MEETING THE HEALTH CARE NEEDS OF TOMORROW**

### **Introduction**

An examination of The Institute of Medicine report on the future of health care in the 21st century reveals three major gaps in the current health care delivery system that must be changed in order to facilitate improvement in the nation's delivery of health care and the health status of the nation. Those gaps occur in the areas of patient safety, quality of care and prevention and treatment of chronic diseases. Correcting the gaps calls for "fundamental changes" in the organization and delivery of health care in the United States. The Institute suggests that all health related organizations adopt as their explicit purpose, the reduction of "the burden of illness, injury and disability" and the improvement of "the health and functioning of the people of the United States". The Institute further recommends that those organizations should pursue six major aims: safe, effective, patient-centered, timely, efficient and equitable patient care..(Institute of Medicine, 2001)

In their report for the Kellogg foundation, the Economic and Social Research Institute speaks to the problem of access to care, particularly for members of the population under the age of 65, who are in the current workforce. The Institute identifies lack of insurance, linguistic, cultural, racial, geographic and organizational factors as "impediments that jeopardize the health" of a significant number of people in this country. Those without access that do not fall into the workforce category, are individuals and families who cannot afford to self insure or do not qualify for government programs that would provide health care to them.(Meyer and Silow-Carroll, 2000).

Likewise the Healthy People 2010 Focus Areas to meet their 2010 goals of increased life expectancy and quality of life include: access to care, the prevention and treatment of more than twelve chronic diseases and disabilities and multiple safety and preventive health agendas.(U.S. Public Health Service:2001). All of the identified needs for change in the coming decade identified by these three groups focus on what nurse practitioners do best....provide high quality cost effective care to vulnerable and nonvulnerable populations in a safe, effective, patient-centered, timely, efficient and equitable manner.

In April of 2002, a think tank comprised of representatives of 25 national, state and local organizations representing nurse practitioners, convened to consider the current and future health care status and needs of the country's population, the roles nurse practitioners should have in meeting those needs, and the positions and activities that the nurse practitioner community would need to undertake to facilitate the implementation of those roles. The group considered their view of the status of health care in the coming decade, the role nurse practitioners should undertake in that system and the changes and positions nurse practitioners would need to undertake to fulfill that role.

## **Health Care for 2012**

It is the view of the consensus group that health care in the coming decade will have a global perspective, not previously experienced by health care providers or populations in this country. With the development of global economies, the shrinking of travel time between countries, the universal spread of diseases, such as HIV and the increasing tension produced by the events of September 11, 2001, thinking about health care strictly at the national level was felt to be too narrow. Recognizing that nothing is absolutely predictable for the future of the health care system, the consensus group identified several factors that were consistent with the finding of the Institute of Medicine and the Economic and Social Research Institute regarding the status and future of health care in the next decade.

It is increasingly clear that technology, particularly that which is computer based, will permeate all of health care. Issues of ethical delivery of health care and the protection of patient privacy will increase. In addition, the events of September 11, 2001, will have a significant impact on the health care system, leading to increased emphasis on, and attention to, prevention and treatment of outcomes of bioterrorism. With the predicted increase in chronic disease, more emphasis will need to be placed on the implementation of sound primary care principles for all citizens. Health promotion and disease prevention will be the cornerstone of primary health care. Outcomes based research will need to drive health care approaches in a widening health care arena that will reintroduce the environment to the concept of health care.

By 2012, it is anticipated that there will be a better educated patient population, that consumers will take more responsibility for their own care, and that patient care will be focused on patient needs and values. It is expected that the health care system will be altered significantly, that the major focus will be on outpatient care, and that patient needs will be matched with provider competency.

### **Nurse practitioners**

Based on their educational preparation and expertise, nurse practitioners should be at the forefront of health care in the evolving health care system of the future. To that end, it is expected that nurse practitioners will be the front line provider of primary care, as well as the provider of specialty care according to their nurse practitioner preparation. They will be leaders in the health care arena, serving as resources not only to patients, but to other providers, policy makers and the public. They will advocate for patients through the lifespan and in end of life care. They will be skilled providers of health care services to vulnerable populations who have little or no access to care, as well as those who are insured through employers, the government or other private pay health care systems.

Examining the Ten Simple Rules for the 21st-Century Health Care System developed by the Institute of Medicine, (Institute of Medicine, 2001), nurse practitioners are particularly suited to provide leadership in the health care of the future. The ten rules emphasize continuity of care, customization of care based on patient needs and values, anticipatory guidance, patient control of health care, cost effective approaches to care, cooperation among clinicians, evidenced based decision making and utilization of principles of sharing knowledge and information, all of which reflect the essence of nurse practitioner practice.

## **Goals for Nurse Practitioner Practice for the Year 2012**

In order to accomplish leadership goals for nurse practitioners in the next decade, the following will be accomplished:

### **Education.**

The standardized nurse practitioner educational guidelines and specialty competencies will be utilized by all nurse practitioner educational programs.

The standardized nurse practitioner educational guidelines and specialty competencies will be utilized by all nurse practitioner program accrediting bodies.

The standardized curriculum and competencies guidelines will be utilized by all national nurse practitioner certifying bodies.

Quality educational standards and competencies will be maintained in all educational programs whether they are traditional on site or distance learning programs.

Graduate nursing education for nurse practitioners will be funded adequately by the federal government.

Faculty practice will be recognized within the scholarly achievement framework of the academic setting.

Evidence based research by faculty will be recognized and supported.

Nurse Practitioner residency programs will be facilitated and funded.

### **Practice**

Consumers will have unfettered access to the services of nurse practitioners

Reimbursement will be based consistently on level of services provided regardless of the provider of services.

Primary care nurse practitioners will be recognized a primary care providers in all health care arenas.

Nurse practitioners will be listed providers in all health care plans according to specialty.

Recognition and titling of nurse practitioner practice will be universal.

Mechanisms for lifelong learning to maintain competency and standards for practice will be maintained

## **Research**

Nurse practitioners will create their own research agenda in order to influence:  
standards and models of care ;  
marketability of nurse practitioners;  
policy agendas.

Graduate student participation in research endeavors will be increased.

Nurse practitioner participation in research will be stimulated via:  
increased continuing education;  
facilitation of publication of research outcomes;  
development of systems for mentoring and mentors;  
development of research networks

Nurse practitioners will increase their involvement in boards participating in research funding at the public and private level.

Nurse practitioners will conduct evidence based and outcomes studies that contribute to the body of knowledge of patient care and nurse practitioner practice.

Nurse practitioners will receive increased funding from government agencies and private foundations for research activities.

## **Legislation and Regulation**

Nurse practitioners will achieve universal PCP status for primary care nurse practitioners.

Nurse practitioners will be recognized on provider panels for all managed care entities.

Nurse practitioners will achieve reimbursement parity for services provided

Nurse practitioners will practice at their full scope in all states.

Nurse practitioners will be represented in all states either through their own boards or as members of the State Board of Nursing.

Nurse practitioners will increase their presence as legislators in local, state and federal government.

The full scope of practice of nurse practitioners will be accepted and recognized internationally.

Nurse practitioners will increasingly be present at policy tables in local, state and federal government.

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