

EVIDENCE, VALUE AND THE ROLE OF DOCTORS OF NURSING PRACTICE

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IOM DEFINITION

“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 partnership with patients*, and practicing in the *context of family and community*.”

Primary Care: America's Health in a New Era, 1996



PRIMARY CARE ISN'T PRIMARY CARE ANYMORE



GAPS IN CARE

- Coordinated care across sites
- Chronic illness management
- Patient adoption of medical treatment
- Age and risk related prevention
- Protection of mental & physical frailty
- Managing co-morbidities
- Community and family resources
- Patient values & medical decisions



COMPREHENSIVE CARE

- Primary care
 - First contact, diagnose & treat illness
- Plus...
 - Care across sites
 - Management of complex & chronic illness
 - Coordination of specialist care
 - Education/coaching/counseling



COMPREHENSIVE CARE REQUIRES MEDICAL & NURSING SKILLS

- Nurses with clinical doctorate have this complement



BASIC NURSING SKILLS COMBINE WITH MEDICAL SKILLS

- Identification of nuanced change of condition
 - 12-hour hospital shifts
 - Intimate evolving care
- Use of community/family resources
- Patient values incorporated in care
- Education & communication
- Resource readiness for discharge
- Individualized disease prevention & health promotion



NURSES WITH CLINICAL DOCTORATE

- Provide comprehensive care
- Have 8 years education and extensive experience
- Equivalent outcomes with MDs in primary care
- Bring nursing specific skills to their practices



COMPREHENSIVE CARE

- In primary care
and
- In specialty care

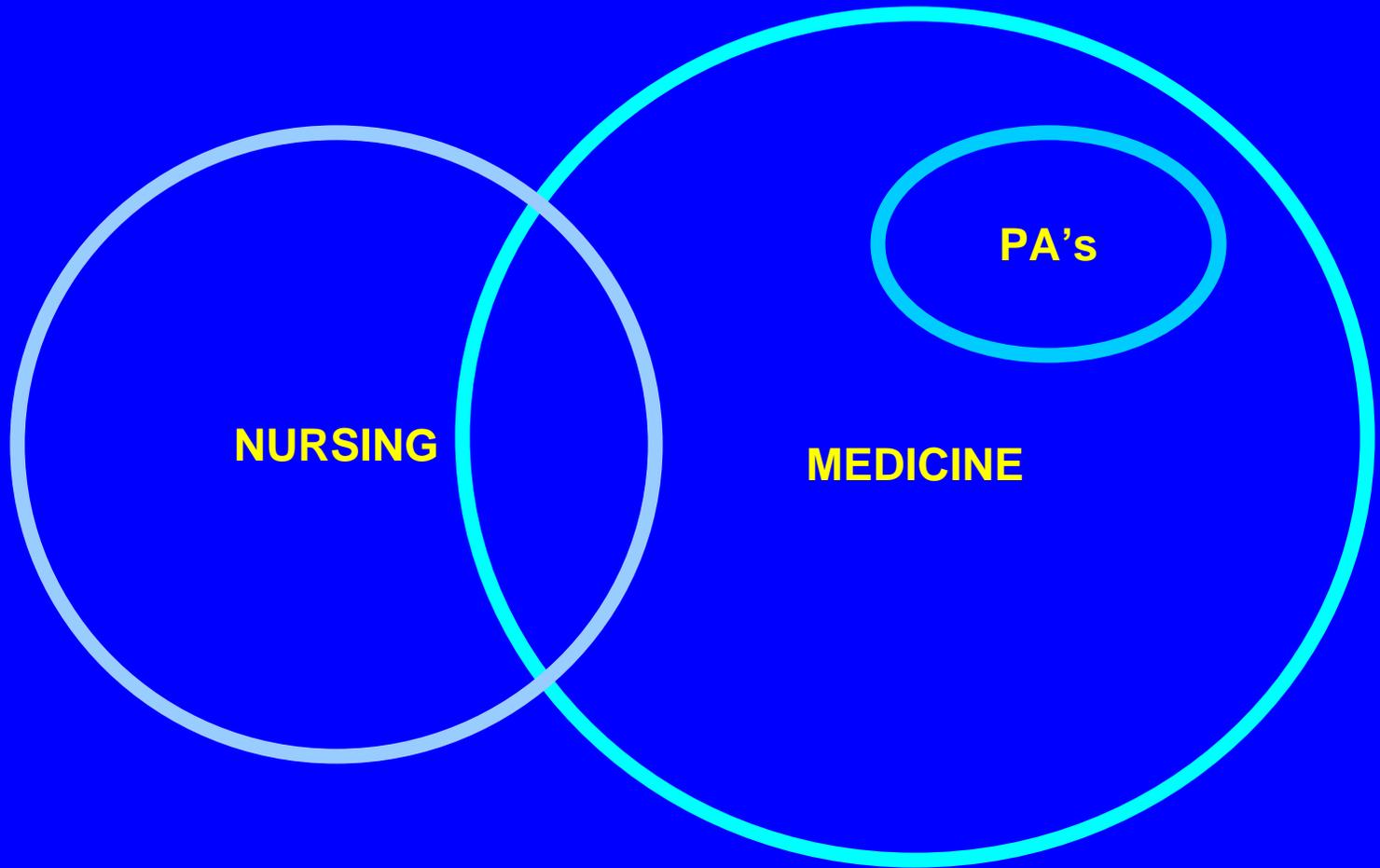
Extends and adds new benefits beyond
conventional medicine



WHY ADMITTING PRIVILEGES?

- Co-manage acute episode
- Health management of other conditions
- Build relationships to increase patient adoption of preventive care
- Assure safe discharge
- Contain costs





PHYSICIANS ARE NOT DRAWN TO COMPREHENSIVE GENERALIST CARE

- It's not all about money
- It's about core mission and competency



REIMBURSEMENT IN FOCUS

- It's about outcomes & value not process & equity
- Evidence-based practice is necessary but not sufficient
- Applying evidence & measuring outcomes will lead to pay for value



MEDICARE PATIENTS FORECAST OF NEED

- Chronic illness ↑
- Co-morbidity ↑
- Lack of close family support
- Extended life and extended frailty
- Coordination of specialist care



WILL THERE BE SUFFICIENT NUMBERS OF DNPs TO MEET COMPREHENSIVE CARE NEED?

- Doctoral study in core discipline increases attractiveness of nursing careers
- Profession transitioning to require doctorate for advanced practice
- 8,000 NPs/yr now could easily be 10,000 DNPs/yr in a decade



NATIONAL POLICY RECOMMENDATION

- Access to GME funding for residencies for those with clinical doctorate
- Parity in payment and prescriptive authority
- Eliminate all MD oversight for practice
- Fund evaluations of outcomes



BUDDHIST PROVERB

“If we are facing in the right directions,
all we have to do is keep on walking.”

