

Strengths and Challenges Facing the Basic and Advanced Practice Nursing Workforce

Navigating Uncertainty in the US
Health Care system

THE 25th PINCETON CONFERENCE

Peter Buerhaus, PhD, RN, FAAN, FAANP(h)

Professor of Nursing and Director
Center for Interdisciplinary Health
Workforce Studies

Agenda

1. Strengths of the nursing workforce
2. Key challenges facing nurses and the organizations employing them (now - 2030)
3. Discussion

Disclosure

Funders and Boards:

- Gordon & Betty Moore Foundation (current)
- Montana State University Institute for Applied Regulatory Economic Analysis (current)
- Johnson & Johnson Campaign for Nursing's Future (past)
- Robert Wood Johnson Foundation (past)
- American Association of Nurse Practitioners (past)
- Board of directors: AcademyHealth, Bozeman Health System

Disclosure

The data and views expressed in this presentation are mine, and are not the views of the (still unfunded) National Health Care Workforce Commission *established by the Affordable Care Act in 2010!*

Buerhaus, P. Retchin, S. The Dormant National Health Care Workforce Commission Needs Congressional Funding To Realize its Promise. *Heath Affairs* (November 2013).

1. Strengths of the Nursing workforce

1. Increasingly educated, steady employment growth
2. Nurses' contribution to inpatient quality and safety is engrained in quality improvement practices, routine assessments, and linked to payment
3. Strong public perceptions
4. Increasing evidence of positive contributions of primary care nurse practitioners
5. Improving projections of future supply

Latest Supply Projections through 2030

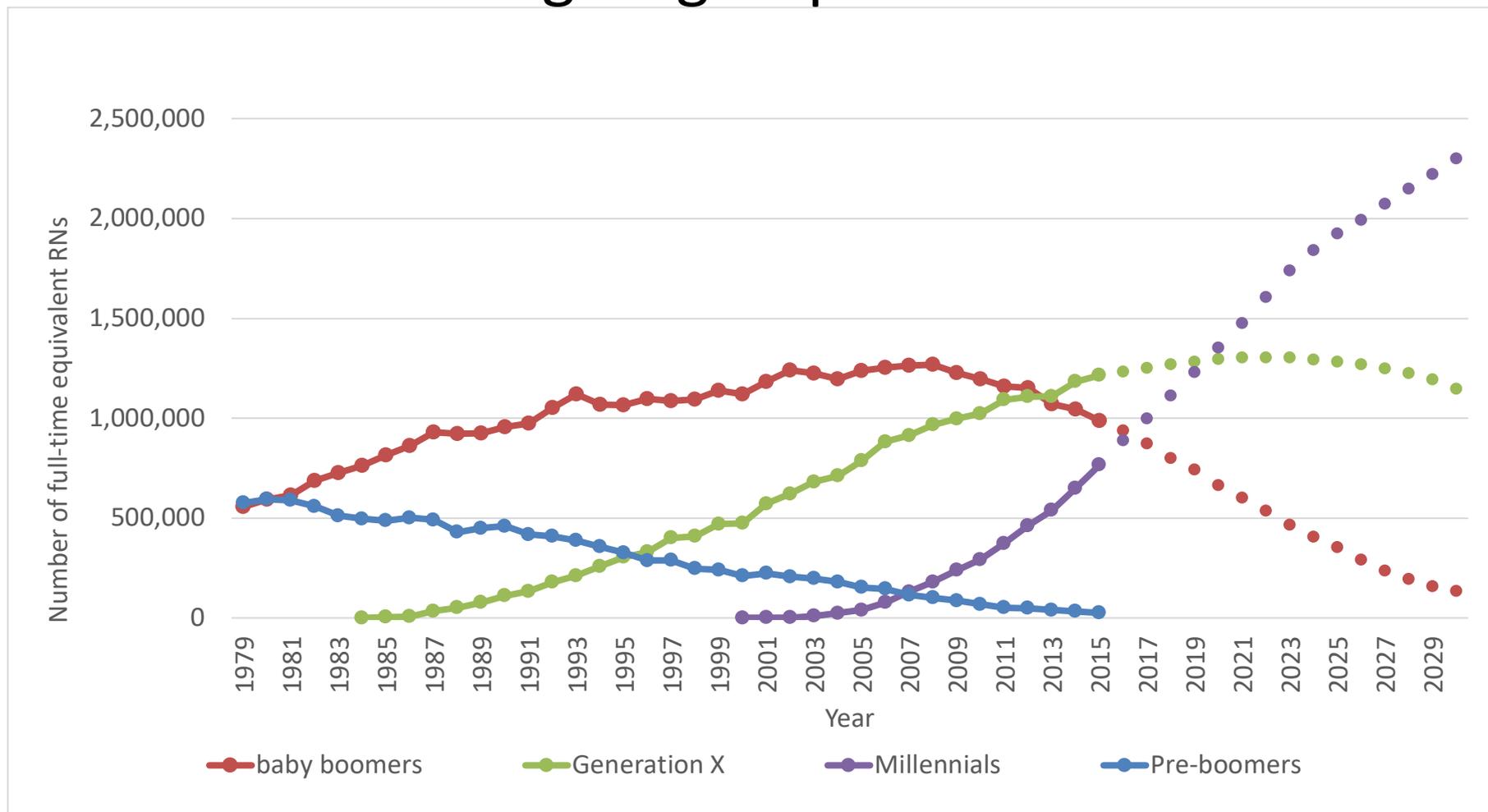
Highlights:

- *Nationally*, able to replace 1m retiring baby boom RNs
- Large *national* mega-shortage unlikely
- The Feds: growth may be enough to match (even exceed) national demand for RNs*

Auerbach, Staiger, & Buerhaus (October 2, 2017). Millennials almost twice as likely to be registered nurses as baby boomers were. *Health Affairs*. 36(10), 1804-1807.

*Health Resources and Services Administration (July 21, 2017). Supply and Demand Projections of the Nursing Workforce: 2014-2030.

In 2020 Millennials will be the largest group of RNs

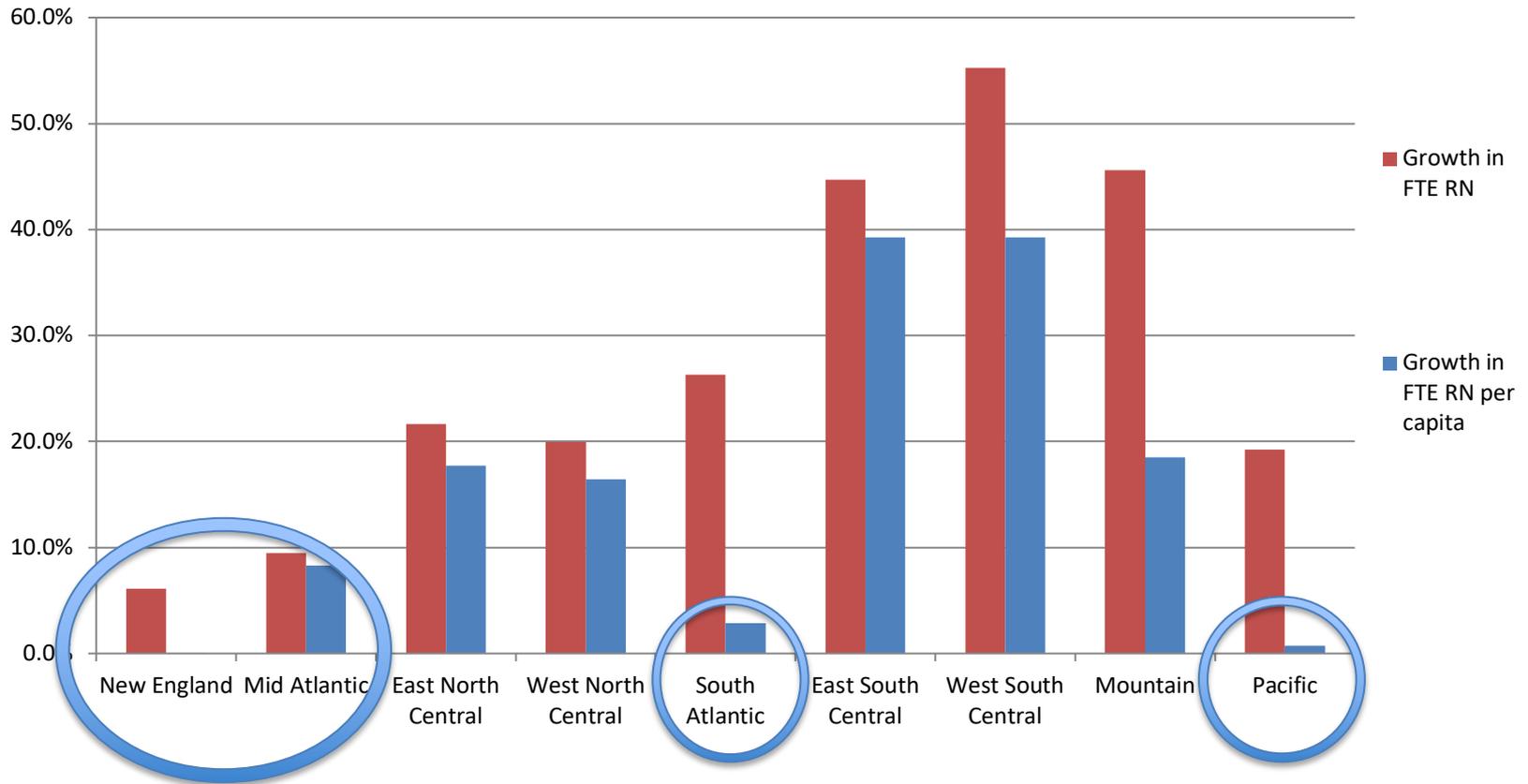


Auerbach, Buerhaus, & Staiger. Millennials are becoming RNs at twice the rate of the baby boomers: yet the workforce will still grow more slowly. Health Affairs, Oct 2, 2017 36(10), 1804-1807.

2. Six challenges facing nurses now through 2030

- Uneven growth in supply of RNs
- Aging of population
- Retirement of RN workforce
- Growing physician shortages (primary and specialty)
- RNs unprepared for value based world
- Limits on nurse practitioners

Very low RN/population growth through 2030 in coastal regions of the US



Auerbach, Buerhaus, & Staiger (2016). How Fast Will the RN Workforce Grow through 2030? Projections in Nine Regions of the Country. *Nursing Outlook*, 65(1):116-122.

Demand: Aging of the baby boomers!

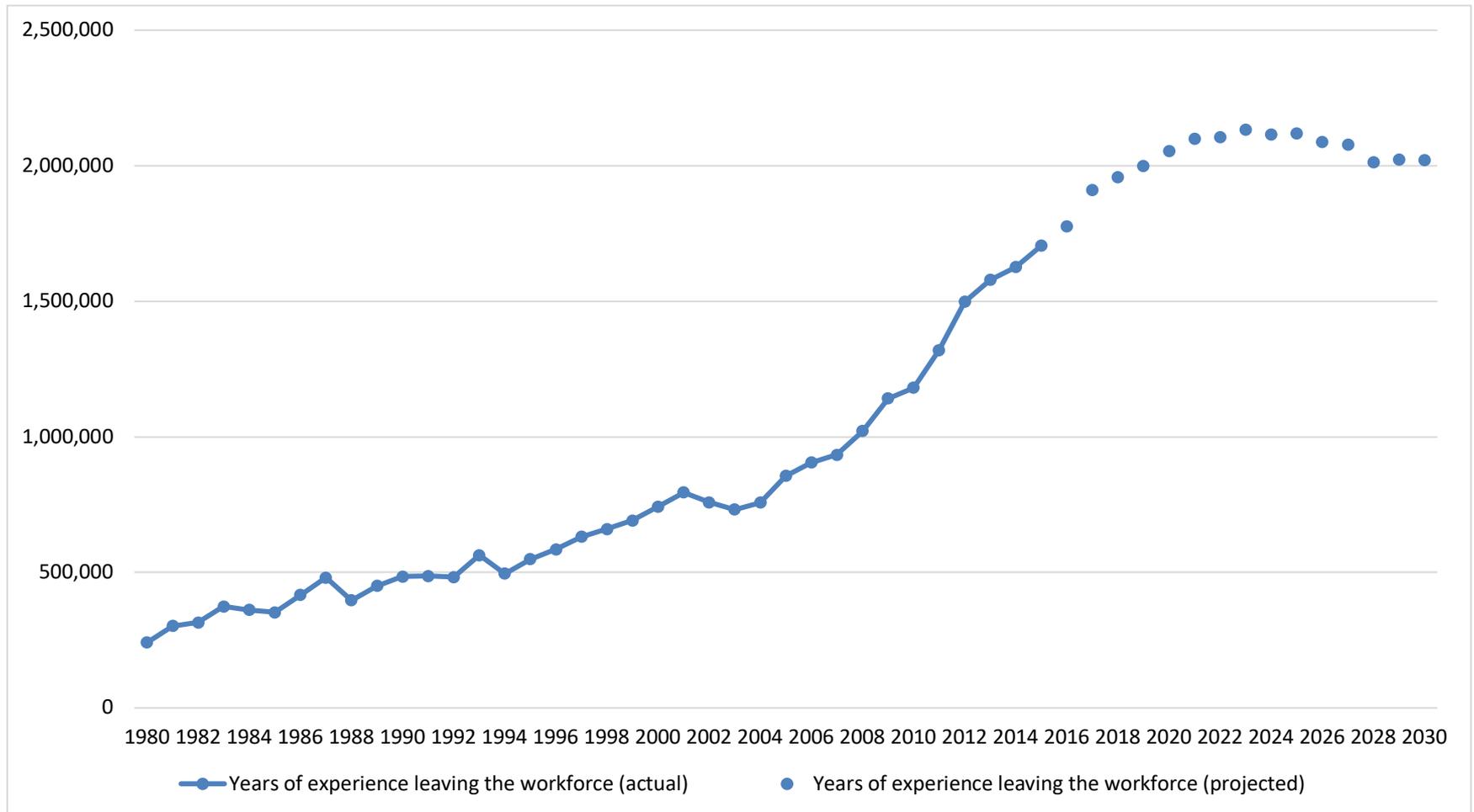
- 76 million Americans gaining eligibility for Medicare over next 2 decades
- Medicare at 54m today, 80m by 2030
- Multiple chronic and degenerative conditions
- Will increase demand for RNs and *intensity* of nursing care required in inpatient, outpatient and community settings

By 2030, an estimated one million RNs born during the baby boom generation will have retired

- One-third of the current RN workforce
- Many organizations are unprepared

Buerhaus, Auerbach, & Staiger, May 3, 2017. How should we prepare for the wave of retiring baby boomer nurses. <http://healthaffairs.org/blog/2017/05/03/how-should-we-prepare-for-the-wave-of-retiring-baby-boomer-nurses/>

Millions of years of nursing experience leaving the workforce each year



Growing shortages and uneven distribution of physicians

- By 2030, shortages up to 49,300 primary care physicians and 72,700 non-primary care physicians¹
- In 2018 an estimated 84 million people have inadequate access to primary care, 7,181 health professional shortage areas in the US²

¹ Association of American Medical Colleges. IHS Markit. 2018 update. The complexities of physician supply and demand: Projections from 2016 to 2030. https://aamc-black.global.ssl.fastly.net/production/media/filer_public/85/d7/85d7b689-f417-4ef0-97fb-ecc129836829/aamc_2018_workforce_projections_update_april_11_2018.pdf Accessed April 17, 2018.

² *Designated Health Professional Shortage Areas Statistics*.; 2018.

https://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry_HTML&rc:Toolbar=false. Accessed March 1, 2018

Slide showing

- Decreasing numbers of physicians practicing in rural areas, 2016-2030
- Data not shown as manuscript is currently under journal review

Many (most?) nurses are unprepared for value based care/payment

- As transition to value based payment and bundled payments models ...
- Most nurses receive inadequate education on the core elements underpinning value based care
 - Improving quality of care
 - Reducing cost of care, waste

Consequently

- Not only will the aging of the population heat up just as the most experienced and knowledgeable nurses are retiring, but
- Large shortages of primary and specialty care physicians, particularly in rural areas, will increase demand for nurses, all of this falling onto
- Increasing numbers of less experienced Millennial RNs who are ill-prepared for a value based world

Advanced Practice Registered Nurses

Focus here on primary care nurse practitioners

Slide showing

- Increasing numbers of nurse practitioners relative to physician from 2016-2030
- Data not shown as manuscript is currently in press

Large and growing body of evidence on the contributions of nurse practitioners

- Primary care NPs (PCNPs) are more likely than primary care MDs (PCMDs) to practice in rural areas – precisely where there are more uninsured, people with inadequate access, and decreasing numbers of primary care physicians
- PCNPs are more likely than PCMDs to take care of vulnerable populations: women, non-whites, American Indians, disabled, poor, dual eligibles and those receiving Medicaid
- Quality of care provided by PCNPs is comparable and in some cases better than PCMDs
- PCNPs cost Medicare less than PCMDs
- Restrictive Scope of Practice laws reduce access to primary care

Yet many states, hospitals, medical groups,
and insurers impose restrictions on
the NP workforce, which ...

- Decreases access to primary care for millions
- Increases health care costs
- Fuels tensions between physician and nurse workforces

Inability of the physician, nurse, and other workforces to come together to ...

Jointly envision a different future built on better understanding of each other and developing relationships that allow

- For the *evolution* of roles and care delivery practices that make sense to all clinicians
- *Respects* each other's strengths, and ultimately
- Leads to a *reconfiguration of the workforce* that is more responsive to the health needs of the population/community served, particularly in rural areas and among vulnerable populations

In sum

Nursing workforce issues have shifted from will there be enough nurses, to how well nurses, physicians, and the organizations employing them are prepared to work differently together

Published Studies to Date

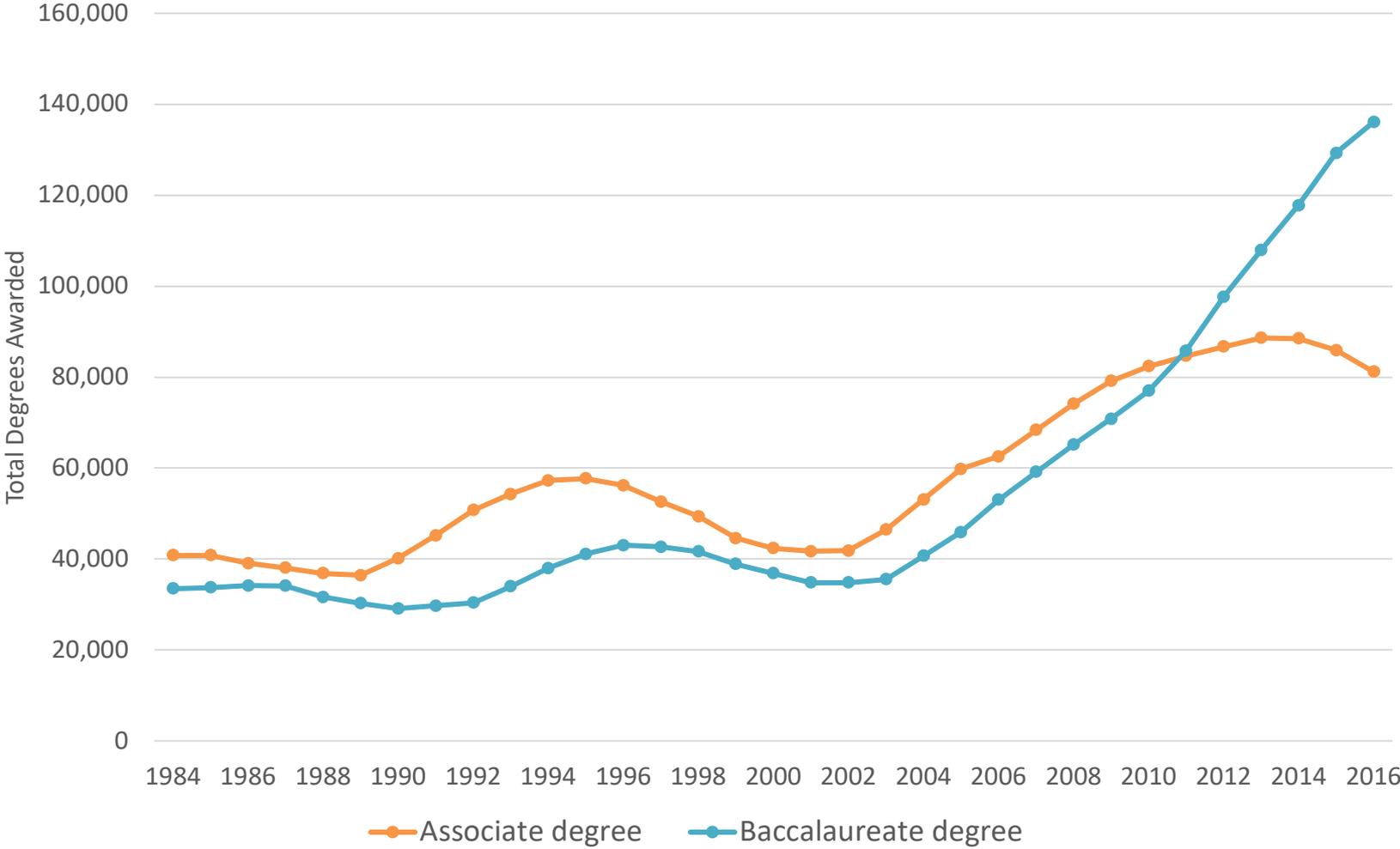
1. Staiger, D., Marshall, S., Goodman, D., Auerbach, D., Buerhaus, P. (March 1, 2016). Association between having a highly educated spouse and physician practice in rural underserved areas. *The Journal of the American Medical Association*. 315(9):939-942.
1. Graves, J., Mishra, P., Dittus, R., Parikh, R., Buerhaus, P. (2016). Role of Geography and Nurse Practitioner Scope-of-Practice In Efforts to Expand Primary Care System Capacity: Health Reform and the Primary Care Workforce. *Medical Care*. 54(1): 81-89.
2. Donelan, K., DesRoches, C., Dittus, R., Buerhaus, P. (May 16, 2013) Perspectives of physicians and nurse practitioners on primary care practice. *The New England Journal of Medicine* 368(20):1898-1906.
3. DesRoches, C, Gaudet, J, Perloff, J, Donelan, K., Iezzoni, L. Buerhaus, P. (2013). Using Medicare Data to Assess Nurse Practitioner Provided Care. *Nursing Outlook*. 61(6):400-407.
4. Buerhaus, P, DesRoches, C, Dittus, R, Donelan, K. (2015). Practice Characteristics of Primary Care Nurse Practitioners and Physicians. *Nursing Outlook* 63(2), 144-153.
5. Perloff, J., DesRoches, C., Buerhaus, P. (2016). Comparing the Cost of Care Provided to Medicare Beneficiaries Assigned to Primary Care Nurse Practitioners and Physicians. *Health Services Research*. Article first published online: 27 DEC 2015 | DOI: 10.1111/1475-6773.12425.
6. DesRoches, CM, Clarke, S., Perloff, J., O'Reilly-Jacob, M, Buerhaus P. (2017). The quality of primary care provided by nurse practitioners to vulnerable Medicare beneficiaries. *Nursing Outlook* (2017), doi:10.1016/j.outlook.2017.06.007.

Published Studies to Date

8. Perloff, J., Clarke, S. DesRoches, C., O'Reilly-Jacob, M., Buerhaus, P. (Published On-line September 14, 2017). Association of State-Level Restrictions in Nurse Practitioner Scope of Practice with the Quality of Primary Care Provided to Medicare Beneficiaries. *Medical Care Research and Review*. Published On-line September 14, 2017. DOI: 10.1177/1077558717732402
9. DesRoches, C, Buerhaus, P, Dittus, R, Donelan, k. (2015). Primary Care Workforce Shortages and Career Recommendations from Practicing Clinicians. *Academic Medicine*. 90(5): 671-677.
10. Auerbach, DI, Chen, PG, Friedberg, MS, Reid, R, Lau, C. Buerhaus, PI, Mehrotra, A. (2013). Nurse-managed health centers and patient-centered medical homes could mitigate expected primary care physician shortage. *Health Affairs* 32(11):1933-1941.
11. McMichael, B., Safriet, B., Buerhaus, P. (2017). The extra-regulatory effect of nurse practitioner scope-of-practice laws on physician malpractice rates. *Medical Care Research and Review*. <https://doi.org/10.1177/1077558716686889>
12. Buerhaus, P., Perloff, J., Clarke, S. O'Reilly, M., Zolinisy, G., DesRoches, C. Comparing the quality of primary care provided to Medicare beneficiaries by nurse practitioners and physicians. *Medical Care* 56(6), 484 – 490.
13. Auerbach, D., Staiger, D., & Buerhaus, P. Growing ranks of advanced practice clinicians — Implications for the physician workforce. (*In press, 2018*).

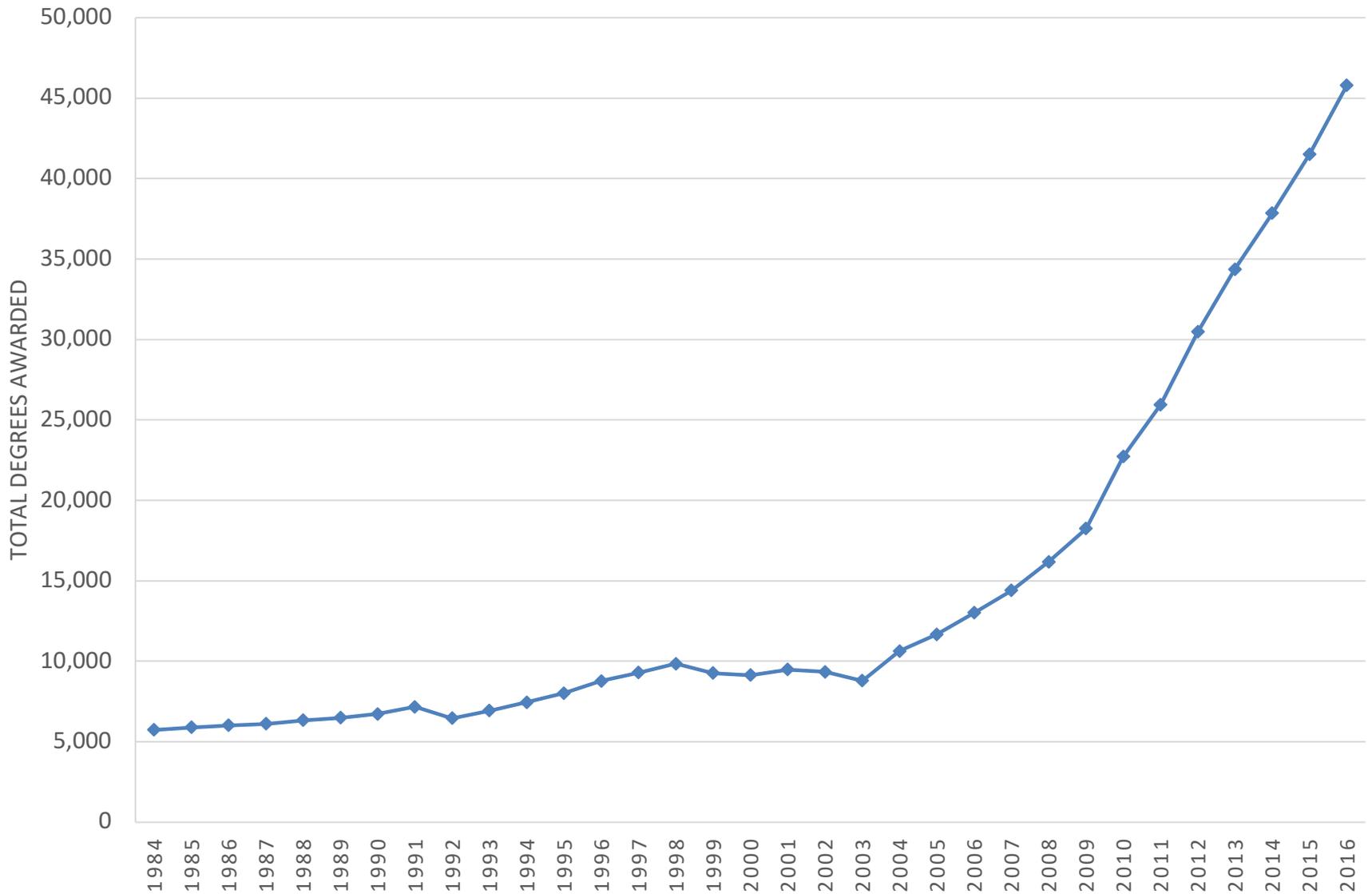
Discussion

Degrees Awarded in Associate and Baccalaureate Nursing Education Programs, 1984-2016



Source: Calculations by David Auerbach, Douglas Staiger, Peter Buerhaus based on data from the Integrated Postsecondary Education Data System

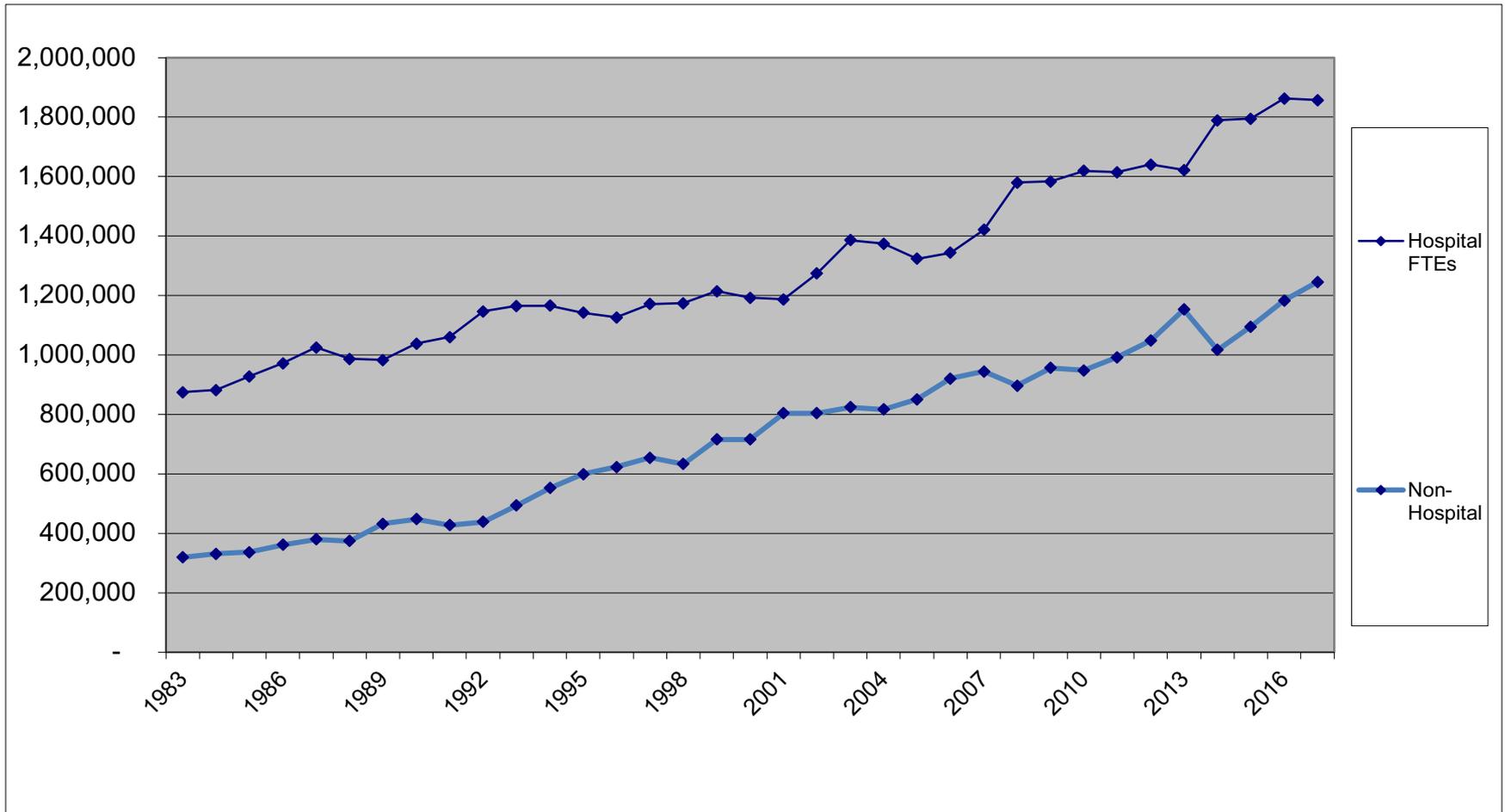
Masters and Doctoral Degrees Awarded, 1984-2016



Source: Calculations by David Auerbach, Douglas Staiger, Peter Buerhaus based on data from the Integrated Postsecondary Education Data System

Steady increasing employment of RNs in Hospital and Non-hospital Settings

All of the growth in 2017 occurred in non-hospital settings



Source: Calculations by David Auerbach, Douglas Staiger, Peter Buerhaus based on data from the Current Population Survey

Amidst social, demographic, and political disruptions, the public continues to hold positive perceptions of nurses

Americans admire, trust, and respect nurses above all other professions

- Assure quality of care
- Protection and safety
- Advice on personal health issue

Era of disruptions and consumerism

Disruptions arising from

- Implementation of federal and state health reforms
- New business models that do not include hospitals (e.g., CVS and Aetna, etc.)
- Consolidation of hospital and health systems
- Growing digital care

All leading to uncertainties and unknown effects on nurses and physicians