

# Nurse Practitioners and Medical Homes: A Natural Fit

Laura A. Stokowski, RN, MS

[Authors and Disclosures](#)

## The Medical Home Movement

Were there a real-life drama known as *Extreme Makeover: Healthcare Edition*, the medical home would be the brand spanking new house arising from the ashes of our currently bloated and outrageously expensive healthcare system. All hopes for a newer, better, and cheaper healthcare delivery model seem, at the moment, to be pinned on the medical home

The AAFP paper offers no evidence to support its claim that nurse practitioner-led care is less effective, more costly, and results in poorer outcomes. The reason, according to Dr. Apold, is that "no such evidence exists, and in fact, the evidence is quite to the contrary. Nurse practitioners are the most studied group of providers in healthcare, going back to 1964. The data from studies of safety, quality, and efficacy indicate in aggregate that nurse practitioners provide safe, cost effective, quality care."

Dr. Potempa agrees. "The absence of evidence in the AAFP report is telling. Yet reams of substantive, well-documented research indicates that nurse practitioner-led care is comparable, in terms of efficacy, cost, and outcomes, to physician-led care."

What the AAFP does employ, in lieu of evidence, says Dr. Apold, is a "well-known marketing strategy known as FUD -- fear, uncertainty, and doubt. They are essentially saying to patients, 'This is different. You should be afraid,' without offering anything other than their gut instinct that if nurse practitioners don't go to school as long as doctors, they must be dangerous."

The AAFP suggests, erroneously, that nurse practitioners seek to practice as substitutes for physicians. "We are not trying to be substitutes," explains Dr. Apold. "What nurse practitioners offer is different."

Dr. Potempa emphasizes further that nurse practitioners know when to refer. "They [the AAFP] want to supervise the nurse practitioner's care in a way that they don't supervise a physician colleague's care. Creating the requirement to supervise is costly and unnecessary. It does not allow a more appropriate distribution of care and can even interfere with appropriate care. If everyone could practice to the scope of their education and experience, any qualified healthcare professional could lead the team."

The AAFP maintains that it believes nurse practitioners to be valuable members of the healthcare team. Words such as "collaboration" and "teamwork" are often tossed around, but in reality these words are often interpreted to mean "supervision" of nurse practitioner practice by physicians.<sup>[18]</sup> In a 2010 editorial,<sup>[19]</sup> the AAFP suggested that nurse practitioner-led care would sacrifice "the medical expertise that ensures the most accurate diagnoses and the most appropriate treatments in the most timely manner."

## Moving Beyond Confrontation

Dr. Apold and Dr. Potempa do not understand why the AAFP is putting forth so much effort to prevent nurse practitioners from providing care within their scope of practice. "There are not enough providers -- whether physicians, nurse practitioners, or physician assistants -- to take care of the people we have now. Why would we be fighting with one another about who should be the king of the hill when there is plenty of work for all providers, and that will continue on into the future?" asks Dr. Apold.

Deborah Rice MN, FNP  
UCLA School of Nursing  
FNP Program  
Clinical Faculty  
310/825-9517