

The Oregonian

The nurse in your health care future



By Thomas Aschenbrener

May 24, 2010 — While the landmark passage of a national health care bill closes a long-standing barrier to societal inequities, now comes the hard part. As we face the prospect of providing 30 million more Americans (60,000 Oregonians) with health services and consider the 300,000 doctors retiring in the next decade, our challenge is immense.

But we're not necessarily facing a physician shortage. We need to ask what's required to meet the future needs of our population and look at what's already working. One area of great success: nurse-run clinics. Why can't this model become widespread?

In fact, by the year 2025, I imagine a health system where virtually all primary care in the United States is delivered by nurses and nurse practitioners. Let's imagine ourselves in that vision of health care in 2025.

Here in 2025, quality of care and patient satisfaction are higher than they were back in 2010. Back then we knew that quality and satisfaction levels of primary care were equal or better when comparing nurse practitioners with primary care physicians. In 2003, the journal *Hospitals and Health Networks* reported improved outcomes with nurse practitioner care compared with that of physicians. A 2002 *British Medical Journal* study showed that nurse practitioners offered more information and more complete documentation -- with no differences in health status. Even the *Journal of the American Medical Association* reported similar results in 2000.

Here in 2025, most chronic diseases like asthma, high blood pressure and diabetes are managed by nurses, who are reducing the burden on our emergency and specialty-care system. And just as they did back in 2010, public-sector nurses are providing valuable services to pregnant and lactating mothers, students in schools and folks living in senior centers.

So what about the physicians?

The physicians of 2025 are more satisfied than they've been in decades. Most are specialists, working at the top of their license. Primary care doctors serve as referral consultants in multidisciplinary settings. Physicians now perform fewer of the services that nurses provided in 2010 and focus more on managing complex health problems.

Nurses, physicians, dentists, mental health specialists, pharmacists and others are all working in a coordinated system of quality care. Fee-for-service payment is mostly history.

So how did we get here?

Beginning in 2010, we took action. We expanded access to nursing education to a highly qualified applicant pool. We increased the number of faculty to assure a steady stream of nurse graduates. And we introduced robust leadership programs to help nurses master the business of health.

Oregon had been a leader in nursing education, but in the years leading up to 2025, we were able to demonstrate a return on investment to the state by advancing and encouraging new models of nurse-led practice.

The result: Oregon became known as a leading force in shaping the health system of the future and served as a model for cost management, quality and patient satisfaction all over the world.

See you in 2025.

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