By Ian McMillan

FUNDAMENTAL CHANGES are afoot in the American healthcare system as nurse practitioners begin to gain popularity with health maintenance organisations (HMOs), the companies which oversee millions of patients’ private healthcare plans.

The American Nurses Association (ANA) has been celebrating a landmark decision by a leading HMO, Oxford Health Plans, to award a contract for delivering primary healthcare services to a group of nurse practitioners in New York City. The physicians who had held the contract are extremely disgruntled by the decision.

ANA president Beverly Malone described the HMO’s move as ‘earth-shattering’ as it was the first time that nurse practitioners had won the right to be paid at the same rate as physicians. It also showed that HMOs were listening to patients, who have endorsed the approach adopted by nurse practitioners and other advanced practice nurses.

The debate in the US over the future roles of advanced practice nurses, who have opted to undertake further specialist training after gaining their RN qualification, could yield important lessons for the UK. It follows prime minister Tony Blair’s recent call for the development of options to ensure experienced and ambitious nurses maintain direct patient contact.

The importance with which the HMO’s pioneering decision is viewed in the US has been underlined by the fact that popular magazines, such as Newsweek, and nationwide television programmes have featured in-depth reports on the nurse practitioners, who are linked to the Columbia University Hospital in Manhattan.

Physicians have traditionally wielded enormous power in the US healthcare system, but recent reports suggest that over the next few years they face ‘turf wars’ with nurse practitioners, clinical nurse specialists, certified nurse midwives, certified registered nurse anaesthetists and other ‘non-physician clinicians’ such as chiropractors.

Concerns are also being expressed over forecasts that the number of physicians is set to rise, despite the fact that newly qualified doctors already have problems finding jobs after leaving college.

Dr Malone, who practised part-time as a clinical nurse specialist in psychiatric nursing for over 20 years, said that many advanced practice nurses had proved their effectiveness by taking up posts in places that had traditionally proved unattractive to physicians. These include rural states, such as Alaska, and inner city areas where health problems are rampant and many residents lack health insurance cover.

‘These days, advanced practice nurses do get more money than they used to, as many of them focus on disease prevention and health promotion. In hospitals and clinics, these nurses can usually be employed more economically than physicians. Of course, it’s still rare for them to earn as much as physicians.’

Writing in a September issue of the *Journal of the American Medical Association*, a team led by Richard Cooper from the Health Policy Institute in Wisconsin called for the creation of a national framework to oversee the work of non-physician clinicians. They said the numbers of non-physician clinicians graduating from US colleges rose from 8,850 in 1992 to 18,500 in 1997, and were likely to increase by a further 20 per cent by 2001.

Referring to the rising number of physicians, albeit at a slower rate than other health professionals, the authors note: ‘It does not seem tenable to produce such a plethora of non-physician clinicians while also producing such a plethora of physicians.’

In stark contrast to Dr Malone’s analysis, Dr Cooper and his colleagues raise the spectre of most nurse practitioners and other non-physician clinicians opting to practise in areas, such as the north-eastern states of the country, which they claim already have the ‘greatest abundance’ of physicians. Many of these states, they suggest, offer the most favourable ‘practice prerogatives’ to non-physician clinicians, allowing them to act autonomously of physicians and hold powers to prescribe medication and diagnose conditions.

The authors warn that it is in primary care that the largest group of non-physician clinicians and nurse practitioners will face their biggest test. ‘The number of nurse practitioners in clinical practice in 2005 will equal the number of family physicians and will exceed by a factor of two the number that was predicted to be required for that year by the National Council on Nurse Education and Practice.’

But Dr Malone points out that new roles for advanced practice nurses are emerging all the time. ‘It’s a very exciting time to be a nurse in the US at the moment. We have advanced practice nurses running hospital units and basically acting as resident physicians. New types of competition are opening up between physicians and nurses and much of it is based on a different emphasis in caring for patients.

‘Recent research outcome studies have shown that if you focus on health promotion and illness prevention, you are more cost-effective in the long run than if you merely relieve symptoms. That is the approach advanced practice nurses have tended to take and it is now being appreciated by both patients and HMOs.’

The ANA would be wary of seeing a new national interdisciplinary body being created to regulate the work of advanced practice nurses because physicians would inevitably dominate it, she warned.

Forging ahead

Pioneering US nurse practitioners have won their equal pay battle with doctors. But the ‘turf wars’ have only just begun

Beverly Malone, ANA president: ‘earth-shattering’ decision for New York City nurse practitioners