

SPOTLIGHT ON NURSING

Filling the Gap in the Primary Care Shortage: Issues and Solutions for Hawai'i's Healthy Future

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The Spotlight on Nursing is a recurring column from the University of Hawai'i at Mānoa's School of Nursing and Dental Hygiene (UHM SONDH). It is edited by Mary G. Boland DrPH, RN, FAAN, Dean of UHM SONDH; Kristine Qureshi PhD, RN, CEN, PHNA-BC, FAAN, Associate Dean of Research for UHM SONDH and HJH&SW Contributing Editor; and Joanne R. Loos PhD, Science Writer for UHM SONDH.

Hawai'i is facing a primary care provider crisis. As the population age and size continues to rise and the distribution of people with complex chronic illnesses increases, the demands for primary care services will expand.^{1,2} In the current environment, there is a high demand but low supply of primary care providers. Therefore, identifying solutions for the shortage in primary care providers is of great priority. One solution may be the use of nurse practitioners (NPs), a rapidly growing segment of the primary care workforce. This group of healthcare professionals is well prepared to deliver primary care and has the ability to deliver high-quality and patient-preferred care.²

NPs are advanced practice registered nurses (APRNs) who are licensed, independent practitioners. They provide primary and specialty care in all practice settings, including ambulatory, acute, and long-term care. In Hawai'i, NPs have full scope of practice authority (they assess, diagnose, and treat patients, including prescribing both controlled and uncontrolled drugs).^{3,4} Practicing NPs have more than six years of academic and clinical preparation that includes graduate education, national board certification, and state APRN licensure in their specialty area of NP training.⁵ This training prepares NPs to offer a high level of quality care to their patients. Nationally, 89% of NPs are prepared in a primary care specialty.²

Primary care NPs (PCNPs) add significant value to patient care services. When evaluating the cost of primary care, PCNP-delivered care is 11%-29% lower in cost than that of primary care medical doctor (PCMD)-delivered care, even after controlling for the lower Medicare and Medicaid reimbursement rates for NPs for the same services.¹ When assessing quality, patients who receive primary care from a PCNP are less likely than those cared for by a PCMD to have preventable hospital admissions, 30 day all-cause hospital readmissions, inappropriate emergency room visits, or receive prescriptions for drugs commonly linked to overdose deaths.^{2,6} NPs are more likely to care for underserved populations, and their patients, particularly those who are vulnerable, have been shown to have expanded health care utilization.⁶ NPs are adept at working in a team

care environment. When PCNPs and PCMDs work together to deliver care, patients receive better care than when compared to those who receive primary care from a PCNP or PCMD alone.² Moreover, once team-based care is established, the vast majority of both PCNPs (88%) and PCMDs (74%) prefer this model of care delivery.⁷

All of Hawai'i, Maui, and Kaua'i Counties and pockets of the City and County of Honolulu are medically underserved.⁸ These areas are often rural, remote, or both. In the rural areas, population size is growing and access to care remains a major concern. NPs can help to fill this void, as the trends have shown that the NP workforce has increased dramatically and is projected to continue to grow.¹ In states like Hawai'i, which enable NPs to work with full scope-of-practice authority, PCNPs are more likely to practice in rural areas.¹ As a result, people in these communities gain access to well-coordinated, high quality, and timely healthcare.

In Hawai'i, the University of Hawai'i at Mānoa and University of Hawai'i at Hilo educate PCNPs at the doctoral level.⁹ In addition, Hawai'i Pacific University prepares NPs for acute and primary care roles at both the master's and doctoral levels of education.⁹ During the course of their education, students are supported by highly qualified NP and physician preceptors. Although clinical education is critical to creating well-prepared NP graduates, access to needed clinical preceptors is in short supply.¹⁰ To incentivize highly qualified providers to serve as preceptors for clinical experiences, the state legislature approved a preceptor tax credit bill in 2018.¹¹ Beginning in 2019, PCNPs, PCMDs, and pharmacists in Hawai'i who precept NP, MD, or pharmacy students may be eligible for the Healthcare Preceptor Tax Credits. For every 80 hours or more of uncompensated precepted time, the provider may receive a \$1,000 credit off his or her state personal income taxes, up to \$5,000, annually.¹¹

The National Academy of Medicine, formerly the Institute of Medicine, along with the National Council of State Boards of Nursing and 47 other national nursing associations recom-

mend the full-scope-of-practice model.¹² NPs in these states can legally evaluate patients, diagnose, order and interpret diagnostic tests, initiate or refer for treatment, prescribe legend and controlled drugs, and ensure continuity of care over time.³ Hawai'i is one of 22 states where NPs have the full scope-of-practice authority.¹³ Challenges still exist. Although nearly 90% of NPs are prepared to deliver primary care, only 53% of NPs are employed in primary care, which indicates that the integration of NPs into these roles is an untapped opportunity.¹⁴ Root causes for underutilization of NPs in Hawai'i include a lack of team-based care models, poor understanding of the APRN role, and low reimbursement rates for APRN services. Challenges begin with educating organizations on best practices for recruiting and hiring NPs. Once those issues are solved, opportunities can occur for organizations to develop interprofessional practice models and integrate NPs into the primary care workforce. These organizations should capitalize on the rapidly growing and readily available NP workforce to serve the communities in greatest need.

The Hawai'i State Center for Nursing is convening an APRN Transition to Practice steering committee. Members include employers, insurance agencies, and APRNs, and they are working to identify best practices for APRN transition to practice in the state. Information is available by emailing HSCFN@hawaii.edu. Additionally, many health care organizations are actively recruiting APRNs. For example, the Hawai'i/Pacific Basin Area Health Education Center is compiling active job recruitment efforts in the state at: <http://www.ahec.hawaii.edu/health-care-jobs/>. NPs can help to answer the calls for increased primary care providers, but support is needed in order to tap into this potential.

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