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Chapter 1 : What is Ambulatory Care Nursing? | American Academy of Ambulatory Care Nursing

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Many Faces Public Trust In the annual Gallup Poll looking at the honesty and ethical standards within a range of professions, nurses repeatedly have ranked as the most trustworthy. National Harris polls yield similar results. And it is with good reason. The public knows that we will look after their best interests and the best interests of their loved ones. Nurses are there for patients The public may not think about the solid educational background of registered nurses or the fact that we are bound by a Code of Ethics, or that we develop and follow standards of care. But they know that we are the ones who respond and take the time to listen and answer their questions honestly and completely, whether they are on the phone or visiting the clinic or office. Nurses are the first responders in times of crisis--whether it is helping at the scene of a car accident or providing care during a hurricane. We are often the ones neighbors and other family members turn to for advice about an unusual rash, a side effect of a medication, or a decision about hospice services. We are in the community, hospitals, clinics, schools, and workplaces; we are everywhere. Nurses recognize that patients are more than a set of symptoms that need to be treated As registered nurses, we are taught to look at a patient as a whole person-- looking at the physical, spiritual, emotional, and psycho-social needs. What this ultimately means to patients is that we will listen to them, we will advocate for them, and we will give them the information they need to make informed decisions--and then support them in those decisions. Nurses help patients navigate the system and understand health needs. We serve as the interpreter of complex information--often in a time of crisis--explaining diagnostic tests, treatments, and the maze that is the health care system. We serve as the go-between in interactions with physicians, social workers, pharmacists, and other members of the health care team, and sometimes even with family members. We play a key role in coordinating care when a patient is hospitalized and then discharged to home or another health care facility so that follow-up appointments, medication needs, and other services are appropriate and carried through. All along the way, registered nurses provide patients with the information they need to keep them safe, as well as how to lead healthier lives through preventive and self-care measures. No one spends more time interacting with patients than nurses. Therefore, registered nurses have a unique perspective on the many issues that are part of the current health care crisis. From issues of quality and safety to the domino effect of the disintegration of the mental health care safety net. Nurses are on the very front lines working to ensure quality health care and searching for solutions that will benefit all those in need. Nurses are the puzzle solvers and guardians. We are literally the last line of defense for patient safety. That is why it is crucial that there is adequate RN staffing. Scientific evidence backs us up on this: Nurses are cost-effective in tough economic times. More than ever, everyone is trying to cut costs, and the health care industry is no exception. We have known for a long time that having more registered nurses can prevent complications and save lives, and now a study shows that having more nurses on staff also saves money Unruh, We also know that nurses are highly resourceful, improvising in emergency situations or tough times while keeping patients safe. We do it so well that others count on it. Nurses in advanced practice positions, nurse practitioners and clinical nurse specialists, in ambulatory care roles also have a proven track record of providing high-quality care while keeping costs down. Nurses are Leaders There is an old adage in nursing: They are involved in the development of staff and they enhance their credentials and expertise through advanced education, certification, and continuing education. Registered nurses also serve as leaders in many government agencies and in the uniformed services, managing health care in times of crisis and conflict as well as implementing important public health programs, such as influenza prevention. We can be found on city councils, state advisory boards and in the halls of the U. Congress, using our health care knowledge and team-building skills to pass laws that will benefit the public good. Nurses have many faces. For example, nurse practitioners are sometimes the only health care

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professionals providing primary care services in remote, rural areas or in low income, urban neighborhoods. Clinical nurse specialists develop protocols aimed at improving care for a range of patients, such as those needing geriatric care, mental health services or rehabilitation. Some of the most cutting-edge research on everything from preventing heart disease in women to alleviating physical symptoms during cancer treatment is being done by nurse researchers.

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Chapter 2 : physicians assistants nurses | Download eBook PDF/EPUB

*The underutilization on nurses and physician assistants in ambulatory care [Eric L Herzog] on calendrierdelascience.com *FREE* shipping on qualifying offers. This is a reproduction of a book published before*

Sloan School of Management. Herzog Introduction In answer to the impelling need for more health care for more people, and with the assumed shortage of physicians especially in the urban poor and rural areas , the increased use of non-physician health personnel has been strongly advocated. There are two approaches included in this advocacy; it includes those who suggest the increasing use of ancillary medical "paramedical" personnel to act as "physician extenders" and there are those who suggest expanding the role of the registered nurse to include more primary care. The thrusts of these efforts initially were 1 to provide nurses and physician assistants with skills in the areas of physical assessment, interviewing, and the care of certain acute and chronic diseases, 2 to place them in settings where there was a clear need, and 3 to provide some backup services for treatment of the very ill. Only now can we begin to understand some of the ramifications and difficulties of this effort and report some empirical findings. The first describes some empirical studies which indicate that in many situations these health workers with expanded skills are underutilized and not able to function in an expanded role. The second section presents the findings from several studies on the reasons why these situations exist. The concluding section describes some approaches to closing the gap between what the nurse practitioner and physician assistant are capable of doing and what they actually do. In , Yankauer et al described a gap between what the physicians were expressing as opinions and what they were doing in practice. It was clear that the delegation of services by the physician to the nurse, although strongly endorsed in theory, was not being practiced. The authors state that The data presented document the unproductive use of nurses. On the basis of specific task performance it proved impossible to establish a profile of activities of registered nurses which would distinguish them from other office or clinic employees, such as licensed practical nurses, aids, and secretaries The gap between opinion and practice is too large and consistent to be dismissed as the spurious product of opinion-polling techniques. In a more recent study, Gerstein and Herzog report that a majority of the graduates of an adult nurse practitioner program did not experience many changes in their role. In comparing those nurses whose roles had changed subsequent to the program to those nurses whose roles - 3 - had not changed, the authors found the following: The median time spent by nurses whose role had changed on administrative and clerical activities is less than one-third of the median time spent on these same activities by nurses whose role had not changed. Instead of spending their time on these activities, these nurses are spending approximately twice as much time on case conferencing and seventy-five percent more time doing physical examinations. It is a waste of valuable resources to have health workers who are capable of doing physical assessment and caring for the ill performing routine administrative and clerical activities. These findings are most dramatic when considered in light of the potential benefits of productively using the nurse practitioner and physician assistant in expanded roles. A study by Silver for instance, indicated that some pediatric nurse practitioners alone can provide care for about three-fourths of the children seen in an office. In another study Silver and Hecker, , a pediatric nurse practitioner managed 82 percent of 2, patient visits, and on only 11 percent did she need to consult a physician, which she did by phone. These studies illustrate the point; namely, there is tremendous potential to increase the productivity of a delivery setting by insuring the maximum utilization of all personnel. To the best of our knowledge see Charney and Kitzman, , for example , these increases in productivity can be made while maintaining high quality care. In addition, patient acceptance of the new practitioners on the whole has been positive, although it has varied in some situations. In order to close this gap it is important to determine what seem to be the most critical causes and the ones most susceptible to change. This is crucial, because as stated by Freidson , "As the final arbiter of practice in the medical division of labor, The findings indicated that the physician almost always felt less efficacious in his work and less satisfied with his organization when the

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nurse assumed more responsibility. When the nurse assumes responsibility for more than the menial tasks, the physician feels a lessening of control. We can assume that many physicians in ambulatory care probably chose this specialty because of the close contact with patients and would not want to give it up. Given this situation, many physicians will not delegate responsibility to the nurse or the physician assistant unless he can maintain adequate continuity with his patients. Another possible cause for the gap between capability and utilization is that the desires and expectations of the nurse and physician assistant may differ from those of their teachers, physician colleagues, administrators, and others. From the study by Gerstein and Herzog, we know that those nurses who have the greatest desire to expand their role and are most invested in their work are most likely to succeed in obtaining more responsibility. A third likely cause for the underutilization of these workers is the lack of adequate support and acceptance. We know that the physician assistant, because of the newness of the role, faces considerable ambiguity concerning accreditation, salary, and acceptance by others. The nurse, on the other hand, faces a potential identity crisis because he or she may no longer be perceived as a nurse by nursing, and is certainly not perceived as a physician by the physicians. The nurse practitioner is threatening to nursing colleagues and supervisors, for the nurse practitioner is assumed to be more capable than the other nurses. In addition, many settings do not provide the support necessary to allow these workers to function in expanded roles; i. Of course, the relative importance of these reasons depends on the given situation and whom you ask. It is clear, however, that there are several reasons which deserve further investigation, while others deserve the immediate attention of educators, administrators, policy makers, health workers, and patients. The next section describes some efforts that are underway to remedy some of the causes for the underutilization of these health workers. The Challenge The challenge for all concerned is to initiate efforts which will close the gap between the potential and existing utilization of all health workers. These efforts will require close collaboration between health workers from all health professions; administrators; and social, behavioral and management scientists. In order to provide a focus for these efforts, the remaining part of this paper describes several potentially useful approaches to the - 7 - problem of underutilization. Improving the Skills of Nurses and Physician Assistants A very important approach is to work directly with the nurse practitioners and physician assistants in order to improve some of their skills. In working with these health workers during their student experiences, we have found that they have a rather low self-image and are incapable of managing some of the pressures and problems that they face. By training them to enter and deal with a social system, negotiate roles and share expectations, problem solve, build a team, and manage change, the students made the following types of comments: Educators can play a key role in helping the delivery system better utilize the expanded roles of the nurse and the physician assistant, Most programs, for instance, use "preceptors" or "clinical supervisors" to help the student learn clinical skills. However, little effort goes into Some of these approaches will be taken by the M. In many cases, the biases, priorities, and role images of the educators are academically or discipline focused rather than utilization focused. A team includes an internist, pediatrician, family nurse practitioner and social worker. The thrust of this effort is to explore the best models and methods for primary care teaching. It is assumed that collaborative learning will lead to a better understanding, and ultimately utilization, of all personnel in the health care system. In many settings there has been little, if any, analysis of the content of the curriculum for nurse practitioners and physician assistants. Rather, these programs were designed by physicians and nurses who tried to anticipate what the students needed. Educators should now be addressing the following questions: What are the functions of these workers, as presently defined, in the practice settings? Is the training appropriate to accomplish these functions? Besides revising the content of the curriculum, per se, there is a - 9 - need to improve the nature of the program and teaching methods. In some cases, the program may need more of a practice orientation, rather than an academic orientation. The program should be flexible enough to encourage the student to meet his or her own needs and utilize the faculty as resources to meet these needs. These programs are designed to minimize the energy that health teams devote to maintaining themselves as a functioning team and maximize the energy devoted to the task of delivering care. As noted by the authors, the commitment and support of the administrators for the

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team development activities is essential for its success. Another approach is to provide the physician and administrator with some "guidelines" for effective utilization of nurses and physician assistants, These guidelines should point out some of the issues and problems involved in using these workers, some alternatives for dealing with them, and some resources available for assistance. In addition, some "packaged" programs for dealing with specific issues may be provided. A third approach to this problem is the teaching of primary care and team work in the various health schools. Physicians, nurses, and other - 10 - health workers receive little exposure to some of the difficult delivery issues during their training. For that reason, many schools have adopted the policy of developing programs in primary care, oftentimes giving the student opportunities to work and learn with health workers from different professions. Improving the Amount of Basic Research and Evaluation Given the amount of resources which are involved in this area, there is a surprising lack of basic research and evaluation that has been done. There are difficulties in working in this area, of course, but they are not insurmountable. Some of the fundamental questions are the following: What skills does the nurse and physician assistant need? How can these best be blended with others and how can or should the blending occur? How does one maintain continuity of care when so many workers are involved? How and should all workers be accredited? Who should be doing the tasks which were done by the nurse prior to the expansion of the nursing role? For what additional reasons are there gaps between potential and actual utilization of all workers? In Summary In summary this paper has described the problem of the underutilization of nurses and physician assistants in health care systems. Some empirical data documenting the problem was presented. The paper was also concerned with suggesting reasons for the underutilization of these health workers, and giving more attention to some of the critical ones. In the final section some approaches that are being taken to alleviate these causes were identified, and some potential approaches were outlined. It is hoped that this problem will receive greater attention, for the need is great and the potential to meet that need is within reach. Sloan School of Management, An Educational Program" M. Obstetrics and Gynecology

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Chapter 3 : The underutilization on nurses and physician assistants in ambulatory care, - CORE

T. LIBRARIES THE UNDERUTILIZATION OF NURSES AND PHYSICIAN ASSISTANTS IN AMBULATORY CARE by Eric L. Herzog Introduction In answer to the impelling need for more health care for more people, and with the assumed shortage of physicians (especially in the urban poor and rural areas), the increased use of non-physician health personnel has been.*

Physicians in larger and multi-specialty group practices were more likely to work with NPs, CNMs, or PAs than those in smaller and single-specialty group practices. The expansion of health insurance coverage through health care reform, along with the aging of the population, are expected to strain the capacity for providing health care 1 3. Projections of the future physician workforce 4 , 5 predict declines in the supply of physicians and decreasing physician work hours 6 , 7 for primary care 8 9 An expansion of care delivered by nurse practitioners NPs , certified nurse midwives CNMs , and physician assistants PAs is often cited as a solution to the predicted surge in demand for health care services and calls for an examination of current reliance on these providers 11 , Using a nationally based physician survey, we have described the employment of NPs, CNMs, and PAs among office-based physicians by selected physician and practice characteristics. In , a higher percentage of primary care physicians Among all three specialty categories, physicians in larger practices were more likely to have NPs, CNMs, or PAs compared with those in smaller practices. Among primary care specialists, for example, Physicians in surgical and medical specialties followed this same pattern, with those in larger practices being more likely to have NPs, CNMs, or PAs Figure 2. Physicians in practices with more revenue from Medicare were less likely Summary The expansion of health insurance coverage, as well as the aging baby-boomer population, are predicted to cause a surge in demand for health care services in the coming years. Physicians in large and multi-specialty group practices, compared with solo and single-specialty practices, were more likely to work with NPs, CNMs, or PAs. Definitions Percent revenue by source: Percentages of individual payment sources i. These specialties are grouped into three major categories: Major specialties included in the primary care grouping are internal medicine, family practice or general practice, pediatrics, and obstetrics and gynecology. Major specialties in the surgical category include general surgery, orthopedic surgery, urology, ophthalmology, and otolaryngology. Major specialties in the medical category are cardiovascular diseases, dermatology, psychiatry, and neurology. However, for analytic purposes, some subspecialties of pediatrics and obstetrics and gynecology are reclassified as medical or surgical. Less common specialties are also divided into these three groupings. The target universe of NAMCS includes visits made in the United States to the offices of nonfederally employed physicians 10 excluding those in the specialties of anesthesiology, radiology, and pathology 11 who were classified by AMA and the American Osteopathic Association as providing "office-based, patient care. A sample weight is computed for each sample visit that takes all stages of design into account. The survey data are inflated or weighted to produce unbiased national annual estimates of physician office visits and unbiased annual estimates of physician characteristics, including attributes of their practices. Only physician-level statistics were utilized in this brief. Analysis was based on the sample of 1, physicians, after dropping 35 physicians missing information on employment of NPs, CNMs, or PAs. No corrections were made for multiple comparisons. All comparisons reported in the text are statistically significant. Data analyses were performed using the statistical packages SAS version 9. Health insurance coverage and health care utilization 12 United States, 13 and January 14 March Medicaid expansion offers solutions, challenges. Health Aff Millwood 29 2: Reform and the health care workforce 15 Current capacity, future demand. N Engl J Med Economic and demographic trends signal an impending physician shortage. Health Aff Millwood 21 1: Comparison of physician workforce estimates and supply projections. Internal medicine work hours: Trends, associations, and implications for the future. Am J Med 1: Trends in the work hours of physicians in the United States. Health reform, primary care, and graduate medical education. N Engl

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J Med 6: Finding, recruiting, and sustaining the future primary care physician workforce: A new theoretical model of specialty choice process. Acad Med 85 10 Suppl: Primary care delivery changes as nonphysician clinicians gain independence. Ann Intern Med 8: Care by physician assistants and nurse practitioners in national health surveys. Health Serv Res 42 5: Tapping the potential of the health care workforce: Scope-of-practice and payment policies for advanced practice nurses and physician assistants. National Health Policy Forum. Nurse practitioners, certified nurse midwives, and physician assistants in physician offices. NCHS data brief, no National Center for Health Statistics. Copyright information All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

Chapter 4 : Full text of "The underutilization on nurses and physician assistants in ambulatory care"

The Future of Physician Assistants and Nurse Practitioners in the U.S.A." presented at the International Macy Conference on National Health Services (The Hague The Netherlands Margaret Mahoney.

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