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Nursing Economics; Jan/Feb 2000; 18, 1; ProQuest
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The Marketability of Nurse Practitioners in New York City

Executive Summary

- Until recently nurse practitioners (NPs) in independent practices have almost exclusively served Medicaid populations, and, most NP care has been provided by NP employees in physicians' offices or HMOs.
- The author explores the willingness of affluent or insured private pay patients to choose NPs as their primary care providers by using both focus groups and telephone interviews of adults between 25 and 50 years of age.
- Findings included the common perception that physicians were best prepared by education at diagnosing illness and valued for their overall expertise and likelihood to treat patients with respect.
- Nurses were most liked for their "compassion and caring," their willingness to listen to client concerns, and focus on disease management and health promotion.
- Nurses were least liked for having "bad attitudes" and being overworked.
- Only 23% of the survey participants were familiar with the term "advanced practice nurse" while 76% had heard of NPs.

During the last 3 years, The Columbia University School of Nursing (CUSN) has run three nurse-practitioner (NP) primary care practices as part of the off-site network of six primary care facilities serving the catchment area of the Columbia Presbyterian Medical Center (CPMC). CPMC is one of five academic medical centers in New York City and the only hospital-based institution serving the northern Manhattan community of Washington Heights, an area with 200,000 predominantly low-income immigrants (Garfield, Broe, & Albano, 1995; Garfield, Greene, Abramson, & Burkhardt, 1997). These practices have met with wide acceptance by the community. Nurse practitioners have hospital privileges and consult with a physician collaborator when they deem it appropriate. The NP centers serve as sites for faculty practice and master's student rotation (Mundinger, 1995).

To further develop the model of independent NP services and gain wider acceptance among academic health centers, CUSN decided to open another service, the Center for Advanced Practice Nurse Associates (CAPNA) located in the Upper East Side. CAPNA would thus serve a largely U.S.-born, high-income community with mostly commercially insured patients who are reimbursed under managed care contracts. Direct reimbursement at rates equivalent to those of physicians is now available from four insurers.

While the scope of NP competence and practice was well known (Carrino & Garfield, 1995), many other questions arose. Legal issues were clear: in New York State, NPs can write prescriptions, order and interpret lab and x-ray studies, diagnose and treat common illnesses, promote health and prevent disease, all in collaboration with a physician. More important, would the new practice be perceived as competitive by medicine beyond the CPMC, or an opportunity to further expand differentiated primary care with and offer a new choice for new populations? Would physician colleagues realize that the NP practice could enhance their own practices, provide added services for the patients we share, and

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enlarge the "reach" of the medical center? Until now, NPs in independent practices have almost exclusively served Medicaid populations, and most NP care has been structured using NPs as employees in physician's offices or HMOs.

The most important issues had to do with patient interest and acceptance. Would privately insured managed care enrollees choose nurse practitioners as their primary care providers? Do potential patients know enough about NPs and their types of practice? Marketing research was conducted and clarified the knowledge level and potential acceptance of the public for an academic NP practice among an affluent client base. Lessons learned about the marketability of NP services and the challenges in informing the public about NPs can aid in developing marketing strategies for nurse-run health care facilities.

Methods

A marketing research firm carried out structured focus group interviews with local residents, met with human resource managers from nearby firms, and conducted telephone surveys in the spring of 1997. Focus groups included members of the target market: Manhattan residents in the vicinity of CAPNA currently under managed care arrangements. Participants included men and women between 25 and 50 years of age. Following the focus groups, interviews were held with human resource executives from key companies in the CAPNA area.

Focus group and human resource personnel interviews were followed by telephone surveys of 350 Manhattan residents. Random digit dialing was used to create a sample of adults, aged 25 to 50, who are currently enrolled in managed care. Forty-eight percent of the sample were male, 65% were white, 11% were African-American, and 5% were Latino (the remaining 19% did not report race). Sixty-seven percent of respondents had at least a 4-year college degree.

Results

Focus groups. Among focus group participants, physicians were considered best at diagnosing illness and had the best "expertise." Physicians were least liked for their "attitudes," failure to spend more time with the patient, their high cost, and long waiting times. Nurses, by contrast, were most liked for their "compassion and caring." They were least liked for having bad attitudes and being overworked.

After hearing a statement of the range of services provided by NPs, focus group participants were generally very receptive to the idea of using NPs for primary care. Their comments included, "They have a wide range of knowledge," "Sounds the same as a doctor," and an NP is "perfect as a general practitioner." They were particularly interested in the NP focus on health promotion and disease prevention, preventative care, and individualized health-risk assessments. Eighty percent of focus group participants said they would consider going to an NP, offering comments like "NPs are going to play a larger role in health care," "I would go on a regular basis," and "My attitude would shift from, 'He never tells me anything' and 'I came here because I'm supposed to' to 'they may tell me something to enhance my lifestyle.'"

Human resource executive interviews. Not one human resource executive demonstrated any substantive knowledge of NPs. Similarly, none knew that insurance carriers had entered into agreements with CAPNA to reimburse them as primary care providers. They were interested in learning about care provided by NPs, the cost of the care they provide, and potential risks. All wanted more information before considering a recommendation of the NP option to their employees. Generally speaking, they indicated they were always looking for new options and added benefits for their employees. Their comments included "If you can derive benefit from using an NP, it might break down traditional bottlenecks one gets from doctors," "You must educate the public, because if people don't trust them, they won't use them," "It adds another option to making medical benefits more comprehensive," and "This is a viable avenue to follow, it's probably the wave of the future."

Telephone surveys. Fifty-six percent of telephone survey respondents reported receiving good or excellent care now; only 13% considered current care poor. An even higher 73% reported the quality of care from physicians currently as good or excellent. Similar percentages reported good quality care from their plan's pharmacists, dentists, and nurses.

Survey respondents' general impressions of doctors and nurses were assessed with a series of statements and individual ratings on a scale of 1 (least) to 8 (most). Average scores for all respondents are presented in Table 1. Physicians were seen on average as treating patients with more respect, having the education and training to deal with the client's needs, and making the client feel better when sick. Nurses scored higher in taking time to listen, being someone to trust, making the client feel comfortable, caring, understanding, and focusing on preventing illness.

A little over 80% of survey respondents currently have a primary care practitioner. For 18% of them, this is a female practitioner. Thirty-four percent of the men stated that they had received care from a female practitioner at some time. Eleven percent stated that they would be unwilling to go to a female primary care practitioner.

Thirty-four percent of survey respondents stated that they were not satisfied with their current managed care coverage. Most of these wanted more freedom to choose their type of care and practitioner. More than two-thirds prefer to get their care near their home rather than near their workplace. Fifty percent stated that they would prefer a practitioner, not necessarily a physician, with extensive primary care

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Table 1.
CAPNA Nurses and Doctors Poll

1 = least 8 = most	Nurses	Doctors
Care about my overall health	3.80	3.75
Takes time to listen to me	5.75	4.17
Is someone I trust	5.25	4.08
Makes me feel secure	3.69	3.95
Is someone I feel comfortable with	5.45	3.02
Understands my concerns	5.40	3.96
Treats me with respect	4.98	5.41
Has the experience to deal with my health care needs	3.67	3.62
Has the education and training to deal with my health care needs	4.85	7.25
Makes the right decisions in emergencies	4.54	4.69
Makes me feel better when I'm sick	5.00	5.62
Cares as much about preventing illness as treating sick people	5.55	4.30
Care about patients	4.70	4.06
Views me as an individual, rather than a medical specimen	4.72	4.26

Table 2.
Somewhat or Very Comfortable Being Treated by:

Registered nurse	80%
Licensed practical nurse	51%
Advanced practice nurse	61%
Nurse practitioner	62%
Physician's assistant	64%

Table 3.
Somewhat or Much More Likely to Go to NP if:

Extensive medical training	80%
Advanced degrees	80%
Advanced degrees in specialty care	82%
Certification from ANA	74%
Shared clinical classes with medical students	79%
2 years hospital training	72%
2 years in advanced training program	81%

training; while 40% preferred a physician even if s/he had less practical experience and education in primary care.

Only 23% of the survey respondents were familiar with the term "advanced practice nurse," while 76% had heard of nurse practitioners. Respondents were asked who they would be comfortable being treated by if a physician were not available. Registered nurses were the group with the highest score in response to this question (see Table 2).

Survey respondents were asked if they would be somewhat or much more likely to go to a nurse practitioner if a variety of qualifications existed. If fact, all of the characteristics examined are common among nurse practitioner today (see Table 3). Advanced training was considered most important; hospital training was considered the least important qualification.

The dearth of knowledge about NPs among focus group participants, human resource executives, and respondents to the telephone survey was dramatic. Only a few people in any group had even a vague notion of what an advanced practice nurse, by any name, was. Few could provide even a vague definition of an NP and no participant could discuss their training, abilities, and responsibilities. The term "nurse practitioner" was better recognized than the term "advanced practice nurse," but no respondent was familiar with the preparation NPs need to provide primary care. The public's image of nurses in advanced practice appears to be overwhelmingly shaded by familiarity with nurses who are supportive and understanding but who are not in advanced practice roles. Yet the advanced training and practical experience of NPs are just what respondents state they seek in a primary care provider.

The receptivity of respondents in this affluent New York City neighborhood to care from NPs appears high. This would especially be true if NPs take time to listen to patients and focus on preventive health options for each patient. To do so would both be consistent with the public's image of nurses and responsive to the unmet need of insured patients who are dissatisfied with the primary care they currently receive. Focusing on these competitive strengths, the acceptance of NPs as

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technologies such as bar coding.

- *Genetic engineering.* Genetic innovations will rival the revolution that computers have implemented in medicine and drug development
- *Alternative energy sources.* Intelligent materials that incorporate sensors and materials made from waste products of another industry that will produce the feedstock of another.

Managing in the new technocracy of the new millennium will be challenging but also much more exciting than the work we do now. Twenty years ago, nurse managers weren't held accountable for the level of knowledge about financial outcomes that is expected now. The same will be true for technology. With electronic medical records, innovations in medical treatments, and the impact of the information and technologic revolution on the entire world, the interface between technology assessment, operationalizing technology, and continually upgrading staff to know what the implications of the technology revolution are will be imperative for success. That means that we must influence schools of nursing to include technology in their content now, and to help us prepare this generation of health care leaders to take a full seat at the leadership table to manage these complexities in the future. The success of the leader of the future will be measured by that person's ability to integrate the very complex issues of patient care and technology in a way that makes sense for patients, the organization, and the staff who will be working in a very complex environment. The leader's TIQ will be as important as other intelligences in the next 20 years.$

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independent primary care practitioners will likely be high.

Given current levels of familiarity, the challenge for nursing to inform the public that the skills, commitment, primary care training, and experience are already there among today's NPs is enormous. The marketing brochure for the new practice, designed in response to this research, attempts to do just this. It reads, in part, "Columbia advanced practice nurses, like all other primary car providers, refer patients to specialists when needed...When hospitalization is necessary, an APN and MD co-manage the care of patients. All APNs have a master's degree in a primary care specialty, which includes 2 years of extensive training. APNs are licensed by the State of New York, which grants them unrestricted prescriptive authority...APNs have national certification in their specialty, which attests to their high level of competence and quality."$

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already begun taking steps toward helping you become compliant. Vendors that have educated themselves and taken the necessary steps to plan for and address HIPAA final rules will be able to assist you in your efforts to meet the rigorous requirements imposed by administrative simplification.

Internally, your vendor has probably already appointed a HIPAA leader and identified a task force to coordinate HIPAA activities and educate management and employees on the new requirements. In addition, most vendors are conducting a rigorous audit and identification process to assess the affect of HIPAA on current products and those in development. Once a thorough inventory is complete, vendors will establish timelines to ensure HIPAA compliance by the anticipated deadline of 2002. Many vendors have produced white papers that describe their specific approach to HIPAA, and some have begun posting HIPAA information on their Web sites.

While it's true that HIPAA's Administrative Simplification final rules are still pending, it is certain that there will only be a 24-month implementation period once they are adopted. The guidelines above will help prepare for these rules, whatever specific form they ultimately take. By acting now, your organization will be ahead of the game. So, when that legislative "nudge" does come, it won't feel more like a shove.$

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