Family Nurse Practitioner’s Role in Primary Care

With the growing complexity of health care and diminishing availability of primary care physicians, many patients are seeing family nurse practitioners for their primary care needs.

Nurse practitioners help patients manage acute and chronic illnesses. They conduct physical exams and perform diagnostic tests and procedures. Nurse practitioners in the family practice specialty diagnose and treat patients from childhood to adulthood.

“Family nurse practitioners have a long history of engaging patients in their care, helping them to understand their illness and practical measures they can take for improvements,” says Mary Jo Goolsby, EdD, MSN, NP-C, CAE, FAANP director of research & education for the American Academy of Nurse Practitioners. “The family nurse practitioner role is becoming more dominant in that almost half of all nurse practitioners are now family nurse practitioners and this role does afford great flexibility since a family nurse practitioner can care for patients across the age span.”

The role of nurse practitioner was developed in the early 1960s. Since that time, it has changed from an assistant role to one of meeting people’s healthcare needs when a primary care physician is not available.

The roles of nurse practitioner and physician assistant are evolving alongside that of physicians, with expanding opportunities in specialty medicine being a dominant trend affecting health professions.

Scope of Responsibilities

Nurse practitioners are registered nurses who have an advanced training. With the exception of surgery, nurse practitioners are allowed under state regulations to provide many of the same services performed by physicians. These services include diagnosing and treating health problems; performing prenatal, well-child, and adult care checkups; diagnosing and managing minor trauma, including suturing and splinting; prescribing medications; and teaching health promotion and disease prevention to patients.

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“It is the expectation of family nurse practitioners to diagnose, treat, and prescribe in all 50 states. The scope may alter state to state as to what can be prescribed and services offered,” says David G. O’Dell, DNP, ARNP, FNP-BC, graduate Nursing program director at South University, West Palm Beach. “In many states, a nurse practitioner can prescribe all medications, including controlled substances. In some states, they are not allowed to prescribe controlled substances at all.”

Nurse practitioners’ scope of practice and ability to work independently varies widely across the country. Many nurse practitioner lobbying activities on the state level have focused on achieving professional autonomy, without physician supervision. The long-standing debate over independent nursing practice has been highly controversial, but has started to heat up again because of the growing demand for medical services by aging baby boomers and people who will be newly insured through healthcare reform.

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The heavier patient load, along with an anticipated shortage of primary care doctors, has put the spotlight on how nurse practitioners and physician assistants can fill primary care needs.

Nurse practitioners have responded by saying that while they do not claim to be able to replace physicians, they can provide high-quality, cost-effective care. “From our nursing background, nurse practitioners bring a patient-centered approach to their care and the outcomes are excellent,” Goolsby states.
She adds that nurse practitioners are part of the healthcare team either on a local or broader scale.

“The state regulatory environment is gradually changing so that nurse practitioners are more likely to have ‘plenary’ authority, meaning that there are no regulatory requirements that we collaborate in a team environment,” Goolsby says. “But just as physicians are part of the overall healthcare team, so are nurse practitioners.”

**Collaborative Care**

Family nurse practitioners approach patients with an understanding of the value of collaborative, family-centered care.

“From the family nurse practitioner perspective, the family is the patient so individuals are treated within the context of their family,” O’Dell says.

In addition to the focus on family dynamics, nurse practitioners have referral and consultative relationships with other healthcare providers, such as physicians, pharmacists, and psychologists. Effective collaboration has proven to promote better communication, healthcare management, and positive health outcomes.

“Nurse practitioners are taught to collaborate with other healthcare providers to help patient health,” O’Dell says.

“Historically, you look at the family doctor as being by himself and making house calls,” he adds. “That is history. Now, it is all about teamwork. It is just a given. Therefore, when someone asks, ‘who is the captain?’ We say, ‘it takes a team.’”