Primary care physicians and nurse practitioners differ starkly in their attitudes about the role and recompense nurse practitioners should have in the evolving U.S. healthcare system, a national survey found.
Whereas 82% of nurse practitioners (NPs) believe they should be allowed to lead medical homes, only 17% of physicians were in favor of this, according to Karen Donelan, ScD, of Harvard Medical School, and colleagues.

And while 64% of NPs said they should receive the same pay as physicians for the same care, only 4% of physicians agreed, the researchers reported in the May 16 *New England Journal of Medicine*.

"The U.S. healthcare system is at a critical juncture in healthcare work force planning," Donelan and colleagues wrote.

Factors contributing to this include the shortfall in primary care physicians, the increasing numbers of older individuals who are likely to need care for chronic disease, and the coming implementation of the Affordable Care Act, which will open up medical resources to millions who are currently uninsured.

Suggestions that NPs might be able to help fill some of the resulting gaps "have met with wide interest and considerable controversy," the researchers noted.

For instance, in 2010 the Institute of Medicine issued a report calling for changes that would permit nurse practitioners to direct medical homes, have admitting privileges, and be compensated at the same rate as physicians for similar duties -- a proposal that was "strongly opposed" by physician groups.

To explore these concerns in a national sample, Donelan's group surveyed 505 primary care physicians and 467 NPs about their personal characteristics and attitudes toward scope of practice and supply of providers.

Nurse practitioners were more likely to be women (93% versus 54%, \( P < 0.001 \)), older, and less experienced, and to work shorter hours, care for fewer patients, and to earn less than doctors.
Whereas 27% of NPs reported earning less than $100,000 annually, only 6% of physicians earned in that range. Conversely, 77% of physicians earned more than $150,000, as did 29% of NPs (P<0.001 for both comparisons).

Three-quarters of the NPs said they were "able to practice to the full extent of their education and training," and among those who didn't, reasons included hospital and state regulations.

Almost all NPs said they "should be able to practice to the full extent of their education and training," and 76% of physicians agreed.

More than 80% of NPs reported working in collaboration with physicians, whereas only about 40% of physicians had such an arrangement with NPs.

When asked about the quality of care, 66% of physicians stated that the quality of their examinations and consultations was higher than that of NPs, while 75% of nurse practitioners disagreed.

Among respondents who worked in collaborative practices, 86% of nurse practitioners said they performed annual physicals, as did 58% of physicians.

Care for complex patients who have coexisting conditions was provided by 68% of NPs and 28% of physicians, while acute illnesses were treated by 92% of NPs and 77% of physicians.

Other clinical services handled more often by NPs were patient education, care transitions, and screening follow-up.

The survey also included questions about the likely effects of an increase in the number of NPs.

The timeliness of care would improve, according to 91% of nurse practitioners and 73% of physicians, as would access to care, according to 81% and 52%, respectively.
But fewer than one third of physicians considered that care would be safer, more effective, or equal, and one in three suggested that there could be detrimental effects.

"As we consider these polarized views, it is important to acknowledge that nurse practitioners and physicians come from very different cultures of professional education, are guided by different theoretical perspectives, and often develop their clinical skills in different practice environments," the authors observed.

In an accompanying editorial, David Blumenthal, MD, and Melinda K. Abrams, MS, of the Commonwealth Fund in New York, argued that objective data are needed to clarify the competencies of both types of caregivers and that flexibility will be needed in adapting roles. Patient preferences also should be taken into account, they noted.

"We urgently need a facilitated, open dialogue about the roles of physicians and nurse practitioners that includes representatives of the public," stated Blumenthal and Abrams.

Limitations of the study, according to Donelan and colleagues, included a lack of input from other healthcare providers such as physician assistants and a limited ability to control for all between-group differences.

In conclusion, they wrote, "It is our hope that the stark contrasts in attitudes that this survey reveals will not further inflame the rhetoric that has been offered by some leaders of the two professions but rather will contribute to thoughtful solutions for healthcare work force planning and policy."