

# Letters to the Editor

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## NPs, Shorter Training Needed to Fix Workforce Shortage in Primary Care

**Original Article:** Relying on NPs and PAs Does Not Avoid the Need for Policy Solutions for Primary Care

**Issue Date:** August 15, 2013

**See additional reader comments at:** <http://www.aafp.org/afp/2013/0815/p230.html>

**TO THE EDITOR:** This Graham Center Policy One-Pager points out that using nurse practitioners (NPs) and physician assistants (PAs) to relieve the primary care shortage may not work because many of them, like physicians, tend to practice in specialty areas. However, this piece suggests that the authors oppose the idea of NPs independently practicing in primary care. I argue that unless training programs for primary care physicians are shortened and made more practical, expanding the scope of practice of NPs remains an essential part of the solution.

The Institute of Medicine supports the idea of NPs providing aspects of primary care within the scope of their training and education.<sup>1</sup> Furthermore, the National Committee for Quality Assurance recognizes patient-centered medical homes that are led by NPs.<sup>2</sup>

The increasing burden of administrative and clinical tasks is associated with job dissatisfaction and high burnout rates in primary care physicians.<sup>3</sup> However, if this workload were spread out among more clinicians, including NPs, job satisfaction might improve.

Although adding NPs to the workforce will help, clinicians need to be trained more quickly to make the primary care workforce sustainable. This can be done through accelerated three-year medical degree programs<sup>4</sup> or by combining college and medical school. I would not be surprised if future primary care clinicians are hybrids, being

trained in ways that would be considered heretical today.

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**IN REPLY:** We appreciate Dr. Volpintesta's willingness to read and respond to our brief. Having said that, we must correct his assumption that it somehow implies anything about NP or PA practice independence. The brief sticks strictly to the finding that most NPs and PAs are not currently practicing in primary care—similar to physicians. This finding is supported by another recent study showing that just 33% of NPs and 22% of PAs in New York are practicing in primary care.<sup>1</sup>

Our message is clear and narrow: there are no easy solutions to the growing workforce shortage in primary care, and policy and training innovations are desperately needed to produce the primary care workforce that America needs now and in the future.

Such innovations should not impair the ability of primary care clinicians to deliver comprehensive, complex, and continuous ►

## Letters

care. Nearly two-thirds of family physicians currently work with NPs, PAs, or certified nurse midwives, and robust primary care will undoubtedly add other functionalities to these clinical teams.<sup>2</sup>

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## Corrections

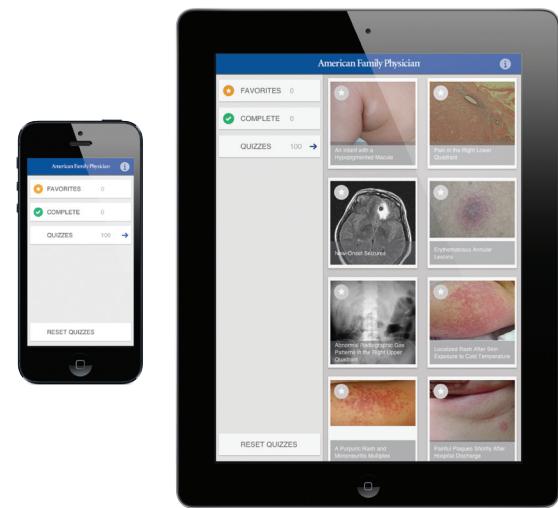
**Error in letter grade for visual screening recommendations.** The article "Childhood Eye Examination" (August 15, 2013, p. 241) contained an error in the second to last sentence of the first paragraph (p. 241). The level of evidence grade for the American Academy of Family Physicians and the U.S. Preventive Services Task Force (USPSTF) recommendations to perform vision screening at least once in all children three to five years of age should be B, rather than C. The USPSTF recommends this service and has concluded that there is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. The online version of this article has been corrected.

**Error regarding when back pain occurs with nerve root compression.** The article "Diagnosis and Treatment of Peripheral Arterial Disease" (September 1, 2013, p. 306) contained an error in Table 1 (p. 307). In the second column, second row under the "Neurologic" heading (nerve root compression), it said, "Posterior radiating pain originating in the back, often changing with position and improving with lumbar flexion." This should have said, "Posterior radiating pain originating in the back, often changing with position and improving with lumbar extension." The online version of this article has been corrected. ■

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