



Benefits of Pediatric Nurse Practitioners

Over the past several years, it has become evident we are facing serious shortages of primary care physicians as well as in some specialty areas, including pediatrics. While there have been a number of studies that address how to alleviate these coming shortages, one of the recommendations seems to merit more consideration than others. The addition of a pediatric nurse practitioner to the office of a private practice pediatrician is an economically sound way to relieve the shortage while improving the medical care children receive.

Pediatric nurse practitioners provide skill and competent services to young patients and their families. The PNP becomes a valuable associate to the pediatrician in managing the daily activities that a busy practice experiences. The addition of a PNP to the staff will allow for an increase in the number of patients seen as well as the quality of service the practice provides.

Nurse practitioner educational programs began at the University of Colorado in 1965 in a program that is now available at over 325 colleges and universities. NPs have graduate, advanced and clinical training in addition to their nursing degrees, with most earning master's degrees and many having doctorates.

In the June 2005 issue of "Medical Economics" it is stated, "Nineteen percent of doctors are adding nurse practitioners or physician assistants to their staffs to enable them to see more patients in the office." A nurse practitioner on the staff of a busy pediatrician can perform many of the functions previously only performed by physicians, including gathering information for patient records, performing basic medical examinations, ordering lab tests, following up on medications and treatment and meeting with patients and their families to provide support during recovery. They have a unique approach that stresses both the care and cure of their patients.

The January 1998 "Medical Economics" writes, "You don't raise productivity by adding another layer of administration; you raise it by helping doctors see more patients."
Jayne Oliva, MBA The Croes Oliva Group

"Nurse practitioners also help increase patient visits," says Pediatrician Richard Schleppehorst, the Medical Director at Quincy, a 72-doctor Illinois based medical clinic. Dr. Schleppehorst was one of the first Pediatricians at Quincy to add a Pediatric Nurse Practitioner (PNP) to his practice. In 1998, Quincy's NPs averaged 2,500 encounters per year, compared with about 4,000 for primary-care doctors.

While doctors at some groups are leery of using "physician extenders," they've been well received by Quincy's patients and doctors. "They have a different focus," says Dr. Schleppehorst. "Their training emphasizes patient education. Some patients request the NP, or alternate well-baby visits between us and them."

What about the cost? Generally, nurse practitioners at Quincy work closely with a single doctor. A doctor with a busy practice may hire one after getting the approval of his department and the clinic board. In the past, he would pick up the tab himself; today, the clinic pays. Then it uses productivity benchmarks to assess the NP's performance.



Here are excerpts regarding costs from a March 2000 article in Medical Economics:

<http://medicaleconomics.modernmedicine.com/memag/article/articleDetail.jsp?id=121168>

“Yes, they are handy to have around, especially since they can do most of what primary care doctors do at one-third to one-half the salaries.”

“And the physicians who hire them benefit greatly. Patients triaged to NPs and PAs are often happier because their visits are longer and they can get same-day appointments. Without a knot of patients in their waiting rooms, physicians are less harried—and many make money on each patient the NP or PA sees.”

“Primary care PAs in multi-specialty groups gross slightly more than \$3 for every \$1 in compensation, according to the Medical Group Management Association. Internists, in contrast, gross slightly more than twice their compensation. If an NP or PA produces \$30,000 in annual profit—an attainable figure, according to the MGMA—the physician practice partners can divide that money among themselves.”

“PAs and NPs sweeten physician income in other ways, too. In managed care markets, they allow doctors to handle larger patient panels—and receive a bigger capitation check. In the fee-for-service realm, they free doctors to concentrate on more complex, better-paying cases, says Lisa Pieper, the MGMA's Senior Project Manager in survey operations. PAs and NPs take over colds and sprains so doctors can see sicker patients.”

For more detailed information, contact your State Medical Board, State Medical Society or the State agency that regulates these clinicians.

If you are considering the addition of a pediatric nurse practitioner to your practice, please visit the following website for more information:

<http://www.napnap.org/aboutUs/AboutPNP/HiringPNP.aspx>

If you have questions regarding Pediatric Nurse Practitioners, or for help with a search please contact:

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