

Nurse practitioners are able to provide comprehensive, safe medical care

**Commentary by Agnes Oblas
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Recently, The Arizona Republic published a favorable article about "drop-in" clinics now becoming popular in pharmacies and super markets.

Within a few days, a letter to the editor appeared from a physician in Wickenburg concerned about the care people receive at these clinics. That same week an op-ed piece in USA TODAY by a physician from New Hampshire presented his concerns regarding frequent visits to emergency rooms for non-emergent/urgent problems.

The content of these three writings represent the debate now raging between advanced practice nurses (nurse practitioners) and a cohort of the medical profession.

The concept of the drop-in clinic came about for the sole purpose of providing a venue and easy access for the treatment and care of minor illnesses. The concept became a reality because nurse practitioners are quite capable to staff these clinics. By definition, nurse practitioners are advanced practice nurses and have graduate level education that prepares them for independent practice.

The AMA's official stance regarding these drop-in clinics revolves around issues such as patient safety, concerns that sick people mingle with healthy people who are shopping, that antibiotics would be prescribed inappropriately for viral illnesses or for illnesses that really only require symptomatic treatment, and that the host pharmacy or in-store pharmacy would profit when prescriptions are filled on the premises.

The AMA also objects to insurance companies offering reduced co-pays to encourage the use of the clinics and reasonable fees for cash pay patients.

In response to these concerns, the public must learn and understand some truths about nurse practitioners and some inherent contradictions to the AMA's concerns. The safety issue rankles the NP community at large. National organizations, such as the American Nurses Association, American College of Nurse Practitioners and American Academy of Nurse Practitioners cite reputable, independent studies that have concluded that medical care provided by nurse practitioners is safe, comprehensive and reliable, with a high degree of patient satisfaction.

And if safety is such a concern to the medical community, why are so many nurse practitioners working in multi-physician practices from primary care to cardiology, orthopedics, etc? And why does a large part of the medical community rely on nurse practitioners to handle the care of residents in long-term facilities ("nursing homes")? And, lately, why are hospitals using nurse practitioners to share the care and treatment of hospitalized patients, in emergency rooms and acute/intensive care settings?

The concern that sick people would mingle with healthy people defies logic as this happens on a daily basis the minute you step out of your home.

Who has not stood at a bank, for example, and not had the person in line behind cough or sneeze?

The AMA is also concerned that antibiotics would be prescribed inappropriately for viral or self-limiting illnesses, leading to drug resistant organisms. This disregards history as well as current medical practice.

Decades ago, infants and children did very well without antibiotics to treat ear infections. Somewhere along the way long before nurse practitioners came along, the prescribing of Amoxicillin became standard practice, which in large part is responsible for some of this drug resistance.

Also, because emergency rooms and urgent care centers are so busy it is often more efficient to prescribe antibiotics because this is what a patient expects.

Finally, nurse practitioners have no problem utilizing "Rapid Strep" throat swabs or quick, diagnostic "flu" or mono tests that facilitate the decision-making process regarding appropriate prescription writing.

If the AMA finds conflict of interest concerns when prescriptions are filled on site why do so many physician offices offer dermatologic services and products or vitamin and food supplements on a cash pay basis?

The Journal of the American Medical Association recently reported that only 2 percent of graduating medical students plan to establish their practice in primary care. Is it any wonder that over use of emergency/urgent care centers is the result?

The Massachusetts Medical Society estimates that the wait for a new patient appointment with a primary care physician is anywhere from 50 to 100 days and that same-day appointments for established patients almost never happens so patients are directed to emergency/urgent care centers, especially during after-hours or on weekends.

So, again, why should there be such negative reactions toward retail drop-in clinics?

Nurse practitioners are ready, willing and able to step up to the plate to provide comprehensive and safe medical care. It is time for the AMA to accept our role wherever we find ourselves.

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