

Nurse practitioners providing primary care offsetting physician shortages in underserved communities

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A growing number of nurse practitioners are providing primary care in low-income and rural areas where physician supply is low, according to findings from a study led by University of Rochester School of Nursing researchers.

The study, released this month in the *Journal of the American Medical Association*, examined data trends in 50 states and Washington DC from 2010 to 2016 and charted a narrowing gap between the supply of primary care [nurse practitioners](#) and physicians, particularly in [low-income](#) and [rural communities](#).

"The growing NP supply in these areas is offsetting low [physician](#) supply and thus may increase primary care capacity in underserved communities," said Ying Xue, DNSc, RN, associate professor at the UR School of Nursing, who was the paper's lead author.

Nurse practitioners (NPs) constitute the largest and fastest growing group of non-physician primary care providers. The number of NPs who provide primary care jumped to 123,316 in 2016, up from 59,442 six years earlier. Though primary care physicians outnumber NPs by nearly 2 to 1, studies have forecast a shortage of primary care physicians lasting through at least 2025. The shortfall of primary care physicians is seen as particularly severe in rural and other underserved communities.

While previous research has shown that primary care NPs have a higher propensity to practice in low-income and [rural areas](#) than [primary care physicians](#), the UR Nursing study is the first to examine the breakdown and distribution of the supply of primary care clinicians in relation to income and population density.

"The demand for care is not exactly the same across areas. Some areas have high demand, and some have low demand," Xue said. "Low-income and rural areas have higher demand and greater health disparities. Increasing the number of primary care clinicians in those areas would help to increase access and help reduce health disparities. That's the ultimate goal: To have sufficient clinicians to provide care in those areas."

The study reported that from 2010 to 2016, the average number of nurse practitioners in communities with the highest proportion of low-income residents jumped from 19.8 to 41.1 for every 100,000 people, while the average number of physicians dropped slightly from 52.9 to 52 per 100,000 people. In the same time period, the average number of nurse practitioners serving rural communities rose from 25.2 to 41.3 for every 100,000 people, while the average number of physicians fell from 59.5 to 47.8.

The larger growth of primary care NPs in low-income areas highlights the opportunity for patients in underserved areas to have more access to primary care. Current evidence suggests that consumers have widely accepted NPs as their primary care provider and that the care provided by NPs is comparable to care provided by physicians.

The study also contributes new evidence to a more robust discussion of policy recommendations on the use of NPs in primary care delivery. The findings may help spur efforts to develop more effective strategies on NP workforce deployment.

"This paper is really sending a message from a policy perspective about how to more effectively use NPs in primary care delivery," said Xue. "It may be most beneficial in looking at how to further structure the entire primary care workforce and how to mobilize all [primary care](#) clinicians in order to maximize timely access to care for populations in need."

More information: Ying Xue et al. Primary Care Nurse Practitioners and Physicians in Low-Income and Rural Areas, 2010-2016, *JAMA* (2019). [DOI: 10.1001/jama.2018.17944](https://doi.org/10.1001/jama.2018.17944)

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