Despite the central role primary care can play for many patients with preventable and chronic diseases, several trends in the health care system are at cross purposes with maintaining routine access to primary care. Across the United States, trends in training and licensure reflect increasing physician specialization. Specialization has contributed to a decline in the proportion of physicians who are generalists and a corresponding spike in patient loads per generalist. This undermines routine access to primary healthcare, fostering a growing concern across the country, and especially in Mississippi, an historically medically underserved state. The reasons for the undersupply of physicians in Mississippi are complex. However, regardless of the causes of the undersupply, the facts are not in dispute, particularly in rural counties. Combine low generalist physician supply with the high incidence of preventable diseases in the Mississippi population—like diabetes, heart disease, and stroke—and the opportunity for Mississippians to have access to the kind of regular, routine general health care they need to maintain good health becomes particularly worrisome.

To adequately manage these and other diseases prevalent in the state population, Mississippians need access to appropriate health care, regardless of whether they live in rural or non-rural areas of the state. Given the undersupply of physicians, the Mississippi health care system has begun to depend on nurse practitioners to diagnose and treat routine illnesses and to prescribe medication, especially in rural areas. In Mississippi, nurse practitioners are a type of ‘physician extender’ and must be supervised by a licensed physician. Research in other communities indicates that nurse practitioners are often regarded as acceptable and cost-efficient substitutes for physicians when dealing with primary care issues, particularly for diagnosing and
tending common self-limiting illnesses and for the follow-up and management of previous and chronic illnesses (Mundinger, MO., RL Kane, ER Lenz, AM Totten, W Tsai, PD Cleary, WT Friedwald, AL Siu, and MFL Shelanski. 2000. Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians: A randomized Trial. Journal of the American Medical Association 283(1):59-68. Nurse practitioners already supplement the health care provided by generalist physicians and provide primary care throughout the state, but particularly in rural areas of Mississippi.

Figure 1 shows that, while about one-third of the active physicians surveyed in the 2007 MSMD reported that nurse practitioners are not associated with their primary practice, approximately one-third of Mississippi physicians have one nurse practitioner and another third have multiple nurse practitioners in their primary practices. With nearly two-thirds of responding physicians reporting a professional relationship with nurse practitioners, it is obvious that the primary care provided by nurse practitioners is an important component of Mississippi primary health care delivery.

When considering health care workforce issues, a major concern is the ease with which particular health care providers can be recruited to available jobs in particular locations. About one quarter of the active Mississippi physicians surveyed reported that it is difficult to recruit nurse practitioners to work, while about 17 percent have no opinion or knowledge about nurse practitioner recruitment. Approximately 60 percent of the Mississippi doctors who responded to the survey reported that it was moderately easy or easy to recruit nurse practitioners.

Physicians' attitudes related to nurse practitioners, shown in Figures 2 & 3, are complex. Surveyed doctors were quite evenly split across the categories of responses available for the question about the adequacy of the supply of nurse practitioners. While nearly 20 percent of actively practicing direct care Mississippi physicians reported that there were too few nurse practitioners in Mississippi, an almost equal proportion reported that they believed there were too many nurse practitioners in the state. A sizeable proportion of Mississippi doctors surveyed had no opinion on the adequacy of the state's nurse practitioners.
practitioner supply, while about 1/3 of the 2007 MSMD respondents reported that they thought that the number of nurse practitioners in the state was about right.

How do Mississippi doctors feel about what nurse practitioners actually do? Almost 80 percent of the physicians we surveyed agreed that nurse practitioners are practical physician extenders when they are supervised by a physician, and nearly as many reported that they believed that patients are willing to see nurse practitioners for at least some of their primary care (Figure 4). However, fewer than one in six physicians reported that they favored independent practices for nurse practitioners. Not all physician perceptions of nurse practitioners were positive ones. Nearly one in five physicians reported that nurse practitioners created unfair competition for local colleagues, about a third contended that they increased a physician's risk of being sued, and just over half reported their belief that nurse practitioners provided a lower quality of care than did physicians. Yet more than half of the surveyed physicians reported that nurse practitioners contributed positively to health care in Mississippi. They reported that their use freed time for physicians to work on other issues, that nurse practitioners could appropriately prescribe commonly used drugs, and that they added positive dimensions to physician practices.

Physicians have generally positive, if somewhat ambivalent, impressions of the extensive use of nurse practitioners as providers of primary care. With physician supervision and/or by limiting the types of primary care they can provide, Mississippi physicians who participated in the 2007 MSMD survey generally support the notion that the use of nurse practitioners enhances access to care for Mississippians and that they are a particularly important component to access to care in rural communities.
MISSISSIPPI PHYSICIAN PERCEPTIONS OF NURSE PRACTITIONERS HEALTH CARE ROLES

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Figure 4. Climate Questions Concerning Nurse Practitioners.

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Figure 4. Climate Questions Concerning Nurse Practitioners.

NPs practical physician extenders when supervised by an MD.

Patients willing to see NP for some primary care.

NPs increase MDs time for non-patient care activities.

NPs provide lower quality primary care than MDs.

Hiring an NP can attract new patients to a practice.

NPs increase MDs chances of being sued.

NPs can provide most of the primary care services.

Using lower-cost NP unfair to other local MDs.

NPs unnecessary for access to rural primary care.

NPs should be allowed to practice independently in underserved areas.

Percent Answering “Agree” or “Strongly Agree”