Filling the Gaps

By Amy Stahl

It's been called a crisis. Health care undoubtedly takes a huge toll on our nation's physical and financial well-being. But not all the news is bad. BSU alumni, faculty and friends are among the dedicated professionals keeping pace with developments in immunology, technology, economics, homeless health care and more. *FOCUS* takes a look at just a few of the issues and personalities on the cutting edge of health care today.

Lisa Engleman was an experienced nurse practitioner when she started at the Terry Reilly clinic in Marsing, but she was unprepared for what she found in rural Owyhee County. "I never expected to see the poverty I've seen here," says Engleman, a BSU graduate with 18 years in the profession. She's seen families living in huts with no plumbing and young mothers who walk miles for medical assistance because they have no cars.

Engleman is the only health-care provider in this remote corner of the state. While she relies heavily on phone calls to physicians, she's pretty much on her own at the clinic 20 minutes from Nampa. Some of her patients are indigent, many are migrant farm workers living on the edge. Without the clinic, simple illnesses left untreated could become complicated emergencies. "Out here in the rural areas, if there were no clinic, people wouldn't get health care — then they'd get really sick," says Engleman, who has both associate's and bachelor's degrees in nursing from BSU.

Are nurse practitioners and physician assistants an answer to the health-care crisis?

Physician assistant Jamey McInally also knows what it's like to work in an isolated site. He is the lone health-care provider at the Garden Valley Health Center near Crouch. Like Engleman, McInally performs physical exams, provides immunizations, orders X-rays, treats broken bones and provides other vital health-care services in the mountain community 45 minutes north of Boise. McInally confers frequently with a physician, who also visits the clinic once a week. Even so, most day-to-day decisions are McInally's alone to make.

Engleman and McInally work about 100 miles apart. They were trained in distinctly separate disciplines, yet they share a common role: providing health-care services in far-flung communities. Known as mid-level practitioners, nurse practitioners and physician assistants are filling an urgent need in states like Idaho that

From Boise to Orofino, physician assistants like Marv Sparrell are extending health-care services to patients of all ages.

suffer from a chronic shortage of primary-care physicians. In many cases, mid-level practitioners work in underserved rural and inner-city areas that would otherwise be without health-care services. And they can do it at a fraction of what it would cost to pay a physician.

Yet it's been tough going for nurse practitioners and physician assistants in Idaho. Training opportunities have been limited and acceptance within the medical community has not come easily.

Building awareness, then, is seen as a top priority. So what is the difference between a nurse practitioner and a physician assistant? Primarily, training.

To become nurse practitioners, registered nurses with four-year baccalaureate degrees in nursing receive two more years of specialized instruction in master's programs. They work in collaboration with a licensed physician and are trained to treat patients in both chronic and acute primary care — situations, says Anne Payne, chair of BSU's nursing department and associate dean of the College of Health Science. In Idaho, there currently are 117 nurse practitioners, more than half of whom work in underserved areas of the state.

At one time, BSU offered a family nurse practitioner option as part of its baccalaureate nursing program but it was discontinued in the 1970s. Since that time, Idaho students have had to travel to Utah, Oregon and other states to earn master's degrees as family nurse practitioners. This fall, however, Idaho State will begin offering a master's program in Boise and Pocatello. Fifteen students will be admitted in each site.

Physician assistants also practice medicine under the supervision of a licensed physician. The training was conceived in 1961 as a solution to the chronic physician shortage and as a means for medical corpsmen to utilize their skills in civilian life. The programs are typically two years and are often compared to the first and third years of medical shool. The first nine to 12 months generally consist of classroom studies in medical sciences such as biology and chemistry, followed by a year of hands-on training in clinical rotations. Most physician assistants have previous health-care experience as EMTs, registered nurses or other allied health professions. Idaho was among the first states to require that physician assistants have bachelor's degrees.

Because Idaho has no program, students must travel to out-of-state schools to earn physician assistant certificates. Upon their return, many opt for rural practice. Currently more than half of the 53 physician assistants in Idaho work in rural communities such as Orofino, Gooding, Challis, Glenns Ferry and Lava Hot Springs.

While the two professions have gained a foothold in the health-care system, they continue to struggle for recognition. Marv Sparrell, a BSU graduate and physician assistant who works at the Veterans Administration Medical Center in Boise, likens the tussle to "kind of like having twins." Relatively young professions, nurse practitioners and physician assistants are trying to build their reputations simultaneously. He believes that by working together, they can build awareness both within medical circles and the community at large.

CHUCK SCHEER PHOTO

Nurse practitioner Lisa Engleman thrives on the challenges she faces at the Marsing clinic.

Sparrell thinks they've made slow but steady progress. "The mid-level is here to stay," he says. "It's getting acceptance in the physician community and it's getting acceptance in the nursing community." Sparrell, who received an associate's degree in nursing in 1975 and a bachelor's in health studies from BSU in 1990, earned his P.A. certificate from the University of Utah in 1979.

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Proponents expect mid-level practitioners to play a prominent role in health-care reforms proposed by the Clinton administration. Dr. Jim Blackman of the Boise-based Family Practice Residency is among the believers.

The Family Practice Residency helps train family physicians and provides clinical experience for physician assistants through the University of Washington MEDEX program. The goal, says Blackman, is to place family doctors in underserved areas. But not all rural settings are large enough to support a physician. That's where mid-level practitioners come in, he says.

Some physicians, however, need to be convinced that mid-level practitioners are qualified. Blackman thinks he has the answer: build cooperation. "I feel it's important that mid-levels and physicians work together. The best way for them to work together is to train together. That way they'll have mutual respect."

Anticipating that ISU will buy into his plan, Blackman has hired a nurse practitioner to provide clinical services and work with students in the new master's program. Sparrell and another physician assistant also will work at the Family Practice Residency, where they'll see patients and serve as faculty for University of Washington students in residencies at the Veteran's Administration Medical Center.

Despite such good intentions, some nurse practitioners are worried. They believe their profession is overregulated — and is consequently devalued. While physician assistants are overseen by the Board of Medicine, nurse practitioners are regulated both by the Board of Medicine and the Board of Nursing.

Margaret Henbest, a pediatric nurse practitioner in the Cares Unit at St. Luke's Regional Medical Center, says the dual regulation is unnecessary. She believes that the Board of Nursing, which already oversees disciplinary actions, can effectively govern nurse practitioners.

The current system of supervision also hampers recruitment efforts, says Henbest, a former BSU faculty member. Nurse practitioners seeking licenses in Idaho, for example, must have a resident physician vouch for them. Many, however, don't have contacts in Idaho. So before they can be licensed they must first find a job to establish a professional relationship with a physician.

In urban areas, competition and reimbursement pose additional problems for nurse practitioners, says Henbest. Some physicians worry that nurse practitioners will infringe on their turf. She says, "It's a perceived threat that we'll take away paying patients and impact their practices." And some insurance companies refuse to pay for services performed by nurse practitioners.

Nevertheless, Henbest is optimistic about advances made in the profession. The Nurse Practitioner Conference Group, a 50-member organization of which Henbest is the legislative liaison, successfully lobbied for the new master's program. The group also supported the 1992 Loan Repayment Bill, which provides school loans for health-care students in exchange for a multi-year commitment in underserved communities.

Physician assistants grapple with their own issues as well. While opportunities are exceptional — Sparrell says there are seven-10 job offers for every graduate — many physician assistants leave Idaho. Training is expensive and salaries are higher in neighboring states. Plus physician assistants in many other states have more prescriptive powers that they do in Idaho.

Despite the drawbacks, however, mid-level practitioners are confident that they have found their niche in health care today. McInally says: "I think there's a nationwide recognition that nurse practitioners and physician assistants provide a greater percentage of primary care that doesn't require a physician's skills and judgment. This allows physicians to concentrate on more intricate, involved problems."

And while training differs for nurse practitioners and physician assistants, McInally says, "When it comes to taking care of patients the job is the same — that's providing primary care."