

Nurse practitioners are licensed to perform many of the basic tasks that primary care doctors carry out: assess patients, diagnose diseases, order and interpret diagnostic tests (e.g. blood work and x-rays), and prescribe medications. Some even perform minor surgical procedures that used to be done only by physicians. Given the declining numbers of primary care physicians in the U.S. (the Association of American Medical Colleges projects a PCP shortage of 43,100 by 2030), nurse practitioners can potentially fill that crucial gap. The number of NPs in the United States has gone from a handful in 1965, when the first NP program was started at the University of Colorado, to 222,000 today. Arizona is one of 22 states where nurse practitioners can independently “hang out their shingle,” but most NPs can be found in the setting of a physician’s medical practice, collaborating with, and supervised by, a physician.

Because nurse practitioners start their careers as registered nurses, their background makes them empathetic, attentive, and good listeners. Also, their profession emphasizes prevention and wellness, not just treatment. Patients with chronic diseases like COPD and diabetes tend to have fewer Emergency Room visits when they are under the care of an NP, because of the holistic approach that NPs use. They don’t have the “tunnel vision” of an M.D. specialist. So, the next time that you call your doctor’s office and are told, “the doctor can’t see you until seven weeks from now, but we can get you in to see our nurse practitioner this afternoon,” I would jump at the chance!