



**NNCC**  
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## The Cost Effectiveness of Nurse Practitioner Care

For over 30-years, nurse practitioners have provided high-quality, cost-effective care. In 1981 the Office of Technology Assessment first demonstrated that nurse practitioners perform comparable medical care tasks at a lower total cost than physicians,<sup>1</sup> and the same remains true today:

- In 2009 researchers showed that nurse practitioners provide care of equivalent quality to physicians at a lower cost, while achieving high levels of patient satisfaction and providing more disease prevention counseling, health education, and health promotion activities than physicians.<sup>2</sup>
- After insurance reform in Massachusetts, the state demonstrated that they could gain a cost savings of \$4.2 to \$8.4 billion over a 10-year period from increased use of nurse practitioners.<sup>2</sup>
- Treatment provided by nurse practitioners in retail clinics cost less than treatment in physician offices and urgent care centers with no apparent adverse effect on quality or delivery of care.<sup>3</sup>
- Primary care practices that used more nurse practitioners in care delivery realized lower practitioner labor costs per visit than practices that used fewer nurse practitioners.<sup>4</sup>
- A worksite clinic run by a single nurse practitioner resulted in direct medical care cost-savings of nearly \$2.18 million over a two-year period, without including indirect savings related to lost productivity and absences.<sup>5</sup>
- Clinics run by nurse practitioners create cost savings associated with reduced use of emergency rooms, urgent care centers, hospitals, and emergency medical services.<sup>6</sup>
- Nurse-managed clinic patients have higher rates of generic medication fills at pharmacies, and lower rates of hospitalizations when compared to patients of similar providers.<sup>7</sup>
- In 2009, the national average cost of a nurse practitioner visit was 20% less than a visit to a physician.<sup>2</sup>

**No matter what setting, nurse practitioner care has proven to be a high-quality, cost-effective means of primary care delivery.**

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**About the National Nursing Centers Consortium** - A critical supporter of nurse-managed health clinics in the United States, National Nursing Centers Consortium (NNCC) works to advance nurse-led health care through policy, consultation, programs and applied research to reduce health disparities and meet people's primary care and wellness needs. The nation's 250 nurse-managed health clinics reduce health disparities by providing high quality comprehensive primary health care, health promotion and disease prevention services to uninsured, underinsured and vulnerable patients in rural, urban and suburban communities.

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<sup>1</sup> LeRoy, L. & Solowitz, S. (1981). The Costs and Effectiveness of Nurse Practitioners. *Office of Technology Assessment*.

<sup>2</sup> Eibner, E et al. (2009). Controlling Health Care Spending in Massachusetts: An Analysis of Options. *RAND Health*.

<sup>3</sup> Mehrota, A. et al. (2009). Comparing Costs and Quality of Care at Retail Clinics with that of Other Medical Settings for 3 Common Illnesses. *Annals of Internal Medicine*, 151, 321-323.

<sup>4</sup> Roblin, D. et al. (2004). Use of Midlevel Practitioners to Achieve Labor Cost Savings in the Primary Care Practice of an MCO. *Health Services Research*, 39(3), 607-626.

<sup>5</sup> Chenoweth, D. et al. (2008). Nurse Practitioner Services: Three-Year Impact on Health Care Costs. *Journal of Occupational and Environmental Medicine*, 50, 1293-1298.

<sup>6</sup> Coddington J. (2010). Quality of Care and Policy Barriers to Providing Health Care at a Pediatric Nurse-Managed Clinic. *Journal of Pediatric Healthcare*, 24 (5):e9.

<sup>7</sup> Hansen-Turton, T. (2005). The Nurse-Managed Health Center Safety Net: a Policy Solution to Reducing Health Disparities. *Nursing Clinics of North America*, 40, 729-738.