



"In this day and age, doctors don't really have a lot of time for teaching and explaining, for putting a pathway in place to live a healthier life," says Kelly Goodman, who tries to fill that gap as a nurse practitioner in Bethesda.

THE NURSE PRACTITIONER IS IN

No, she's not a doctor.
She just does a lot of the
same things doctors do.

By Archana Pyati / Photos by Barbara L. Salisbury

On a Tuesday morning in July,

Dan Hellie woke up with excruciating lower back pain. The timing was terrible for the WRC-TV sports reporter and anchor since he was due in Richmond to cover the Washington Redskins training camp and the highly anticipated return of quarterback Robert Griffin III. Moreover, the next two days were to be Hellie's last at the station and he didn't want to call in sick.

Fortunately, Hellie, 38, had a physical scheduled that morning with Kelly Goodman, a Bethesda nurse practitioner. The exam was required for the new job he was starting in August at the NFL Network in Culver City, Calif. Hellie, who would be moving from Bethesda to Los Angeles with his family in the coming weeks, had put off scheduling a physical with his doctor. Now, he figured he'd have to wait a month for an appointment.

His wife, Anne, saw Goodman for primary care and adored her empathetic approach. She had suggested he call to see if the nurse practitioner might be able to fit him in. That Monday, he was told there was an opening the next morning.

By Tuesday afternoon, Goodman had completed Hellie's physical, given him medicine for his back, and referred him

doctors for their primary health care.

Nurse practitioners say they're a cost-effective solution to the rising demand for primary care providers, performing many of the same tasks handled by family physicians: routine physicals, referrals to specialists, surgery preparation, chronic disease management, and preliminary diagnostic work. Offering an alternative to time-pressed doctors, nurse practitioners are gaining a reputation for prompt appointments, longer visits and a focus on prevention.

"In this day and age, doctors don't really have a lot of time for teaching and explaining, for putting a pathway in place to live a healthier life," says Goodman, one of the few nurse practitioners in Montgomery County who practice independently.

According to the Kaiser Family Foundation, 180,233 nurse practitioners were licensed in the U.S. and 3,493 in Maryland in 2011. Nationwide enrollment in nurse-practitioner programs increased by 60 percent from 2006 to 2010, says the American Association of Nurse Practitioners (AANP). Meanwhile fewer medical students were pursuing family and internal medicine due to the lower salaries

at The Catholic University of America's School of Nursing.

Though primary care doctors and nurse practitioners often work in tandem, organizations representing both groups are debating how independent nurse practitioners should be. The American Academy of Family Physicians (AAFP) envisions nurse practitioners playing a vital but ultimately supportive role to doctors in a team approach to health care, according to a recent AAFP study. Nurse practitioners, meanwhile, continue to lobby for greater autonomy.

FROM MONDAY through Friday, Goodman, 42, sees patients at her clinic in a shopping mall off Sangamore Road. She says her practice has grown steadily since it initially opened in Northwest Washington, D.C., in 2009. In July, she hired a nurse practitioner who specializes in family medicine, and she plans to hire another soon so the practice can treat children. The clinic serves roughly 1,500 patients.

By contrast, the average patient load of a primary care physician is 2,300, according to a 2012 study in *Annals of Family Medicine*. Having little control over insurance reimbursement rates, doctors are forced to see a high volume of patients to stay in business, says Michael Faulkender, associate professor of finance and director of the master's program in finance at the Robert H. Smith School of Business at the University of Maryland.

With higher malpractice insurance premiums, bigger salaries, larger staffs and greater student loan debt, doctors are shouldering increased costs, Faulkender says. "They're going to have to generate more revenue to cover those higher-level costs."

The cost pressures can translate to less time with patients. Several of Goodman's patients say they've come to her out of frustration over the lack of personal interaction with their primary care doctors; they praise her listening skills and time-

**ACCORDING TO THE KAISER FAMILY FOUNDATION,
180,233 NURSE PRACTITIONERS WERE
LICENSED IN THE U.S. AND 3,493
IN MARYLAND IN 2011.**

to a colleague who was both a doctor and a chiropractor. By evening, Hellie was en route to Richmond for his farewell assignment.

"It made all the difference in the world getting in to see her as quickly as I could," Hellie says.

The ease with which Hellie was able to see Goodman underscores why some people are choosing nurse practitioners over

and quality of life issues associated with these specialties, according to Kaiser.

Due to insurance requirements of the Affordable Care Act, 30 million people are expected to enter the health care system in January. Nurse practitioners will likely play a role in meeting their primary care needs, says Dr. Kenneth Miller, AANP co-president and associate dean for academic administration



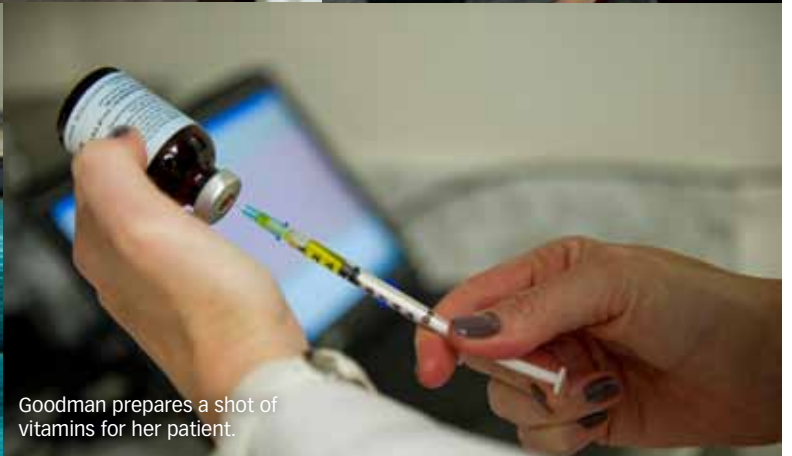
Goodman greets patient Susan Larkin of Chevy Chase, D.C.



Goodman weighs Larkin...



...then takes her blood pressure.



Goodman prepares a shot of vitamins for her patient.



Afterward, Goodman takes time to discuss personal goals with her patient.



The nurse practitioner pauses between patients.

liness when responding to emails and returning test results. Goodman spends 20 to 40 minutes with each patient, never double-books, and tries not to see more than 20 to 25 patients per day.

“I feel like I can be really open and honest” with her, says Chevy Chase, D.C., resident Will Caggiano, 40, an executive recruiter who says his appendicitis was caught by Goodman in 2011 after emergency room doctors misdiagnosed it as a heart problem. “She’s not going through the motions, unlike what I’ve experienced before.”

Caggiano’s enthusiasm is reflected in studies that show nurse practitioners out-ranking physicians in patient satisfaction. A 2010 Veterans Health Administration survey of 1.6 million veterans found that patient satisfaction scores increased by 5

Sibley Memorial Hospital in Northwest D.C. before opening her practice.

“People don’t want to doctor-hop,” Goodman says. “I tell them, ‘I want to be the last provider you’ll see in your lifetime.’”

Although not all nurse practitioners accept private insurance, Goodman does and also accepts Medicare. Co-pays and premiums for nurse practitioners’ services aren’t necessarily cheaper than those for doctors because insurance companies don’t always reimburse nurse practitioners at the same rate as they do physicians, says Taynin Kopanos, AANP’s vice president for government affairs. Medicare, for example, reimburses nurse practitioners 85 percent of what it reimburses doctors for the same procedures, but Medicare copays remain

she routinely meets patients without primary care physicians because local doctors don’t take their insurance or aren’t accepting new patients. “It’s kind of like finding a good hairdresser,” she says. “Word spreads, and all of a sudden everybody’s booked.”

Elderly patients on fixed incomes also represent a growing niche for nurse practitioners. “A lot of doctors aren’t going to take Medicare...whether it’s the city or in affluent areas,” says Sandra Nettina, a family nurse practitioner and co-chair of the Nurse Practitioner Association of Maryland’s legislative committee.

Though nurse practitioners say they are poised to deliver primary care to people soon to be insured under the federal health care law, inconsistent state laws governing their work raise obstacles.

Maryland is one of 21 states that require independent nurse practitioners to demonstrate an affiliation with a physician before becoming licensed through an “attestation,” a document that identifies the physician. It replaces the more onerous “collaborative agreement” that nurse practitioners were required to have with a doctor before regulations were relaxed in 2010. The District and 17 other states don’t require physician oversight of nurse practitioners. The remaining states have more restrictive licensing requirements.

At the national level, physician groups are advocating for laws that restrict a nurse practitioner’s ability to practice independently. Concerned about disparities in education and training between nurse practitioners and doctors, the AAFP and the American Medical Association are pushing to limit nurse practitioners’ scope of practice.

Yet in reality, Goodman and Nettina say, most doctors don’t perceive nurse practitioners as a threat, but more as collaborators in getting patients the best care.

“Having an NP is a beautiful complement to what I’m doing,” says Dr. Jon Wiseman, an internist who practices concierge medicine in Northwest D.C. and has referred several patients to Goodman

CHEVY CHASE, D.C., RESIDENT WILL CAGGIANO, 40, AN EXECUTIVE RECRUITER, SAYS HIS APPENDICITIS WAS CAUGHT BY GOODMAN IN 2011 AFTER EMERGENCY ROOM DOCTORS MISDIAGNOSED IT AS A HEART PROBLEM.

percent when more nurse practitioners were hired at VHA facilities, compared with a 1.8 percent increase when more physicians were hired.

Economics are also driving patients to Goodman, particularly those whose physicians have exited insurance-based practices for concierge medicine, charging retainers of \$980 to \$2,000 annually for 24-hour access. These patients have either been dropped by doctors who no longer accept insurance or Medicare, or have left because they can’t afford or don’t want to pay a retainer.

Goodman says that absorbing patients who were priced out of concierge practices was central to her business plan. She encountered them while working as an emergency room nurse at

constant regardless of the provider.

“Where consumers may see the cost benefit is in their health outcomes,” Kopanos says. “Studies have shown [that] patients treated by [nurse practitioners] stick to their medication and treatment plans with more success,” which could lead to savings resulting from fewer hospitalizations and disease flare-ups.

Health care experts see nurse practitioners as a boon to rural and inner-city areas that are “medically underserved,” but Goodman’s practice illustrates how they could fill critical gaps in Bethesda, Chevy Chase and Northwest D.C.—communities where doctors are plentiful but not always available.

Dr. Jennifer Abele, medical director of the Sibley Emergency Department, says

over fellow doctors because he “thought they’d get better care from her.”

GOODMAN RECALLS a striking image when discussing the moment she realized she wanted to be a nurse.

Her mother was one of a few nurses in the farming community of Hampton, Minn., where Goodman grew up. When Goodman was a kindergartner, her mother waited with her at the bus stop in a nurse’s iconic uniform—white nylons, starched white uniform, cape, and a hat bearing the logo of her nursing school—and told stories of heroism, including one about delivering a baby in a basement. Her mother made house calls to Hampton’s sickest residents, accompanying them when necessary on the 40-minute ambulance ride to the nearest hospital.

When Goodman was 10, she witnessed a nurse’s anguish at not being able to save someone. Family friends had come over for a pool party. Nobody noticed when Goodman’s classmate slipped into the pool and drowned. Goodman’s mother dove into the deep end and pulled the boy’s lifeless body to the surface. She fought desperately to revive him with chest compressions and CPR.

“It just reinforced the fact that I wanted to be just like her,” Goodman says.

Goodman spent her early career in acute care, leaving the field for two years to work in pharmaceutical sales for Pfizer, which she says taught her how to hustle for business. Upon her return to nursing, she pursued additional training in operating rooms before earning a master’s degree as an acute care nurse practitioner from the Georgetown University’s School of Nursing and Health Studies in 2006.

Three years later, primary care presented itself as a new challenge. She relocated her practice to Bethesda in 2012, and aspires to be the trusted primary care provider her mother had been. Living three blocks from her clinic, Goodman sends her sons, Bennett, 11, and Bryan, 10, to local public schools and counts neighbors as patients.

Bethesda

SEDATION DENTISTRY

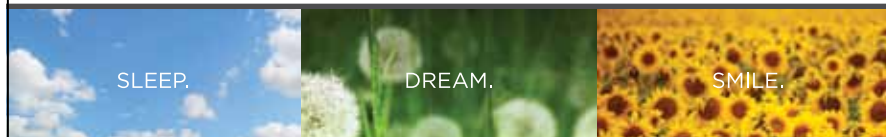
A Dental Experience Like No Other

We offer a variety of dental solutions for those people who experience fear, anxiety, or simply have a busy schedule. Our uniquely skilled dentists are hospital trained in sedation dentistry so you will be in safe hands as you drift off into a relaxed sleepy state and wake up when it’s all over! Sedation dentistry enables us to comfortably accomplish more care in each visit.



We promise our gentle care and genuine concern will make you smile! We are here for you when you are ready to take the first step in your dental transformation. Just schedule an appointment online or call Bethesda Sedation Dentistry at **301.530.2434**. Dr. Deb Klotz, Dr. Rob Schlossberg and the team at Bethesda Sedation Dentistry are looking forward to meeting you.

Please check out our new website **BethesdaSedationDentistry.com** and see why we were voted one of the Best Dentists by the readers of *Bethesda Magazine*.



Specialty mortgage solutions from SunTrust Mortgage, Inc.,
because we know traditional mortgages aren't always the right fit.



- FHA and Construction to Permanent financing available
- Up to 100% financing¹ with no mortgage insurance for licensed medical physicians²
- Jumbo financing for larger loan amounts

C.J. Kemp • NMLS# 658890
 301.961.0901 Office • 301.651.4189 Cell
 cj.kemp@suntrust.com • www.suntrustmortgage.com/cjkemp
 Voted one of the best Mortgage Brokers by the readers of
Bethesda Magazine, 2012 and 2013



¹Borrowers should note that 100% mortgage financing will result in no property equity until such time as the loan principal is paid down through regular mortgage payments and/or the property value appreciates. Additionally, if property values decline you could owe more than your property's value.

²Available only in AL, AK, FL, GA, MD, MS, NC, SC, TN, VA, WV, and DC to Residents, Interns, Fellows, Doctors of Osteopathy (DO) or licensed medical physicians that have completed their residency within the last ten years.

Equal Housing Lender: SunTrust Mortgage, Inc., 901 Semmes Avenue, Richmond, VA 23224 is licensed by the Department of Corporations under the California Residential Mortgage Lending Act; is an Illinois Residential Mortgage Licensee; is a Lender in Massachusetts having Mortgage Lender license #s ML1216, ML0133, ML1432, ML1914, ML1913, ML1815, ML2411, ML1214, ML2442, ML2491, and ML2538; is licensed by the New Hampshire Banking Department; is licensed by the New Jersey Department of Banking and Insurance, toll free 1-800-330-4684; is a licensed lender in Rhode Island; and is doing business in Arizona as Crestar Mortgage, 7250 N. 16th Street, Ste. 100, Phoenix, AZ 85020. ©2011 SunTrust Banks, Inc. SunTrust, SunTrust Mortgage, and Live Solid, Bank Solid, are federally registered service marks of SunTrust Banks, Inc.

the nurse practitioner is in

Goodman treats plenty of healthy people with nonlife-threatening emergencies or in need of a routine exam. Among her patients is Susan Larkin, 59, who suffers from chronic fatigue syndrome, an illness few doctors understand and many dismiss.

Over decades, Larkin gained a significant amount of weight and developed heart problems and fibromyalgia, a chronic condition characterized by diffuse pain. The Chevy Chase, D.C., resident was tired of doctors telling her to lose weight—without teaching her how—and prescribing drugs that didn't help.

In March 2010, Larkin began seeing Goodman, and for two years didn't say much about her previous diagnoses. After Goodman broke through Larkin's guarded exterior, Larkin confided that she was miserable; everyday activities like kneeling down to tie her shoes or walking across the street from her apartment to Starbucks were too exhausting. She was convinced she was dying.

Goodman knew weight loss was a touchy subject, but integral to Larkin's recovery. She prescribed an anti-narcoleptic drug to alleviate Larkin's fatigue, gave her vitamin shots to boost her energy and helped her develop a sensible food plan. She scheduled checkups every two weeks.

Larkin says Goodman never pretended to have all the answers; her willingness to be Larkin's partner in improving her health made the difference.

"She doesn't just accept the status quo," Larkin says.

A year and a half later, Larkin has shed nearly 70 pounds, lowered her cholesterol, and no longer takes blood pressure medication. She has resumed trips to Starbucks and ties her shoes without first having to find somewhere to sit.

"I can say with no reservations that this is the best health care I've ever gotten," Larkin says. "I trust [Goodman] with my life. I absolutely do." ■

Archana Pyati lives Silver Spring. To comment on this story, email comments@bethesdamagazine.com.

Salang

Limited-edition jewelry
 handmade in Italy
 of semi-precious stones

www.SalangOnline.com



DR. RACHEL COHN'S

Wink

EYECARE BOUTIQUE®



Voted by the readers of Bethesda Magazine
"Readers' Pick, BEST PLACE TO BUY GLASSES"

Comprehensive Pediatric and Adult eye examinations
 through state of the art eye care technology

ANNE ET VALENTINE • BARTON PERREIRA • JUICY • LAFONT
 LINDBERG • LUNOR • OLIVER PEOPLES • PAUL SMITH • ROBERT MARC

1095 Seven Locks Road | Potomac, Maryland 20854 | 301.545.1111

www.wink.net