

FUTURE OF NURSING™
Campaign for Action



Robert Wood Johnson Foundation



**Full Practice Authority for Nurse Practitioners
Increases Access and Controls Cost**

Spotlight: California

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Susan Reinhard, PhD, RN, FAAN
Senior Vice President & Director,
AARP Public Policy Institute;
Chief Strategist, Center to Champion
Nursing in America



Susan B. Hassmiller, PhD, RN, FAAN

RWJF Senior Adviser for Nursing;
Director, Future of Nursing:
Campaign for Action



Consultants



Micah Weinberg, PhD
Senior Fellow,
Bay Area Council Economic Institute



Patrick Kallerman
Policy Director,
Healthy Systems Project

Develop a Model for Measuring Outcomes:

- Build on existing research to develop a new tool for measuring the effects of granting full practice authority to nurse practitioners at the state level

Disseminate the Result Across the Country:

- Produce a series of policy briefs describing the specific outcomes in different states based on their unique markets and practice environments

Key considerations –

- What data is available?
- What metrics should be used?
- Can results be produced for individual states?

The effects of state-level scope-of-practice regulations on the number and growth of nurse practitioners, Patricia Reagan and Pamela Salsberry, Nursing Outlook, 2013

- Shows that the supply of nurse practitioners is higher in states with full practice authority

Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes, Jeffrey Traczynski and Victoria Udalova, working paper, 2013

- Documents that people report better quality and easier access in states with full practice authority

Relaxing Occupational Licensing Requirements: Analyzing Wages and Prices for a Medical Service, Morris M. Kleiner, Allison Marier, Kyoung Won Park, Coady Wing, NBER Working Paper, 2014

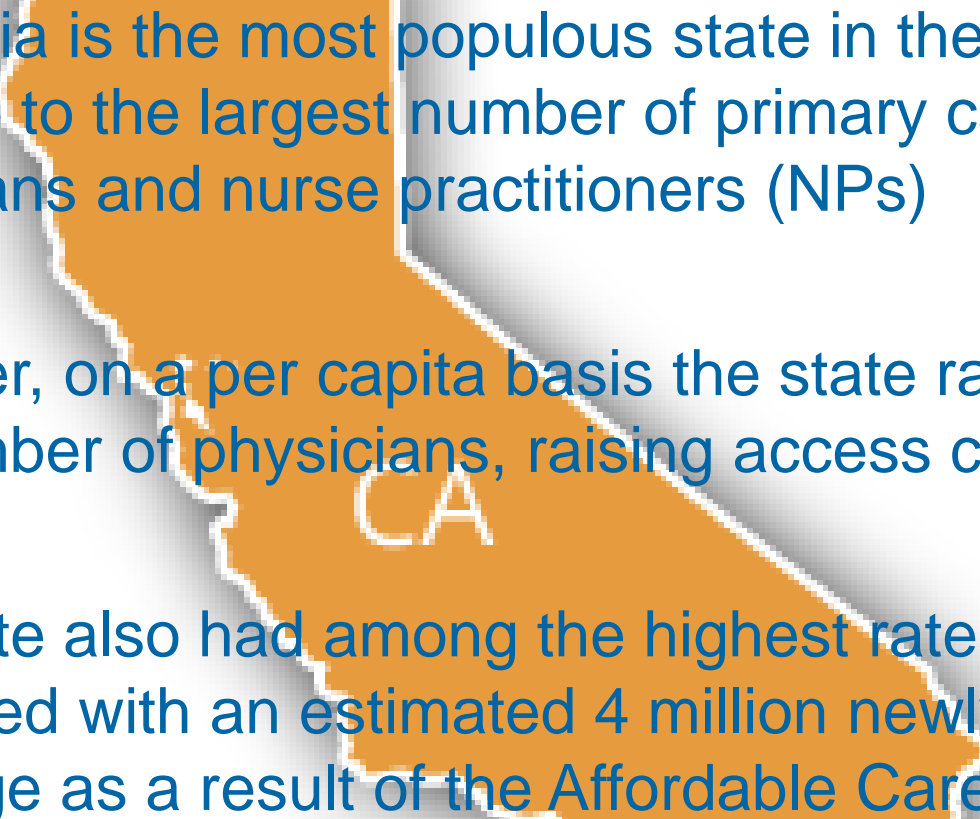
- Demonstrates that cost of preventive care visits are lower in states with full practice authority

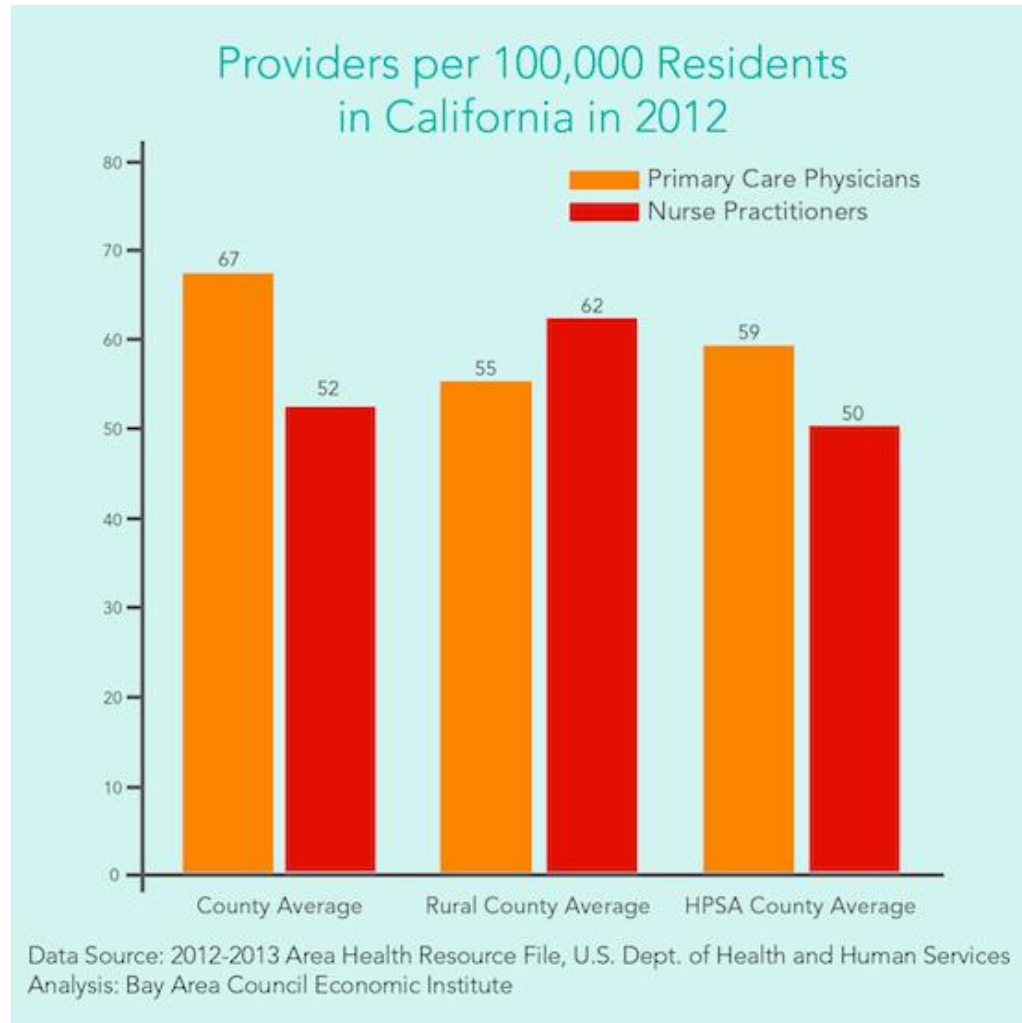
We designed our study to gauge the impacts of granting full practice authority to nurse practitioners in three key areas:

- Increased access, particularly in underserved areas
- Improved quality through preventive care
- Cost savings to the system

The primary data source for our analysis was the Area Health Resource File (AHRF) issued by the Department of Health and Human Services which includes detailed county-level data, including, Population, Rural-Urban Continuum Codes, Health Provider Shortage Area, # of Physicians, & # of Nurse Practitioners

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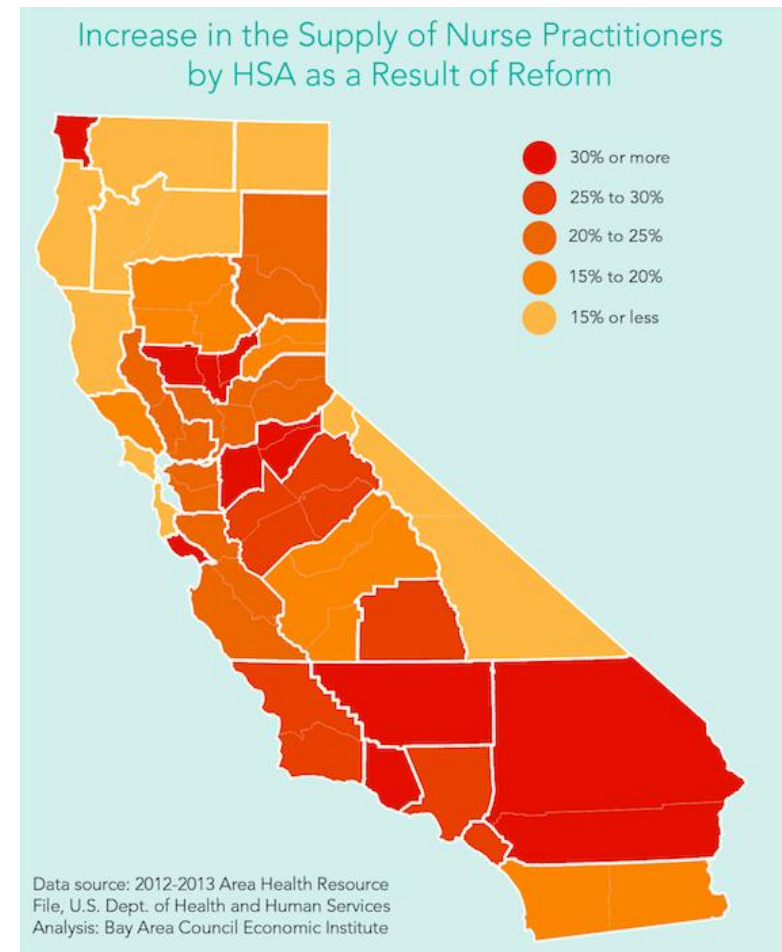
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- California is the most populous state in the nation and is home to the largest number of primary care physicians and nurse practitioners (NPs)
 - However, on a per capita basis the state ranks 23rd in the number of physicians, raising access challenges
 - The state also had among the highest rates of uninsured with an estimated 4 million newly eligible for coverage as a result of the Affordable Care Act



- California currently requires physician involvement in the areas of diagnosis, treatment, and prescribing authority when performed by a Nurse Practitioner
 - Nurse practitioners must have a signed collaborative practice agreement with the health care system they will be working in
 - These agreements outline working relationships and develop Standardized Procedures (SPs) – a set of policies and protocols allowing NPs to perform functions that would otherwise be considered the practice of medicine
- A bill which would have granted full practice authority to nurse practitioners stalled in the state legislature in 2013; its author and a broad coalition of stakeholders is committed to continuing the push for these reforms.

Access –

- 4,000+ additional NPs in California, a 24 percent increase
- Growth rate of the NP workforce would increase by 25 percent



Quality –

- Yearly preventative care visits are essential for increasing the quality of healthcare
- In the years following full practice authority for NPs adults report a 13-15 percent increase in visit quality, while children report gains of 17-27 percent

2 million
more preventative
care visits per year

Cost –

- In states with limited NP practice authority, the average cost for a preventative care visit can be as much as \$16 higher than in states with full practice authority
- Directly translates to decreased burdens on public programs and business spending

\$1.8 billion

in savings on preventative care visits in first ten years

- States still imposing practice restrictions should grant full practice authority to NPs

However, this is not a panacea:

- Continue to train more medical professionals, including more primary care physicians
- Redesign care management for better value and improved health outcomes

Questions or Comments?



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