

FUTURE OF NURSING™

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Progress on the Institute of Medicine Recommendations: Perspectives on the Evidence

SCOPE OF PRACTICE

Winifred V. Quinn, PhD

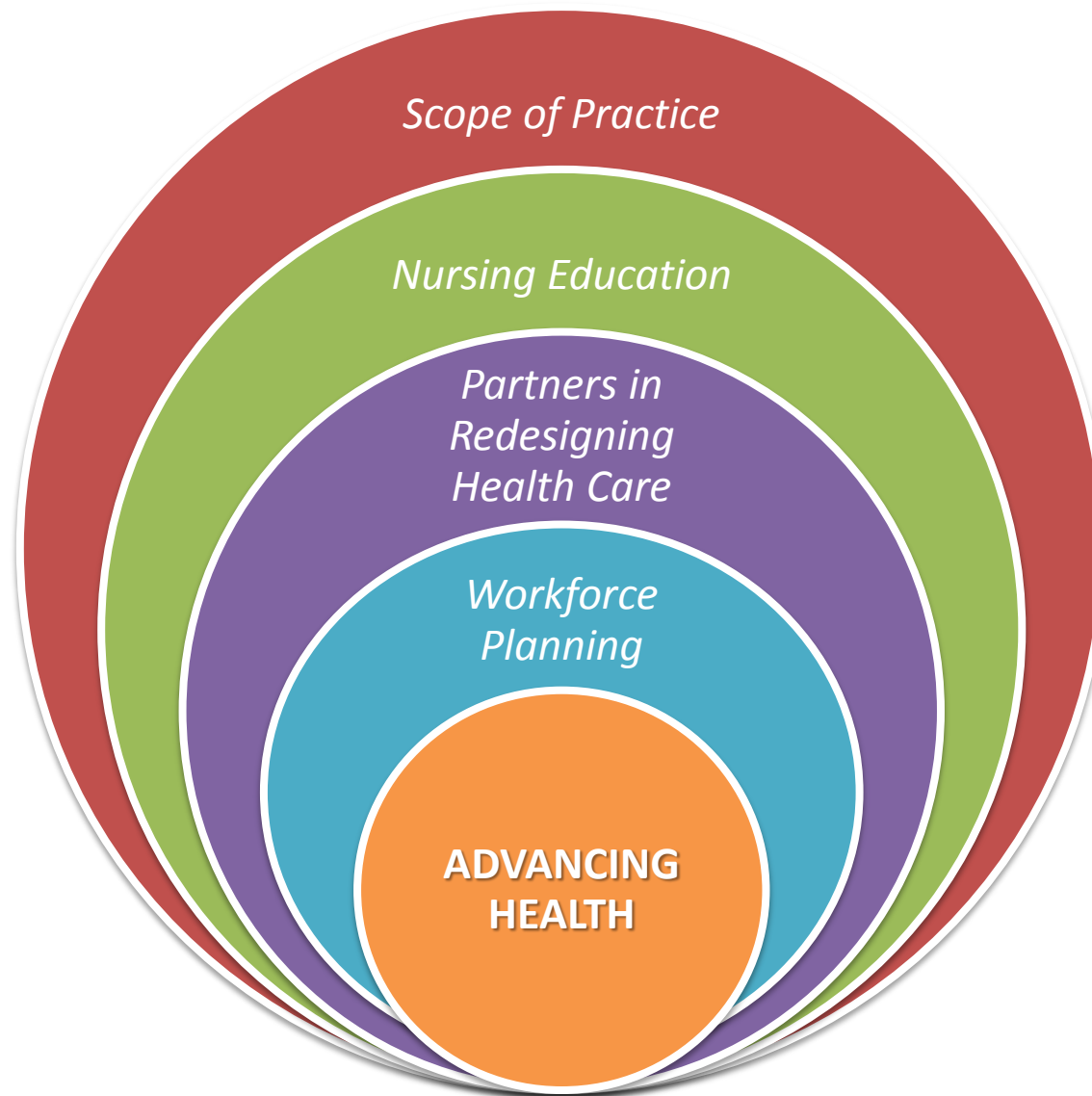
Director, Advocacy and Consumer
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Nursing in America



Research on progress in achieving
Institute of Medicine
recommendations was made
possible by the Robert Wood
Johnson Foundation.

Four Key Research Areas

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Joanne Spetz, PhD, FAAN
Professor at the Institute for
Health Policy Studies at the
University of California,
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Featured Speaker

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Blanca Castro
Senior Manager of Advocacy,
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Featured Speaker

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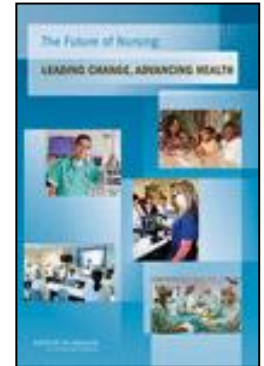
Mary D Naylor, PhD, FAAN, RN
Marian S. Ware Professor in
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Transitions and Health at the
University of Pennsylvania
School of Nursing



Joanne Spetz, PhD, FAAN

SCOPE OF PRACTICE

Nurses should practice to the full extent of their education and training.



- **Eight states** have revised their scope of practice regulations for nurse practitioners since 2010.
- **21 states and D.C.** allow nurse practitioners full practice authority.

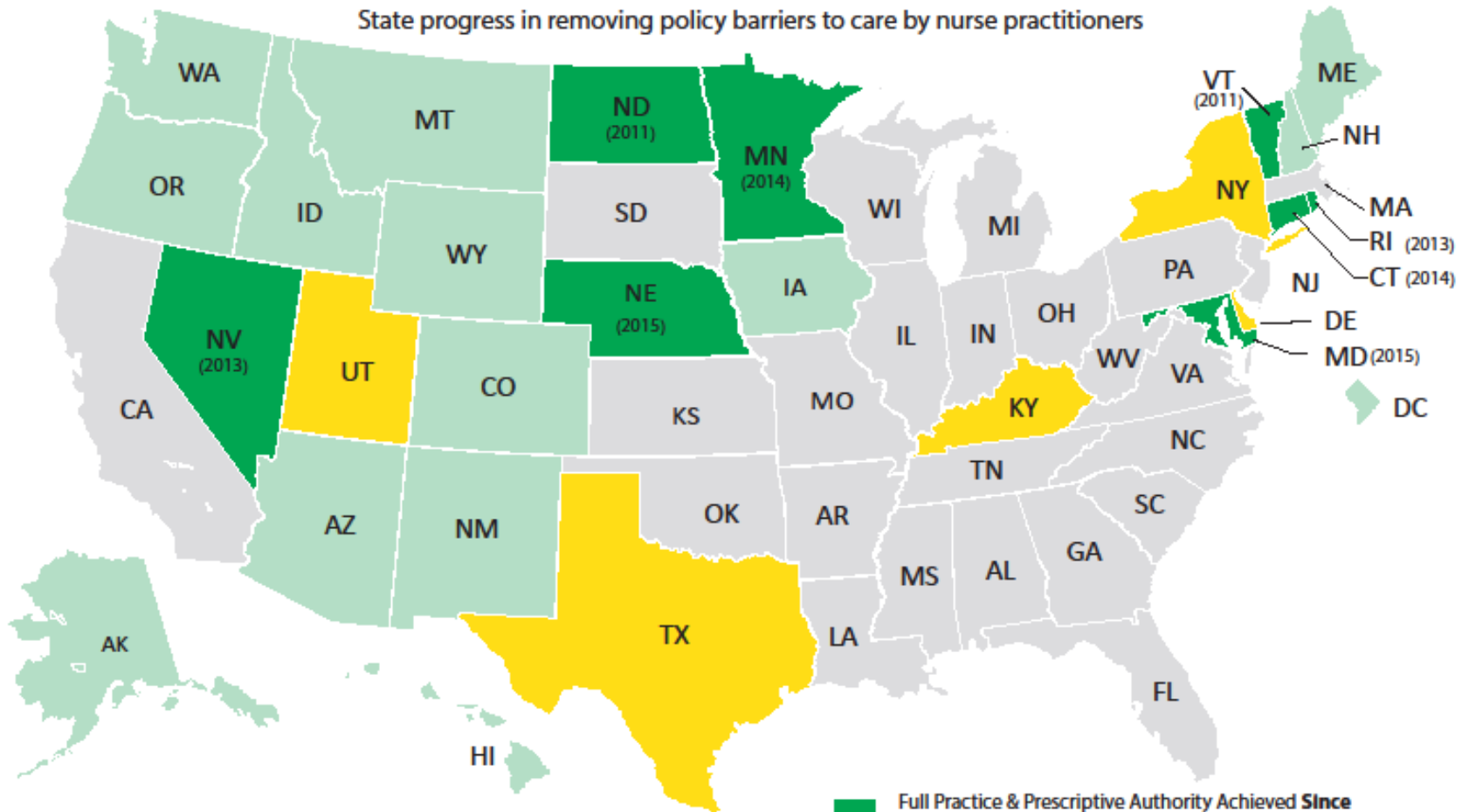
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Removing Barriers to Practice and Care

State progress in removing policy barriers to care by nurse practitioners



This map shows progress for nurse practitioners. For more detail about the practice environment for all types of APRNs, see the National Council of State Boards of Nursing's maps: <https://www.ncsbn.org/5397.htm>.

Updated: November 9, 2015

- Full Practice & Prescriptive Authority Achieved **Since** Campaign Began
- Full Practice & Prescriptive Authority Achieved **Before** Campaign Began
- Incremental Improvements Made Since Campaign Began

Why Should APRNs Have Full Authority?

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High-quality care from all APRNs:

- Nurse practitioners
- Certified nurse-midwives
- Certified registered nurse anesthetists
- Clinical nurse specialists

Three systematic literature reviews on APRNs:

- Newhouse and colleagues (2011)
- Stanik-Hutt and colleagues (2013)
- Martin-Misener and colleagues (2015)

Nurse practitioners:

- Provide primary care of similar quality as physicians; some studies document higher-quality care
- Are at least as good as physicians in preventing hospitalizations among Medicare patients (Kuo et al., 2015)

Nurse practitioners in teams

Intensive care unit:

- Patients receiving care from a team with a nurse practitioner were rehospitalized 50% less often and had fewer emergency department visits than the physician-only team (David et al., 2015)

Outpatient:

- Cardiovascular teams with nurse practitioners are of similar quality as all-MD model (Virani et al., 2015)

Certified nurse-midwives:

- Similar quality of care compared with physicians
- No differences in infant outcomes
- Lower use of epidurals, labor inductions, and episiotomies
- Lower rates of perineal lacerations
- Higher rates of breastfeeding

(Johantgen et al., 2012; Newhouse 2011)

High-Quality Care: Certified Registered Nurse Anesthetists

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Certified registered nurse anesthetists:

- Nonphysician anesthesia care appears equally safe (Lewis et al., 2014, systematic review)
- No change in complications or deaths in the 14 states that opted out of requirements for physician oversight (Dulisse & Cromwell, 2010, Medicare data)

Clinical nurse specialists:

- Lower lengths of hospital stays and reduced cost of care in acute care settings (systematic review, Newhouse et al., 2011)
- Similar outcomes, some evidence of reduced resource use and lower costs in outpatient settings where clinical nurse specialists substituted for physicians (systematic review, Kilpatrick et al., 2014)

Long-term care settings that rely on APRNs:

- Lower rates of adverse outcomes
- Greater satisfaction among family members

(Donald et al., 2013)

**The Public Has Better Access
to Care When
APRNs Have Full Practice
Authority**

Full practice authority is linked to:

- Higher supply of nurse practitioners (Reagan et al., 2013)
- Greater access to care (Stange, 2014)
- Fewer avoidable hospitalizations and hospital readmissions (Oliver et al., 2014)
- Fewer emergency department visits for ambulatory-care sensitive conditions (Traczynski and Udalova, 2014)

Nurse practitioners with full practice authority are:

More likely to provide key primary care services...

- Preventive care and chronic disease management (Morgan et al., 2014)
- Education within community health centers (Hing et al., 2011)

...and in more areas:

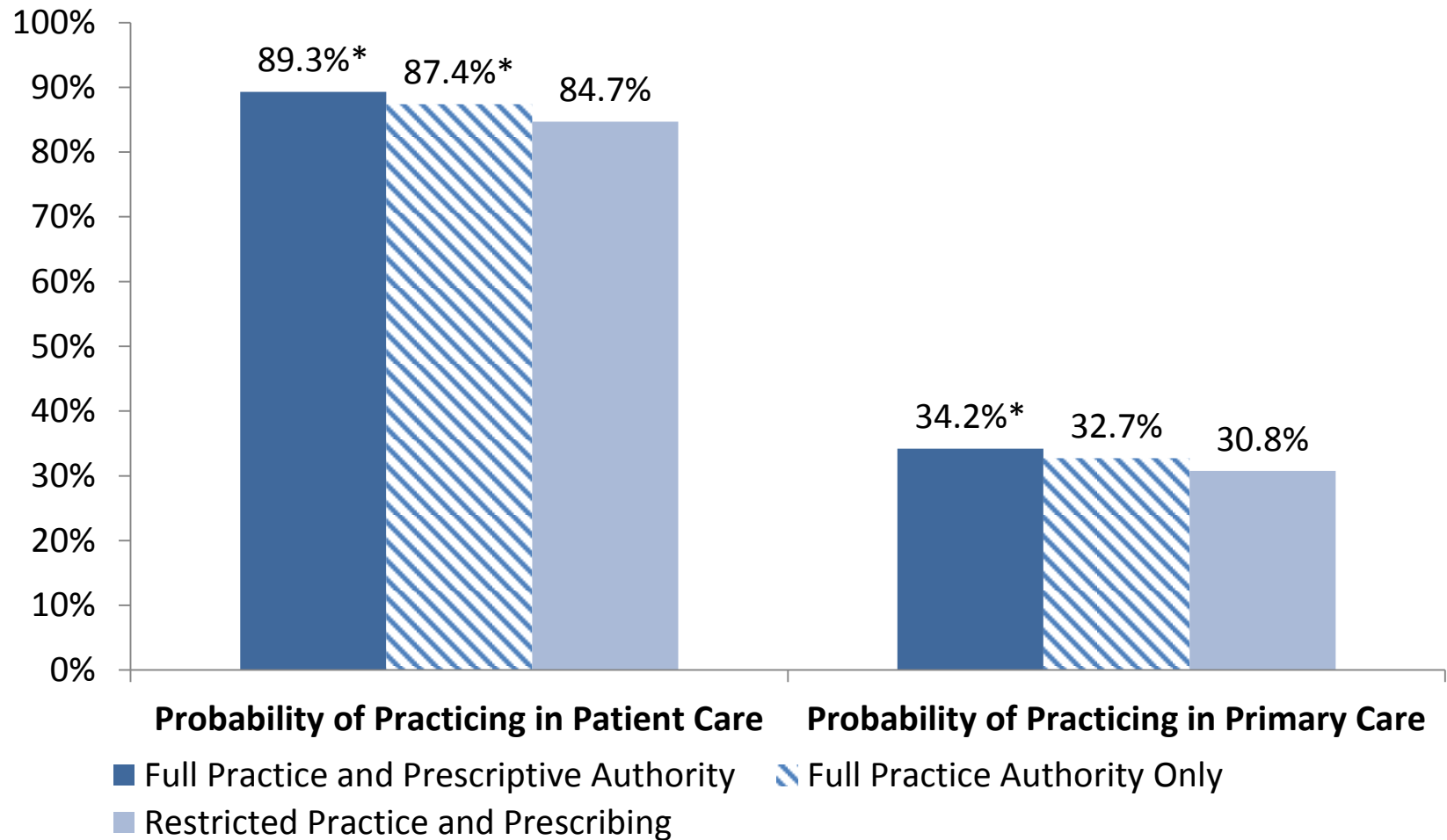
- Rural areas (Buerhaus et al., 2015) (Graves et al., 2015)
- Wider range of community settings (Buerhaus et al., 2015)
- Medicaid patients (Buerhaus et al., 2015)

The impact of scope of practice laws:

- Nurse practitioners in states with full practice and prescribing authority are more likely to practice in primary care (U.S. Assistant Secretary for Planning and Evaluation (ASPE/DHHS), conducted by Westat, 2015)

Full Practice Authority Improves Access

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*Significantly different from restricted states.

**Care Is More Affordable When
Nurses Have Full Practice
Authority**

When nurse practitioners are involved:

- Evaluation and management costs are 29% lower (Medicare claims analysis, Perloff, et al., 2016)
- Ambulatory care costs are “likely” lower (literature review, Martin-Misener et al., 2015)

Costs are lower when nurse practitioners are:

- On teams for cardiovascular disease prevention among high-risk patients (Allen et al., 2014)
- Involved in breast care (Blackmore et al., 2013)

Full practice authority for APRNs:

- Increases the savings that can be achieved from retail clinics for low-acuity conditions (Spetz et al., 2013)
- Is linked to lower costs for well-child health examinations (Traczynski and Udalova, 2014)

Evidence shows when APRNs have full practice authority, Americans have better access to high-quality care at a lower cost:

- Federally supported research
- Systematic reviews of scientific articles
- New, rigorous research in high-impact journals

More evidence needed:

- Comparatively little research on certified nurse-midwives, clinical nurse specialists
- Need to evaluate impact when laws change

- **When a state enacts full practice authority, insurers or providers may lag**
- **Other restrictions (ASPE/DHHS study):**
 - Hospital bylaws*
 - Organizational culture*
 - Nurse practitioner role not understood
 - Nurse practitioner not perceived as a team member
 - Nurse practitioners not allowed to lead care teams

*A strong coalition is needed
to change both regulations
and practice!*

Featured Speaker

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**Press *1 on your telephone keypad to ask a question
OR
Use the “chat” feature to send “everyone” a question**

You can find the recording, webinar summary, and additional resources by going to: CampaignforAction.org/webinars.

<http://campaignforaction.org/directory-resources/research-briefs>

The screenshot shows a webpage titled "Research Briefs" under the "directory of resources" section. The main content area features a paragraph about the Robert Wood Johnson Foundation's program and a list of four research brief categories: Practice, Education, Leadership, and Workforce Data. On the right side, there is a "resources & tools" sidebar with a list of links and dates, a "join the conversation" section with a "go to the online community" button, and a "learn" section with a "States" dropdown menu.

directory of resources

Research Briefs

In 2005, the Robert Wood Johnson Foundation launched a program to generate, disseminate, and translate research that is designed to help the public understand how nurses contribute to and can improve patient care quality. The Interdisciplinary Nursing Quality Research Initiative program (INQRI) supported 48 interdisciplinary teams of researchers who conducted rigorous studies linking nursing to patient care processes and outcomes. Key findings of those studies are synthesized in the research and evidence briefs, which fall into one or more of the following categories:

- Practice**
[Read the Practice research briefs.](#)
- Education**
[Read the Education research briefs.](#)
- Leadership**
[Read the Leadership research briefs.](#)
- Workforce Data**
[Read the Workforce Data research briefs.](#)

resources & tools

- 40 Under 40 Program Resources
September 3, 2014
- Communications Tools
August 25, 2014
- Campaign for Action - Overview
May 30, 2014
- Advanced Practice Registered Nurses:
Key Resources
May 13, 2014
- Campaign Marketing Materials
February 26, 2014


[see all resources](#)

join the conversation

[go to the online community](#)

learn

about progress in your state

 States

Register Now for the Next Webinar!

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2016	Topic	Research Manager
February 23 3 to 4 p.m. ET	Scope of Practice	Joanne Spetz
March 22 3 to 4 p.m. ET	Nursing Education	Linda Aiken
April 25 3 to 4 p.m. ET	Partners in Redesigning Health Care	Olga Yakusheva
May 23 3 to 4 p.m. ET	Workforce Planning	Erin Fraher

Save the dates!