Modernizing Florida's use of Advance Practice Registered Nurses

With an increasingly older and sicker population, and a shortage of primary care physicians, better use of Advanced Practice Registered Nurses (APRNs) can improve access to care, quality of care, and help contain costs.

Access

Numerous studies have found that the modernization of outdated supervision and reimbursement practices for APRNs would improve access to health care.

- A 2014 Federal Trade Commission study recommended that removing physician supervision requirements for nurse practitioners (NPs) and nurse anesthetists (NAs) would benefit consumers by improving access to care, containing costs, and expanding innovation in health care delivery…Removing unnecessary and burdensome requirements may benefit consumers by increasing competition among health care providers.[1]
- The Institute of Medicine of the National Academies, after a lengthy and rigorous review of the evidence in 2010, recommended that states remove outdated barriers preventing APRNs from practicing to the full extent of their education and training.[2]
- The National Governors' Association, in 2012, concluded that to better meet the increasing need for primary care, states may want to ease practice restrictions and modify reimbursement policies to better utilize NPs.[3]
- The World Health Organization (WHO), in December 2013, recommended strengthening the role of nurse practitioners and strongly supported nurse/midwife-led primary health care models for sustainable, safe, cost-effective delivery around the globe.[4]

Quality

Research from 2003 to the present demonstrates the high quality of care provided by APRNs based on patient satisfaction, time spent with patients, prescribing accuracy, key health outcomes, wellness, patient follow-up, and reduction of adverse outcomes. On all of these measures, APRNs are equal to and/or exceed the quality of care provided compared to other health care providers.

- A 2010 review of multiple studies comparing the primary care provided by NPs to primary care provided by physicians found that patients of both groups had comparable health outcomes. NPs were found to outperform MDs in measures of consultation time, patient follow-up, and patient satisfaction.[5]
- A meta-analysis of 11 research trials comparing pregnancy and birthing care led by certified nurse midwives (CNM) with traditional care models concluded that CNM care is associated with reduced adverse outcomes and shorter newborn hospital stays without any reduction in maternal or child health.[6]
- A 22-state study of Medicare patients found no difference in outcomes between CRNAs or anesthesiologists working alone or as part of a care team.[7]
- A 2012 National Governors Association report found that NPs provided at least equal quality of care to patients as compared to physicians in studies measuring patient satisfaction, time spent with patients, prescribing accuracy, the provision of preventive education and key health outcomes.[3]

Cost

Recent studies have projected millions of dollars of cost savings by having APRNs practice to the full extent of their education and training.

- A Rand study of the Massachusetts healthcare system projected a savings of $4.2 to $8.4 billion for the years of 2010-2020 if state regulations of nurse practitioners and physician assistants (PAs) allowed them to practice primary care to the full extent of their education and training.[8]
- In 2010, the Florida Office of Program Policy Analysis and Government Accountability (OPPAGA) reported that expanding APRN and PA scope of practice would result in cost savings from $7 million to $44 million annually for Medicaid patients alone, and $339 million across the entire Florida health care system.[9]
- The 2010 Lewin Group's cost analysis of anesthesia in the U.S concluded that delivery models using medical direction are not as cost-effective as CRNAs acting independently and often are not financially sustainable without subsidies. In areas of low demand such as rural hospitals, CRNAs acting independently are the only model likely to have positive net revenue.[10]

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