

FUTURE OF NURSING™

Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



Progress on the Institute of Medicine Recommendations
 More Evidence: Scope of Practice
 August 2, 2017

Three Studies, Major Limitations

Publication	Setting, Sample	Results	Limitations
<p>“A comparison of resource utilization in nurse practitioners and physicians” Hemani et al., 1999</p>	<p>Veterans Affairs primary care clinics in Maryland 450 new patients: 150 each assigned to NP, resident, attending</p>	<p>“Higher utilization rate of 14 of 17 measures”</p> <ul style="list-style-type: none"> • Only UA and thyroid function tests were significantly higher for NPs vs residents. NPs ordered same or fewer labs as attendings. • Ultrasound and CT or MRI were significantly higher for NPs vs attendings, but same rate for NPs and residents. • NPs had more referrals to ophthalmology. • Trend toward increased hospitalizations in the NP group was not statistically significant. 	<p>9 NPs, 35 residents, 10 attendings. Tests could have been ordered by any provider, not just the PCP of record.</p>

<p>“A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits” Hughes et al., 2015</p>	<p>5% of 2010-2011 Medicare claims</p> <p>E&M office visits by NP or PA or primary care physician – general or family practice or internist</p> <p>15-day window for imaging order</p>	<p>“APCs [NPs and PAs] are associated with more imaging services than PCPs”</p> <ul style="list-style-type: none"> • Difference was 0.3% for new patients and 0.2% for established patients • Sub-analyses of patients with low back pain and acute respiratory tract infection found no difference and lower rates, respectively 	<p>Study lumped together NPs and PAs</p> <p>651,074 episodes of care</p> <p>8% APCs, 92% PCPs</p>
<p>“The Impact of Using Mid-level Providers in Face-to-Face Primary Care on Health Care Utilization” Liu et al., 2016</p>	<p>Retrospective analysis of Kaiser Permanente Georgia primary care clinics. From January 2006 through March 2008 each NP and PA was paired with a physician to manage a patient panel.</p> <p>In 2008 Kaiser adopted physician-only primary care. Practice patterns were examined before and after this change.</p>	<p>The use of NPs/PAs was not associated with higher use of specialty referrals, advanced diagnostic imaging, emergency department visits, or hospitalizations. Greater use of NPs/PAs was associated with lower utilization.</p>	<p>NPs/PAs practiced alongside physicians in 10 clinics.</p> <p>Study did not address the impact on utilization of NPs practicing independently.</p>