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Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA

Robert Wood Johnson Foundation

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APRN FULL PRACTICE AUTHORITY EVIDENCE: HOW DO WE USE THIS EVIDENCE?

August 5, 2019

Today's Webinar

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- Builds on two prior CCNA Webinars:
  - 2/24/16 The Evidence Shows: Better Laws Mean Better, More Accessible Care
  - 8/2/17 Progress on the IOM Recommendations:

    More Evidence

- Will present new evidence.
- Will identify evidence gaps.
- Will discuss continued need for evidence and STORIES.

Andrea Brassard, PhD, FNP-BC, FAANP, FAAN
Senior Strategic Policy Advisor

Center to Champion Nursing in America

Researcher

Heather Brom, PhD, APRN

- Postdoctoral Research Fellow, Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing
- Lead author of “Leveraging Health Care Reform to Accelerate Nurse Practitioners Full Practice Authority”
- Completed her PhD at The Ohio State University.
- Certified nurse practitioner (NP) with over 10 years experience in the oncology setting.

Respondent

- Professor Emerita, Cizik School of Nursing at the University of Texas Health Science Center at Houston
- Researches the outcomes of advanced practice registered nurse (APRN) care; multiple publications
- Clinical nurse specialist (CNS) in community health nursing

Deanna E Grimes, DrPH, RN, FAAN

Recent Studies Demonstrate Important Role of APRNs in Access, Quality, and Cost

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- States with less restrictive certified registered nurse anesthetist (CRNA) scope-of-practice (SOP) laws have greater supply of CRNAs, especially in rural areas (Martsolf, 2019).
- In recent years primary care NP supply increased at higher rates than physician supply, with the highest NP supply observed in rural health areas (Xue, Smith & Spetz, 2019).
- NPs as rural providers increased from 17.6 percent to 25.2 percent (Barnes et al, 2018).

Recent Studies Demonstrate Important Role of APRNs in Access, Quality, and Cost

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- Full practice authority for NPs:
  - increases the frequency of routine checkups (Traczynski & Udalova, 2018),
  - decreases ER use (Traczynski & Udalova, 2018 and McMichael, Spetz, and Buerhaus, 2019),
  - decreases travel time to NPs or MDs (Neff et al, 2018), and
  - reduces likelihood of late stage cervical cancer diagnosis for women living in medically underserved areas (Smith-Gargen, et al, 2018).

- Health care providers (MDs, DCs, PAs):
  - increase across socioeconomic status except for NPs – inverse association between county socioeconomic and health status (Davis et al, 2018).

Recent Studies Demonstrate Important Role of APRNs in Access, Quality, and Cost

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- NPs and certified nurse midwives (CNMs) with more autonomy reduces the use of medically intensive birth procedures (McMichael, forthcoming 2020).
- NPs and CNMs on average provided on fewer billed service than physicians (Patel & Kandrack, 2019).
- Diabetic patients managed by NPs, physician assistants (PAs), and physicians had comparable outcomes (Yang et al 2018).
- No difference in low-value back imaging ordering for Medicare beneficiaries between NPs and physicians (O'Reilly-Jacob & Kandrack, 2019).

Recent Studies Demonstrate Important Role of APRNs in Access, Quality, and Cost

NP and physicians have similar quality outcomes:

- NPs' Medicare beneficiaries had lower rates of:
  - Hospital admissions.
  - Readmissions.
  - Inappropriate ED use.
  - Low-value imaging for low back pain.
- Physicians' Medicare beneficiaries were more likely to receive:
  - Chronic care disease management.
  - Cancer screening.
- Findings are limited due to incident to billing which does not identify NP services.

(Buerhaus, et al 2018)

Required Contracts are Costly to APRNs and Consumers

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- Payment to physicians for contracts often exceed $6,000 annually.
- Numerous APRNs reporting fees between $10.00 and $50,000 (Martin & Alexander, 2019).
- In Florida, 50 percent of self-employed NPs paid physicians for required contracts. This cost is passed onto patients (Ritter, 2018).

Required Contracts Can Increase Physician Liability

The supervising physician may be held liable for APRN malpractice under:

- the theory of *respondeat superior.*
- the negligent supervision doctrine.

(McMichael, forthcoming 2020)

Required Physician Contacts Do Not Affect Quality

- There is no difference in patient outcomes for hypertension and diabetes control in federally qualified community health centers in the most and least restricted states (Grimes, et al, 2018).

Heather Brom research

Did passage of the Affordable Care Act have an impact on expansion of NP scope of practice?

- From 2011 to 2017, nine states adopted full practice authority (FPA), representing more than **double** the number of states that adapted FPA in the proceeding 10 years.
  - Seven states also expanded Medicaid in 2014 and seven states made specific mention of the ACA or access to care issues in favor of passing FPA legislation.
  - No consistent party affiliation of the state legislature or bill sponsorship.
  - Variety of interest groups involved in the lobbying process – including AARP and state nursing and physician groups.

State progress in improving access to care provided by NPs

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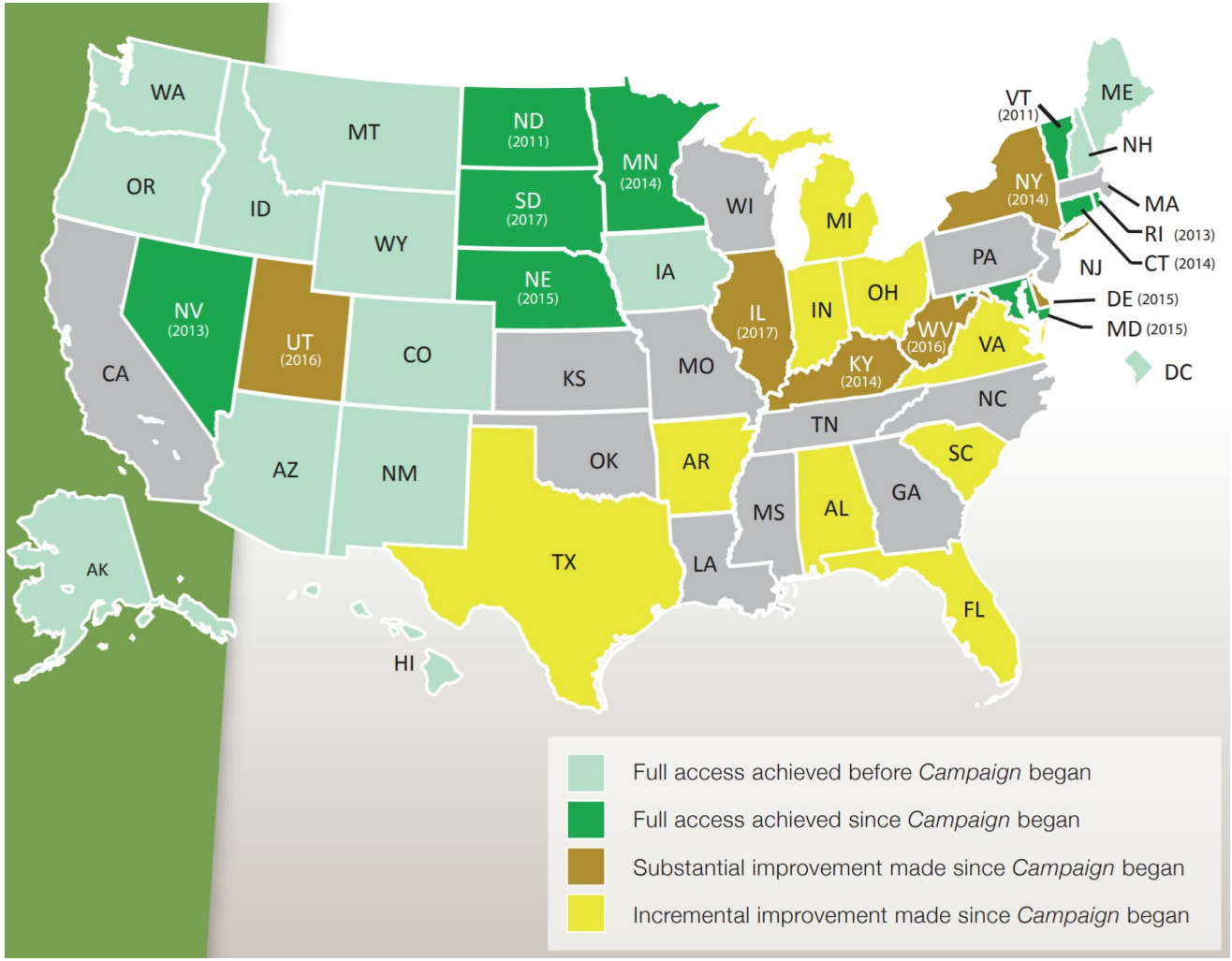

- **Nine** states have gained full practice authority since the *Campaign* began.
- **Six** states have made significant legislative progress that brought these states close to full practice authority

Map: https://campaignforaction.org/wp-content/uploads/2016/02/HR-CCNA-Dash-2-19_3.jpg

New Evidence Summary

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Mark & Patel 2019 “Nurse Practitioner Scope of Practice: What Do We Know and Where Do We Go?” *Western Journal of Nursing Research, 41* (4) 482-487

- States with full SOP have
  - more and faster NP growth including in rural areas and primary health care health professionals shortage counties.
  - NPs more likely to care for underserved populations.
  - improved utilization of services.
- Restrictive SOP does not increase quality

New Evidence Editorial

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Mark & Patel 2019 “Nurse Practitioner Scope of Practice: What Do We Know and Where Do We Go?” *Western Journal of Nursing Research, 41* (4) 482-487

- So why have more states not implemented full NP SOP authority?
- Answer is political, not evidence based.
- Policy research often dwells in the shadows of politics.

IOM Report evidence criticized by opposition

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Dr Strange on Twitter:

"The IOM report was funded by nursing groups, and the 'research' is either biased or of sufficiently low quality that it precludes any valid conclusion."

September 2014 Evidence Brief: The Quality of Care Provided by Advanced Practice Nurses (prepared for VHA)

Could respond:

1. IOM report was funded by the Robert Wood Johnson Foundation – RWJF is not a nursing group
2. Sue Hassmiller and IOM committee ensured that research studies were high quality and not biased
3. Strength of evidence is as strong as possible – no recent RCTs, some observational studies
4. Studies cited results showed no difference favoring either APRN or physician care

Questions Policymakers Ask

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- Has access improved in states that enacted full practice authority?
- Have APRNs migrated from restricted states to full practice authority states?
- How does restricted practice affect patients?

Respondent

- Please comment on the new research findings that Dr. Brom shared.
- What is your response to the IOM critic?
- How should we use this evidence?

Deanna E Grimes, DrPH, RN, FAAN

Discussion

1) What questions, comments or reactions do you have?

2) Do we have enough evidence? If not, what research do we need?

Press *1 on your telephone key pad to answer or ask a question
(Please be sure to record your name after the prompt)
OR
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