

APRN Barriers to Practice in Idaho: Summary and Recommendations

Subject matter: Identify practice barriers in a full practice authority state. APRNs and their employers were surveyed to determine factors influencing APRN practice in the state of Idaho.

Time period: Surveys were conducted between February and July 2014.

Universe & response rate: All Idaho licensed APRNs with in state addresses and their employers were surveyed to better understand barriers that impact ability to practice to the full extent of education and training. Potential APRN study participants were 1044 with 343 responding yielding a 33% response rate. 156 employer surveys were mailed with 66 responding for a response rate of 42%.

Integration of data: Existing demographic data in the Idaho Department of Labor/Idaho Board of Nursing licensure database was merged with APRN license numbers obtained from the APRN survey to obtain data regarding age, race, and gender. In hindsight, this increased complexity of data analysis and potentially hindered participation of respondents. Specific demographic questions should have been included in the survey with license number request omitted.

Findings:

- Organization, regulatory, and cultural barriers to APRN full practice authority continue to exist in the state
- Barriers most commonly result from federal legislative mandates and institutional regulations/bylaws versus state based limitations
- Perceptions of full practice authority differ between APRNs and APRN employers

1. Do you have any stories to share....

Comments from APRN respondents on the surveys as well as during the pilot process were illustrative of the barriers still confronting APRNs in a full practice authority state. One APRN respondent commented “the majority of barriers I encounter are from physicians refusing to return my calls, advising my patients to get a “real” doctor and referring my patients to other primary care providers”. Another commented “as an independent practitioner the inability to write for home health care is inconvenient, expensive, and time-consuming for the patient”

4. Did the project encounter internal or external challenges.....

Several challenges were encountered with the survey process including the request for license numbers so that data could be merged to obtain demographic data. The demographic questions

should have been included in the APRN survey as previously noted. Additionally, challenges were encountered with the APRN survey mailing. A state agency was contracted to perform the mailing but failed to collate and staple the surveys as well as omitting the stamp on the return envelope for the survey. Some surveys were returned missing pages. It was incredible that we still had a 33% response rate when respondents had to stamp the return envelope. Idaho Board of Nursing does not have an email database for licensees at this time thus requiring the mailed surveys. The cover letter did include instructions for electronic responses via Survey Monkey.

6. When considering the design and implementation.....

Suggest further refinement of the surveys including more explicit explanations of some of the terminology which may have better informed respondent's choices. Other challenges have been previously discussed above.

8. What are post-grant plans.....

- Submit manuscript titled "Identifying Practice Barriers in a Full Practice Authority State" to Nursing Outlook
- Partner with Idaho Hospital Association (IHA) to include relevant questions in their annual hospital survey which will include queries about credentialing APRNs as providers, APRN representation on governance bodies, and if physician supervision is required for APRNs in the organization
- Develop a "tool kit" on best practices for credentialing and privileging APRNs in collaboration with IHA to assist institutions in incorporating APRNs as full practice providers
- Maximize the partnership with IHA to address organizational, regulatory, and cultural barriers for APRNs
- Partner with Idaho AARP and other stakeholders to discuss development of an APRN marketing campaign to enhance the public's knowledge of this type of health care provider
- Propose further study of solo and group APRN practices to determine if other barriers exist or have emerged that impede access to care
- Advocate for removal of regulatory barriers that impede ability to provide essential care by APRNs

9. With a perspective on the entire project.....

- Survey results have been presented to the Idaho Board of Nursing
- Articles summarizing the research have been submitted to RN Idaho and Nurse Practitioners of Idaho
- Manuscript to be submitted to Nursing Outlook once final approval obtained from RWJF Survey Standards
- Poster/podium applications to be submitted to NPI Conference and Boise VA Annual Research Day

APRN Practice Barriers: Design and Distribute a Survey to Evaluate Barriers to APRN Practice in Idaho

Julie Marcum is the project manager for this project which is designed to identify non-statutory barriers to APRN practice in Idaho including organizational, cultural, and regulatory limitations on practice. Julie began her work developing the surveys by reviewing the literature concerning barriers to practice for APRN's. She identified a stakeholder group composed of practicing APRN leaders in Idaho, nurse regulators, and researchers.

The APRN and employer surveys were then developed with final input from health professions researchers at the Idaho Department of Labor and the Boise State University Center for Health Policy. RWJF approved the APRN survey and the APRN and employer surveys received IRB approval from BSU.

The APRN survey was completed in February 2014 with a 33% response rate. The employer survey was completed July 2014 with a 44% response rate. Descriptive data analysis was provided by IDOL and BSU Center for Health Policy. A summary report of this research has been submitted to grant reports and to surveystandards@rwjf.org. This data was presented to the Idaho Board of Nursing in January 2015.

1. What was produced during the reporting period?

Pending final approval by survey standards, a manuscript will be submitted to Nursing Outlook for review.