Full Practice Authority for Nurse Practitioners Increases Access and Controls Cost

Spotlight: California

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Project Objectives

Develop a Model for Measuring Outcomes:

- Build on existing research to develop a new tool for measuring the effects of granting full practice authority to nurse practitioners at the state level

Disseminate the Result Across the Country:

- Produce a series of policy briefs describing the specific outcomes in different states based on their unique markets and practice environments
Developing the Model

Key considerations –

• What data is available?
• What metrics should be used?
• Can results be produced for individual states?
Existing Research

The effects of state-level scope-of-practice regulations on the number and growth of nurse practitioners, Patricia Reagan and Pamela Salsberry, Nursing Outlook, 2013

• Shows that the supply of nurse practitioners is higher in states with full practice authority

Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes, Jeffrey Traczynski and Victoria Udalova, working paper, 2013

• Documents that people report better quality and easier access in states with full practice authority


• Demonstrates that cost of preventive care visits are lower in states with full practice authority
Data and Outputs

We designed our study to gauge the impacts of granting full practice authority to nurse practitioners in three key areas:
- Increased access, particularly in underserved areas
- Improved quality through preventive care
- Cost savings to the system

The primary data source for our analysis was the Area Health Resource File (AHRF) issued by the Department of Health and Human Services which includes detailed county-level data, including, Population, Rural-Urban Continuum Codes, Health Provider Shortage Area, # of Physicians, & # of Nurse Practitioners
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- California is the most populous state in the nation and is home to the largest number of primary care physicians and nurse practitioners (NPs).

- However, on a per capita basis the state ranks 23rd in the number of physicians, raising access challenges.

- The state also had among the highest rates of uninsured with an estimated 4 million newly eligible for coverage as a result of the Affordable Care Act.
Spotlight: California

Providers per 100,000 Residents in California in 2012

- Orange bars represent Primary Care Physicians.
- Red bars represent Nurse Practitioners.

<table>
<thead>
<tr>
<th>Category</th>
<th>Primary Care Physicians</th>
<th>Nurse Practitioners</th>
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<tr>
<td>Rural HPSA County Average</td>
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Data Source: 2012-2013 Area Health Resource File, U.S. Dept. of Health and Human Services Analysis: Bay Area Council Economic Institute
Regulations in California

• California currently requires physician involvement in the areas of diagnosis, treatment, and prescribing authority when performed by a Nurse Practitioner
  – Nurse practitioners must have a signed collaborative practice agreement with the health care system they will be working in
  – These agreements outline working relationships and develop Standardized Procedures (SPs) – a set of policies and protocols allowing NPs to perform functions that would otherwise be considered the practice of medicine

• A bill which would have granted full practice authority to nurse practitioners stalled in the state legislature in 2013; its author and a broad coalition of stakeholders is committed to continuing the push for these reforms.
Model Results: Access

Access –

- 4,000+ additional NPs in California, a 24 percent increase
- Growth rate of the NP workforce would increase by 25 percent
Model Results: Quality

Quality –

• Yearly preventative care visits are essential for increasing the quality of healthcare

• In the years following full practice authority for NPs adults report a 13-15 percent increase in visit quality, while children report gains of 17-27 percent
Model Results: Cost

Cost –

- In states with limited NP practice authority, the average cost for a preventative care visit can be as much as $16 higher than in states with full practice authority
- Directly translates to decreased burdens on public programs and business spending

$1.8 billion in savings on preventative care visits in first ten years
Policy Recommendations

• States still imposing practice restrictions should grant full practice authority to NPs

However, this is not a panacea:

• Continue to train more medical professionals, including more primary care physicians
• Redesign care management for better value and improved health outcomes
Questions or Comments?

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