Progress on the Institute of Medicine Recommendations: Perspectives on the Evidence

SCOPE OF PRACTICE
Moderator

Winifred V. Quinn, PhD
Director, Advocacy and Consumer Affairs at the Center to Champion Nursing in America
Research on progress in achieving Institute of Medicine recommendations was made possible by the Robert Wood Johnson Foundation.
Four Key Research Areas

- Scope of Practice
- Nursing Education
- Partners in Redesigning Health Care
- Workforce Planning

ADVANCING HEALTH
Joanne Spetz, PhD, FAAN
Professor at the Institute for Health Policy Studies at the University of California, San Francisco
Featured Speaker

Blanca Castro
Senior Manager of Advocacy, AARP California
Mary D Naylor, PhD, FAAN, RN
Marian S. Ware Professor in Gerontology and Director of the NewCourtland Center for Transitions and Health at the University of Pennsylvania School of Nursing
SCOPE OF PRACTICE

Joanne Spetz, PhD, FAAN
Recommendation

Nurses should practice to the full extent of their education and training.
Progress on Scope of Practice

- **Eight states** have revised their scope of practice regulations for nurse practitioners since 2010.

- **21 states and D.C.** allow nurse practitioners full practice authority.
FUTURE OF NURSING™
Campaign for Action

Removing Barriers to Practice and Care
State progress in removing policy barriers to care by nurse practitioners

This map shows progress for nurse practitioners. For more detail about the practice environment for all types of APRNs, see the National Council of State Boards of Nursing’s maps: https://www.ncsbn.org/5397.htm.

Updated: November 9, 2015
Why Should APRNs Have Full Authority?

- High-quality care
- Improves access to care
- Saves money
High-Quality Care

High-quality care from all APRNs:

- Nurse practitioners
- Certified nurse-midwives
- Certified registered nurse anesthetists
- Clinical nurse specialists

Three systematic literature reviews on APRNs:

- Newhouse and colleagues (2011)
- Stanik-Hutt and colleagues (2013)
- Martin-Misener and colleagues (2015)
Nurse practitioners:

• Provide primary care of similar quality as physicians; some studies document higher-quality care

• Are at least as good as physicians in preventing hospitalizations among Medicare patients (Kuo et al., 2015)
Nurse practitioners in teams

Intensive care unit:

• Patients receiving care from a team with a nurse practitioner were rehospitalized 50% less often and had fewer emergency department visits than the physician-only team (David et al., 2015)

Outpatient:

• Cardiovascular teams with nurse practitioners are of similar quality as all-MD model (Virani et al., 2015)
Certified nurse-midwives:

- Similar quality of care compared with physicians
- No differences in infant outcomes
- Lower use of epidurals, labor inductions, and episiotomies
- Lower rates of perineal lacerations
- Higher rates of breastfeeding

(Johantgen et al., 2012; Newhouse 2011)
Certified registered nurse anesthetists:

• Nonphysician anesthesia care appears equally safe (Lewis et al., 2014, systematic review)
• No change in complications or deaths in the 14 states that opted out of requirements for physician oversight (Dulisse & Cromwell, 2010, Medicare data)
Clinical nurse specialists:

• Lower lengths of hospital stays and reduced cost of care in acute care settings (systematic review, Newhouse et al., 2011)

• Similar outcomes, some evidence of reduced resource use and lower costs in outpatient settings where clinical nurse specialists substituted for physicians (systematic review, Kilpatrick et al., 2014)
Long-term care settings that rely on APRNs:
- Lower rates of adverse outcomes
- Greater satisfaction among family members
(Donald et al., 2013)
Improved Access to Care

The Public Has Better Access to Care When APRNs Have Full Practice Authority
Full practice authority is linked to:

- Higher supply of nurse practitioners (Reagan et al., 2013)
- Greater access to care (Stange, 2014)
- Fewer avoidable hospitalizations and hospital readmissions (Oliver et al., 2014)
- Fewer emergency department visits for ambulatory-care sensitive conditions (Traczynski and Udalova, 2014)
Nurse practitioners with full practice authority are:

More likely to provide key primary care services…

• Preventive care and chronic disease management (Morgan et al., 2014)
• Education within community health centers (Hing et al., 2011)

…and in more areas:

• Rural areas (Buerhaus et al., 2015) (Graves et al., 2015)
• Wider range of community settings (Buerhaus et al., 2015)
• Medicaid patients (Buerhaus et al., 2015)
Full Practice Authority Improves Access

The impact of scope of practice laws:

• Nurse practitioners in states with full practice and prescribing authority are more likely to practice in primary care (U.S. Assistant Secretary for Planning and Evaluation (ASPE/DHHS), conducted by Westat, 2015)
Full Practice Authority Improves Access

Probability of Practicing in Patient Care

- Full Practice and Prescriptive Authority: 89.3%*
- Full Practice Authority Only: 87.4%*
- Restricted Practice and Prescribing: 84.7%

Probability of Practicing in Primary Care

- Full Practice and Prescriptive Authority: 34.2%*
- Full Practice Authority Only: 32.7%
- Restricted Practice and Prescribing: 30.8%

*Significantly different from restricted states.
APRN Care Is Cost-Effective

Care Is More Affordable When Nurses Have Full Practice Authority
When nurse practitioners are involved:

- Evaluation and management costs are 29% lower (Medicare claims analysis, Perloff, et al., 2016)
- Ambulatory care costs are “likely” lower (literature review, Martin-Misener et al., 2015)

Costs are lower when nurse practitioners are:

- On teams for cardiovascular disease prevention among high-risk patients (Allen et al., 2014)
- Involved in breast care (Blackmore et al., 2013)
Full practice authority for APRNs:

- Increases the savings that can be achieved from retail clinics for low-acuity conditions (Spetz et al., 2013)
- Is linked to lower costs for well-child health examinations (Traczynski and Udalova, 2014)
Evidence shows when APRNs have full practice authority, Americans have better access to high-quality care at a lower cost:

- Federally supported research
- Systematic reviews of scientific articles
- New, rigorous research in high-impact journals

More evidence needed:

- Comparatively little research on certified nurse-midwives, clinical nurse specialists
- Need to evaluate impact when laws change
Changing State Laws Is Not Enough

• When a state enacts full practice authority, insurers or providers may lag

• Other restrictions (ASPE/DHHS study):
  
  * Hospital bylaws
  * Organizational culture
  
    • Nurse practitioner role not understood
    • Nurse practitioner not perceived as a team member
    • Nurse practitioners not allowed to lead care teams
A strong coalition is needed to change both regulations and practice!
Featured Speaker

Blanca Castro
Senior Manager of Advocacy, AARP California
Featured Speaker

Mary D Naylor, PhD, FAAN, RN
Marian S. Ware Professor in Gerontology and Director of the NewCourtland Center for Transitions and Health at the University of Pennsylvania School of Nursing
Press *1 on your telephone keypad to ask a question 
OR 
Use the “chat” feature to send “everyone” a question

You can find the recording, webinar summary, and additional resources by going to: CampaignforAction.org/webinars.
Resources

http://campaignforaction.org/directory-resources/research-briefs

In 2005, the Robert Wood Johnson Foundation launched a program to generate, disseminate, and translate research that is designed to help the public understand how nurses contribute to and can improve patient care quality. The Interdisciplinary Nursing Quality Research Initiative program (INQRI) supported 48 interdisciplinary teams of researchers who conducted rigorous studies linking nursing to patient care processes and outcomes. Key findings of those studies are synthesized in the research and evidence briefs, which fall into one or more of the following categories:

- **Practice**
  Read the Practice research briefs.

- **Education**
  Read the Education research briefs.

- **Leadership**
  Read the Leadership research briefs.

- **Workforce Data**
  Read the Workforce Data research briefs.
## Register Now for the Next Webinar!

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Research Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 23</td>
<td>Scope of Practice</td>
<td>Joanne Spetz</td>
</tr>
<tr>
<td>3 to 4 p.m. ET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March 22</td>
<td>Nursing Education</td>
<td>Linda Aiken</td>
</tr>
<tr>
<td>3 to 4 p.m. ET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 25</td>
<td>Partners in Redesigning Health Care</td>
<td>Olga Yakusheva</td>
</tr>
<tr>
<td>3 to 4 p.m. ET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 23</td>
<td>Workforce Planning</td>
<td>Erin Fraher</td>
</tr>
<tr>
<td>3 to 4 p.m. ET</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Save the dates!