

Cost of Care Provided by Advanced Practice Registered Nurses (APRNs)

Nurse Practitioners

- In a review of studies comparing the cost of primary care when delivered by NPs and physician assistants (PAs) to care provided by MDs, researchers found that, in studies where NPs and PAs assumed care roles previously occupied by MDs, “substitution of visits to physicians by visits to NPs and PAs achieved savings in the first year of implementation” (Naylor and Kurtzman 2010).
- A study of 26 capitated care practices of a group model managed care organization found that total labor costs were lowest in practices where NPs and PAs were used to a greater extent (Roblin et al., 2005).
- A study comparing NP versus MD management of post-revascularization hypercholesterolemia found that patients managed by NPs are more likely to comply with the prescription regimen and achieve their health goals at a lower cost (Paez and Allen, 2006).
- Using Massachusetts-specific MEPS data, a recent RAND study estimated NP and PA visits are 35 percent less expensive than physician visits. They estimate that if scope of practice laws were expanded and the number of NPs and PAs visits increased, Massachusetts could save between \$4.2 and \$8.4 billion over the course of the next ten years (Eibner et al., 2009).
- In a cross-sectional comparison of retail clinics (staffed almost exclusively by NPs and PAs), researchers found that the cost of care provided in retail clinics is far lower than care provided in primary care physician practices and emergency departments, while quality remained constant (Mehrotra et al., 2008).
- In an analysis of an on-site NP program launched by a U.S. metal and plastic manufacturing firm covering 4,284 employees and their dependents, researchers observed substantial reductions in annual health care costs (\$1.3 million) as a result of the investment (\$83,000), yielding a cost-benefit ratio of 1:15 (Chenoweth et al., 2005).

Certified Nurse Midwives (CNMs)

- A random sampling of providers delivering pre and perinatal care to low-risk women in Washington State found that certified nurse midwives used 12.2% fewer resources than obstetricians, with comparable outcomes in terms of number of live births and birth weight. Researchers attributed the lower resource use to reduced rates of Caesarean sections, labor induction, and epidural anesthesia (Rosenblatt et al., 1997).

References:

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