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AT THE CENTER TO CHAMPION NURSING IN AMERICA



The Evidence Shows: Better Laws Mean Better, More Accessible Care

Webinar on APRN Scope of Practice Research Findings
February 23, 2016

Introduction

This 60-minute webinar focused on recent changes in scope of practice laws for advanced practice registered nurses (APRNs), and featured two expert researchers as well as representatives of the consumers' perspective. The webinar's goals: review research about APRN scope of practice laws that has been published since the Institute of Medicine (IOM) published its report, *The Future of Nursing, Leading Change, Advancing Health*, in 2011; hear from researchers and industry leaders about barriers to care and how to overcome them; and identify next steps in using this new research to expand high-quality care through full practice authority.

Researcher Joanne Spetz, PhD, FAAN, professor at the Institute for Health Policy Studies at the University of California, San Francisco, opened with an overview of the progress in each state. Eight states have updated their laws since 2010, bringing to 21 the total number of states (including Washington, D.C.) in which nurse practitioners (NPs) have full practice authority.

Spetz then presented results from multiple studies showing that broader scope of practice laws are related to improved **quality of care, access to care, and cost of care**. In conclusion, she noted that research shows consumers in states with modernized laws might still not enjoy the full benefits of those reforms. Hospital bylaws and organizational culture continue to present obstacles to achieving care delivery goals. These findings, she said, suggest the need for a strong coalition to change practice as well as regulations.

Blanca Castro, senior manager of advocacy at AARP California, then gave the consumer perspective, pointing to the widening gap between supply and demand for primary care. Sarah Rosenberg, JD, deputy executive director of the Convenient Care Association, cited access to care, high-quality care, and low cost care as the pillars of the retail clinic industry. Mary D. Naylor, PhD, FAAN, RN, spoke of evolving models of care that include APRNs who can practice to the full extent of their education and training. Naylor is the Marian S. Ware Professor in Gerontology and Director of the NewCourtland Center for Transitions and Health at the University of Pennsylvania School of Nursing.

In the follow-up question and answer session, participants discussed ways to progress, focusing primarily on the need for broad coalitions that include more businesses, patients, and family caregivers.

The moderator was Winifred V. Quinn, PhD, director, Advocacy and Consumer Affairs at the Center to Champion Nursing in America.

For a review of the webinar slides, see the PowerPoint deck below; click twice to open the slide show.

Below the slide deck are responses from participants representing consumers, and key points from the discussion during the Q&A that followed.

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

SCOPE OF PRACTICE

Click twice to open the slideshow.

Responses and Q&A, moderated by Winifred Quinn

Quinn addressed Blanca Castro.

What do you, as an AARP state leader, think of these findings and how relevant are they to AARP members, consumers, and family caregivers in general?

Castro noted that California has a statewide coalition in its third attempt to pass full practice authority and they are still encountering strong opponents.

California has 4 million to 5 million family caregivers who are unpaid. In 2015, AARP surveyed Californians aged 45 years or older to gather data on this population. The survey found a majority of respondents want to live independently at home as long as possible. Results also showed strong support for NPs as a source of high-quality primary care.

Castro explained that a gap between available primary care providers and the need for primary care is growing in the state and that NPs can fill this gap. She identified growing needs in rural areas and for behavioral health, chronic conditions, and people who want to remain at home and independent as long as possible. In addition, family caregivers need more support and their numbers are expected to decline in coming years, compounding the workforce gap.

Castro concluded there are millions of people in need of basic care and that this is a workforce issue that must be addressed.

Quinn addressed Sarah Rosenberg.

What is the relevance of this body of evidence to your members, and what does the concept and practice of removing barriers to practice and care mean to your members?

Rosenberg explained that access to care and high-quality, low-cost care are the pillars of the retail clinic industry. Convenient Care Association members support the idea that all NPs and APRNs should practice at the full extent of their license and education. She reiterated the need for a coalition to advocate for NPs and APRNs to be sure that accessible, high-quality health care is available to all.

Quinn asks Mary Naylor for her thoughts.

Naylor explained that we're in a period of change characterized by aging baby boomers, the expansion of health insurance under the Affordable Care Act, increasing demand for excellent primary care, and the spread of new evidence-based models of care such as [Comprehensive Primary Care](#), [Independence at Home](#), and [transitional care](#).

All of these models rely on teamwork and collaboration that include APRNs and NPs, as well as physicians, family caregivers, and community-based organizations.

Naylor concluded by pointing to the excellent outcomes indicated by the research and asking webinar participants to consider what priority actions might accelerate next steps in changing practice, regulations, and workforce.

Q&A

Linda Aiken re: the cost to employers of barriers to practice (Aiken, PhD, RN, FAAN, FRCN, Claire M. Fagin Leadership Professor of Nursing at the University of Pennsylvania, is conducting research on nursing education and will present her findings in March)

Q: *Are there studies of the direct and indirect costs to employers for required collaborative agreements? Hospitals and health systems are the largest employers of NPs but haven't been active proponents of removing barriers to practice. Couldn't they be motivated by understanding how compliance with barriers to practice is costing hospitals money?*

Winifred Quinn: The Center for Advancing Provider Practices (CAP2) maintains a workforce database that includes physicians, physician assistants, and NPs. CAP2 analyzes deployment policies for all three sectors to determine if a health care provider's policies and practices are aligned and to make recommendations for improving both quality of care and the bottom line.

The CAP2 program is nationally available to help hospitals and health systems see how to better deploy their workforces.

AARP has helped AARP state offices and nursing coalitions work on legislative activities to remove barriers to practice and care. Some hospitals and health systems have also supported this.

Joanne Spetz: Anecdotal evidence from the ASPE/DHHS study showed Nevada's oversight requirements, which were not particularly burdensome, were costing NPs thousands of dollars before Nevada changed its scope of practice to full practice authority.

Burdensome oversight requirements discourage physicians from participating because they cost money, time, and added liability. More analysis is needed here, but it is difficult to conduct because the contracts are proprietary.

Renee Folsom re: insurance company leverage

Q: *Why can't insurance companies use their power to push for nurses to practice at capacity if it would mean cheaper and better care?*

Winifred Quinn: Some insurance companies have done this, but only on a state-by-state basis. Successful coalition building is needed to better engage insurance companies on this issue.

Winifred Quinn re: changes in Nevada

Q: *We need to look at evidence in states that have fully modernized their scope of practice laws. What does the evidence in Nevada say about what's gone on in the workforce since Nevada modernized?*

Susan VanBeuge: Nevada's full practice authority bill was signed into law June 2013 and went into effect July 2013. Since then, Nevada has seen a 30 percent growth rate in NPs with many coming in from states with restricted practice or no full practice authority. Nevada has also seen an uptick in rural areas, which had been an area of concern.

Giridhar Mallya re: collaboration on scope of practice across professions

Q: *What have been the major political facilitators and barriers for passing scope of practice laws? Have there been efforts to link scope of practice advocacy for APRNs, pharmacists, and dental hygienists?*

Winifred Quinn: Organized medicine has made it a top priority to maintain the status quo in states that do not have modernized scope of practice laws. This means they have devoted a lot of money and time to their effort and have made their wishes clear to elected officials.

This is why those focused on removing barriers to practice and care must create broad coalitions that include nurses, consumers, and family caregivers, as well as businesses such as large employers, insurers, and health care providers.

Diverse coalitions have been central to successful efforts in states with fully modernized scope of practice laws. They can shift the focus away from a stand-off between nurses and physicians

and highlight broader issues such as consumer access to care, reduced burdens for family caregivers, reduced cost, and improved bottom lines for employers.

Lisa Summers: The Coalition for Patients' Rights bridges a broad array of sectors and they are working on scope of practice issues across those sectors.

Joanne Spetz: Several years ago, a California senator took a broad approach to overcoming barriers to care by proposing three bills at the same time: one to extend scope of practice for optometrists, one for NPs, and one for pharmacists. Only the pharmacist bill passed.

Blanca Castro: A diverse coalition is needed to meet opposition in the medical community. One way to diversify is to allow consumer groups to lead coalitions. In California, AARP led the coalition for modernizing scope of practice and broadened the focus beyond NPs to include organizations such as the California Association of Physicians, the Hospital Association, and community clinics.

Winifred Quinn re: moving the needle

Q: *Could the researchers on this call weigh in with what they think needs to be done to move the needle in this area?*

Mary Naylor: Research of the last five years encompasses diverse voices such as those of health care economists and physicians. There is a responsibility now to figure out how to consistently use this evidence as a basis for change to advance the care and outcomes of patients.

We need an unwavering focus on patients and family caregivers, and accelerated efforts to build coalitions with these parties. The highest value will come through collaboration among NPs, physicians, and other clinicians. While some might not understand this yet, we need to remind ourselves that this kind of collaboration makes it possible for people to get high value care.

Joanne Spetz: It's very important to bring the business community into the discussion. Professional organizations representing business leaders think that broader scope of practice for all health professionals is an economic winner for them. Ensuring better access to care for their employees will also help to control their health insurance costs and improve employee health.

Erin Fraher (Fraher, RN, PhD, FAAN, professor in the School of Nursing, research fellow in the Cecil G. Sheps Center for Health Services Research, and chair, Division of Health Care Environments at the University of North Carolina, Chapel Hill, is conducting research on workforce planning and will present her findings in May.): We need products such as one-pagers that can be left behind after meetings to share facts and talking points with diverse communities. Hospitals and other health systems are wondering about value-based care and how nurses fit into it. Bringing the evidence into their hands will show them the value added by full scope of practice.

We should also engage the next generation of young NPs. They too can benefit from the power of this data and with it, can work to bring about change and move the needle forward.

Linda Aiken: We need to think strategically about how to mobilize stakeholders who have been silent on the scope of practice debate despite the fact these regulations go against their economic interests. Some stakeholders, such as hospitals and major retail clinic owners like CVS, employ many NPs. These groups have typically aligned with the medical establishment, but now they need to understand their interests have diverged. These regulations are costing them a lot of money.

Winifred Quinn

Q: *Veronika Riley, [Director of the Workforce Center, American Hospital Association (AHA)] could we hear your thoughts on this evidence and where you think the American Hospital Association is on this issue?*

Veronika Riley: First, state hospital associations are deeply involved with workforce planning and are concerned about scope of practice. Second, on a national level, the AHA Committee on Performance Improvement took up the topic of workforce this year because members expressed an interest in it. There's a lot of talk about new models of care, but there isn't enough talk about who is going to provide care in the new models. The committee's big push for this year is to look at how medical centers can respond differently to their workforce needs.