

RE: Nurse Practitioner Quality and Cost Outcomes in Full Practice Authority States

Dear _____:

Thank you for asking about Nurse Practitioner care quality – that is really the most important issue (although happily, NP outcomes for both quality and cost are consistently remarkable). I share with you this summary by Sandy Berkowitz, RN, JD of the National Nurse Practitioner Entrepreneur Network. She highlights some of the most important findings on the subject including from the National Academy of Medicine and several other studies.

In assessing Full Practice Authority reform's effect on quality, studies yield two key takeaways: **(1) health care delivered by nurse practitioners is on par with, and sometimes superior to, comparable care delivered by physicians, and (2) states with Full Practice Authority (FPA) enjoy overall higher quality primary care.**

The National Academy of Medicine's report is the most comprehensive review of NP care quality ("The Future of Nursing: Leading Change, Advancing Health," 2010). Here are some quotes from the report summary.

<http://nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Report-Brief-Scope-of-Practice.aspx>

- **Page 2:** "No studies suggest that APRNs are less able than physicians to deliver care that is safe, effective, and efficient or that care is better in states with more restrictive scope of practice regulations for APRNs. In fact, evidence shows that nurses provide quality care to patients, including preventing medication errors, reducing or eliminating infections, and easing the transition patients make from hospital to home....."
- **Page 1:** "While challenges face nurses at all levels, the committee took particular note of the legal barriers in many states that prohibit advance practice registered nurses (APRNs) from practicing to their full education and training. The committee determined that such constraints will have to be lifted in order for nurses to assume the responsibilities they can and should be taking during this time of great need..."

Nursing Outlook published a comparison between potentially avoidable hospitalization rates in states with full practice authority for NPs vs states without ("Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients," 2014). It is attached. They found:

- In states that have full practice authority for Nurse Practitioners, researchers found 100.18 potentially avoidable hospitalizations for every 1,000 person-years among Medicare-Medicaid beneficiaries. In states like Pennsylvania without full practice authority for Nurse Practitioners, the rate was higher: 145.85 per 1,000.
- "There is a strong and recurrent pattern of statistical significance that emerges when comparing full practice of NPs and preventable hospitalization rates in the dually enrolled Medicare-Medicaid population, the readmission rate in those recently having post-acute hospital care for rehabilitation, hospitalization rates from the nursing home setting, and overall health outcomes as noted by Oliver et al. (2014)."

Researchers at **George Washington University** published a study in **Health Services Research** comparing care quality outcomes in states with full practice authority versus states without. (“Does the Regulatory Environment Affect Nurse Practitioners’ Patterns of Practice or Quality of Care in Health Centers?” 2017). It is attached.

- If restrictions like Pennsylvania’s current law were beneficial to patients, researchers reasoned, NPs in states like PA would have better health care outcomes. But, “Findings from this study did not conform to this pattern. In fact, state independence had no statistically significant effect on any of the three quality indicators studied.”
- “NP visits in states with practice independence had a higher odds of receiving physician referrals than those in restricted states.”

With respect to takeaway #1) **Primary care from nurse practitioners is of comparable or superior quality to care by physicians**, I’ve attached a case study of the self-insured Metro Nashville Public Schools, which in 2007 elected to offer near-worksite Nurse Practitioner-led care for employees and their families.

The results, after five years:

- The total cost for adults using MNPS onsite clinics was 27% lower than for adults with other primary care providers (\$372 vs. \$508) in 2012.
- MNPS saved \$2.8 million in 2012 alone through onsite health clinics.
- Employees who used the onsite clinics had 19% fewer inpatient admissions; 42% fewer outpatient visits; 24% fewer emergency room visits; 60% fewer urgent care visits; 31% fewer radiology tests; 15% fewer surgical procedures; and 15% fewer laboratory tests than employees who received primary care elsewhere.
- MNPS district staff commented: “We have been able to reduce our annual medical trend to 2.5% (five-year average), while the market averaged around 7% to 8% per year. This last year was especially good, with -5.5% trend generating \$14 million increase in reserves.”

Finally, a personal and professional observation: Quality of outcome, especially in primary and chronic disease management, is an NP differentiator and this is not an accident. Over 100 studies validate care quality outcomes by NPs. Why? Because NPs are hard-wired into a nursing model whose goal is engagement, health literacy and self-sufficiency for the patient.

Collaboration is at the heart of the nursing model, not a statutory imposition. Supporting Full Practice Authority for Nurse Practitioners, and recognizing NPs as independent Primary Care Providers is not a disruption of primary care strategy—it is totally compatible with it. In fact it is a promising option for continuing to expand access to care.

I hope this research has been helpful and please do not hesitate to reach out if I can provide any additional information. There is a great deal of research on NP care quality and I would be happy to share it.

Sincerely,

Attachments: 3