

Nurse Practitioners as Primary Care Providers:
Transforming the Political and Regulatory Practice
Landscape to Improve Access to Health Care
through Evidence-Based Research



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Objectives

Goal: To achieve autonomy legislation for nurse practitioners as primary care providers to improve access in the delivery of primary health care services.

1. The learner will be provided a selection of barriers that impede implementation of health care policy to support access of nurse practitioners as primary care providers.
2. The learner will be exposed to a strategic framework using a dissemination model that may be individualized to facilitate legislative and regulatory scope of practice changes.
3. The learner will be able to discuss the role of evidence-based research to create change in health care policy.

Overview

Scope of practice (SOP) changes are among some of the most prevalent issues confronting state legislators and health care regulators

Federation of State Medical Boards Of the United States, Inc. (2005). Assessing scope of practice in health care delivery: Critical questions in assuring public access and safety. Retrieved from http://www.fsmb.org/pdf/2005_grpol_scope_of_practice.pdf



Overview

- IOM (2001) recognizes the complexity of SOP across disciplines
 - ✓ Calls for state regulators to allow for **innovation** in the use of all types of clinicians to effectively meet patients needs
 - ✓ Encourages use of interdisciplinary teams to optimize patient care

Institutes of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: The National Academies Press.



Overview

Pew Health Commission (1995) urged states to explore opportunities to:

- Allow all professionals to provide services that reflect their full potential and ability
- To practice to the extent of their current
 - ✓ knowledge
 - ✓ training
 - ✓ experience
 - ✓ skills

Pew Health Care Commission, Finocchio, A. L., Dower, C. M., McMahon, T., & Gragnola, C. M., and the Taskforce on Health Care Workforce Regulation. (1995). *Reforming health care workforce regulation: Policy considerations for the 21st century*. San Francisco, CA: Author.



Background and Introduction

- Millions of Americans are without access to basic health care services
 - ✓ > 47 million are without health insurance
 - ✓ Reduced and/or dropped employer sponsored health plans and expensive health insurance premiums prevent coverage
 - ✓ Increased limited access to usual sources of care and resources

Center on Budget and Policy Priorities. (2006, August 29). The number of uninsured Americans is at an all time high. Retrieved from <http://www.cbpp.org>



Background and Information

Complexities in providing quality care

- Rising health care costs
- Health care workforce shortages (*nurses and physicians*)
- Distribution of providers
- Aging population
- Socioeconomic conditions



Background and Introduction

SOP influencing factors

- Fluctuations in health care workforce and specific health care specialties
- Geographic and economic disparities
- Economic incentives
- Consumer demand



Background and Introduction

Creating change to modify and/or expand SOP is supported and evaluated through:

- ✓ Verifiable need for proposed change
- ✓ Assuring patient safety and public protection
- ✓ Determining accountability/liability for practice
- ✓ Assessing the economic impact on health care delivery

Federation of State Medical Boards Of the United States, Inc. (2005). Assessing scope of practice in health care delivery: Critical questions in assuring public access and safety. Retrieved from http://www.fsmb.org/pdf/2005_grpol_scope_of_practice.pdf



Background and Introduction

When examining SOP issues, policymakers must appropriately evaluate the:

- Standards of education, training and examination
- Practice parameters (expectations and limitations)
- Regulatory mechanisms



Scope of Practice *Defined*

- Health care services or activities that an individual health care practitioner is authorized or permitted to perform within a specific profession

Federation of State Medical Boards Of the United States, Inc. (2005). Assessing scope of practice in health care delivery: Critical questions in assuring public access and safety. Retrieved from http://www.fsmb.org/pdf/2005_grpol_scope_of_practice.pdf



Scope of Practice *General Concepts*

- Overlapping and shared competencies
- Independent practice
- Supervision
- Collaboration



Changing Scope of Practice *Contributing Factors and Assumptions*

- Interest groups and strong lobbies can advance or block legislation
 - ✓ Adversarial relationships
 - ✓ Competition between health care disciplines over practice boundaries
 - ✓ Expansive SOP proposals
- State statutes and regulations that grant NPs the right to practice through licensure, do not necessarily sanction their autonomy to perform as practitioners

(Cooper, Henderson, & Dietrich, 1998; DiCenso et al., 2007)



Changing Scope of Practice *Contributing Factors and Assumptions*

- Legislative actions are required to change laws and regulations to existing Nurse Practice Acts (NPAs)
 - ✓ Many states authorize NPs to practice autonomously
 - ✓ Degrees of independence
 - ✓ Wide variation and inconsistencies in regulatory SOPs across states

(California HealthCare Foundation [CHCF], 2008)



Changing Scope of Practice

Contributing Factors and Assumptions

- Physician concerns
 - ✓ NP ability
 - ✓ Fragmented or poorly coordinated care
 - ✓ Loss of physician oversight
- Strong physician influence
 - ✓ Physician-dominated primary care delivery system

(DiCenso et al., 2007; Wilson, 2008)



California Scope of Practice

- Supervisory state
- NPs must collaborate with physicians under standardized procedures and develop joint-written protocols that cover all elements of NP practice
- Ambiguity exists in current law
 - ✓ Delays consumer access to timely and efficient health care
 - ✓ Falls midpoint in practice autonomy and independence compared to other states
 - ✓ Confines patient choice and access (grade C)

(CHCF, 2008; Lugo, 2007)



Decision Basis to Change Scope of Practice

In the State of California (CA), restrictive state regulations and legislative barriers to NP practice prevent full professional autonomy and recognition of the NP role to function as independent Primary Care Providers (PCPs) in the primary care environment



Research Dissemination and Utilization

- Legislation introduced by *CANP* was examined to illustrate the legislative process and navigate the use of evidence in policy and practice
- The use of diffusion will enhance the understanding of how ideas are spread through systems, how policy is developed and how capacity is required to effectively use evidence in the process

(Bowen & Zwi, 2005; Dobbins et al, 2002; Rogers, 2003)



Case Example: SB 294 (Negrete McLeod)

CANP Legislative Drivers

- In September 2008, an email survey was sent to California Association of Nurse Practitioners (CANP) members requesting their input into the most frequent practice barriers they encounter on a day-to-day basis, impairing their ability to provide timely health care access

California Association of Nurse Practitioners. (2009, February 26). *Health policy and practice update: CANP sponsors SB 294 (Negrete McLeod) to eliminate practice barriers and improve access to care.* Retrieved from <http://canpweb.org>

Barriers Identified

- Five barriers most commonly experienced by nurse practitioners included the inability to:
 - ✓ *Sign admission orders to hospitals*
 - ✓ *Order durable medical equipment*
 - ✓ *Certify disability*
 - ✓ *Be designated as a patient's primary care provider and be listed on insurance panels (ghost provider status)*
 - ✓ *Approve, sign, or modify a plan of care for a patient requiring home health services.*

Legislative Bill: SB 294

- Establishes and clarifies in the Business and Professions Code some of the many health care duties that a nurse practitioner (NP) may perform under a standardized procedure or protocol, in agreement with the physicians and facilities that the NP works with.

Five Initial Bill Provisions

- Durable Medical Equipment (DME)
- Disability Certification
- Home Health Services
- Access to NPs in Managed Care Networks (direct access to NPs as Primary Care Providers)
- Hospital Admitting Privileges

Decision Basis to Change Scope of Practice

- Research findings demonstrates that there are no differences in patient care outcomes between NPs and primary care physicians
- NPs receive advanced education, licensing and certification and are competently prepared to address the needs of:
 - ✓ *individual patients, families, and the larger community*
 - ✓ *assume expanded roles in the management, coordination, integration, and delivery of primary care services across the health system*

Brown, S. A., & Grimes, A., 1995; Druss, et al, 2003; Horrocks, Anderson, & Salisbury, 2002; Laurant, et al., 2004; Lenz, et al., 2004; Munding et al, 2000; Sackett, et al., 1974; Sox, H. C., 1979; Spitzer, et al, 1974



Decision Basis to Change Scope of Practice

Policymakers need information to:

- Understand the definitions of SOP as it relates to physician practice
- Recognize the educational differences between physicians SOP and other professions
- Examine authorization requests to provide overlapping services by non-physician clinicians (*including definitions in the practice of medicine under existing law*)



Decision Basis to Change Scope of Practice

- Increased interest in legislative actions to expand SOP
- SOP changes should reflect the evolution of NP abilities
- Need a rational and effective approach to make decisions
- Public's best interest/protection and ensure safety

(NCSBN, n.d.)



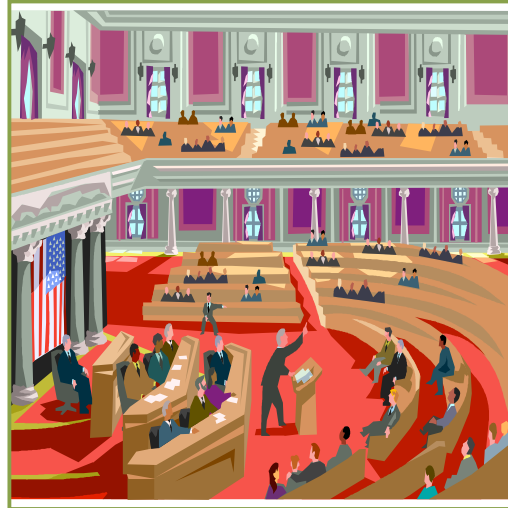
Decision Basis to Change Scope of Practice

- Evidence-informed decision-making is essential when addressing SOP initiatives
- Specific strategies needed to influence the decision-making policy process
- Relevant research published under the right political circumstances can advance policy issues to the top of the policy agenda



Problem Statement

Legislative and regulatory scope of practice for NPs in CA contain existing barriers that restrict NP activities that they are competently trained to perform and reduce access to care



Research Question Investigated



“What is the best strategy to create change in the legal and regulatory practice landscape to expand the professional practice of nurse practitioners to increase the numbers of primary care providers in the State of California?”

Significance of Study

- NPs have been reshaping the nation's health care workforce to expand access to primary care services
- NPs are used within the health care system to provide primary care that is cost effective, efficient, and quality driven



(American Academy of Nurse Practitioners [AACN]; 2007d, 2007e; American Association of Colleges of Nursing [AACN], 1998; Clarin, 2007)

Significance of Study

- Over 140,000 NPs are licensed to practice in the U. S.
 - ✓ > 14,000 NPs practice in CA (***representing the largest group of NPs in the nation***)
 - ✓ These numbers combined positively correspond with the consumer driven needs for healthcare

(Health Resources & Services Administration [HRSA], 2004)



Significance of Study

In some states, enactment of state laws have allowed NPs to expand SOP resulting in improvements in:

- prescriptive authority,
- third-party reimbursement, and
- recognition as providers of primary care services



Significance of Study

- Limited physician capacity
 - ✓ declining interest in primary care
 - ✓ shifts toward specialty practice
 - ✓ insufficient numbers of physicians to meet patient needs
- NPs working in extended roles
 - ✓ address consumer demands (***increased patient utilization for health services***)
 - ✓ respond to rising health care costs
 - ✓ improve quality of services provided



Purpose and Intent Driving Force

- To improve patient access to care by expanding the SOP for NPs nationwide
- To develop an effective change in the legislative and regulatory scope of practice for NPs in California and remove existing barriers that restrict practice and reduce access to care through recognition of NPs as PCPs



Methodology

An evidence-based review and critique of the literature was conducted to assess, evaluate and report findings from outcomes research, systematic and meta-analyses published, and interventions aimed at addressing the role of NPs as PCPs



Methodology

- The most common intervention analyzed included NP versus medical doctor (MD) outcomes in primary care; regulatory scope of practice; and consumer survey data
- If there was an explicit outcome associated with patient care, quality, cost effectiveness, patient satisfaction, and regulations to practice, those studies were included in the analysis



Methodology

- Several hundred titles were screened
- Fourteen research studies met the inclusion criteria
- Three RCTs, two meta-analyses, and one systematic review;
- One observational-analytic study; two comparison studies; one follow-up study to a RCT;
- One expert panel quantitative content analysis study; one consultative-survey and comparison study; one numerical ranked and correlational study and;
- One pilot cross-sectional study were reviewed

(Brown, & Grimes, 1995; Gardner, & Gardner, 2005; Horrocks, Anderson, & Salisbury, 2002; Laurant, Reeves, Hermens, Braspenning, & Sibbald, 2004; Lenz, Munding, Kane, Hopkins, & Lin, 2004; Lugo, O'Grady, Hodnicki, & Hanson, 2007; Munding, et al., 2000; Myers, Lenci, & Sheldon, 1997; Sackett, Spitzer, Gent, & Roberts, 1974; Sekscenski, Sanson, Bazell, Salmon, & Fitzhugh, 1994; Sox, 1979; Spitzer, et al., 1974; The EROS Project Team, 1999; Way, Baskerville, & Bushing, 2001)

Supportive Evidence

- Additional studies were incorporated as supportive evidence to the initial search conducted

(Dall et al., 2009; Etner, Kotlerman, Affi, Vazirani, Hays, Shapiro, & Cowan, 2006; Fahey-Walsh, 2004; Ingersoll, McIntosh, & Williams, 2000; Kinnersley et al., 2000; Nies et al., 1999; Obman-Strickland et al., 2008; Sidani & Irvine, 1999; Venning, Durie, Roland, Roberts, & Leese, 2000)

Rationale for Inclusion Criteria

- Studies provided an evidence-based approach to affirm the significant and contributing role of NPs as PCPs
 - ✓ *promoting access to care*
 - ✓ *enhancing quality outcomes*
 - ✓ *ensuring effective delivery to needed health care services*
- The body of evidence assembled builds support among health policy-makers, key stakeholders, and professional nursing advocates to initiate and enact meaningful legislative reform for NPs to practice as autonomous PCPs



Synthesis of Research and Key Results

- Melnyk & Fineout-Overholt's (2005) hierarchy of evidence rating system was used to examine the level of evidence
- Of the 14 references included:
 - ✓ (7) studies met level I evidence
 - ✓ (1) study met level II evidence
 - ✓ (5) studies met level VI evidence
 - ✓ (1) study met level VII
 - ✓ (0) studies met Level III, IV or V evidence

Melnyk, B., & Fineout-Overholt, E. (2005). *Evidence-based practice in nursing & healthcare: A guide to best practice*. Philadelphia, PA: Lippincott, Williams & Wilkins.



Hierarchy of Evidence

| Evidence Levels | Strength | Sources of Evidence |
|------------------|----------|--|
| Level I | | Systematic reviews and meta-analyses of all relevant RCTs or evidence-based guidelines based on systematic reviews of RCTs |
| Strongest | | At least one well-designed RCT |
| Level II | | Well-designed controlled trials without randomization |
| Level III | | Well-designed case-control and cohort studies |
| Level IV | | Systematic reviews of descriptive and qualitative studies |
| Level V | | Single descriptive or qualitative study |
| Level VI | | Weakest |
| Level VII | | |

Source: Melnyk, B., & Fineout-Overholt, E. (2005).

Synthesis of Research and Key Results

- The majority of studies obtained in this evidenced-based review documented safety of NPs as effective PCPs and revealed no significant differences when compared to physicians determined by:
 - ✓ consultation and referral practices;
 - ✓ patient satisfaction;
 - ✓ cost effectiveness and appropriate use of services;
 - ✓ process of care, and;
 - ✓ health status and clinical outcomes

Brown, & Grimes, 1995; Horrocks, Anderson, & Salisbury, 2002; Laurant et al., 2004; Lenz et al., 2004; Munding et al., 2000; Myers, Lenci, & Sheldon, 1997; Sackett et al., 1974; Sox, 1979; Spitzer et al., 1974.

Synthesis of Research and Key Results

- Lugo et al (2007), reported on dimensions of state regulatory practice environments and ranked them according to the affect on patient access, care and safety as it relates to NP regulation and SOP, finding:
 - ✓ Regulations across many states impose restrictions that impede NP SOP despite ability to perform in this role
- Sekcenski et al (1994), analyzed the variations in regulations for NPs, nurse-midwives and physician assistants of 50 states and DC in an attempt to measure the practice environment examining legal status, reimbursement, and prescribing authority and found:
 - ✓ Scores of providers varied across states specific to the characteristics of the practice environment and the provider –to- population ratios between NPs, NMs and PAs
 - ✓ Identified practice variations across states and the limitations to practice for advanced practice

Limitations and Challenges Identified

- Randomization used in only three RCTs evaluated (*although two meta-analyses and one systematic review added support for randomization*)
- Small sample sizes
- Failure to identify study setting and timeline
- Inadequate statistical analyses or use of power
- Confounding variables



Limitations and Challenges Identified

- Lack of an evidence base in regulation governing NP practice
 - ✓ few studies assessed the regulations in state scope of practice for NPs
 - ✓ variable practice environments impede the ability of NPs to provide care to their full potential



Application of a Theoretical Framework:

- *Rogers' Diffusion of Innovations* (2003) model provides a comprehensive framework for the dissemination, application and utilization of research for health policy and clinical-decision-making
 - ✓ outlines various stages of the innovation adoption process
 - ✓ can assist in the development of dissemination strategies to affect change within the legislative arena by promoting the use of research evidence

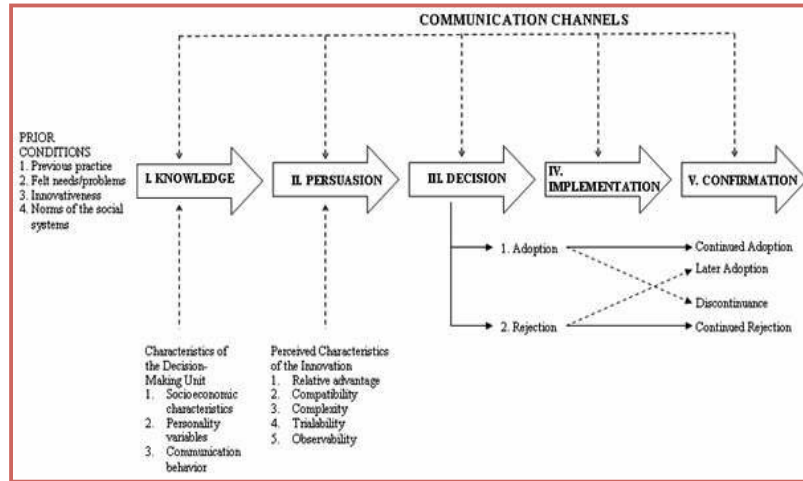


Theoretical Framework

- **Diffusion** is a process in which an innovation is communicated through certain channels over time among members of a social system
- **Innovation** is an idea , practice, or object that is perceived as new by an individual or other unit of adoption
- **Communication** is a process in which participants create and share information with one another in order to reach a mutual understanding



Rogers' Conceptual Model



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Roger's Conceptual Model

Five Stages

- Knowledge
- Persuasion
- Decision
- Implementation
- Confirmation

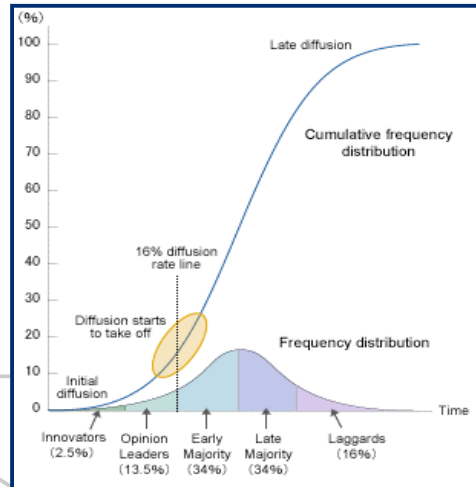
Perceived Attributes

- Relative advantage
- Compatibility
- Complexity
- Trialability
- Observability



Rate of Adoption

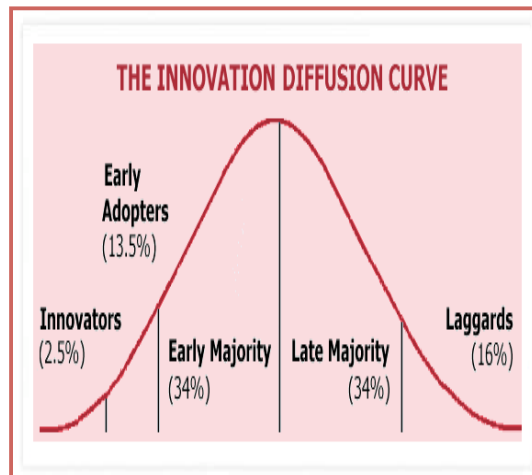
- The relative speed with which an innovation is adopted by members of a social system is affected by its perceived attributes



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Health Policy Legislation Adoption Life Cycle

- **Innovators:** NPs as PCPs (policy idea)
- **Early Adopters:** Visionaries and Opinion Leaders
- **Early Majority:** Pragmatists
- **Late Majority:** Conservatives
- **Laggards:** Skeptics



(Pragmatists cast the deciding vote)

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Roger's Conceptual Model Variables of Influence

- The type of innovation-decision
 - ✓ optional
 - ✓ collective
 - ✓ authority
- Communication channels
- Social system or infrastructure
- Extent of the change agents' efforts in diffusing the innovation



Lobbying Tactics and Strategies: Actions to Influence Policy Outcomes

Lobbying Tactics

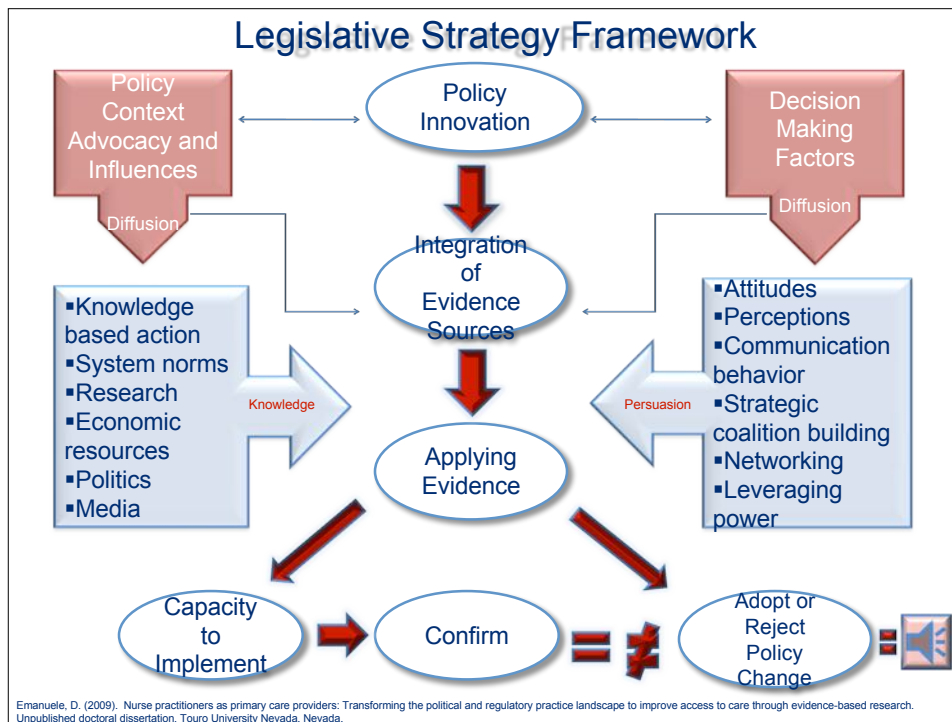
- Specific actions that an interest group can take to influence policy outcomes:
 - ✓ Mobilizing members
 - ✓ Writing press releases
 - ✓ Seeking elected officials endorsements to achieve influence
 - ✓ Monitoring public opinion
 - ✓ Building coalitions
 - ✓ Citizen contact

Lobbying Strategy

- A combination of various tactics that compliment each other and provide the best chance for the group to achieve its goals:
 - ✓ **Inside lobbying** (direct work with legislators and elected officials)
 - ✓ **Outside lobbying** (media and grassroots activities to place external pressure on political leaders)

Boehmke, F. J. (2005). Interest group lobbying strategies. In F. J. Boehmke, *The indirect effect of direct legislation: How institutions shape interest group systems* (pp. 123-124). Columbus, OH: Ohio State University Press.





Policy Context and Considerations

- Consider the evidence within the context its used
- Political, ideological, and economic factors shape decisions
- Historic, cultural, health services, system, and resource services
- Evidence used in the policy process is determined by
 - ✓ beliefs and values
 - ✓ affected by timing, economic costs and politics of the day
- Consider the setting which policy is developed and implemented

Bowen, S., & Zwi, A. B. (2005, July). Pathways to "Evidence-Informed" policy and practice: A framework for action. *PLoS Medicine*, 2(7), 0600-0605



Policy Context and Considerations

- Examining policy networks
 - ✓ Relationships that shape the policy agenda and decision-making process
 - ✓ Shape how policy is formulated and in the way evidence is gathered and presented in policy formulation
- Evidence interacts within the “context” before it is fully adopted in policy and practice and is useful at different times in the policy process

Bowen, S., & Zwi, A. B. (2005, July). Pathways to “Evidence-Informed” policy and practice: A framework for action. *PLoS Medicine*, 2(7), 0600-0605



Policy Context and Considerations

To integrate evidence into policy and practice the researcher must:

- Determine how and when evidence is used to influence decision-making capacity among policymakers
- Consider the evidence within the context it will be used
- Demonstrate the perceived benefits of change

Bowen, S., & Zwi, A. B. (2005, July). Pathways to “Evidence-Informed” policy and practice: A framework for action. *PLoS Medicine*, 2(7), 0600-0605



Legislative Results

- Two provisions deleted to SB 294
 - ✓ Hospital admitting privileges and PCP status
 - ✓ Incremental approach and power to influence
- CA-BRN reassignment: Adjusting to changing circumstances
- Senate requests Diversion and Disciplinary language amended into SB 294 (bill would be delayed until 1/10)-major changes would make it less likely to achieve SB 294
- Omnibus Bill SB 819 becomes SB-294: NP language removed to expedite NP bill (lobbyist tactic)
- On Governor's desk for signature and approval

Discussion

- To influence legislative agendas in the political arena, nursing requires:
 - ✓ Personal involvement and knowledge
 - ✓ Assessing the policy environment and preparation in planning
 - ✓ Understanding policy formation and agenda setting
 - ✓ Communication and negotiation skills
 - ✓ Critical thinking and conflict management/resolution
 - ✓ Attracting government attention and consumer involvement
 - ✓ Developing a timeline within the regulatory phase to achieve goals

Practice Implications

- Expanding autonomy legislation can be achieved through research evidence data and strategic planning
- The DOI model can be used for the dissemination and utilization of research and lead to changes in health policy
- Relevant research findings and clinically useful information can influence diffusion , guide policy decisions or choices that lead to adoption of innovations in health policy
- Understanding past policy failures and successes provide direction in planning for future implementation
- Strategy tools for passing autonomy legislation can assist nurses involved in policy development to evaluate and plan current and future policies

Future Research

- Outcomes research needed comparing (apples to apples):
 - ✓ Independent NPs to NPs practicing in collaborative or supervisory states
- Few studies provide strategies for passing autonomy legislation
- Advancing autonomy legislation through an autonomy model of professional practice for all APRNs:
 - ✓ Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education Paper
- Limited published work done on examining or explaining the process and effects of evidence-based decision-making and research utilization on policy outcomes

Conclusions

- Policy is shaped by how policy makers learn about health care issues
- DOI model provides a theoretical and empirical base to illustrate the process of adoption of research evidence in health policy to understand:
 - ✓ How ideas are spread throughout systems
 - ✓ How decisions are made
 - ✓ How policy is developed
 - ✓ How capacity is required to effectively use evidence

Bowen & Zwi, 2005; Dobbins et al, 2002

Conclusions

- Nurses play a significant role in providing evidence and information that legislators need:
 - ✓ To guide and make decisions
 - ✓ To impact policies, legislation and regulations
 - ✓ To build consensus on important issues
- Political nursing advocacy is key to achieve intended goals through various activities:
 - ✓ Mobilizing members and building legislative coalitions
 - ✓ Writing press releases, making phone calls or providing testimony
 - ✓ Contacting and/or seeking elected officials endorsements
 - ✓ Monitoring public opinion



No available source found

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