Nursing Advanced Practice Management
Nurse Practitioners in the United States

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Advanced Practice Registered Nurses (APRNs) in the U.S.

- Includes:
  - Certified Registered Nurse Anesthetists
  - Nurse Midwives
  - Clinical Nurse Specialists
  - Nurse Practitioners (NPs)

- APRNs must complete post-baccalaureate nursing education and pass a national certification examination

- APRNs possess advanced clinical knowledge and skills in their areas of specialty
Historical Perspective on Nurse Practitioners

- Developed in response to primary care physician shortages in the nineteen sixties
- First program began in Colorado in 1965
  - initial emphasis on health promotion and disease prevention
- NPs are now recognized in all U.S. states
- NPs are practitioners who diagnose and treat acute and chronic illnesses, and have prescriptive authority
NPs in the U.S. Practice in Many Specialties and Settings

- **Specialties include:**
  - adult health
  - women’s health
  - family health
  - school health
  - geriatrics
  - pediatrics,
  - palliative care
  - mental health
  - acute care

- **Settings include:**
  - Hospital inpatient, outpatient, & emergency departments
  - Health centers, nursing homes, private physician practices, private NP practices, school based health centers, retail clinics

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2 Key Issues Related to Full Scope of Practice for NPs

- Autonomy
  - Requires the knowledge and clinical skills necessary for independent decision making and sound clinical judgment
  - Prescriptive authority independent of physician supervision
- Direct reimbursement from public and private insurers
NP Core Competencies

- Scientific foundation
- Leadership
- Practice inquiry
- Technology and information literacy
- Policy
- Health delivery system
- Ethics
- Independent practice
Educational Requirements for NPs Have Increased Over Time

- Initially required a post-RN certificate
- By 2007, requirements for NP certification included a master’s degree with supervised clinical experience
- Doctor of Nursing Practice (DNP) may become the new entry level educational requirement for NPs
A systematic review of 37 studies examined patient outcomes of care by NPs compared to care managed exclusively by physicians and found high levels of evidence to support:

- Equivalent levels of patient satisfaction
- Equivalent levels of self-reported patient perception of health
- Equivalent patient functional status outcomes
- Equivalent levels of patient glucose control
- Equivalent rates of hospitalization and emergency department visits
- Better management of patient serum lipid levels by NPs

Health Reform in the U.S. is Increasing Interest in NPs

- Health reform shifts the focus of the health care delivery system to primary and preventive care
- Increases emphasis on effective management of chronic diseases
  - e.g., support for strategies to improve health literacy and increase patient engagement in care
- Payment reform, moving away from fee for service and toward managed care arrangements
  - e.g., incentives for keeping people healthy and penalties for poor outcomes, e.g., inappropriate hospital readmissions
Health Care Delivery Under Health Reform: Guiding Principles

- Patient-centered care
- Coordinated care across different providers
- Active management of transitions across care settings
- Increased provider communication and collaboration
- Clear accountability for the total care of the patient
Challenges to Primary Care Service Expansion

- Primary care physicians are poorly distributed in the U.S.
  - Few practice in rural and inner city communities
- Currently about 58 million people in the U.S. reside in nearly 2,700 federally designated primary care shortage areas
- NPs are important providers of primary care services, particularly for underserved populations
More New PC Physicians Plan to Work in Inpatient Settings in New York

Source: Center for Health Workforce Studies, Resident Exit Survey

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Who Are New York’s Primary Care Practitioners?

Percentage of Physicians, NPs, PAs, and Midwives who Provide Primary Care Services in New York

- Physicians: 28%
- Nurse Practitioners: 33%
- Physician Assistants: 22%
- Midwives: 70%

Source: Center for Health Workforce Studies, Re-registration Surveys
Does NY Grow Its Own Primary Care Practitioners?

Training Location of Physicians, NPs, PAs, and MWs Who Provide Primary Care in NY

Source: Center for Health Workforce Studies, Re-registration Surveys
NY NPs: Providers of Primary Care in Specialty Settings

- Active NPs who work in primary care practice settings report spending 68% of their time providing primary care services.
- Active NPs who work in all other practice settings report spending 58% of their time providing primary care services.
- Setting clearly affects access, and may also impact on cost.

Source: Center for Health Workforce Studies, NP Re-registration Survey
NPs Have a Seat at the Policy Table

- NPs are a well-established profession with strong and direct links to nursing
  - NPs must be RNs
  - The associations (ANA, AACN, NCSBN, etc.) representing registered nursing also support NPs
  - Embedded structural support – e.g., HRSA’s Division of Nursing

- The issue of state-to-state scope of practice variation for NPs is widely known and increasingly the subject of health workforce research
Looking Ahead

- In the U.S., demand for NPs is expected to grow
- Workforce data and research can inform strategies:
  - To ensure that NP training and education curricula reflect population health needs
  - To support the most effective use of NPs in emerging models of care
  - To evaluate impacts of NPs on access, quality and cost of health services
Thank You

Questions?