

The Role of Nurse Practitioners in Transforming Healthcare Access and Outcomes in North Carolina

Joint Legislative Committee on Access to Healthcare and Medicaid Expansion
March 29, 2022

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Addressing NC's Healthcare Access and Outcomes

Reliance on Antiquated Models of Nurse Practitioner Practice in NC

I.e.:

Ongoing restrictions of NP practice to the full extent of education, license, and competency, thereby limiting healthcare access and outcomes

No substantive change in regulation since
the 1970s

Reliance on an Evidence-Based Model for Nurse Practitioner Practice in NC

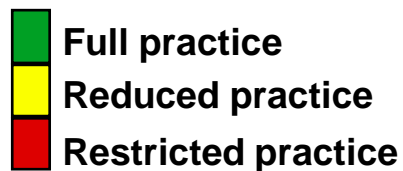
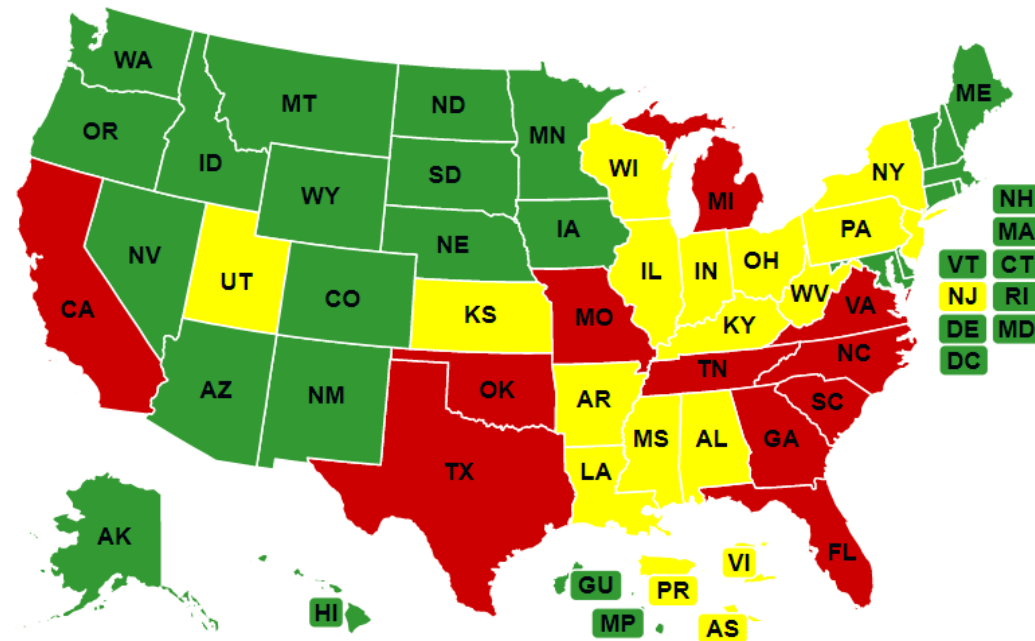
I.e.:

Granting full practice authority to nurse practitioners in NC to improve healthcare access and outcomes

vs.

The Antiquated Model: State-Level NP Practice Restrictions

State-level regulatory restrictions preventing NP practice to the full extent of education, license, and competency

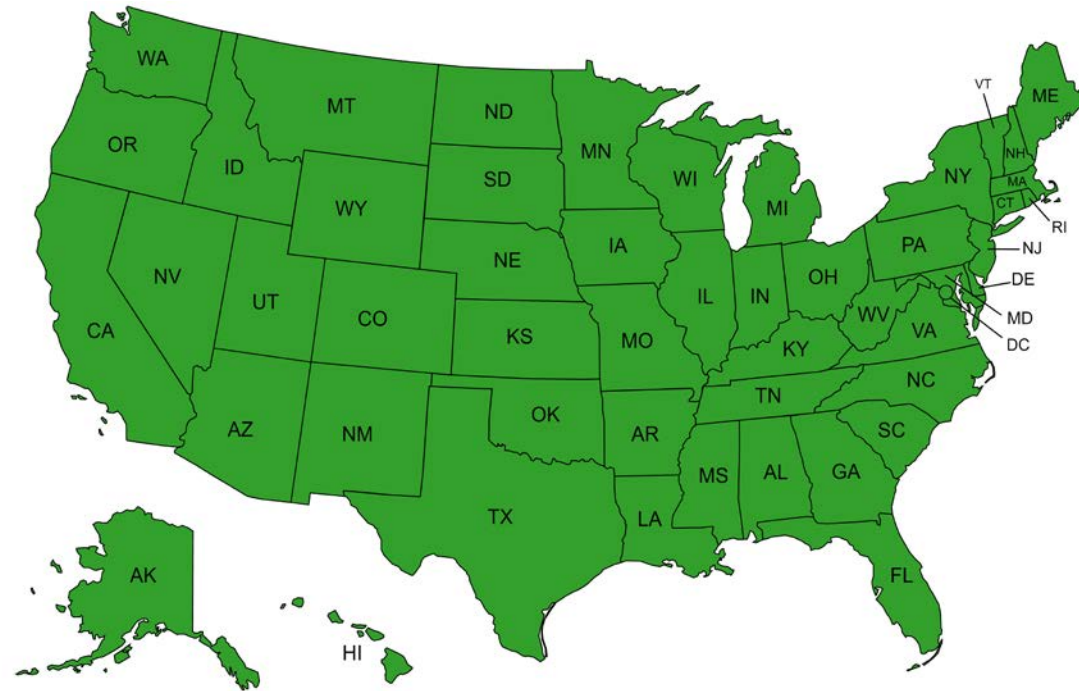


Full NP Practice Authority is Not a New Idea:

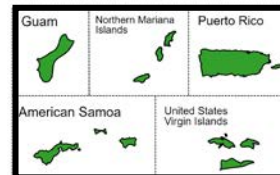
- ❑ *24 states, DC, and 2 territories* have already passed full NP practice authority
- ❑ The first states authorized full NP practice authority in 1994, *nearly 3 decades ago*
- ❑ Once passed, full NP practice authority has *never been repealed*

NP Practice to the Full Extent of Education, License & Competency

No regulatory restrictions preventing NP practice to the full extent of education, license, and competency



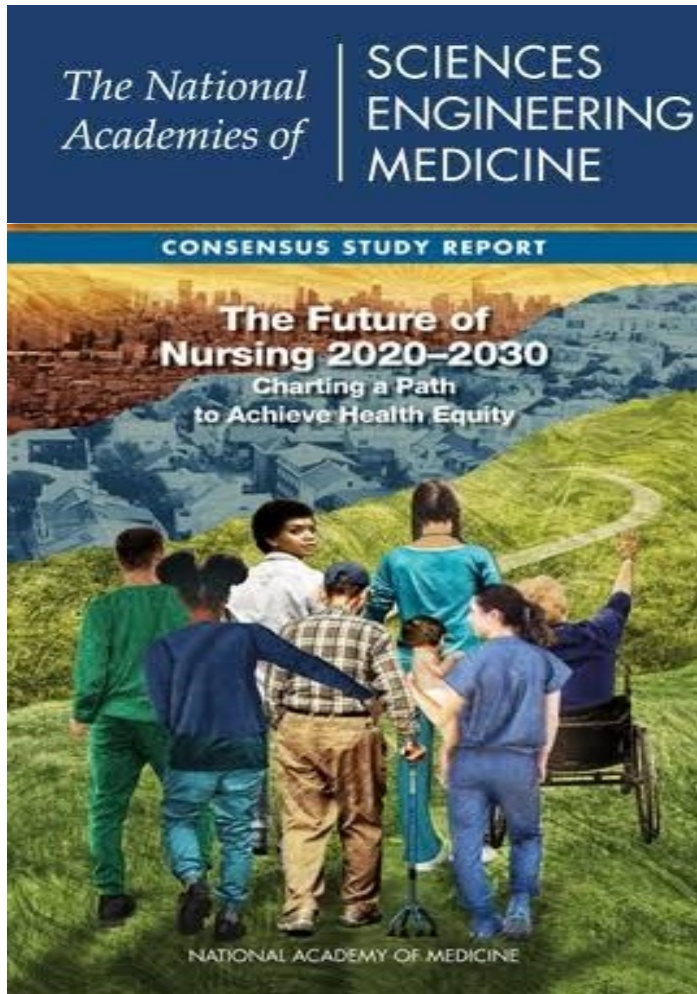
 Full practice



Full NP Practice Authority:

- ☐ Improves care access
- ☐ Improves care outcomes
- ☐ Improves workforce supply

Full NP Practice Authority Improves Access to Healthcare



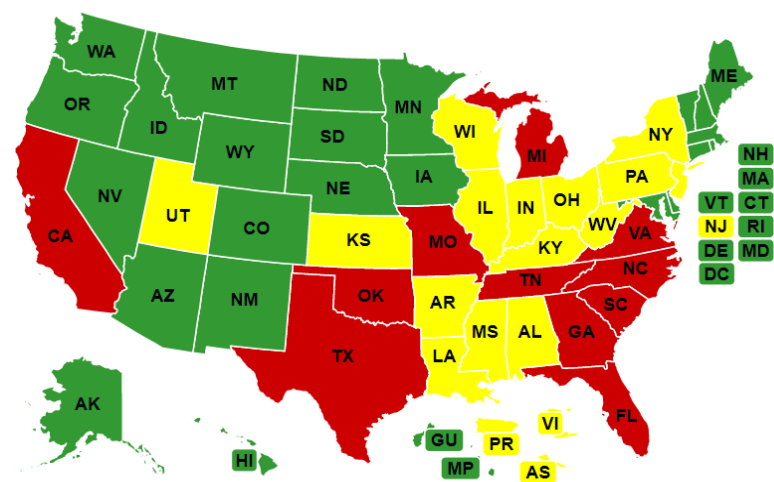
If full NP practice authority was adopted nationally, the number of Americans living in a county with primary care shortages would decrease by:

70%
overall

65%
in rural
areas

Better Care Outcomes in Full Practice States

States with full NP practice have **better health outcomes** as compared to states with **reduced** or **restricted** NP practice



- Full practice
- Reduced practice
- Restricted practice

Outcomes of Nurse Practitioner Full Practice on Medicaid-Medicare Beneficiaries		
	States with Full Practice	States without Full Practice
Rate of avoidable hospitalizations [†]	100*	146
Percent of hospital discharges who are readmitted within 30 days	11*	12
Percent of nursing home patients who are hospitalized per year	18*	26
State ranking for overall health outcomes [‡] (from 1 – 50)	17*	30

Notes: Results shown as means; analyses compared state rank orders; [†] rate per 1,000 person years; [‡] from UHF America's Health Ranking; * statistically significant at <.05

Comparable Patient Outcomes in Nurse-Delivered Primary Care



**Cochrane
Library**

Cochrane Database of Systematic Reviews

A systematic review and meta-analysis of 18 randomized controlled trials

Laurant M, van der Biezen M, Wijers N, Watananirun K, Kontopantelis E, van Vught AJAH

The meta-analysis suggests that **nurse-delivered primary care**, compared to physician delivered care “**generates similar or better health outcomes** for a broad range of patient conditions”

State NP Practice Restrictions Not Associated With Improved Care Outcomes

Medical Care Research and Review
2021, Vol. 78(3) 183–196

Review



State Nurse Practitioner Practice Regulations and U.S. Health Care Delivery Outcomes: A Systematic Review

Bo Kyum Yang¹ , Mary E. Johantgen², Alison M. Trinkoff², Shannon R. Idzik², Jessica Wince¹, and Carissa Tomlinson³

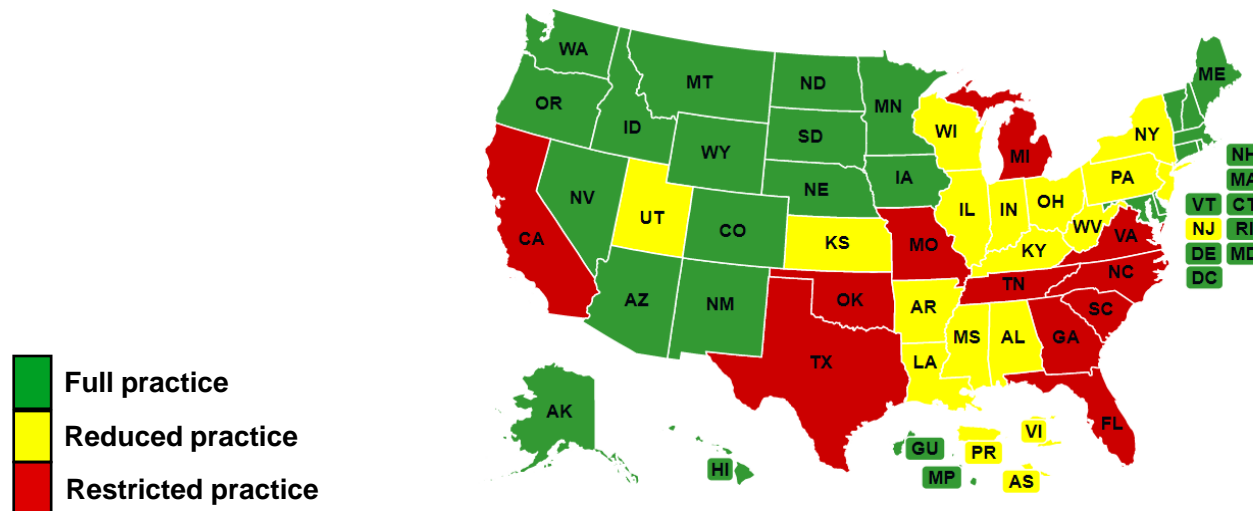
A systematic review of 33 studies also showed **no evidence** for better NP care outcomes in states with **more practice restrictions**

**NP practice restrictions
≠
better NP care outcomes**

Better Workforce Supply in Full Practice States

HealthAffairs

NP **workforce growth is faster** in states with **full practice** laws compared to states with restricted practice



NP workforce growth 2010–2017
(in full-time equivalents)

133%

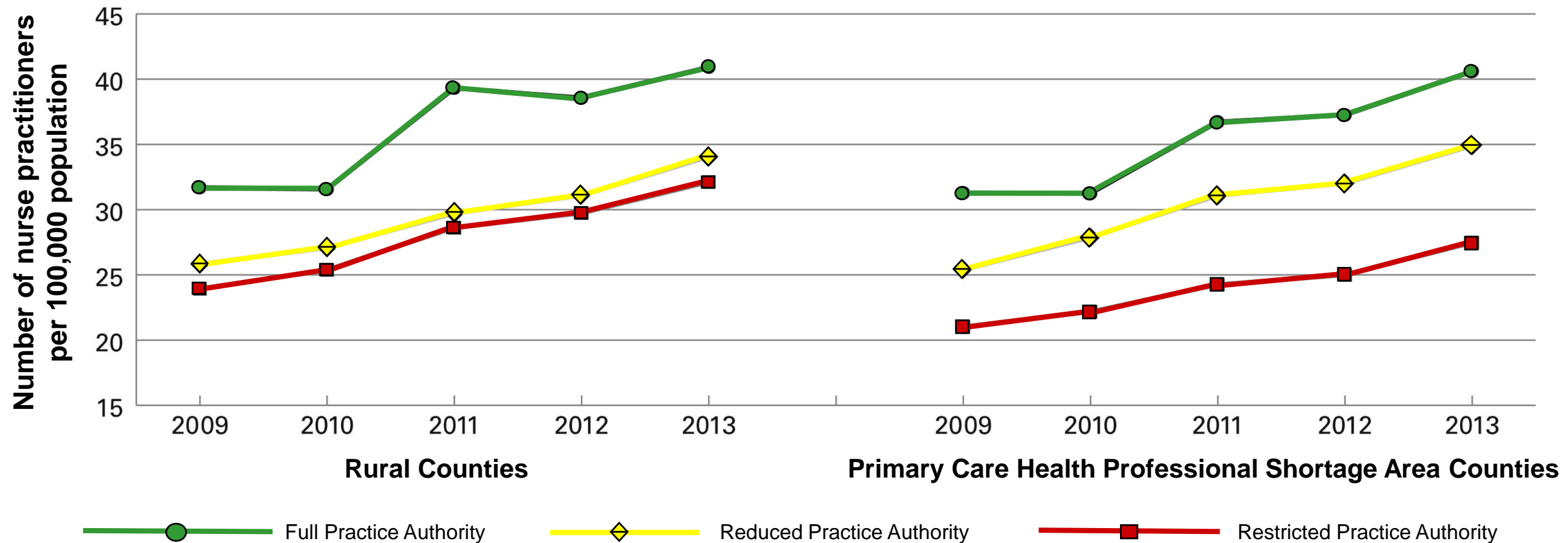
100%

NP Growth Full
Practice States

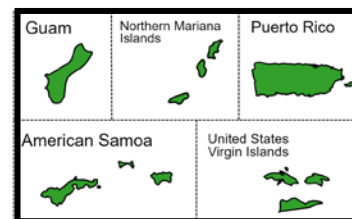
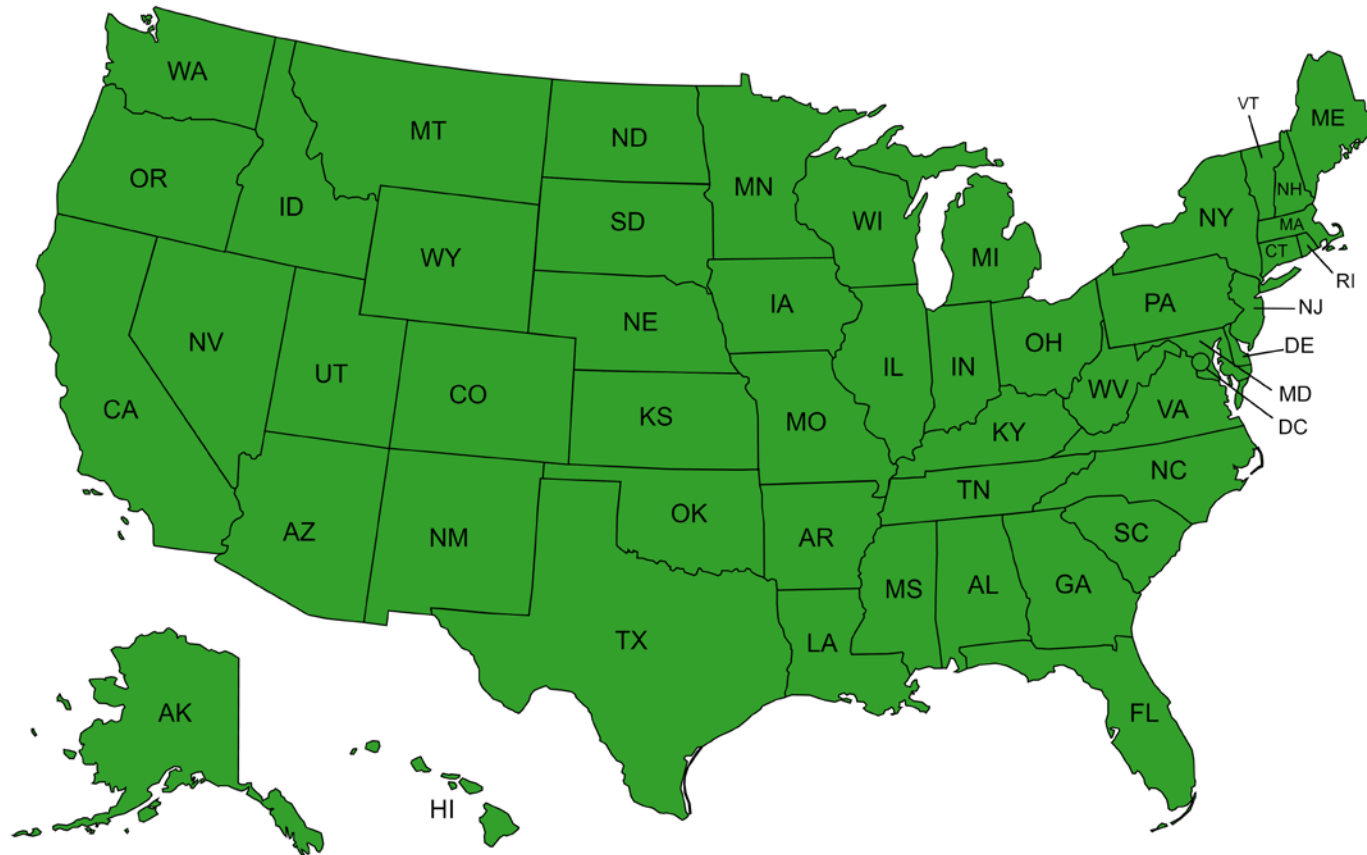
NP Growth Restricted
Practice States

Improved NP Supply in Rural and Health Professional Shortage Areas

Full NP practice authority is associated with higher supply of nurse practitioners in rural and primary care health professional shortage counties

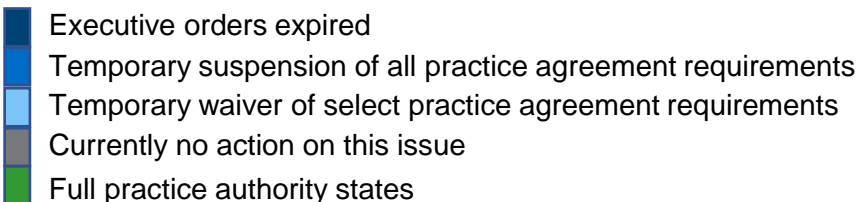
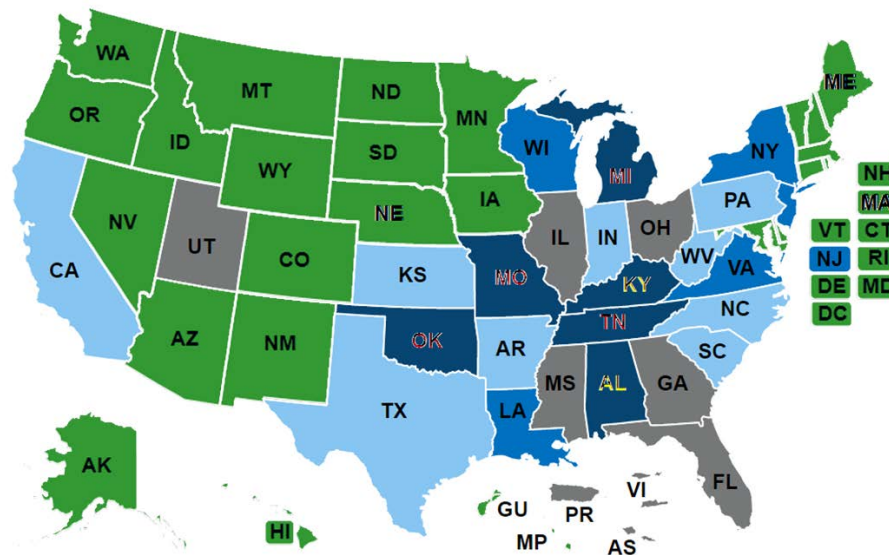


What Would Healthcare Look Like Without State NP Practice Restrictions?



Temporary Waivers of NP Practice Restrictions: Takeaways from COVID-19

U.S. states issued **temporary waivers of NP practice restrictions** during the COVID-19 pandemic



Waivers of NP practice restrictions enabled, e.g.:

- More time responsive NP practice and care provision
- Streamlined process for NP orders in the absence of physician signature requirements
- Increased capacity of the healthcare workforce to respond to COVID-19

The Role of Nurses Post-Pandemic



89%
of Americans want the **same level of care from nurses** post-pandemic

Nurses:

#1

**Most trusted profession
for 20 years in a row**

Nurses matter for rebuilding trust in healthcare and public health that has deteriorated during the pandemic

What Do NP Practice Restrictions Mean for North Carolina?

- ❑ NP practice restrictions contribute to *inadequate care access* and *primary care workforce shortages*, particularly in rural areas
- ❑ NP practice restrictions represent a *barrier to improving health outcomes* and reducing health-related economic costs
- ❑ NP practice restrictions requirements represent an *unsafe and fragile care model* (e.g., possibility of immediate NP loss of ability to care for patients)
- ❑ NP practice restrictions *weaken health workforce responsiveness to emergencies* (e.g., regulatory waivers are needed to fully leverage NPs)
- ❑ Physician supervision agreements impose *unnecessary and excessive costs*; “passive income” for physicians

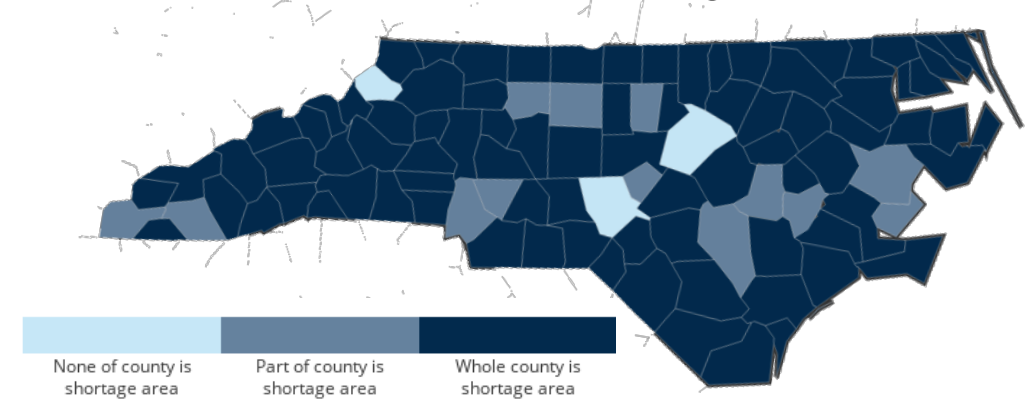
A Recommendation for Evidence-Based Healthcare Policy in North Carolina

Recommendation:

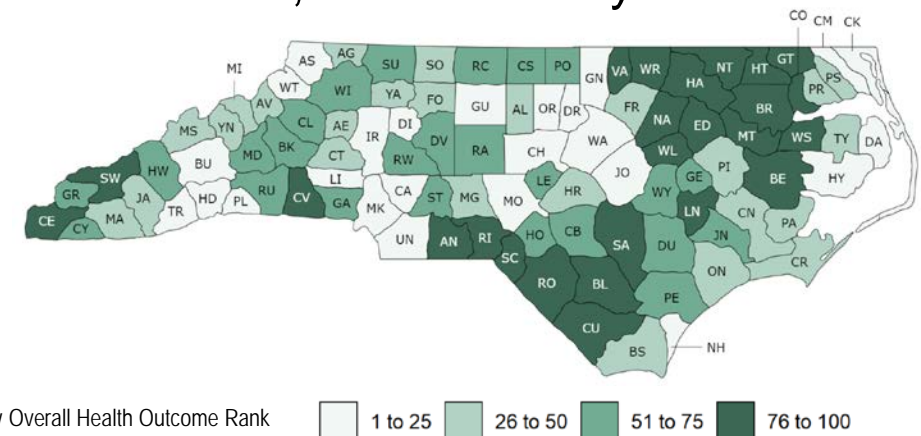
Grant NP practice authority to the full extent of education, license, and competency



97% of NC counties are classified as primary care health professional shortage areas



NC ranked **31st** among U.S. states in overall health outcomes, with variability across counties



NC County Overall Health Outcome Rank

1 to 25 26 to 50 51 to 75 76 to 100

A Recommendation for Evidence-Based Healthcare Policy in North Carolina



GROUPS SUPPORTING THE SAVE ACT ALONGSIDE NURSE ORGANIZATIONS

