COMMONWEALTH OF MASSACHUSETTS

# HEALTH POLICY COMMISSION

# Scope of Practice and Cost-Effective Care Delivery in Massachusetts

October 5, 2015

# “Scope of Practice” laws

- Define legal boundaries and operational restrictions on practice for some categories of health care providers – particularly where training and practice overlap with other providers, e.g.,
  - Nurse Practitioners
  - Nurse Anesthetists
  - Dental Hygienists
  - Optometrists
  - Psychologists

  } Advanced-Practice Registered Nurses (APRNs*)

- Scope of Practice laws are the purview of state legislatures and aim to balance concerns of safety, access, costs and competition

APRNs also include Nurse Midwives and Clinical Nurse Specialists

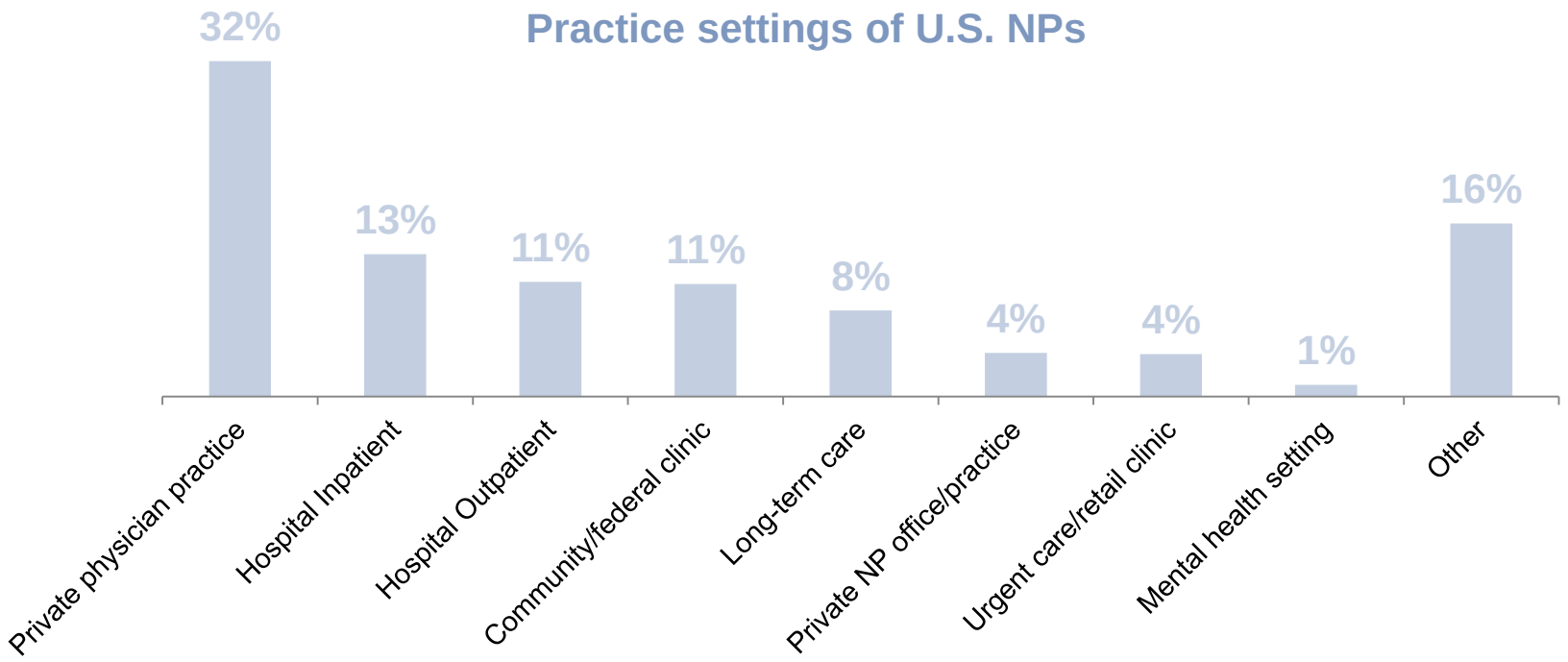
# Scope of Practice laws concerning Advanced Practice Registered Nurses

- Generally take the form of limitations on practice authority
- State legislatures and researchers have been reassessing the evidence base concerning these laws
- Massachusetts has among the most restrictive laws in the nation
- By preventing providers from practicing to the full extent of their licenses and training, these laws may represent an unnecessary barrier to cost-effective care

Kaiser Health News: Nurse Practitioners Try New Tack To Expand Foothold In Primary Care, Sept 8, 2013: http://khn.org/news/nurse-primary-care-slowed-by-insurer-credentialing/

# Nurse Practitioner practice characteristics (U.S., 2012)

- NPs are Advanced Practice Registered Nurses (APRNs) who have completed a Master's or Doctorate with required clinical hours and passed a national certification exam
- There are 127,000 NPs in patient care in the US; 60,000 in primary care; ~5,000 in MA
- Median earnings (NPs in patient care): $87,000
- 89% work in settings with a physician on site
- Medicare pays 85% of the physician fee; other payers vary from ~75-100%




Chattopadhyay, Arpita, George A. Zangaro, and Kathleen M. White. "Practice Patterns and Characteristics of Nurse Practitioners in the United States: Results From the 2012 National Sample Survey of Nurse Practitioners." *The Journal for Nurse Practitioners* 11.2 (2015):.
MA data from the Department of Public Health

# NPs provide high quality care

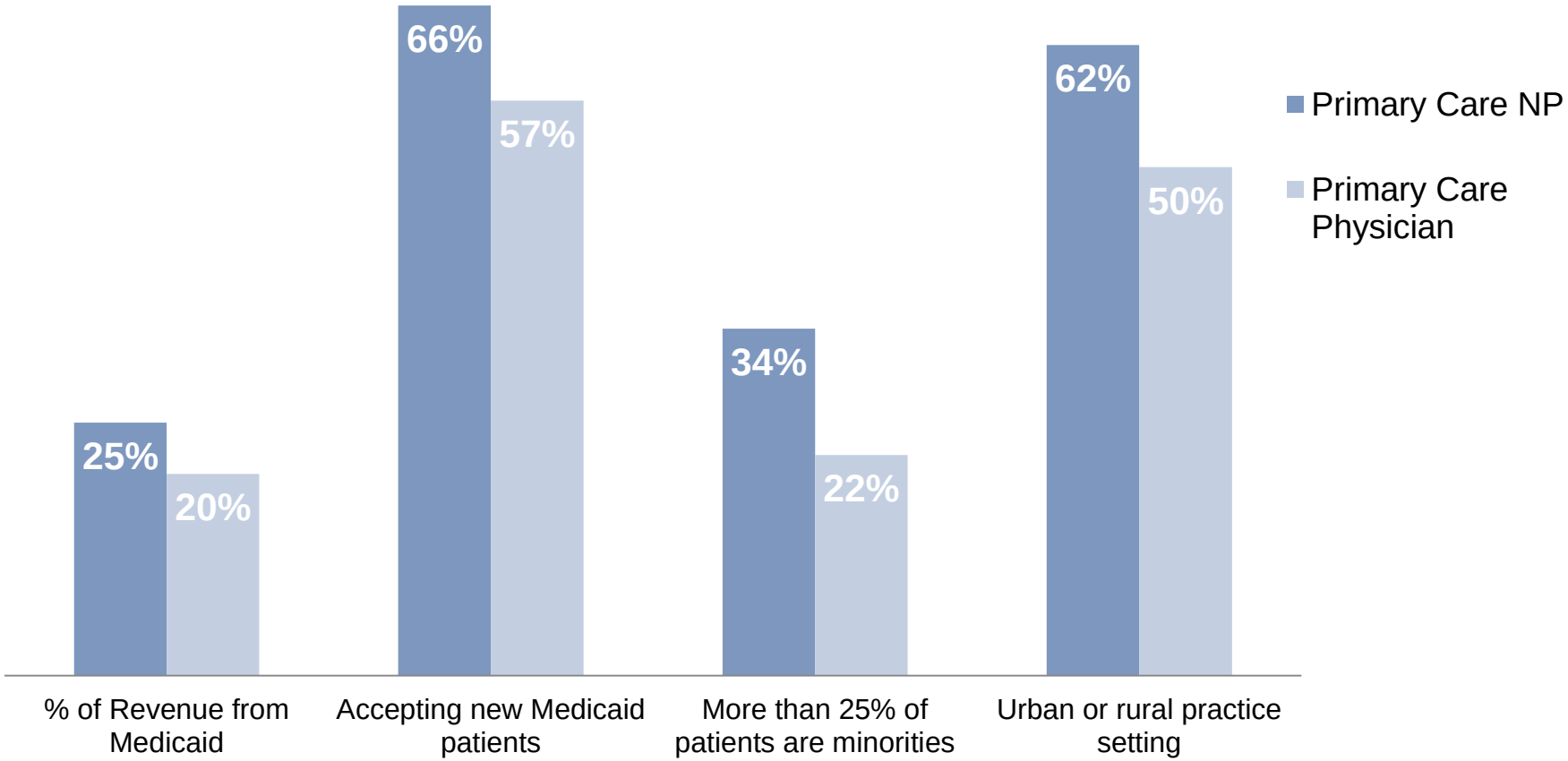
*Quality and outcomes of care provided by NPs relative to that provided by primary care physicians: literature review,1980-2008*

| Outcome | # of studies | Result |
|---|---|---|
| Patient Satisfaction | 6 (4 RCTs) | Equivalent |
| Self-reported health status | 7 (5 RCTs) | Equivalent |
| Functional Status | 10 (6 RCTs) | Equivalent |
| Glucose Control | 5 (5 RCTs) | Equivalent or favoring NPs |
| Lipid control | 3 (3 RCTs) | Favoring NPs |
| Blood Pressure | 4 (4 RCTs) | Equivalent |
| ED/urgent care visits | 5 (3 RCTs) | Equivalent |
| Hospitalization | 11 (3 RCTs) | Equivalent |
| Mortality | 8 (1 RCT) | Equivalent |

Newhouse, Robin P., et al. "Advanced practice nurse outcomes 1990-2008: a systematic review." *Nursing Economics* 29.5 (2011): 1-21. Only study outcomes reported with 'high' confidence shown.

# NPs are more likely than physicians to treat vulnerable populations

*Survey of ~2,000 primary care physicians and primary care nurse practitioners; 61% response rate*




Buerhaus, Peter I., et al. "Practice characteristics of primary care nurse practitioners and physicians." *Nursing outlook* 63.2 (2015): 144-153.

# Costs of care provided by NPs are generally lower

## Prominent findings from the literature

- Direct costs of primary care visits
  - Lower labor costs in Kaiser system for visits to NPs or PAs (Roblin et al., 2004)
  - ~35% lower visits costs in Massachusetts (RAND, 2009)
- Total costs including subsequent care
  - Higher resource use in 3 categories among 150 VA patients randomized to providers (Hemani et al, 1999)
  - Lower costs (Medicare Part B; 29% lower, Medicare Part A; 11% lower) among ~600,000 Medicare beneficiaries (Perloff et al., 2015) with NPs as their PCP


Perloff, DesRoches, Buerhaus et al., Forthcoming in Health Services Research, 2015

Hemani, Alnoor, et al. "A comparison of resource utilization in nurse practitioners and physicians." *Effective clinical practice: ECP* 2.6 (1998): 258-265.

Hussey, Peter S., M. Susan Ridgely, and Elizabeth A. McGlynn. *Controlling health care spending in Massachusetts: an analysis of options*. RAND, 2009.

Roblin, Douglas W., et al. "Use of midlevel practitioners to achieve labor cost savings in the primary care practice of an MCO." *Health services research* 39.3 (2004): 607-626.

# Types of Scope of Practice laws governing Nurse Practitioners

- Requirements to maintain a collaborative agreement with a physician* to:
  - Prescribe drugs
  - Provide care
- Requirements to practice within some distance from the collaborating physician
- Requirements to follow certain treatment protocols
- Inability to sign death and disability forms
- Required approval by the State Board of Medicine for implementation of new practice authority

**Nurse Practitioners often pay physicians on the order of several hundred to several thousand dollars per month under these agreements*

Comment from FTC Staff to the Hon. Thomas P. Willmott & Hon. Patrick C. Williams, La. House of Representatives (Apr. 20, 2012), http://www.ftc.gov/os/2012/04/120425louisianastaffcomment.pdf [hereinafter FTC Staff Louisiana APRN Comment].

# Independent bodies have recommended easing or removal of practice restrictions

## Selected findings from the Federal Trade Commission (2014) Staff Paper

- Collaboration and professional oversight among NPs and physicians are the norm, whether required or not
- No evidence of harm or risks from APRN prescribing
- Supervision requirements may “constrain [providers] in their ability to develop and implement more variable or flexible models of team-based care, consultation, and oversight, according to patient needs and institutional needs and resources.”
- “Physician supervision requirements may raise competition concerns because they effectively give one group of health care professionals the ability to restrict access to the market by another, competing group of health care professionals, thereby denying health care consumers the benefits of greater competition.”

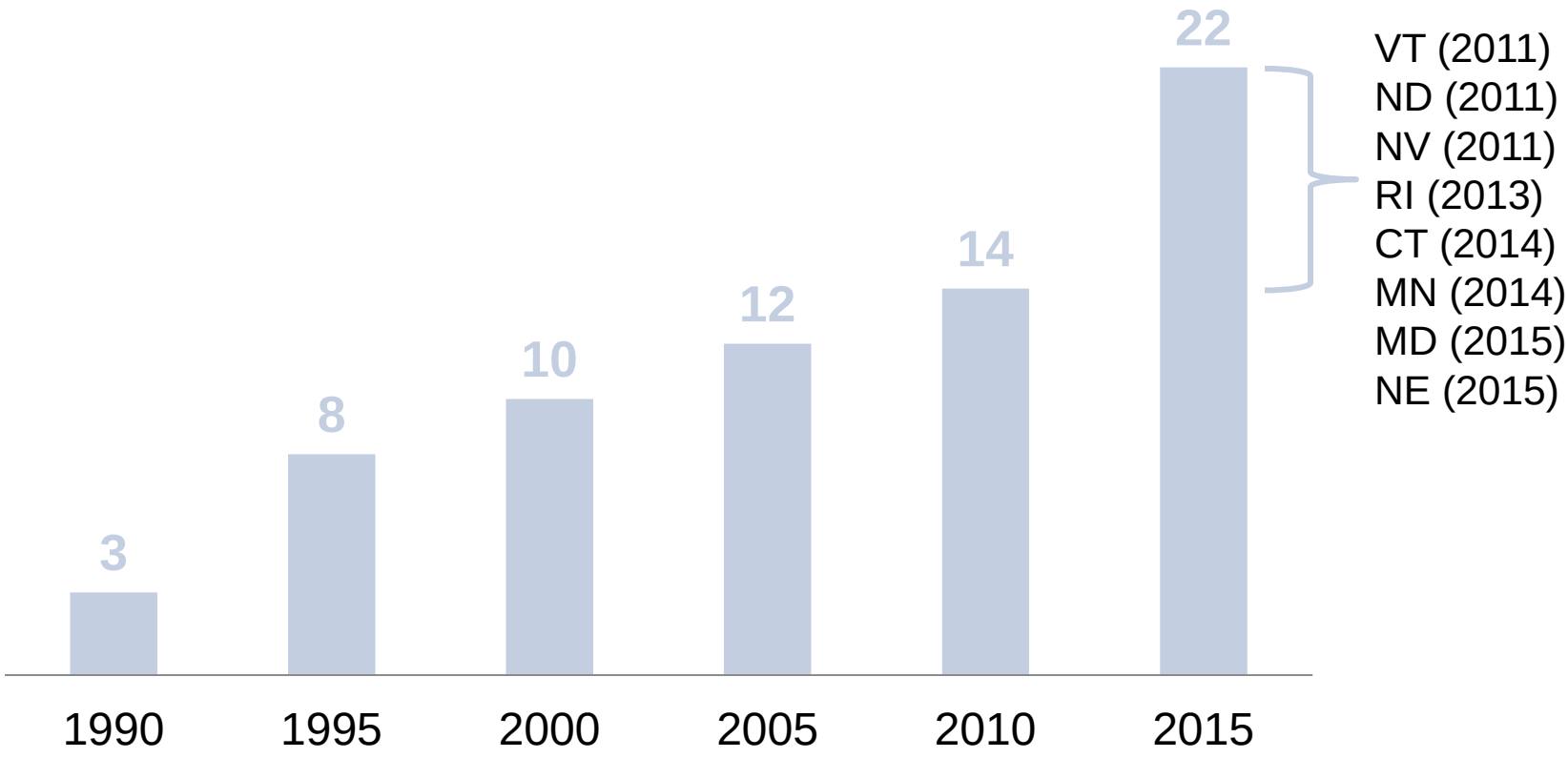
"FTC Staff Paper: State Legislators Should Carefully Evaluate Proposals to Limit Advanced Practice Registered Nurses’ Scope of Practice." Policy 202 (2014): 326-3136.

Institute of Medicine (US). Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. The future of nursing: Leading change, advancing health. National Academies Press, 2011.

National Governors Association, and National Governors Association. "The role of nurse practitioners in meeting increasing demand for primary care.“ Washington, DC: National Governors Association (2012).

# States have increasingly removed these restrictions

*Number of states that allow full practice authority for nurse practitioners*




Source: RWJF and AARP: http://campaignforaction.org/resource/state-progress-removing-barriers-practice-and-care and Traczynski and Udalova, "Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes, Working Paper, May 4, 2014

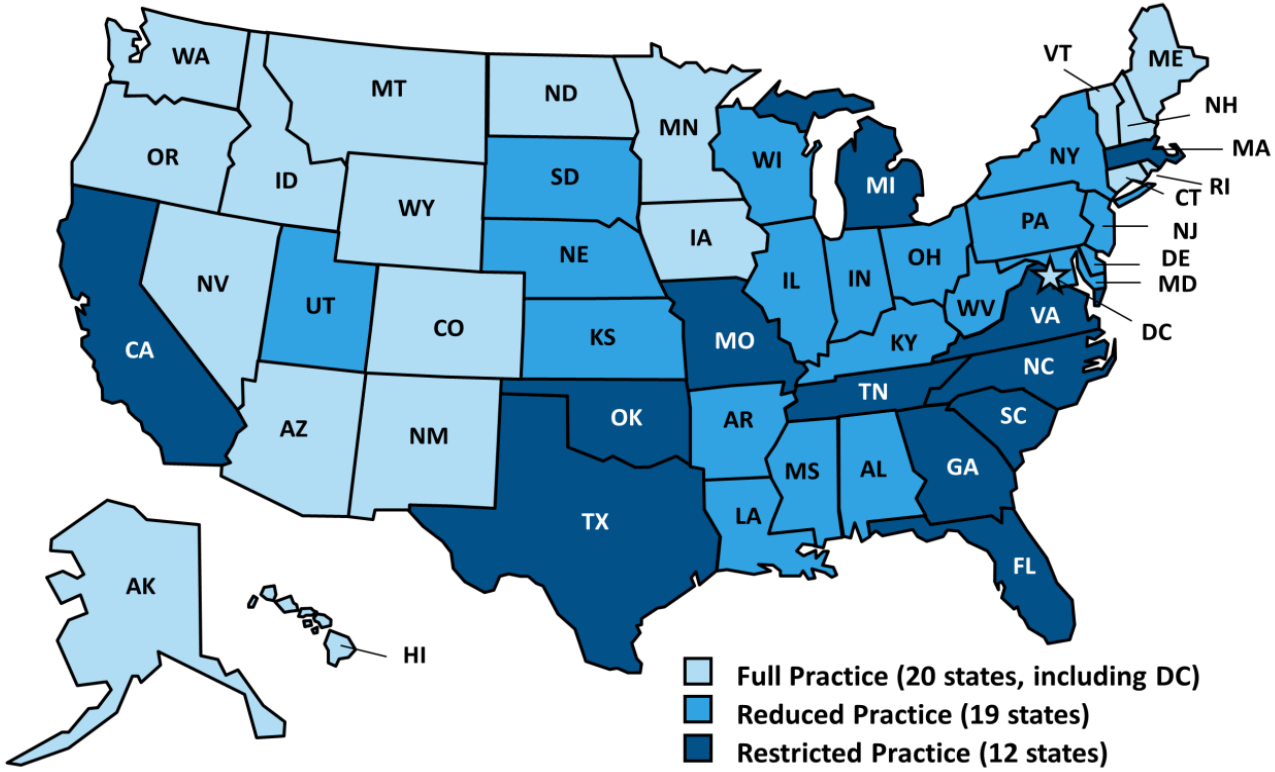
# Despite incremental changes in 2008, 2010 and 2012, Massachusetts remains a restrictive state

| Restriction | Year removed/ still in place |
|---|---|
| NP recognized as PCP that patients can choose | 2008 |
| Systems and plans can't refuse to contract with entire categories of providers | 2010 |
| Ability to sign death and disability forms | 2012 |
| Requirements to follow treatment guidelines established by physicians | Still in place |
| Required approval by the Board of Medicine for implementation of new practice authority on the part of NPs or other APRNs: | Still in place |
| Requirements to maintain a collaborative agreement with a physician to prescribe drugs | Still in place |

# Massachusetts is currently one of the 12 most restrictive states for NPs

Figure 2

## Nurse Practitioner State Practice Environment, 2014




SOURCE: American Association of Nurse Practitioners, 2014

THE HENRY J. KAISER FAMILY FOUNDATION

Kaiser Family Foundation, "Tapping Nurse Practitioners to meet rising demand for primary care," (2015): http://kff.org/medicaid/issue-brief/tapping-nurse-practitioners-to-meet-rising-demand-for-primary-care/

# What would be the impact of removal of restrictions in Massachusetts?

## Key findings from the literature

- Impacts on health care system (RAND, 2015)
  - **Access**: likely increase
    - Research finds 2% increase in office visits and reports of more timely and convenient preventive care
  - **Quality and outcomes**: possible increase
    - Data suggest possible improvements in self-reported health and fewer ambulatory-sensitive ED visits
  - **Total spending**: ambiguous
    - Decreased prices and payments from NPs to physicians; increased spending due to more visits

- Impact on supply of NPs (Kalist and Spurr, 2004)
  - 30% higher supply of APRNs in states without restricted practice

Martsolf, Grant R., David I. Auerbach, and Aziza Arifkhanova. "The Impact of Full Practice Authority for Nurse Practitioners and Other Advanced Practice Registered Nurses in Ohio." (2015).

Kalist, David E., and Stephen J. Spurr. "The effect of state laws on the supply of advanced practice nurses." *International Journal of Health Care Finance and Economics* 4.4 (2004): 271-281.

# Impact of removal of restrictions (cont'd)

## Case study from Massachusetts (2013)

- Avoided gaps and disruption of care
  - A Massachusetts private behavioral health clinic staffed with one psychiatrist, 10 APRNs, 3 psychologists and 6 social workers provided care and medication management to more than 1,000 high-needs patients with disorders such as ADHD, bipolar disorder and schizophrenia.
  - The psychiatrist was abruptly terminated – causing an immediate halt to care provision by the APRNs until the practice could find a new physician willing to sign a collaborative agreement.
  - In the two month-gap in care that ensued, many patients had to visit emergency departments to obtain necessary medication.

Testimony of Eleftheria Tsavoussis, APRN, from November 14, 2013

# Summary

- Scope of Practice laws in Massachusetts bear further consideration
- As noted by a Federal Trade Commission Comment on a Massachusetts bill to remove practice restrictions for APRNs (2014)
  - "If APRNs are better able to practice to the extent of their education, training, and abilities, and if institutional health care providers are better able to deploy APRNs as needed, Massachusetts health care consumers are likely to benefit from lower costs, additional innovation, and improved access to health care."

Federal Trade Commission letter to Kay Khan, Massachusetts House of Representatives with respect to House Bill 2009, January 17, 2014

# Contact information

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