

Eliminating Scope of Practice Barriers for Illinois Advanced Practice Nurses

Expanding the pool of healthcare providers to meet the increasing demand for quality, safe and cost effective health services in Illinois.

January 2013

Health & Medicine
POLICY RESEARCH GROUP

Table of Contents

Background	2
Defining Advanced Practice Nurses (APNs)	2
Advanced Practice Nursing Specialties	3
Why Expand the APN Role in Illinois Now?	4
Changing Demographics	4
Health Status Indicators in Illinois	5
Shortage of Primary Care Physicians	6
Health Reform	7
National Trends	8
Quality and Cost Effectiveness	9
Recommended Policy Changes	10
Conclusion	10
Works Cited	10

Report developed by Alexandra Luterek and Margie Schaps
Health and Medicine Policy Research Group
29 E. Madison Suite 602 Chicago, Illinois 60602-4404
p: (312) 372.4292 f: (312) 372.2753
www.hmprg.org

Background

Illinois faces an opportune moment to consider the role of nursing in primary care. Changing demographics, opportunities provided by national and state health reform, and the rising costs of healthcare affect how high quality, cost effective care will be provided moving forward. Nursing represents the largest sector of health professions, and therefore, the role of nurses should be addressed in this time of social, economic, and political change.

Advanced practice nurses (APNs) may fulfill new roles in the redesigned health system, provided that the law allows them to practice to the full extent of their education and training. Eliminating the requirement for a collaborative agreement between APNs and physicians is a viable mechanism for increasing primary care capacity and reducing health care costs. Under a reformed scope of practice, public and private insurers could choose to reimburse APNs directly for their services, as opposed to reimbursing them as a part of clinics or physician practices. It would also allow consumers to choose a non-physician health professional as their primary care provider.

It is in the interest of the state of Illinois and the greater healthcare community to allow advanced practice nurses to provide unrestricted, safe, quality health care services to the residents of Illinois.

“Nurses are poised to help bridge the gap between coverage and access, to coordinate increasingly complex care for a wide range of patients, to fulfill their potential as primary care providers to the full extent of their education and training, and to enable the full economic value of their contributions across practice settings to be realized”-
Institute of Medicine Future of Nursing Report (2011)

Defining Advanced Practice Nurses (APNs)

- APNs include nurse practitioners (NPs), certified nurse midwives (CNMs), certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs).
- The education and training of APNs includes health promotion, disease prevention, diagnosis, and treatment.
- APNs integrate a wide range of skill sets in collaborating with members of various disciplines, such as medicine, social work, nutrition, and physical therapy.
- In states where APNs act as independent practitioners, they alleviate primary care service shortages and promote public health by providing preventive health counseling and chronic disease management.

The National Council of States Boards of Nursing (NCSBN) defines APN preparation as having:

1. Completed accredited graduate-level education program
2. Passed a national certification examination
3. Advanced clinical knowledge and skills for direct patient care
4. Education that prepares him/her with the responsibility and accountability to promote healthy lifestyles and to assess, diagnose, manage patient problems, including the use and prescription of pharmacologic and non-pharmacologic therapies.
5. Demonstrated proficiency in analysis of data, role autonomy, demonstrates greater depth and breadth of knowledge with registered nursing competency as the foundation (NCSBN, 2012).

Advanced Practice Nursing Specialties

Who Are They	Number in US	Number in IL	What do they do?	Where do they practice?
<i>Certified Nurse Practitioner (NP)</i>	158,348	5,057	Take health histories and provide complete physical exams; diagnose and treat acute and chronic illnesses; prescribe and manage medications; order and interpret lab tests and X-rays; provide health teaching and supportive counseling, and refer to other health professionals as needed	Across healthcare settings, in areas of Acute Care, Adult Health, Family Health, Geriatrics, Neonatal, Pediatric, Psychiatric/Mental Health, School Health, and Women's Health.
<i>Certified Clinical Nurse Specialist (CNS)</i>	59,242	1,014	Provide advanced nursing care in hospitals and other clinical sites; provide acute and chronic care management; develop quality improvement programs; serve as mentors, educators, researchers, and consultants.	According to a 2010 NACNS survey, approximately 70% of CNSs work in some type of inpatient hospital setting. The remainder works in clinical locations that range from home health care, long term care/nursing homes, public health centers and ambulatory care.
<i>Certified Registered Nurse Anesthetist (CRNA)</i>	34,821	1,715	Administer anesthesia and related care before and after surgical, therapeutic, diagnostic and obstetrical procedures, as well as pain management and emergency services, such as airway management	Operating rooms, dental offices and outpatient surgical centers. CRNAs deliver more than 65% of all anesthetics to patients in the United States. CRNAs are the primary providers of anesthesia care in rural areas, enabling healthcare facilities in these medically underserved areas to offer obstetrical, surgical, pain management and trauma stabilization services. (IANA, 2011)
<i>Certified Nurse Midwife (CNM)</i>	18,492	413	Provide primary care to women, including gynecological exams, contraceptives, prenatal care, management of low-risk labor and delivery, and neonatal care.	Hospitals, birthing centers, community clinics and patient homes. There are currently 221 nurse-midwifery practices located throughout the state. In 2007, CNMs in Illinois attended 10,746 births, which is approximately 5.9% of all births in that state for 2007. (ACNM, 2007)

(IOM Future of Nursing Report, 2011)

(Illinois Department of Financial and Professional Regulation)

Why Expand the APN Role in Illinois Now?

Changing Demographics

- **Aging Population:** The proportion of the U.S. population aged 65 or older is expected to rise from 12.7 % in 2008 to 19.3 % in 2030 (U.S. Census Bureau, 2008), in part as a result of increases in life expectancy and the aging of the Baby Boom generation. The demand for long term care services provided by APNs is expected to grow.
 - About 26% of the Illinois population is aged 65 and older (Kaiser State Health Facts, 2010-2011).
 - The Illinois population aged 65 and older was 12.1% in 2000; it is projected to become 18% by 2030 (Illinois Office of the Comptroller, 2008)
 - In 2008, 2.4 billion Illinois Medicaid dollars went toward long-term care services involving the elderly (Kaiser Family Foundation, as cited by the Illinois Office of the Comptroller)

- **Prevalence of Chronic Diseases:** Most health care today relates to chronic conditions, such as diabetes, hypertension, arthritis, cardiovascular disease, and mental health conditions. In 2005, these conditions affected nearly one of every two Americans (CDC, 2010). Preventing chronic diseases lowers health care costs, hospital admissions, and encourages productivity of the workforce. The APN training focus on prevention makes them ideal to address chronic disease prevention.

- **Increasingly Diverse Population:** Minority groups, which currently make up about a third of the U.S. population, are projected to become 54 percent of the total population by 2050 (U.S. Census Bureau, 2008). To be effective, information must be accessible and offered in a manner that is understandable and culturally relevant (IOM, 2004; Joint Commission, 2007). According to the most recent National Sample Survey of Registered Nurses, published by the Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing, approximately 11% of nurse practitioners are nurses of color, and that figure is expected to increase.

- **Health Disparities:** Health disparities are inequities in the burden of disease, injury, or death experienced by socially disadvantaged groups relative to either whites or the general population. Such groups may be categorized by race, ethnicity, gender, sexual orientation, and/or income. Health disparities among these groups are driven in part by deleterious socio-environmental conditions and behavioral risk factors, and in part by systematic biases that often result in unequal, inferior treatment (IOM, 2003). APNs provide services in areas facing high rates of health disparities, such as in densely populated urban areas, or rural areas lacking adequate health resources.
 - Illinois is among those states with the highest rates of death due to colorectal cancer (ranked 48th); the state's black population has higher rates than the white population, while the Hispanic population rates are notably lower.
 - For the overall health risk factors, Illinois ranks in the middle range of states, with rates of high blood pressure that are notably higher for the state's black population as compared to the state's white population, and rates of physical inactivity and obesity that are relatively higher in the state's black and Hispanic populations. Implementation of the Affordable Care Act (ACA) will have some impact on this.
 - In Illinois, the Hispanic and American Indian/Alaskan Native populations have substantially lower rates of health insurance coverage compared to other population groups. (2011 Health Disparities Profiles, U.S. Dept. of Health and Human Services)

The Status of Healthcare in Illinois

Changes in the delivery and access of healthcare in Illinois must be made in order to improve the health outcomes of residents and meet national health targets. For instance, the Healthy People 2020 initiative objective topic areas include Access to Health Services, Maternal, Infant and child Health, Diabetes, heart disease and stroke, and public health infrastructure. Advanced Practice Nurses are well positioned to contribute to the health of Illinois residents in all of the above areas and beyond.

The following tables illustrate how Illinois compares to national rates on various health measures, and the leading causes of death in Illinois, many of which can be improved by providing adequate preventive services (Source: Kaiser State Health Facts, 2010-2011)

Table 1- Illinois State Health Facts at a Glance

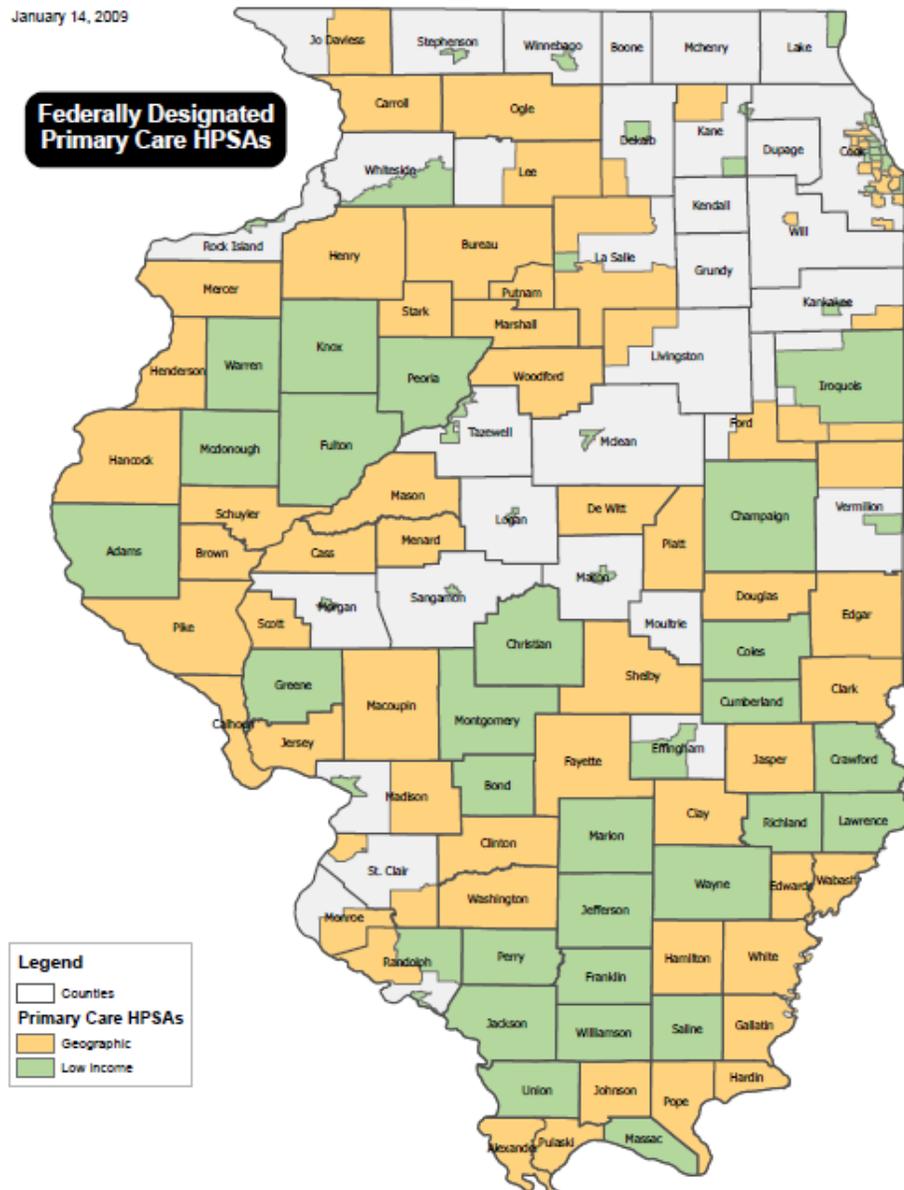
	Illinois	United States
Infant mortality rate per 1,000 live births	7.1	6.7
Children overweight or obese	34%	31.6%
Population that did not see a doctor in past year due to cost	12.9%	14.6%
Children with no medical home	44.1%	42.5%
Population living in poverty	19%	20%
Healthcare spending per capita	\$6,756	\$6,815
Uninsured adult population	15%	16%

Table 2- Top Ten Leading Causes of Death in Illinois

Cause	Count
Heart Disease	103, 069
Malignant Neoplasms	25,979
Cerebrovascular Diseases	24,210
Chronic lower respiratory diseases	5,765
Accidents	4,173
Alzheimer's Disease	3,188
Diabetes Mellitus	2,839
Influenza and pneumonia	2,663
Nephritis, nephrotic syndrome and nephrosis	2,571
Septicemia	1,956

Shortage of Primary Care Physicians

- The Association of American Medical Colleges projects that by 2015, the US will be short 63,000 primary care doctors.
- About 100 Illinois counties have an identified State Physician and/or Federal Health Professional Shortage area within them as designated by the U.S. Dept. HHS. The deficit is most pronounced in rural areas, small towns, and lower socioeconomic areas. Map 1 below presents federally designated primary care shortage areas in Illinois. (Source: Illinois Department of Public Health, 2009)
- Illinois has about 25 primary care physicians per 10,000 people, a relatively low number when compared to states such as New York (35), or Massachusetts (39). Fully autonomous APNs may alleviate this shortage (Kaiser State Health Facts, 2010-2011)
- Despite the physician shortage, the number of APNs in Illinois is steadily increasing. In May 2001, there were 1,976 APNs in Illinois. As of June 2012, there are 7,639. Nationally, there has been a three-fold increase since 1990. Nearly half of the country's NPs (41%) specialize in family medical care, 19.5% specialize in adult care, 11% in women's health and another 11% in pediatrics (Minority Nurse, 2005).



Health Reform

The Affordable Care Act (ACA) will allow approximately 32 million uninsured and underinsured working-age Americans to obtain health insurance through either state-run health exchanges or Medicaid. Approximately 500,000 low income Illinois residents will become eligible for Medicaid in 2014 (Illinois Health Matters). Those newly insured patients will seek providers, and APNs are well positioned to meet some of the demand.

The Affordable Care Act specifically provides a call to action for nurses. Sections 5501 through 5509 are aimed at strengthening the provision of primary care, especially community-based care. APNs play a key role in encouraging patients to receive primary care in community based settings rather than emergency rooms (IOM, Future of Nursing Report)

- Illinois ranks in the third highest quartile nationally for having 418 hospital ER visits per 1,000 people, compared to the lowest quartile having on average 268-357 ER visits per 1,000 people.
- 95.4% of Illinois nursing facilities face deficiencies, often as a result of workforce shortages (Kaiser State Health Facts).

Expanding APNs' scope of practice would enhance productivity in the following community care settings:

- **Accountable Care Organizations:** Payment for this set of services, as provided for in the ACA, will move beyond the traditional fee-for-service system and may include shared savings payments or capitated payments for all services. ACOs that use APNs and other nurses to the full extent of their education and training will most likely benefit from providing high-value and more accessible care.
- **Medical/Health Homes:** The ACA indicates that medical/health homes should be supported by community-based inter-professional teams or “health teams” that include APNs among other health professionals.
- **Community Health Centers (CHC's):** CHCs provide primary and preventive care in underserved areas. Many also offer dental, mental health, substance abuse, and pharmacy services. CHCs are generally team oriented; nurses provide primary care, preventive services, and home visits, and many serve in administrative and leadership positions. A 2007 report by the National Association of Community Health Centers found that medical expenses for patients who receive the majority of their care at a CHC are 41 percent lower (\$1,810 per person) than those for comparable patients who receive most of their care elsewhere (NACHC et al., 2007, as cited in IOM Future of Nursing Report, 2010). The Affordable Care Act increases the funding available to community health centers nationwide.
 - In Illinois, health centers operate 522 sites, providing services to 1,098,483 people (Healthcare.gov, 2012)
- **Nurse-Managed Health Centers:** There are 250 NMHC's across the United States serving 1.5 million medically underserved people, nearly half of whom are uninsured (NNCC, 2005, as cited in IOM Future of Nursing Report, 2010). As the name implies, they are run by nurses—although many employ physicians, social workers, health educators, and outreach workers as members of a collaborative health team. Services generally include comprehensive primary care, family planning, prenatal services, mental/behavioral health care, and health promotion and disease prevention.
 - As of May 2012, Illinois received \$1,499,995 in Nurse Managed Clinic Grants under the ACA
- **Retail Clinics:** There are now more than 1300 retail clinics nationwide, most of them employing physician's assistants or APNs as care providers (RAND Corp., 2011)
- **Freestanding Birth Centers:** Beginning in 2013, Illinois will join thirty six other states in providing comprehensive maternity services to low risk eligible women at freestanding birth centers. Certified nurse midwives are generally the primary providers at birth centers.

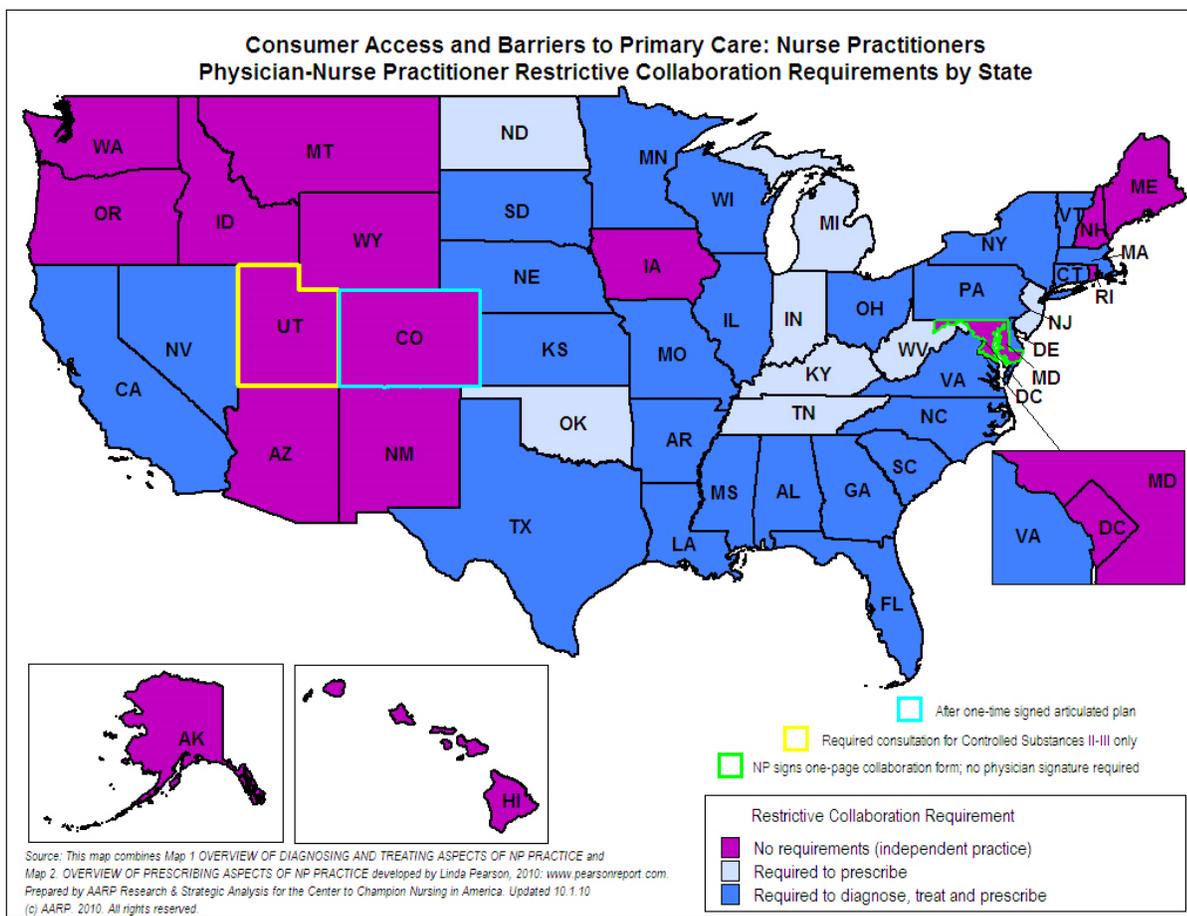
National Trends

According to the Commonwealth Fund “State Scorecard”, Illinois ranks in the bottom quartile for: overall state health, prevention and treatment, and avoidable hospital use and costs. The number of indicators for which the state ranked in the top 5 is zero. If Illinois improved to the level of the best performing state:

- 532,091 more adults would receive recommended preventive care, such as colon cancer screenings, mammograms, pap smears, and flu shots
- 42,222 more children would be up to date on their vaccinations
- 689,731 more adults would have a usual source of care that is coordinated and accessible when needed
- \$195,761,975 dollars would be saved from reductions in hospital readmissions

APNs are a key resource to meeting these targets. Legislatively expanding the scope of practice for Illinois APNs would allow them to independently address great needs in primary and preventive care. The Institute of Medicine issued a report in 2010 that calls for states to remove unnecessary barriers that prevent advanced practice nurses from practicing to the full extent of their education and training.

18 states and the District of Columbia allow NPs to practice and prescribe independently



Quality and Cost Effectiveness

Advanced practice nurses provide high quality, cost-effective care; decades of pertinent research do not support the contention that APNs are less able than physicians to deliver safe care.

Quality

- The care provided by Certified Nurse Midwives has been shown to be excellent with lower utilization of 14 often unnecessary, expensive medical interventions such as labor induction, vacuum or forceps delivery and caesarean section (MacDorman & Singh, 1998, as cited by IOM).
- Malpractice rates do not increase when APNs practice independently. From 2007-2008, the top 5% of malpractice cases against APNs (108 of 501 total cases) were in states with the most restrictive physician/APN collaborative agreements (Miller, 2011, as cited by IOM).
- Data from the National Practitioner Data Bank (NPDB) shows that malpractice rates of NPs are no higher in states with independent NP practice when compared with those where collaboration is required for practice (NPDB, 2012).

Table 1.2 and 2.2 below show Illinois data for malpractice report rates and healthcare integrity comparing Nurse Practitioners to other providers. (Source: Pearson Report, an overview of state by state nurse practitioner legislation and healthcare issues)

**Table 1.2 Medical Malpractice Reports & Medicare/Medicaid Exclusion Reports
From the National Practitioner Data Bank (NPDB)
(Filings Period 9/1/90-10/30/11)**

	<i>Nurse Practitioners</i>	<i>DO/Interns/Residents</i>	<i>MDs/Interns/Residents</i>
<i>Cumulative Number</i>	20	460	10,949
<i>Ratio</i>	1:227	1:6	1:3

**Table 2.2 Healthcare Integrity and Protection Data Bank (HIPDB) Reports
(Filings period 1/99- 10/30/11)**

	<i>Nurse Practitioners</i>	<i>DO/Interns/Residents</i>	<i>MDs/Interns/Residents</i>
<i>Cumulative Number</i>	10	30	2,637
<i>Ratio</i>	1:454	1:93	1:12

Cost Effectiveness

- Nurse practitioner cost savings was estimated by a RAND Corporation analysis in the state of Massachusetts. Utilizing a NP in the primary care setting is 20-35% less costly than using physicians (Eibner, Hussey, Ridgely, & McGlynn, 2009, as cited by IOM), making APNs a popular choice for consumers when deciding where to seek care.
- Certified registered nurse anesthetists are able to perform the same anesthetic procedures as anesthesiologists. CRNAs practicing independently can provide anesthesia services at 25% lower costs (Jordan, 2011, as cited by IOM).
- Midwifery care results in fewer cesarean births than physician care for equally low-risk women. The average costs for vaginal birth are approximately 50% lower than those for cesarean birth. Every 1,000 women who avoid unnecessary cesarean births amounts to over \$7 million in health care cost savings (ACNM, 2012).

Recommended Policy Changes

- Reform the Illinois Nurse Practice Act to allow APNs to practice with full autonomy throughout the state, by eliminating the requirement for a written collaborative agreement.
- Allow public and private insurers to reimburse APNs directly for their services. Allow APNs to participate in the insurance exchange as primary care providers, in turn allowing consumers to choose a non-physician provider as their source of primary care
- Use provider payment options (such as capitation and case rates) that would encourage physicians to utilize APNs in their offices.
- Reimburse the same amount for basic medical services, whether provided by a physician or APN. This would encourage health care organizations to delegate more primary care to APNs.

Conclusion

The overwhelming research that supports the safe, quality, cost-effective care provided by APNs should alleviate hesitation on the part of legislators to move forward with eliminating unnecessary, burdensome restrictions for APNs. Illinoisans have inherent obstacles to primary health care due to geography and limited numbers of primary care physicians serving in rural and underserved areas. Removing APN scope of practice barriers would align Illinois with national models; improve access to care, and lower health care costs.

Works Cited

1. "CRNA's At A Glance." Illinois Association of Nurse Anesthetists. American Association of Nurse Anesthetists, 2007. Web.
2. "Federally Designated HPSA Maps." Center for Rural Health. Illinois Department of Public Health, Health Resources and Services Administration, 14 Jan. 2009. Web.
3. "The Future of Nursing: Leading Change, Advancing Health." Institute of Medicine. The National Academic Press, 2011. Web.
4. "Grassroots Advocacy Talking Points." American College of Nurse Midwives. N.p., 2012. Web.
5. "Health Disparities Profiles." Office on Women's Health Quick Health Data Online. U.S. Department of Health and Human Services, 2011. Web.
6. "How the Health Care Law Is Making a Difference for the People of Illinois." Healthcare.gov. U.S. Department of Health and Human Services, 25 Oct. 2012. Web.
7. "State of Illinois: Department of Financial and Professional Regulation." Department of Financial and Professional Regulation. State of Illinois.2012.Web.
8. "Illinois Health Care Reform Facts | IllinoisHealthMatters.org." Illinois Health Matters. N.p., 2012. Web.
9. "Illinois State Scorecard." Health System Data Center. The Commonwealth Fund, 2009. Web.
10. "Individual State Profiles - Kaiser State Health Facts." Individual State Profiles - Illinois. Kaiser Family Foundation, 2010-2011. Web.
11. "Medical Malpractice Reports & Medicare/Medicaid Exclusion Reports." The Data Bank; National Practitioner, Healthcare Integrity and Protection. U.S. Department of Health and Human Services, n.d. Web. 10 Jan. 2013.
12. "NCSBN: Nursing Policy and Legislative Efforts." National Council of State Boards of Nursing. N.p., 2013. Web.
13. Polos, Jessica. "Population Aging: Is Illinois Ready?" Illinois Office of the Comptroller. N.p., 1 May 2008. Web.
14. "Use of Retail Medical Clinics Rises 10-Fold Over Two-Year Period." News & Events. RAND Corporation: Objective Research Services and Public Policy Analysis, 22 Nov. 2011. Web.
15. Vincent, Grayson K., and Victoria A. Velkoff. "The Next Four Decades: The Older Population in the United States: 2010-2050." U.S. Census Bureau. U.S. Department of Commerce May 2010. Web.
16. Williams, Debra. "Minority Nurse." From Minority Nurse to Nurse Practitioner. N.p., 2005. Web.