

## Building an Informed Response with Substantiated Quotes

The simple step of updating the Michigan Public Health Code will help Michigan move toward a healthier state. Nurse Practitioners, Nurse-Midwives, and Clinical Nurse Specialists are essential in as decreasing health care costs, an increase in access to health care and continued quality in the delivery of health care. Healthcare Reform mandates we acknowledge that we need the right primary care providers in the right numbers to provide quality and cost efficient care to Michigan's resident's.

### Defining who can provide care:

- The Institute of Medicine defines primary care as "the provision of integrated, accessible health care services by *clinicians* who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients and practicing in the context of family and community." This definition is inclusive of all providers types and should be referred to when writing all legislation and regulations that affect health care and the delivery of health care. (IOM)
- "State and national policies should be changed to clarify the scope of practice of NPs as independent primary care providers. Subsequently, insurers' policies, including Medicare and Medicaid, should be revised to link reimbursement to practice." (J. Macy Report)
- "Primary care in today's world must be a team effort; it cannot be fully provided by any one person or anyone profession. Collaboration among providers is essential, and all providers must be able to practice to their fullest capacity and education preparation. There is no place for limitations or regulations that are not based on evidence." (Pohl, Hanson, Newland, & Cronenwett)

### Michigan's economic loss when Advanced Practice Registered Nurses (APRNs) not utilized to full potential:

- The impact to society for not recognizing nurse practitioners is felt both financially and decreased access to health care. "Underutilization of nurse practitioners has been estimated to cost society \$9 billion annually." (AACN)
- "Successful reform must enlist nurses as skilled health providers, advisors, caregivers, dispensers of medicine, interpreters of instructions, care coordinators, expert thinkers, planners, advocates, and catalysts for change. The full engagement of the nursing profession is needed for real health care change." (RWJF)
- "Sound economic analysis and strong evidence show that the cost of producing care can be reduced by allowing the substitution of the nurse practitioner for more expensive health professional without diminishing quality in the process." (Bauer)
- "The full value that nurse practitioners provide in primary care remains unknown because many insurance carriers refuse to recognize and reimburse nurse practitioners." (MedPAC)
- "The United States is paying a high price for current policies that prevent nurse practitioners from practicing within their full, legally defined scopes of practice." (Bauer)
- "Mandatory direction and supervision intrudes unduly upon the professional judgment and recognized expertise of APNs. Once the state has legally recognized the APN as a competent provider, it is odd indeed to condition practice upon the agreement or permission of a private individual." (Safriet)

### Increasing access to health care with APRNs:

- "Nurse Practitioners, Nurse-Midwives, and Clinical Nurse Specialists have been working independently in underserved areas, filling the critical need for health care services where otherwise, there would be no health care. In these areas nurse practitioners provide independent care by virtue of their scope of practice, education, training and certification. Patients who are poor, nonwhite, uninsured or underinsured are far less likely to have a consistent form of health care. (Homer)
- Laws that prohibit provider discrimination should be enforced so that patients have access to the primary care provider of their choice." (J. Macy Report)
- Recognition of nurse practitioners as primary care providers will help the whole transparency issue. Health care consumers will be receiving health care from the provider credentialed by their insurance company and listed on their insurance card. (O'Grady)
- "The issue is allowing patients to receive all the clinical and economic benefits of direct access to nurse practitioners. Americans are paying an unnecessary high price for a system that denies direct access to the cost-effective provider of many basic health services." (Bauer)
- Nurse Practitioners are currently invisible providers of health care due to the lack of credentialing by insurance companies. 60% of third party payers do not credential nurse practitioners even when state laws permit it. (Hansen-Turton)
- "Fully integrating the contributions and skills of all primary care practitioners and, specifically, the contributions of nurse practitioners is a vital policy step toward achieving high-value health care." (Naylor & Kurtzman)

### The quality of nurse practitioner care:

- "Those who favor restricting the use of nurse practitioners in overlapping areas of clinical competency have no data to support their position. The published literature unambiguously supports the proposition that quality of care will be

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maintained- and possibly enhanced- if health reforms promote the use of nurse practitioners in their areas of demonstrated clinical expertise.” (Bauer)

- In 1986 the Office of Technology Assessment (OTA) conducted a review of the quality and safety data available for nurse practitioner care. This analysis revealed that “within their area of competence, nurse practitioners provide quality care that is equivalent to the care provided by physicians.” This report goes on to say that nurse practitioners are more adept at communicating with patients and providing preventive screening services than their physician counterparts. (OTA)
- “The quality and safety of nurse practitioner care has been well documented. It is time to move away from this debate in order to create a health care system that accepts and embraces all providers of health care.” (Mundinger)

### The quality of CNS Care:

- In a recent exhaustive review of published articles on the impact of the CNS role within healthcare, three substantive areas of CNS clinical practice emerged; manage/coordination of the care of complex and vulnerable populations, educate and support interdisciplinary staff, and facilitate change and innovation within healthcare systems. The impact of these practices demonstrates improved safety, quality and access to health care. (Lewandowski W.)
- CNS’s provide behavioral health care to individuals in private practice and to communities through special programs. Community programs led by CNS’s targeted to address depression have shown significant clinical improvement. (Adams)
- It’s important to recognize the clinical nurse specialist at the practitioner who can contribute services to primary care as an independent practitioner or as a member of the primary care team. It is critical that CNS services are reimbursable when contributing to the care of patients in the primary care system otherwise there will be unintended consequences of depriving patients of the care they require from CNSs. (NACNS)

### References

- Adams P. Insight into a mental health prevention intervention. *Nurs Clinics of North America*, 2002;35(2):329-338.
- American Association of Colleges of Nursing (AACN). Nurse Practitioners. Retrieved from: [http://www.nursetown.com/nurse\\_jobs\\_artilce\\_39.html](http://www.nursetown.com/nurse_jobs_artilce_39.html).
- Bauer. J.C. (2010). Nurse practitioners as an underutilized resource for health reform: evidence-based demonstrations of costeffectiveness. *Journal of the American Academy of Nurse Practitioners*, 22, 228-231.
- Hanson-Turton Hansen-Turton, T., Ritter, A., Rothman, N., & Valdez, B. (2006). Insurer policies create barriers to health care access and consumer choice. *Nursing Economics*, 24(4), 204-211.
- Homer, C.J. (2009). Health disparities and the primary care medical home: Could it be that simple? *Academic Pediatrics*, 9(4), 203-205.
- Institute of Medicine (IOM): Committee on Future of Primary Care: Division of Health care Services. (1994). *Defining Primary Care: An Interim Report*. Washington, DC: The National Academies Press.
- Josiah Macy Foundation (2010). Who will provide primary care and how will they be trained? Retrieved from: [http://www.josiahmacyfoundation.org/documents/JMF\\_PrimaryCare\\_Monograph.pdf](http://www.josiahmacyfoundation.org/documents/JMF_PrimaryCare_Monograph.pdf)
- Lewandowski W, Adamle K. Substantive areas of clinical nurse specialist practice: A comprehensive review of the literature. *Clinical Nurse Specialist*, 2009;23(2):73-90.
- MedPac. Report to Congress: Medicare payment to advance practice nurses and physician assistants. (2002). Washington, DC. Retrieved from: [www.medpac.gov](http://www.medpac.gov).
- Mundinger, M.O., Kane, R.L., Totten, A.M., Tsai, W.Y., Cleary, P.D., Friedewald, W.T., Siu, A.L., & Shelanski, M.L. (2000). Primary care outcomes in patients treated by nurse practitioners or physicians. *JAMA*, 283(1), 59-68.
- NACNS. Clinical Nurse Specialists:Practioers Contributing to Primary Care. NACNS position paper .12/11/09
- Naylor, M.D. & Kurtzman, E.T. (2010). The role of nurse practitioners in reinventing primary care. *Health Affairs*, 29(5), 898.
- O’Grady, E.T. (2009). The 5 NP political issues and the one solution. *Nurse Practitioner World News*,14(9).
- Office of Technology Assessment (OTA) (1986). Nurse practitioners, physician assistants, and certified nurse midwives: A policy analysis. *Health Technology Case Study 37*. Washington, DC.
- Pohl, J.M., Hanson, C., Newland, J.A., & Cronenwett, L. (2010). Unleashing nurse practitioners’ potential to deliver primary care and lead teams. *Health Affairs*, 29(5), 900-905.
- Robert Wood Johnson Foundation (RWJF). (2010). Nursing leadership from beside to boardroom: Opinion leaders’ perceptions. Retrieved from: [www.rwjf.org](http://www.rwjf.org).
- Safriet, B.J. (1997). Health care dollars & regulatory sense: The role of advanced practice nursing", *Yale Journal on Regulation*, 2, 447.