

# Barriers to Access - Adequate Health Care Senate Study Committee

Lisa Eichelberger, PhD, RN

Co-Lead

Georgia Nursing Leadership  
Coalition

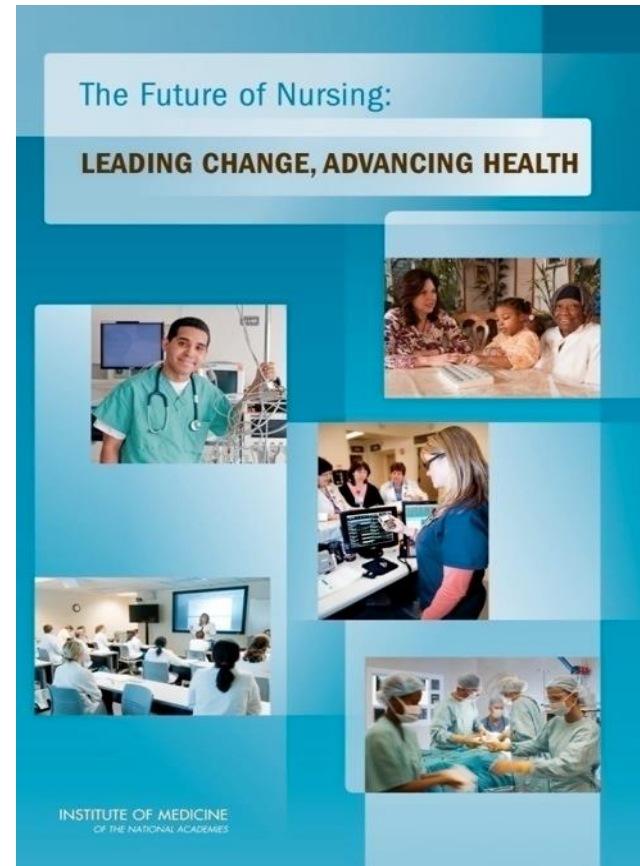
Sept 27<sup>th</sup> 2017



# Institute of Medicine Report

## Future of Nursing: Leading Change, Advancing Health

- Landmark report :
  - Commissioned by Robert Wood Johnson Foundation
  - Released in 2010
  - Offers recommendations to transform health through nursing
  - Re-conceptualized roles for nurses
  - Nurses leading change to advance health



# Eight Recommendations

1. Scope of Practice
2. Expand opportunities for nurses to lead and diffuse collaborative efforts
3. Nurse Residency Programs
4. 80% BSNs by 2020
5. Doubling Number of Doctorates
6. Life-long learning
7. Enable nurses to lead change
8. Workforce Data

# History of Action Coalitions

- RWJF partnered with AARP
- Created Center to Champion Nursing in America and 50 State Action Coalitions
- GNLC - Georgia's AC
- Working since 2010 to advance the IOM recommendations - 50 partners



# Barriers to Access - Healthcare

- Under-utilization of nurses knowledge, skills and abilities at all levels
- Lack of workforce data for planning purposes

# Workforce Data

- IOM report - Data are Foundational
- Prior 2015, Georgia did not have meaningful nursing Supply or Demand Data
- Data are collected on volunteer basis during relicensure
- Pre 2013, response rate about 14%
- Different groups used different data sources i.e. SREB, DOL, AACN, NLN, BON, GBOR etc.

# Workforce Supply Database

- National Forum of State Nursing Workforce Centers – organization of all state nursing workforce centers
- Have established Minimum Data Set
- GA -no Workforce Center & no MDS data
- In 2012, SOS's office funded revision of RN relicensure form/streamline process
- 2013 redesigned survey- National Minimum Data Set
- Had a clean data set in 2015

# Supply and Demand Data

- Response rate was much improved (14% to 87%)
- It is “point in time”
- Demand data remains elusive
- Board of Regents funded Supply and Demand study (2017) mixed reviews
- Good demand models in other states (Mississippi, California etc.)
- Long history of partnerships with agencies, smaller, less complex health systems, funded consultants multiple years



# Georgia's Nursing Workforce

- GNLC's staff person Dr. Rebecca Wheeler compiled report Summer 2016
- Copy provided packet  
<http://www.georgianursingleadershipcoalition.com>
- 2016 and 2017 renewal cycle – *Report out Summer 2018 pending funding*

# Need for More Primary Practitioners

- Agreement that current primary care provider workforce is unable to meet growing needs. By 2020, the Health Resources and Services Administration predicts a shortage of 20,400 primary care physicians. (HRSA, 2013)
- Health policy experts are calling upon federal and state governments to substantially expand the role of advanced practice nurses. (Green, Savin & Lou, 2013)

# Workforce Recommendations

- Great progress
- Continue nursing workforce studies for state-wide strategic planning
- Funding to continue as Georgia's Workforce Center
  - National Forum of State Nursing Workforce Centers
- Add analysis of educational program information i.e. faculty demographics, retirements, enrollments and graduations - trends



# Workforce Recommendations

- Use strategic partnerships and educational infrastructures to increase pre and post licensure nursing graduates
- Conduct demand studies
- Burning Glass study first step,
- Do not have history of providing these sensitive data i.e. vacancy rates, turn over – Build trust –
- Continue to build partnerships

# Under-Utilization of Abilities





# FTC Guidelines for State Legislators

- When considering APRN scope of practice
  - • “Consumer access to safe and effective health care is of critical importance.” (p. 3)
  - • “Competition among health care providers yields important consumer benefits, as it tends to reduce costs, improve quality, and promote innovation and access to care.” (p. 4)
  - • “APRN scope of practice limitations should not be more restrictive than patient protection requires. Otherwise, limits can deny health care consumers the benefits of competition, without providing countervailing benefits.” (p. 4)

# Recommendation to Eliminate Practice Barriers

- **National Governors Assoc.** “The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care”  
<https://www.nga.org/cms/home/nga-center-for-best-practices/center-publications/page-health-publications/col2-content/main-content-list/the-role-of-nurse-practitioners.html>  
*“NPs can perform ... primary care services as well as or better than physicians. Expanded utilization of NPs has potential to increase access to health care...”*
- **2015 Rural Hospital Stabilization Committee Final Report to the Governor** – Rep. England & Sen. Lucas – Co-Chairs pg. 6 Legislative Rec. *“... the expansion of the scope of practice for mid-level providers, such as nurse practitioners and physician assistants.*

# Revision of Advance Practice Regulations

- Article on Health Affairs stated 42% of states have granted full practice authority (2016)
  - “ is this absurd, but 10 states actually place limits on [how many NPs a physician can legally oversee](#). For example, in **Georgia**, Alabama, and South Carolina, physicians can only supervise three to four NPs without an exemption or waiver.”

<http://healthaffairs.org/blog/2016/10/26/primary-care-workforce-the-need-to-remove-barriers-for-nurse-practitioners-and-physicians/>



# Impact of Rural NP or PA

## Impact of a Rural Nurse Practitioner or Physician Assistant, 2014

### Employment

### Wages, Salaries and Benefits

Direct Impact	3.3 to 13.4 jobs	\$235,694 to \$764,027
Total Impact (Direct and Secondary)	4.4 to 18.5 jobs	\$280,476 to \$940,892

<http://ruralhealthworks.org/wp-content/files/NPPA-Impact-Study-091014.pdf>

# FNP's Reduce Cost of Care

- Comparing the Cost of Care Provided to Medicare Beneficiaries Assigned to Primary Care Nurse Practitioners and Physicians
- NP care 29% less expensive
- Outcomes = and/or better
- Perloff J, DesRoches CM, Buerhaus P  
*Health Serv Res.* 2015 Dec 27.
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4466759/pdf/bmjopen-2014-007167.pdf>

# Cost of Care: NP vs Physicians

Payment Type	PCP	NP	Difference
Inpatient services	\$22,898	\$20,380	-11%
Part B services	\$2955	\$2433	-18%
Outpatient E & M	\$705	\$498	-29%
Adjusted work RVU	\$1911	\$1629	-15%
E & M RVU	\$713	\$585	-18%

*Thank you!*

Website is

<http://www.georgianursingleadershipcoalition.com>

<https://campaignforaction.org/state/georgia/>



# References

Health Resources and Services Administration. “Projecting the supply and demand for primary care practitioners through 2020.” 2013. Available at: <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/>

Green LV, Savin S, Lu Y. “Primary care physician shortages could be eliminated through use of teams, nonphysicians, and electronic communication.” *Health Affairs (Millwood)*. 2013;32(1):11-9

Primary Care Workforce: The Need To Remove Barriers For Nurse Practitioners And Physicians Pohl, Thomas, Barksdale & Werner, October 26, 2016. Available at: <http://healthaffairs.org/blog/2016/10/26/primary-care-workforce-the-need-to-remove-barriers-for-nurse-practitioners-and-physicians/>