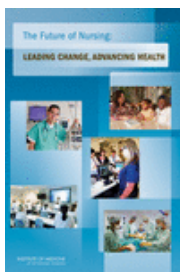


AANP COMMENTS ON THE IOM REPORT
THE FUTURE OF NURSING: LEADING CHANGE, ADVANCING HEALTH*

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The Institute of Medicine (IOM) is arguably the most influential source of policy reports based on comprehensive, objective, and independent analysis. Beginning in 1999 with To Err Is Human: Building a Safer Health System, the IOM's Quality Chasm Series presents investigations of serious problems and proposes viable solutions that have led to measurable improvements in American health care delivery. The IOM's other reports on scientific and technological topics are equally respected for transformative insights into other necessary foundations of a viable 21st century health system.



The American Academy of Nurse Practitioners (AANP) convened an expert panel to evaluate the IOM's latest study on health care delivery, The Future of Nursing: Leading Change, Advancing Health, developed in conjunction with the Robert Wood Johnson Foundation. This AANP document presents the experts' findings in the context of policies and programs needed to create an efficient and effective health care delivery system—providing safe, appropriate, and affordable medical services and improving the overall health of the American population.

AANP's experts—nationally respected educators, researchers, clinicians, association officers, policy experts and industry thought leaders—unanimously endorse The Future of Nursing. The recommendations in the IOM/RWJF report are valid and must ultimately be taken to accomplish changes that advance health.

** The Future of Nursing: Leading Change, Advancing Health Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine (2011; Institute of Medicine, National Academy of Sciences)

TOP-PRIORITY IMPERATIVES FOR SAFE AND AFFORDABLE CARE

Immediate action is needed to implement ***Recommendation 1: Remove scope-of-practice barriers. Advance practice registered nurses should be able to practice to the full extent of their education and training.*** Existing barriers raise the costs and reduce the quality of health care. These barriers also hinder many Americans' access to needed services.

QUALITY The IOM/RWJF report cites hundreds of articles in peer-reviewed journals and presents dozens of case studies that demonstrate the harmful impact of today's scope of practice barriers. The published literature uniformly shows that nurse practitioners provide care that is high quality, cost effective and equal to or better than the same care provided by physicians.

Conversely, special interest groups seeking to preserve scope-of-practice barriers are unable to produce scientific evidence that supports keeping nurse practitioners in place. Arguments to defend existing barriers are not research-based. They are anecdotal, and anecdotes should not protect the *status quo* when consistently solid evidence shows that cost declines and quality improves when barriers are removed. Comparison of malpractice experience and liability insurance premiums reveals no evidence of increased risk among patients being seen by nurse practitioners.

States have established mechanisms to protect patients from harm without depriving them of access to a fully licensed, qualified, and affordable healthcare practitioner:

- State regulatory nursing boards oversee nurse practitioners with the same statutory powers given to state regulatory medical boards that oversee physicians. Expecting Boards of Nursing to do their job is good public policy; allowing physician organizations to intrude on nursing practice is not.
- Nurse practitioners are educated and prepared to refer their patients to physicians and other health care providers when needed care is outside the scope of their practice.

- Professional standards have been developed for nurse practitioner education, practice and regulation. These standards serve as a model for the removal of antiquated restrictions on practice.

COST Unsupported arguments over quality distract decision-makers from another policy imperative—reducing cost. Making care affordable is as important as ensuring its safety and quality. The IOM/RWJF report provides abundant evidence that Americans pay a high price for unnecessary restrictions on scope of practice. It shows that nurse practitioners cost less than physicians for a wide range of health services provided by both professions.

The case for eliminating barriers to full use of nurse practitioners' skills is equally compelling because action can be taken at no cost and yields immediate, predictable, positive results. Removing scope-of-practice barriers is currently the most economical, expeditious, and productive action to improve the health care provided to all Americans.

RULES AND REGULATIONS To realize all benefits of the IOM/RWJF recommendations, government officials must improve the collection and application of information used to guide regulatory practice.

- Nurse practitioners must be integrated into federally funded health services research and related policy-making. Their participation should be increased proportionally across all phases of grant (e.g., NIH, AHRQ) and policy (e.g., PCORI, IPAB) processes. Peer-reviewed articles on clinical and economic performance of nurse practitioners need to be included in the compendium of information that shapes rules and regulations.
- The mindset of government regulators, particularly in HHS and CMS, needs to be reoriented to pragmatic problem solving. Instead of looking for legalistic arguments to prevent change, regulators should be finding ways to implement the IOM/RWJF recommendations. The regulators should also be expected to eliminate all arbitrary or inconsistent regulations that increase costs, reduce quality, and hinder access.



Economic circumstances also compel implementing **Recommendation #2 – Expand opportunities for nurses to lead and diffuse collaborative improvement efforts**. The IOM/RWJF report presents a thorough, well-documented review of cost and quality improvements that occur when advance practice nurses lead interdisciplinary teams responsible for developing innovative, patient-centered care models. The details in the report provide an ideal blueprint for change. However, a major aspect of these needed changes is removal of outdated supervisory requirements in federal and state statutes.

PHYSICIAN OVERSIGHT Looking forward to less-expensive and better health care, nurse practitioners cannot effectively participate in or lead collaborative improvement teams in states or regulatory environments where they are subject to inappropriate physician oversight. Looking backward, physician oversight of nurse practitioners increases cost and diminishes quality. This antiquated impediment must be removed.

For many reasons, inappropriate oversight requirements need a new look that puts policy in proper perspective:

- *Physician oversight of nurse practitioners has been found to be unnecessary.* Research has not demonstrated any relationship between quality of care and supervision. As amply documented in the IOM/RWJF report, nurse practitioners provide exemplary care in the states that do not require physician oversight.
- *Physician oversight of nurse practitioners is wasteful.* Because oversight is unnecessary, any time devoted to it by physicians could be better spent taking care of their own patients. Also, fees charged by physicians for providing oversight increase the cost of care.
- *Physician oversight of nurse practitioners can be fraudulent.* Such relationships often force nurse practitioners to bill patients under the provider number of a “supervising physician.” Under this arrangement, patients and their health plans may be paying a physician who provided none of the services and billed them at a higher rate than the fee that would have been charged by the nurse practitioner.

- *Physician oversight of nurse practitioners reduces quality of care.* Requirements for oversight often force nurse practitioners to delay writing prescriptions or making referrals in a timely fashion while awaiting a physician's response. Resulting delays in treatment can allow a patient's condition to deteriorate unnecessarily.

PROMOTION OF INTERDISCIPLINARY COLLABORATION Removing scope-of-practice barriers and supervisory requirements—major recommendations of the IOM/RWJF report—must not divert attention from the importance of communication, cooperation and coordination among all independently qualified practitioners. The IOM/RWJF report is clearly based on a collaborative vision that is shared by nurse practitioners.

Hundreds of research studies demonstrate the cost reductions and quality improvements available when nurse practitioners are allowed to work within the full scope of their education and preparation, without unnecessary restrictions and requirements for physician oversight. From a “big picture” perspective, the best and safest outcomes are produced when health care is provided in coordinated networks that recognize and support all practitioners for their unique contributions to care.

The increasing complexity of clinical science compels team approaches to health care in the future. No health professional will have the time, resources, or competence to meet all needs of all patients. Nurse practitioners are fully educated to meet primary care needs and to work with other health professionals when specialty services are required.

Increasing specialization, along with measured reductions in physician hours worked, adds urgency to the IOM/RWJF recommendations. Every published analysis of the supply of health professionals, particularly primary care providers, predicts shortages that can and must be filled by nurse practitioners working at their full scope of practice and referring to physicians and other health care professionals as needed to provide appropriate patient care. Indeed, investing in programs to train more physicians is not the most cost-effective way to meet the needs of a growing, aging population. Fully utilizing nurse practitioners is the most

economical solution for the provision of safe, high-quality care—now and for the foreseeable future.

Finally, AANP's expert panelists emphasize the utmost importance of ***Recommendation #8: Build an infrastructure for the collection and analysis of interprofessional health care workforce data.*** Databases and analytics must be updated to reflect the new realities of health care delivery.

- *Existing databases provide narrow, misleading measures of reimbursement to hospitals and physicians* and do not generally include the types of information needed to improve efficiency and effectiveness. Payment-driven databases fail to capture nurse practitioners' contributions to patient care and mask their real value because billing often links services to physician provider numbers.
- *Existing databases are severely limited by their origins in an antiquated fee-for-service payment mechanism.* Shifting the basis for payment from volume to value is perhaps the top priority for affordable, high-quality care. It will require collecting and analyzing information on relationships between different clinical inputs and variations in outcomes. The resulting focus on cost-effectiveness cannot occur until information systems are upgraded to allow comparison of all practice models and health professionals—including nurse practitioners.
- *Existing databases currently combine data from both paper and electronic records that generally do not support real-time improvements in care.* Experts agree that provider organizations need to adopt electronic medical records and related information technologies. Implementation of the HITECH Act should address the need for information to assess performance of all health professionals, including nurse practitioners, who have independent responsibility for patient care.

The IOM/RWJF report appropriately highlights the fundamental importance of new data and information systems. Its recommendation is strongly endorsed by the AANP expert panel, in eager anticipation of data that will hold all health professions transparently accountable for continual

improvement of their individual services and their respective contributions to collaborative patient care.

CONCLUSIONS

The expert panelists convened by AANP unanimously endorse the IOM/RWJF report on the future of nursing and its recommendations. Adopting its action steps would maximize nurse practitioners' contribution to meeting the goals of high-quality health care. In this document, the expert panel has emphasized three recommendations that deserve top priority for immediate implementation.

Current circumstances also suggest that this document is notable for what the experts *are not* requesting:

- *We are not asking to expand scope of practice.* Nurse practitioners simply need to be liberated from unwarranted restrictions on an *existing* scope of practice, as recommended in depth by the IOM/RWJF report.
- *We are not asking for more money.* Everyone realizes that our country cannot keep spending more on health care. On the other hand, nurse practitioners can reduce the overall cost of care if policies are revised to eliminate unnecessary regulations and bureaucracy under current levels of spending.

The members of the AANP Expert Panel *are asking for strong action, across political and professional lines, in order to move toward an efficient and effective health care system.* The IOM/RWJF report provides abundant, compelling, unchallenged evidence that nurse practitioners are part of the solution—not part of the problem.

At the bottom line, now is the time to give consumers the freedom to choose among all qualified providers by removing scope-of-practice barriers, expanding collaborative efforts to provide high-quality care, and building data bases to improve health at current levels of spending. Under new economic and political circumstances, we can afford no more and we deserve no less.

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