

FUTURE OF NURSING™

Campaign for Action

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Quality of Nursing Care Talking Points

- There is overwhelming evidence based on rigorous research over many years demonstrating that quality of services provided by Advanced Practice Registered Nurses (APRNs) is equal to or higher than that of other health professionals, including physicians . Arguments to the contrary do not hold up to the weight of research evidence.
- The prestigious Institute of Medicine of the National Academies, after its lengthy and rigorous review of the evidence, recommended that states remove outdated barriers preventing APRNs from practicing to the full extent of their education and training.ⁱ
- In its 2012 reviewⁱⁱ of evidence of the quality of care provided by nurse practitioners (NPs), the National Governors Association found that NPs provided “at least equal quality of care to patients as compared to physicians” in studies measuring patient satisfaction,^{iii iv v vi vii} time spent with patients, prescribing accuracy,^{v iii ix} the provision of preventive education and key health outcomes.^{x xi}
- A 2010 review of multiple studies comparing the primary care provided by NPs to primary care provided by physicians found that patients of both groups had comparable health outcomes. NPs were found to outperform MDs in measures of consultation time, patient follow-up, and patient satisfaction.^{xii}
- A meta-analysis of 11 research trials comparing pregnancy and birthing care led by certified nurse midwives (CNM) with traditional care models concluded that CNM care is associated with reduced adverse outcomes and shorter newborn hospital stays without any reduction in maternal or child health.^{xiii}
- A 22-state case control study of Medicare patients found no difference in outcomes between CRNAs and anesthesiologists working alone or as part of a care team.^{xiv}
- The studies reviewed by the National Governors Association in 2012 conclude that NPs are capable of successfully managing chronic conditions in patients suffering from hypertension, diabetes, and obesity. In one study, NP participation in physician teams resulted in better control of hypertensive patients’ cholesterol levels.^{xv} A separate study found that patients of independent NPs were better able to achieve weight loss than the control group under traditional physician-based care.^{xvi}
- Even The Physicians’ Foundation has acknowledged the lack of evidence that physicians provide higher quality care than nonphysician practitioners. A number of the state medical societies cited in the study expressed concern that they had very little data to refute the body of research that shows that APRN and other nonphysician provider outcomes are at least as good as those of physicians.^{xvii}

- A 2021 analysis of approximately 1.5 billion individual opioid prescriptions between 2011 and 2018 found that across all NPs and physicians, full practice authority for NPs was associated with a statistically significant decline of between 2% and 7% in total annual opioids prescribed to all patients. Across all payers, NPs generally increase and physicians generally decrease the number of opioids they prescribe following a grant of full practice authority for NPs. These counterbalancing changes result in an overall net decline in MMEs. The study concluded that no evidence supports the contention that providing NPs full practice authority increases opioid prescriptions.^{xviii}
- A 2021 study found that on average, primary care visits with NPs versus physicians were associated with 0.521 fewer laboratory and 0.078 fewer imaging services. Visits for routine and preventive care with NPs versus physicians were associated with 1.345 fewer laboratory and 0.086 fewer imaging services on average.^{xix}
- A 2023 study found that FPA can potentially improve access to care for Medicare beneficiaries of color. There is greater representation of nurse practitioners from communities of color, relative to the population, in states that grant FPA to nurse practitioners. The study's analysis "suggests that Black and Asian nurse practitioners serve more Black Medicare beneficiaries if they practice in FPA states" The authors cite evidence that, "the lack of matched providers in which people are comfortable can lead to poor health outcomes and lack of care in states where there is low racial and ethnic diversity in the NP workforce."^{xx}
- A 2023 interview with noted researcher Joanne Spetz, Director of the University of California, San Francisco Center Institute for Health Policy Studies, discusses how nurse practitioners can improve access in rural areas. Spetz says that "the data have shown that primary care NPs, and NPs in general, are more likely to work in rural communities," Dr. Spetz says. "Part of that is related to their education pathways."^{xxi}

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