

APRN Quality Studies Summary

Page 1

Study	Key Findings
<p>Traczynski, Jeffrey, and Victoria Udalova, <i>Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes</i>, paper presented at the fifth biennial conference of the American Society of Health Economists, Los Angeles, June 22–25, 2014.</p>	<p>With full independent practice and prescriptive authority, subjective access- to-care measures (ease of getting checkups, providers taking time with and listening to patients, travel time to appointments) improve by roughly 10%– 20%. The percentage of the population with routine checkups in the past year would be 3.1 points higher in the 2 years after NP independence and 7.4 points higher 11 years after. They also find a 22% reduction in ED visits for non-ACS conditions in independent states. They do not find a differential effect in rural versus urban areas.</p>
<p>Naylor, M.D. and Kurtzman, E.T. "The Role of Nurse Practitioners in Reinventing Primary Care," <i>Health Affairs</i>, May 2010, Vol. 29, No. 5, pp. 893-99.</p>	<p>In a review of studies comparing the primary care provided by NPs to primary care provided by physicians (MDs), researchers 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.</p>
<p>Horrocks, S., Anderson, E., and Salisbury, C. "Systematic Review of Whether Nurse Practitioners Working in Primary Care Can Provide Equivalent Care to Doctors," <i>BMJ</i>, April 6, 2002, Vol. 324, No. 7341, pp. 819-23</p> <p style="text-align: center;"><i>AND</i></p> <p>Laurant, M.G., Hermens, R.P., Braspenning, J.C., et al. "An Overview of Patients' Preference for, and Satisfaction with, Care Provided by General Practitioners and Nurse Practitioners," <i>Journal of Clinical Nursing</i>, October 2008, Vol. 17, Issue 20, pp. 2690-698.</p>	<p>Two recent international systematic reviews report no differences between patients treated by NPs and MDs in terms of health outcomes, type of care provided, or resources used. They also found patients seeing NPs were more satisfied and had longer consultations.</p>
<p>Naylor M, Brooten D, Jones R, et al. Comprehensive discharge Planning for the hospitalized elderly. <i>Ann Inter Med</i> 1994 120:999-1006.</p>	<p>Conducted a randomized clinical control trial with 276 patients and 125 caregivers to show the effects of a comprehensive discharge planning protocol. The discharge planning protocol was specifically designed for elderly medical and surgical patients and implemented by a gerontological CNS. From the initial discharge until 6 weeks after discharge, the medical intervention group had fewer readmissions, fewer total days of re-hospitalization, lower readmission charges, and lower charges for all health care services after discharge compared to the control group and the surgical intervention group.</p>
<p>Jackson, D.J., Lang, J.M., Swartz, W.H., et al. "Outcomes, Safety, and Resource Utilization in a Collaborative Care Birth Center Program Compared with Traditional Physician-Based Perinatal Care," <i>American Journal of Public Health</i>, June 2003, Vol. 93, No. 6, pp. 999-1006.</p>	<p>A case control study comparing care at collaborative management birth centers (where CNMs provide 95% of prenatal and birthing care to low-risk women) and traditional birthing centers (managed by MDs at hospital clinics or private practice) found that, for low-risk women, outcomes were equivalent. The study also found that the collaborative centers required fewer operative deliveries and used fewer medical resources.</p>
<p>Hatem, M., Sandall, J., Devane, D., et al. "Midwife-led Versus Other Models of Care for Childbearing Women," <i>Cochrane Database of Systematic Reviews</i>, October 2008, Issue 4.</p>	<p>A meta-analysis of 11 trials comparing midwife-led (i.e. CNM) pregnancy and birthing care with traditional care models concluded that CNM care is associated with reduced rates of fetal loss before 24 weeks gestation, reduced antenatal hospitalization, shorter newborn hospital stays, and an increased sense of control during labor, without any reduction in maternal or child health.</p>
<p>Nurse Practitioners as Primary Care Providers within the VA, Carol Fletcher PhD, Laurel Copeland PhD, Julie Lowery PhD, and Pamela Reeves MD 2011.</p>	<p>The study examined the perceptions of APRNs and physicians regarding APRN roles as primary care providers within the Department of Veterans Affairs. Findings suggested comparable outcomes for those treated for diabetes or hypertension. They further found that physicians underestimated what care APRNs performed independently.</p>
<p>CNM Outcomes, Johantgen, M. et al 2012 Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives and Physicians.</p>	<p>Similar results were found between CNMs and physicians for many infant outcomes but perineal laceration occurrence was lower and breast-feeding rates higher for the CNM.</p>

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Page 2

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(2002) <i>BMJ</i> 324, 819; Horrocks S, Anderson E, Salisbury C. . <i>Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors</i> . Apr 6 –23 .	Nurse practitioner primary care at first point of contact improves patient satisfaction and quality of care compared with physician care, with no difference in health outcomes. Nurse practitioners also had longer consultation times and did more investigations.
Lenz, E.R., Munding, M.O., Kane, R.L., et al. "Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians: Two-Year Follow-Up," <i>Medical Care Research and Review</i> , September 2004, Vol. 61, No. 3, pp. 332-51.	In a randomized trial, researchers found that primary care outcomes of NPs in ambulatory care settings are comparable to MDs when NPs have the same level of authority, responsibilities, productivity and administrative requirements. A two-year follow up found no significant variation in health outcomes, health services utilization, or patient satisfaction between patients from the original study receiving primary care from NPs versus MDs.
Topp R, Tucker D, Weber C. Effect of clinical case manager/clinical nurse specialist patients hospitalized with congestive heart failure. <i>Nurs Case Manag</i> 1998 3(4):140-5.	Conducted a retrospective chart review on 491 hospitalized congestive heart failure patients over a 12-month period. Results indicated that length of stay and hospital charges were significantly less in patients who were case-managed by a CNS.
MacDorman, M.F. and Singh, G.K. "Midwifery Care, Social and Medical Risk Factors, and Birth Outcomes in the USA," <i>Journal of Epidemiology and Community Health</i> , May 1998, Vol. 52, No. 5, pp. 310-17.	A cross-sectional analysis of all U.S. births in 1991 attended by either a physician or CNM found that, among singleton, low risk vaginal births, outcomes were significantly better under CNM care. After adjusting for risk factors and socioeconomic status, CNM-attended births had a 19% reduced risk of infant mortality; a 33% reduced risk of neonatal mortality, and an average birth weight that was 37 grams greater, compared to physician-attended births.
Avorn L, Everitt DE, Baler MW. The neglected medical history and therapeutic choices for abdominal pain: a nationwide study of 799 physicians and nurses. <i>Arch Intern Med</i> 1991; 141:694-98.	More than one-third of the physicians chose to initiate therapy without seeking a relevant history. Nearly half of all physicians indicated that a prescription would be the single most effective therapy; 65% recommended a histamine antagonist. By contrast, only 19% of NPs opted to treat without taking further history; the nurse sample asked an average of 2.6 questions vs. 1.6 for physicians. These findings suggest that NPs ask more questions and were less likely to recommend prescription medication when not indicated by clinical circumstances.

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