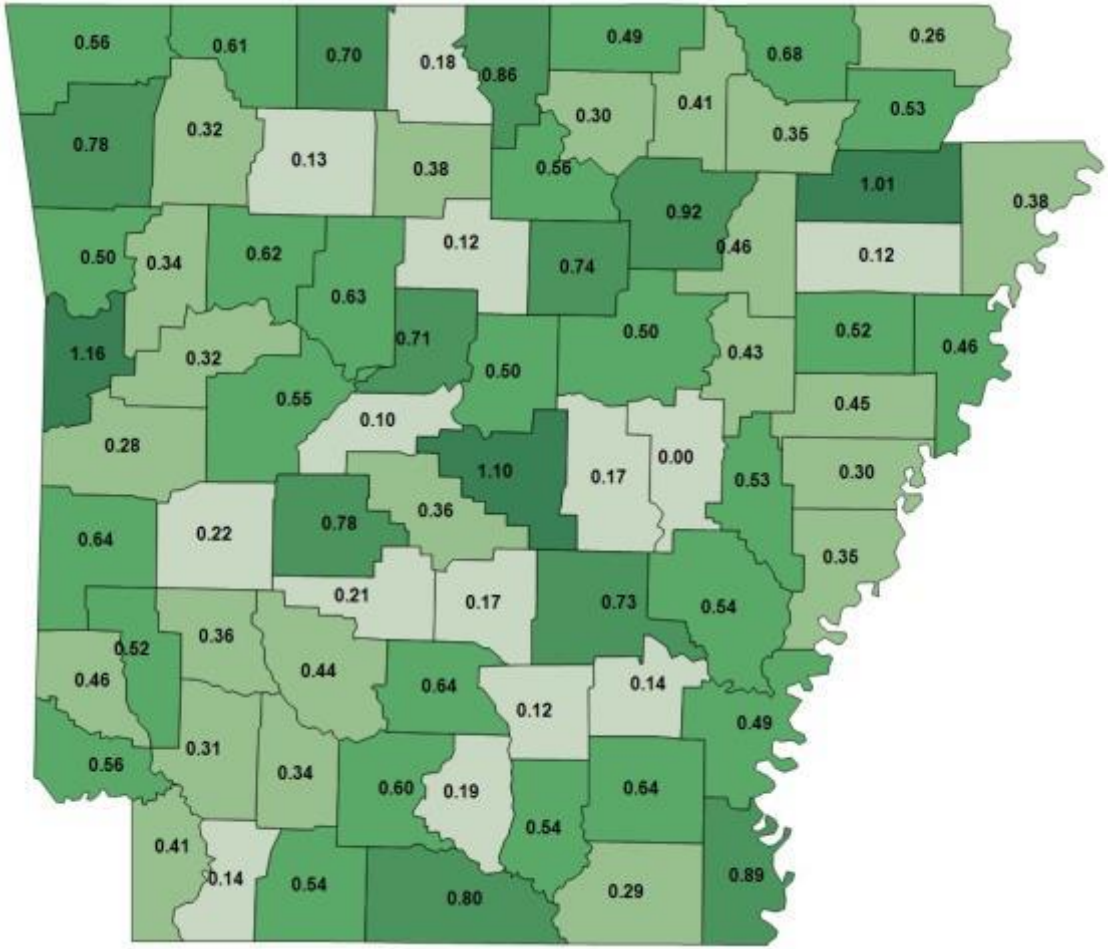
Access to Care:

Primary Care Physicians Per 1,000 Pop.



- From 2010 to 2013 the number of physicians in Arkansas grew **2%** per year.
- Physician growth rate differed greatly by county

  Median County Physician Growth: **0.0%**

- **<u>1 in 5</u>** Medicare patients left Arkansas to receive medical care

Source: Analysis of US Dept. of Health and Human Services Area Health Resources Files (AHRF) & CMS 5% Medicare Claims Files

Regulation, Licensing, and Scope of Practice

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Lead Off

- Broader authority for NPs leads to more NPs
- NPs provide good care for a wide range of primary care including diabetes
- No need for physicians to lose money

Regulatory Background

- Sometimes well-meaning regulations cause more harm than good
- The trick is to **balance protection and competition**
- **Focus on outcomes not inputs**
- FTC staff examined APRN regulations finding that the regulations often exceed what is necessary to protect consumers

Regulation and Competition

- Barriers to entry lead to
  - Additional waiting
  - Higher costs
  - Less innovation
  - More consolidation
  - Less access to care
- Administrative costs high for Physicians and NPs

Our Own Research

- We analyzed regulations affecting NPs and the number of NPs per 100,000 population.
- Adjusting for poverty, state income, rural population, and state minority population, we found a strong negative correlation between the number of NPs in a state and the regulatory restrictions on NPs.
- Changing the rules alone could result in a 5% increase in the number of NPs in Arkansas.

What Is the Incentive to Become a Nurse Practitioner in Arkansas?

- 2+ years of additional schooling (more for DNP)
  - Hard courses
  - Expensive
- Do you make that much more money?
- How much more could you do for your patients?
- Would it be better in a different state?
- Cost of collaborating physician

Don't Let the Perfect Be the Enemy of the Good

- We imagine a world where we don't need NPs because we have so many physicians who are ready to help us no matter how complex our case.
- In the real world we have a shortage of physicians.
- We let NPs practice to the extent of their training and let physicians focus on the other care.

Innovation

- More NPs are likely to spur innovation in health care delivery.
- For example, APRN-staffed clinics generally offer weekend and evening hours, which provides greater flexibility for patients, and may provide competitive incentives for other types of clinics to offer extended hours as well.

Physicians Are No Worse Off

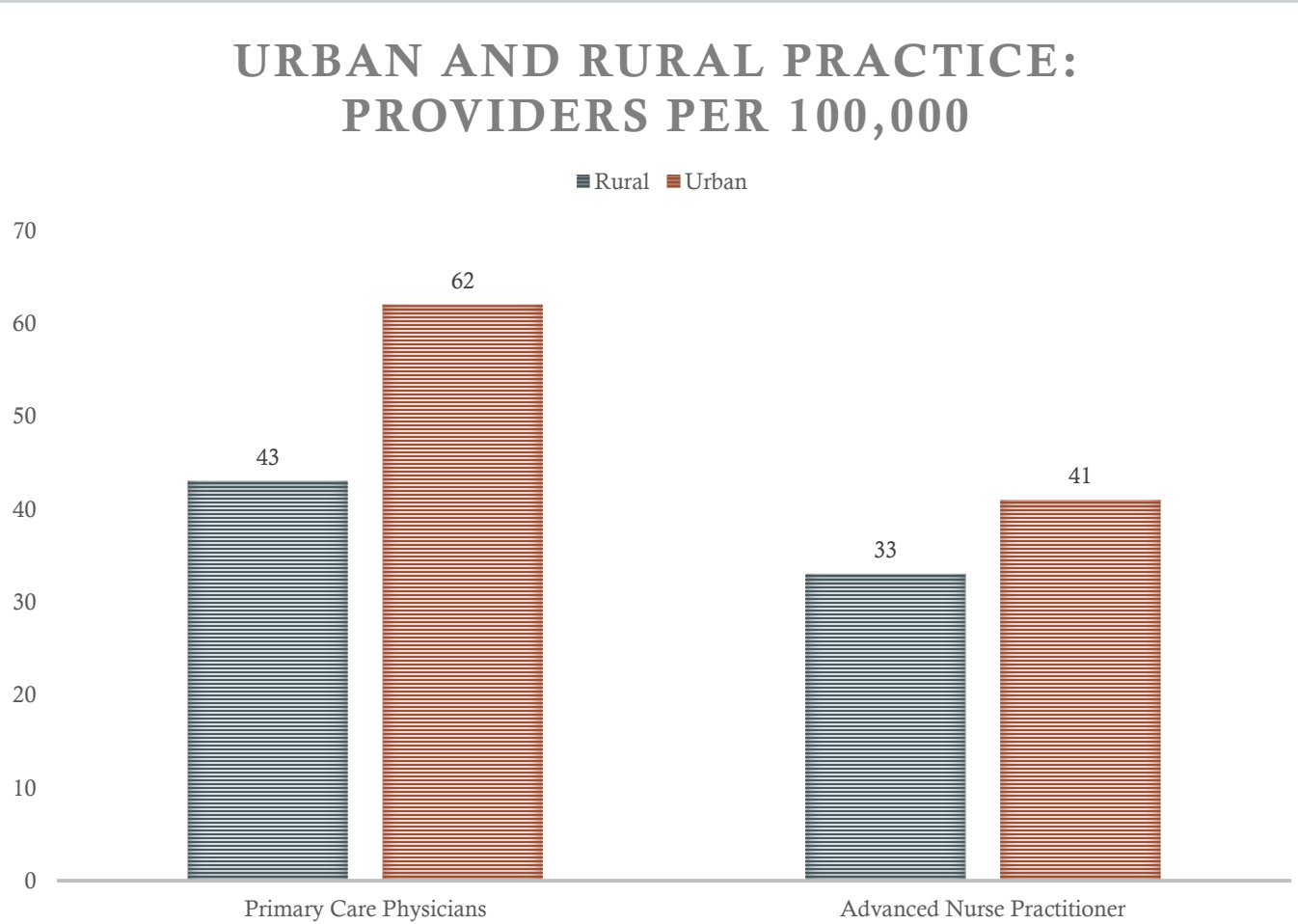
- As APRNs assume a more independent role in primary care, other primary care providers begin to take on more complex and thus more costly cases. Full practice authority for NPs does not detract from the critical role of physicians in primary care.
- Nurse Practitioners have excellent training for a wide variety of primary care. But NPs don't do everything.
- More NPs leads to **task switching,** where physicians fill other health care roles.
  - NPs free up physicians to provide *higher value, more complex services*.
- Nor has expansion of nursing scopes of practice diminished the critical role of physicians in patient care **or physician income**. Institute of Medicine Report
- In at least one study, physicians made more money.
- In studies with the opposite conclusion, the shortage of PCPs is missing. The greater the shortage of PCPs the less physicians need to worry about competition.

Underserved Areas

NPs are more likely than physicians to practice in underserved areas.

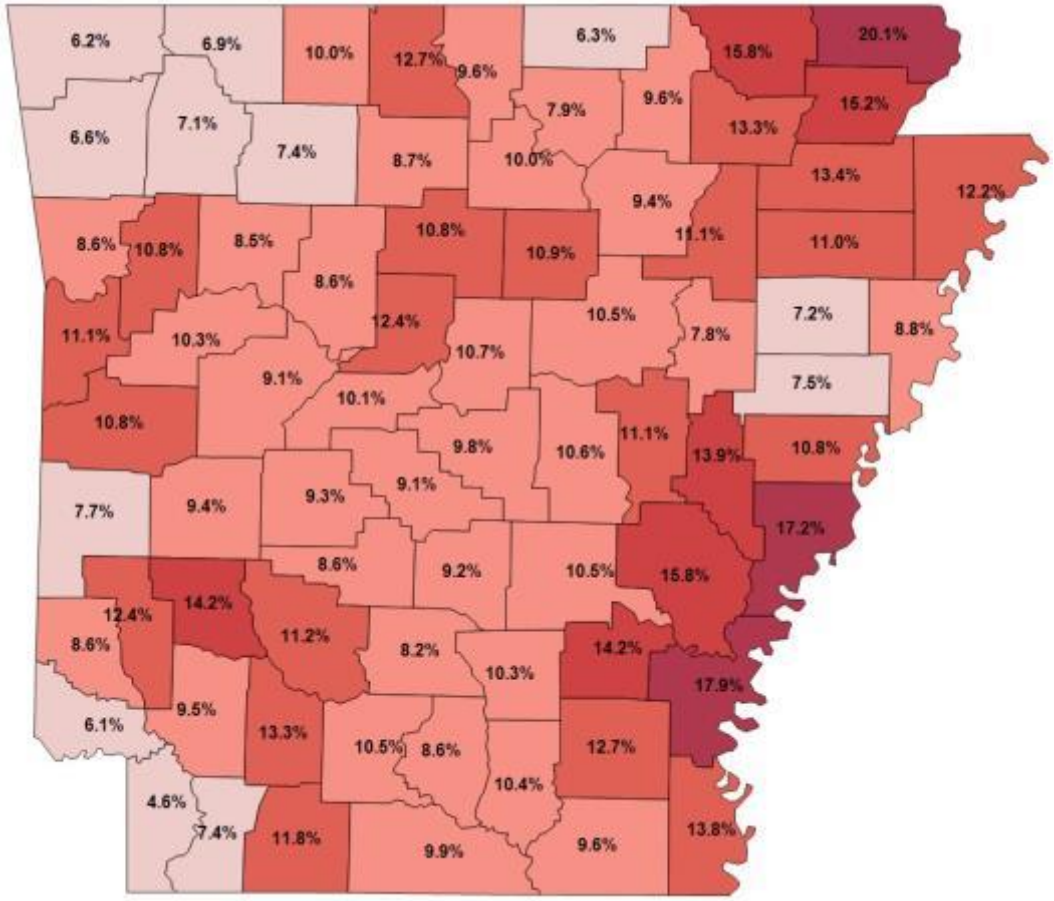
- Kenneth Martin (2000)
- Grumbach et al. (2003)
- ACRE research (forthcoming 2015)

Access to Care



Prevalence of Diabetes

Diagnosed Rate of Diabetes in 2010



Diabetes is a major killer in Arkansas…. but its prevalence varies highly by county.

Source: UAMS Analysis of CDC Behavioral Risk Factor Surveillance Survey (BRFSS) data

Costs of Uncontrolled Diabetes

Uncontrolled Diabetes Hospitalizations in Arkansas

Year	Discharges	Aggregate Costs
2006	5,810	$35,885,756
2007	5,854	$35,994,646
2008	6,032	$39,316,189
2009	5,813	$38,744,552
2010	5,958	$43,616,476
2011	6,216	$45,056,091
2012	6,011	$43,331,640
2013	6,104	$44,836,952
Percent Change	**5.1%**	**24.9%**
Annual Growth Rate	**0.7%**	**3.2%**

Source: Analysis of Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization (HCUP) data.

What Are Other States Doing

- 21 states allow full practice authority
  - Some states have had this for 20+ years (NM)
- Many states have more relaxed regulatory burden than Arkansas
- States from Texas to South Carolina are considering relaxing their regulatory burdens to allow NPs to do more

NPs Provide Comparable Primary Care

- "Physicians' additional training **has not been shown to result in a measurable difference** from that of nurse practitioners in the quality of **basic primary care services**." Fairman, et. al. ***New England Journal of Medicine*** (2011)

- "**No significant differences were found** in patients' health status (nurse practitioners vs physicians) at 6 months. Physiologic test results for patients with diabetes (*P* = .82) or asthma were not different. For patients with hypertension, the diastolic value was statistically significantly lower for nurse practitioner patients (82 vs 85 mm Hg). No significant differences were found in health services utilization after either 6 months or 1 year." Mundinger et. al. ***JAMA*** (2000)

- "There were few differences in primary care provided by APNs and physicians; for some measures APN care was superior. While studies are needed to assess longer term outcomes, these data suggest that **the APN workforce is well-positioned to provide safe and effective primary care.**" Swan et. al. ***International Journal for Quality in Health Care.*** (2015)

Implications

- NPs are able to *mitigate* the primary care shortage
- Decreasing regulation and allowing NPs to practice to the full extent of their capabilities attracts NPs and incentivizes nurses to become NPs.
- Diabetes hospitalization is expensive. How much could Arkansas save if we changed these licensing rules?
- Small changes in occupational regulation could save lives.

Benefits to Arkansans

- Consumers are likely to benefit for several reasons:
  - lower health care costs
  - greater access to care
  - greater choice among settings where health care is provided
- The cost of APRN care itself would be decreased; under the current law, supervision and delegation requirements create administrative costs for APRNs, and these costs could be reduced.
  - Some of these cost savings may be passed on to public and private third-party payers, and ultimately to Arkansas health care consumers, in the form of lower prices.

Thank You

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