



Data Supporting the Need to Modernize APRN Laws in Michigan

Health Care Value Overview: Poor Outcomes at High Prices

- According to a 2013 United Health Care Foundation report, Michigan ranked 34th among the 50 states for total population health; with higher than the national averages for obesity, cardiovascular deaths, diabetes, smoking, and infant mortality.¹
- Health care spending per capita in Michigan is the 33rd highest among the 50 states.²
- Michigan spends more than 43 other states (plus D.C.) on Medicare.³

Health Care Workforce and Access

- By the year 2019, the demand for primary care in the United States will increase from 15 to 25 million visits per year.⁴
- After incorporating insurance expansion, the United States will require nearly 52,000 additional primary care physicians by 2025. Population growth will be the largest driver, accounting for 33,000 additional physicians, while 10,000 additional physicians will be needed to accommodate an aging population. Insurance expansion will necessitate empaneling more than 8,000 additional physicians.⁵
- The Health Resources and Services Administration (HRSA) estimates that more than 35.2 million people living within the 5,870 Health Professional Shortage Areas (HPSAs) nationwide do not currently receive adequate primary care services.⁶
- According to the Bureau of Labor Statistics Occupational Outlook Handbook, employment of Nurse Practitioners (NPs) and Certified Nurse Midwives (CNMs) is expected to grow 31 percent from 2012 to 2022, much faster than the average of all occupations. This quick growth is expected in hospital settings, as well as in office practices, nursing home facilities and home health care services.⁷
- Research suggests that due to the decreasing supply of physicians, coupled with the rising number of Americans – and Michiganders – who are seeking health services, access to primary care will worsen.

¹ United Health Care Foundation - America's Health Rankings (Annual State Report – 2014)
<http://www.americashealthrankings.org/MI>

² Squires, David A. "Explaining High Health Care Spending in the United States: An International Comparison of Supply, Utilization, Prices, and Quality." *The Commonwealth Fund*, Pub. 1595, vol. 10, May 2012

³ Kaiser Family Foundation, 2009 statistics: <http://kff.org/medicare/state-indicator/medicare-spending-by-residence/?state=MI>

⁴ Hofer, A. N., Abraham, J. M. and Moscovice, I.. Expansion of Coverage Under the Patient Protection and Affordable Care Act and Primary Care Utilization. *The Milbank Quarterly* 89(1) (2011): 69-89.

⁵ Petterson, S.M, Liaw, W.R., Phillips Jr, R.L, Rabin, D.L., Meyers, D.S., Bazemore, A.W. (2012). Projecting US Primary Care Physician Workforce Needs: 2010-2025. *Annals of Family Medicine*, 10(6), 503-509.

⁶ Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services. Designated Health Professional Shortage Areas (HPSA) Statistics as of Nov. 27, 2012. Retrieved from

http://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Smry&rs:Format=HTML3.2

⁷ Bureau of Labor Statistics Occupational Outlook Handbook, <http://www.bls.gov/ooh/healthcare>

APRN Quality of Care

- A 2011 systematic analysis of close to 40 peer-reviewed, controlled trials and observational studies of nurse practitioner practice demonstrated similar patient satisfaction, equivalent or better patient outcomes on physiologic measures (glucose, lipid and blood pressure control), and similar patient functional status compared to physicians.⁸
- The National Governors Association conducted a literature review in 2012 on the quality of care NPs provide and found that numerous studies conclude that nurse practitioners (NPs) capably manage chronic conditions in patients suffering from hypertension, diabetes, and obesity.⁹
- A 2014 study published in *Nursing Outlook* found that states that have laws providing for full practice authority for nurse practitioners, along with modernized nurse practice statutes, have improved health outcomes, including decreased hospitalization rates of Medicare and Medicaid beneficiaries.¹⁰
- In a study of 3,000 adult patients who were randomly assigned to either NPs or physicians in ambulatory care settings – where NPs had the same authority, responsibilities, productivity and administrative requirements, and patient population as primary care physicians – patient satisfaction, health satisfaction, and physiologic tests were comparable.¹¹
- In an extensive review, which included 11 clinical trials and 23 observational studies of NPs and physicians providing primary care in the United States and in other developed countries, the authors found NPs received equal to or higher patient satisfaction levels when compared to physicians, and also found increased quality of communication and record keeping among NPs.¹²

Projected Impacts on Access

- As of March 2015, there were 205,000 licensed nurse practitioners in the U.S., 86.5 percent of whom are prepared in primary care, and 75 percent of whom practice in at least one primary care site. At least 84.9 percent of NPs see patients covered by Medicare and 83.9 percent of patients covered by Medicaid.¹³

Projected Impacts on Cost

- Urgent care centers and retail clinics have emerged as alternatives to the emergency department for non-emergency care. It is estimated that 13.7 to 27.1 percent of all visits to the emergency department could take place at one of these alternative sites, which a potential cost savings of approximately \$4.4 billion annually.¹⁴ Retail clinics staffed by NPs offer excellent quality of care and high patient satisfaction (RAND 2009).
- A RAND Corporation study published in November 2011 in the *American Journal of Managed Care* reported that retail clinic health care at NP-staffed retail clinics is 30-40 percent less expensive than similar care at a physician's office and 80 percent less expensive than care provided in an ER.¹⁵

⁸ Newhouse RP, et al. Advanced practice nurse outcomes 1990-2008: a systematic review. *Nurs Econ*. 2011; 29(5):230-250. Retrieved from <http://www.nursingeconomics.net/ce/2013/article3001021.pdf>

⁹ National Governors Association. (2012). *The role of nurse practitioners in meeting increasing demand for primary care*. Retrieved from 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

¹⁰ Oliver, Gina M. et al. Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients. *Nursing Outlook*. (2014).

¹¹ Munding MO, et al. Primary care outcomes in patients treated by nurse practitioners or physicians: a randomized trial. *JAMA*. (2000).

¹² Horrocks, S., et al. Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *BMJ*. 2002; 324(7341): 819--823. Retrieved from <http://www.bmj.com/content/324/7341/819>

¹³ The American Association of Nurse Practitioners. March, 2015 NP Fact Sheet. <http://www.aanp.org/all-about-nps/np-fact-sheet>

¹⁴ Weinick, R.M; Burns, R.M.; Mehrotra, A. Many Emergency Department Visits Could Be Managed At Urgent Care Centers And Retail

¹⁵ Ashwood, J.S.; Reid, R. O; Setodji, C.M.; Weber, E; Gaynor, M; Mehrotra, A. (2011). Trends in Retail Clinic Use Among the Commercially Insured. *American Journal of Managed Care*, 17 (11), 443-448