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Literature Review

Full Practice Authority for Nurse Practitioners and its Effect on Access to Primary Care

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Abstract

The demand for primary care providers is expected to continue to grow more rapidly with increased retirement among current providers and the COVID-19 pandemic. Full practice authority for nurse practitioners in all states can help increase access to primary care. The purpose of this systematic literature review was to assess if granting nurse practitioners full practice authority in states with current restricted or limited practice authority will improve access to primary care. The findings indicate that granting nurse practitioners full practice authority will help increase access to primary care especially in underserved populations.

Keywords: *Nurse Practitioner; Full Practice Authority; Access to Primary Care; Restricted Practice*

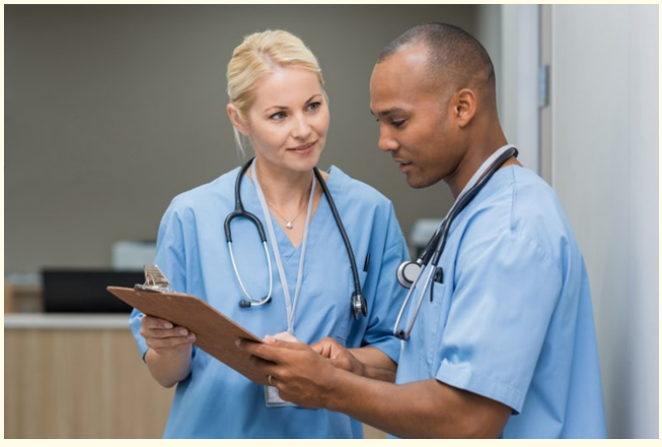

Figure 1

Introduction

Full practice authority as defined by the American Academy of Nurse Practitioners (AANP) is the state practice and licensure laws that permit all nurse practitioners (NP) to evaluate patients; diagnose, order, and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing. This is the model recommended by the National Academy of Medicine and the National Council of State Boards of Nursing [1]. In some states, such as Texas and Virginia, they have restricted practice. Restricted practice is when state practice and licensure laws restrict the ability of NPs to engage in at least one element of NP practice and requires career-long supervision by another health provider [1]. Currently there are 28 states and the District of Columbia with full practice authority for NPs.

The need for more primary care providers continues to grow in the United States due to increased retirement among current physicians, decreased specialization in primary care among new physicians, and the COVID-19 pandemic [2]. The support of full practice authority is endorsed by the AANP and the American Nurses Association (ANA) with additional recommendation to states to amend current scope of practice laws and regulations to allow nurse practitioners to perform duties for which they have been educated and certified.

Research question

The purpose of this systematic literature review was to assess if granting nurse practitioners full practice authority in states with current restricted or limited practice authority will improve access to primary care in those states.

Problem statement

The COVID-19 pandemic has profoundly changed the landscape of American healthcare, never have healthcare providers been so abused by the industry, mistrusted by the public, and divided amongst the institution. The tragic results of a three year long battle has seen many providers leaving the profession, this mass exodus has left a substantial gap in the American healthcare system. The American Hospital Association (AHA) reports approximately 3% of providers have left the workforce, resulting in decreased access to quality healthcare [3]. The loss of providers across the healthcare continuum results in numerous positions of direct patient care that NPs are poised to fill. According to the American Association of Nurse Practitioners (AANP), there are more than 355,000 NPs licensed in the United States. There are 88.9% of NPs that are certified in primary care, and 70.2% of all NPs deliver primary care [1].

Aims and Goals

The project aims and goals are to evaluate the impact on patient outcomes in states with full practice authority nurse practitioners versus states with limited or restricted practice authority nurse practitioners. An additional aim and goal are to provide comprehensive synthesis of the benefits of granting full practice authority for nurse practitioners and its effect on access to primary care.

Nursing theorist

Nola Pender's health promotion model is a nursing theory developed in the early 1980's, the model was developed with the goal to promote a sensation of wellness and identifies health as, not simply the absence of pathology, but also the development of an effectual positive state [4]. The health promotion model is founded on three major concepts that collectively focus on the promotion of developing health supporting behavior across the lifespan [4].

Healthcare providers play a pivotal role in educating, supporting, and assisting individuals in the development of health promoting behaviors. It is well established that communities with ready access to healthcare providers are healthier overall and exhibit higher health

literacy and improved patient outcomes than communities with restricted access to providers. NPs working with full practice authority can greatly impact the provider deficit facing many communities, utilizing the health promotion model to establish strong and lasting health promoting behaviors [4].

Literature Review

COVID-19 effects on healthcare

The effects of the COVID-19 pandemic on the American healthcare industry are unlike any seen before in the history of our nation. The seemingly overnight surge in the patient population taxed an already overburdened, understaffed, and under resourced healthcare industry. Ultimately, this led to a mass exodus by providers at all levels of the industry, leaving gaps in clinical care and resulting in many communities entirely without access to a healthcare provider. A recent study found that 84 million Americans are without access to healthcare with 66 million of those living in underserved and rural areas [5].

NPs are a viable and qualified resource to address the lack of provider coverage across the industry. Over the past decades there has been a steady rise in nurse practitioners who are trained and possess the necessary clinical skill to bridge the gap left in healthcare by the COVID-19 pandemic. The caveat being several states continue to restrict the scope of practice of nurse practitioners, effectively choke holding the solution to the lack of providers. States that allow full practice authority for NPs boasts higher health literacy, decreased morbidity and mortality in underserved communities, and more cost-effective healthcare [6].

The COVID-19 pandemic resulted in a substantial provider deficit and with the rise in NPs providing care in rural and underserved areas, it has been shown that NPs are the natural choice to ease the provider burden. NP led primary care has increased over physician lead primary care by 2.9% of the last years, due in part to physician loss of 7.5% throughout the COVID-19 pandemic [7].

Access to primary care

According to the Association of American Medical Colleges, the United States will have a shortage of up to 122,000 physicians by 2032. A substantial amount of this national shortage can be accredited to the implementation of the Affordable Care Act (ACA) and the aging population of the United States [8]. The ACA was created to expand access to coverage, control health costs, and improve health care quality and care coordination. Therefore, the ACA expanded the number of insured individuals across the country [9]. Additionally, physicians over age 65 account for 15% of the active workforce, and those between ages 55 and 64 make up 27% of the active workforce. Consequently, over 40% of the physician workforce is at risk for retiring over the next decade [8]. These changes increase the need for healthcare providers.

NPs can assist in addressing the physician shortage, which has a direct impact on access to care, if they are allowed to practice at their full scope. In comparison to physicians, the United States has seen an increase in the number of NPs. As of April 2022, there are more than 355,000 NPs licensed in the United States [1]. There are more patients now than ever before that are benefiting from high-quality, comprehensive, patient-centered health care provided by NPs. According to Buerhaus [5] when assessing state-level restriction of the scope of practice for NPs, the study shows that in those states they have significantly less access to care. Additionally, studies have also shown that lowering the barriers to scope of practice for NPs does not impede on quality of care that patients receive, meaning that health care quality does not decrease when NPs' scope of practice is expanded [6]. Many patients that are in rural or underserved communities receive their primary care from NPs. According to Barnes., *et al*. [10], NPs make up more than 25% of rural providers, and it is estimated that nearly 1 in 3 primary care providers nationwide will be an NP in the next few years.

NPs play an important and pivotal role in providing primary care and increasing access to primary care as well. There is an increase presence in NPs in rural and nonrural primary care practices. Additionally, an increase in NPs with their own practices can be seen in states with unrestricted practice which allows for more access to primary care [10]. Therefore, these findings can improve the overall delivery of health care.

Patient preference

When choosing a primary care provider there are many factors that are considered by the patient, cost of care, ease of access, clinical reputation of the provider, and past experience. All of these factors combined make up overall patient preference, that is the willingness of the patient to see one type of provider over another. A study completed in 2018 examined healthcare consumer preferences and found that patients predominantly choose a primary care provider based on past clinical experience and interpersonal skills of the provider [11].

The study found that of the patients surveyed, those preferring NPs over physicians as primary care providers, 20% cited the NPs interpersonal ability and bedside manner, and 9% cited the ease of access to the NP over physicians [11]. Provider experience and trust were also noted as reasons that patients prefer NPs as primary care providers at 36% and 4% respectively with overall preference of NPs as primary care providers at 21% [11].

The implication of this study provides further support for NPs as key players in the healthcare marketplace, with an ever-growing population and a decreasing clinical workforce due to physician retirement or providers leaving the field. NPs are poised, trained, and clinically capable of bridging the gap in the primary care field, particularly in rural or underserved areas. A critical component of allowing NPs to fill the provider gap would be allowing NPs to practice at the top of their skills and abilities by providing full practice authority to NPs across the country, increasing access to high quality and low-cost care.

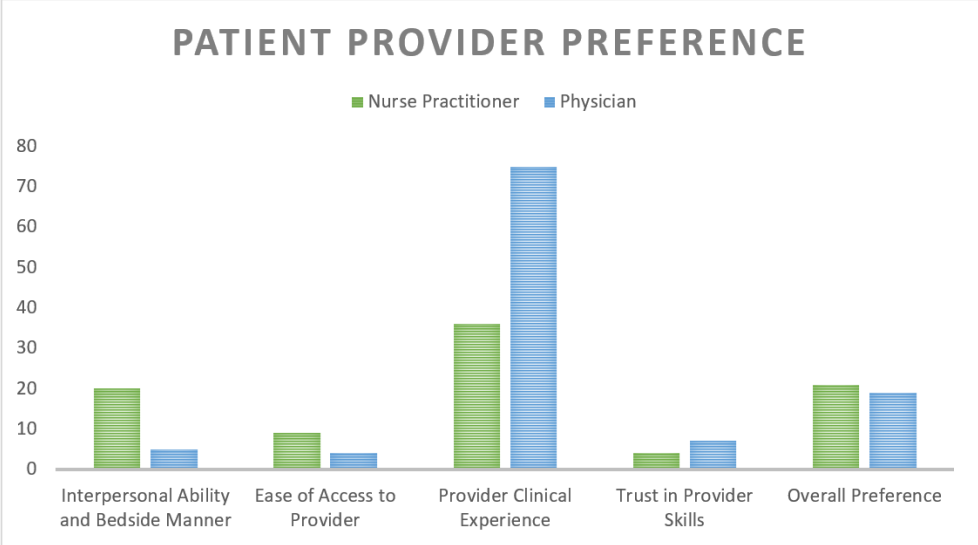

Figure 2

Costs of health care services

The goal of the health care industry is to control the rising cost of health care and decrease the overuse of services [12]. This goal will require that health care providers provide more efficient care that increases quality and decreases cost. The providers that can achieve this goal are NPs.

The Medicare program is a growing concern because its enrollment will quickly grow due to aging baby boomers. According to Buerhaus [5], a study was conducted with the purpose of determining if NPs can assist with this concern. The study found that NP provided care ranged between 11 percent and 29 percent less than the cost of physician provided care when billing to Medicare [5]. The major driver of cost differences between NPs and physicians is the lower volume of services ordered by NPs [12]. The difference was most prominent for evaluation and management service, composing 80 percent of claims that physicians and NPs bill to Medicare. The largest differences in costs between NPs and physicians persisted even after factoring in that Medicare pays NPs at 85 percent of the rate of physicians for the same services [5]. A final possible explanation for the difference in cost is the practice style of each provider. A NP may spend more time with the patient and taking a more detailed history to diagnose and treat the patient. A physician may not take such a detailed history and may base their diagnosis and treatment more on diagnostic tests.

As Medicare enrollment increase as projected from 60 million in 2019 to 79 million in 2030, the number of NPs will continue to grow as well [12]. Additionally, there will be more NPs providing primary care in the future due to the decreasing number of physicians practicing due to retirement and less practicing primary care in rural and underserved areas [2]. Therefore, affording NPs full practice authority can assist in achieving the ultimate goal of the health care industry of decreasing cost and increasing quality of care [13-20].

Methodology

Objective: The objective of this systematic review is to explore the impact of granting full practice authority to NPs, and the subsequent effects on access to primary care in states with current limited or restricted practice authority. This work represents an in-depth evaluation and systematic review of high quality and credible research studies.

Eligibility criteria: The selected works were drawn from reputable and academically driven databases, that were published within the previous five years (2017-2022). Ensuring the selected works duly represent the current healthcare climate and offer valuable and applicable data. Studies with similar objectives and goal were also chosen for incorporation into this review. Publications with limited research participants or inconclusive findings were not included in this review.

Search strategy: Publications were identified using specific key words and were screened for review of inclusion by two researchers independently, assessing for relevance to nurse practitioner practice authority, access to primary care, and quality of care.

Selection process: A variety of publications were selected including qualitative and quantitative research, journal articles, position statements, and independent studies were chosen for evaluation and review in this work. All publications selected for inclusion in this work were evaluated for quality and reliability and placed in an evidentiary hierarchy.

Data collection process: Publications selected for inclusion were those that were relevant to the main theme of this work, possessed quality and reliable data, and displayed clear and concise findings. Data for this work was compiled independently by two researchers.

IRB: As this work is a systematic review, no IRB approval was obtained.

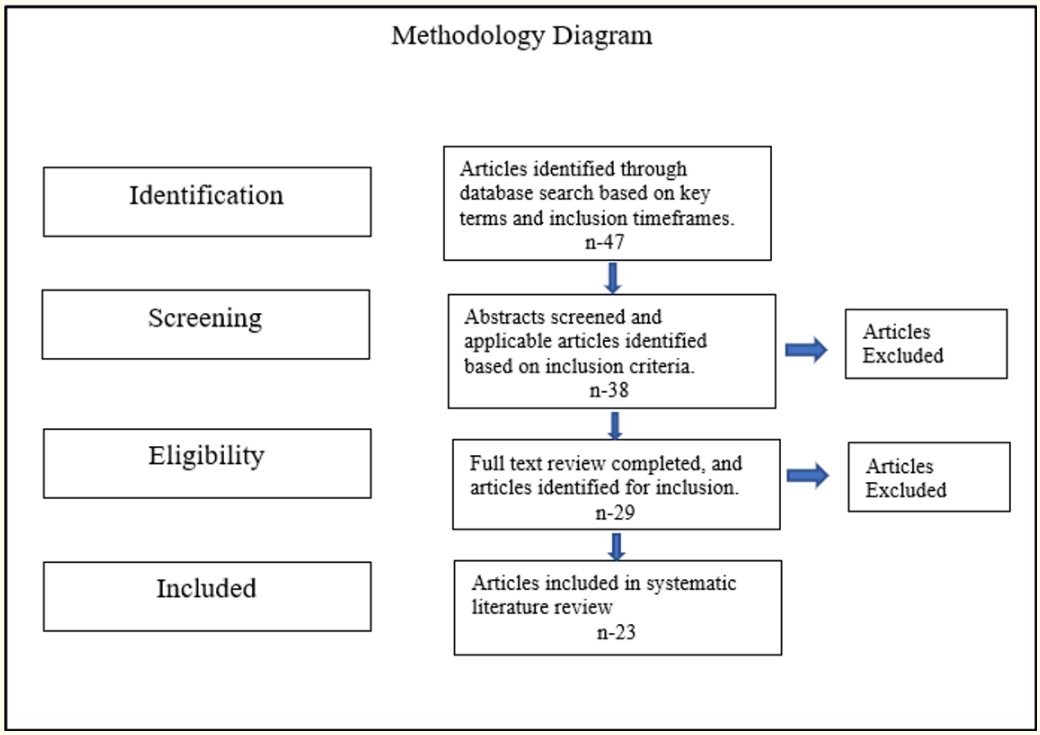

Figure 3

Limitations of the Study

During the writing of this work certain limitations were identified, primarily arising from research and study availability. Publications were identified for inclusion in this systematic review using key word searches from academically based and reputable data bases, only works published within the previous 5 years (2017 - 2022) were identified for inclusion. The use of key words and the narrow inclusion timeframe potentially excluded content specific and reputable works from this systematic review, creating an unintentional bias. Publications were selected for inclusion by two independent reviewers, while publications were screened and selected for the quality and reliability, unintentional bias in the original publication cannot be discounted. This creates a potential unintentional bias in the results of this systematic review.

Implications to Nursing Practice

Access to care remains an important topic in the United States. The recent COVID-19 pandemic has emphasized the importance of access to care. An initiative that can assist in improving access to care is granting full practice authority to NPs in all states. Full practice authority for NPs will improve access to care, decrease costs, protects patient's preference of providers, and simplifies care to make delivery more efficient. Nurses should continue to advocate for change for their profession and patients. The opportunity to crusade for more autonomy in their practice is of the utmost importance.

Conclusion

This systematic review assessed the correlation of full practice authority for NPs and increased access to primary care. Upon completion of the review process, there is significant indication that granting full practice authority to NPs significantly increases access to high quality and cost-effective healthcare. In states with full practice authority for NPs there was a strong correlation found between increased access to care, decreased morbidity and mortality, and consistent cost reduction, both from an organizational and patient standpoint. The findings of this review support the expansion of autonomy for NPs, specifically in rural and underserved communities. Additionally supportive data suggests a positive patient experience, and improved patient outcomes in relationship to the expanded the scope of practice for NPs.

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