

Fact Sheet Example

Nurse Practitioner Contributions Misunderstood *Data Insufficient for Good Policy Making*

“(P)olicy makers have never had a sanctioned, funded, durable database” ...to support decisions ...and “poor data and poor planning must improve.....efforts at numeracy are necessary.” (Fitzhugh Mullan, former director of the Bureau of Health Professions)

“(A) steady growth in numbers of non-physician clinicians...and research compiled by the Pew Commission indicating cost-effectiveness and possible savings of up to \$8 billion if NPs and PAs were used to their full potential.” (Tim Henderson, Director, Primary Care Resources of the National Conference of State Legislatures)

The Study:

The project reviewed 20 surveys that are used to describe how clinicians practice: 8 nationally distributed surveys, 1 state-wide non-regulatory survey, and 10 point-of-license state surveys (5 for nurses, 5 for MDs). All surveys had been used within the last 8 years. All of the surveys are used to help make policy decisions.

Findings:

1. There is no reliable census-type database for nurse practitioners in the United States.
2. Nurse-Sensitive outcomes of advanced practice* are not measured by current surveys.
3. Physician focused indicators are currently used in practice surveys.
4. No national survey includes NPs in the measurement of caring & satisfaction indicators.
5. For large national practice surveys, NP practice must be imputed from several years of data because NPs are not directly surveyed.

Conclusions:

Neither the federal, state nor non-governmental organizations adequately measure nurse practitioner practice.

There is **no** national repository of basic demographics for NPs and their practice.

Policy decisions are made without the benefit of data about NPs and their practice.

Performance monitoring and improvement planning for individual practice, group practice, health plan practices, and the delivery system level require

measures of primary care performance. (Safran, 1998)

Nurse Practitioners are not a category within the Bureau of Labor’s Standard Occupational

Classifications; therefore, NPs are not directly counted or located in major surveys and interviews.

Recommendations for policy makers:

- Issue a unique personal identification number to every registered nurse in the U.S.
- Using the RN PIN, develop a national NP demographic database including ZIP codes and languages spoken.
- Nomenclature in healthcare surveys should be inclusive of NPs.
- Recognize NPs as a Standard Occupational Classification.
- Develop and use surveys with nurse-sensitive outcomes of advanced practice*.
- Improve comparative data by standardizing indices across surveys (e.g. ICD-9 Codes for diagnoses) for selected indicators.
- Correlate state practice environment data with interpretations of national surveys of NPs as NP-restrictive or NP-friendly environments may skew results.
- Target NPs with a revised National Ambulatory Medical Care Survey.
- Target NPs with a Community Tracking Survey – NP Component.

- Identify any triage practices that select patients into the most-cost-appropriate care track whether that is a physician, NP, or RN.
- Nomenclature in all government-funded surveys should be inclusive of non-physician providers to reduce discounting of their work.

Assumptions to Avoid:

All NPs are supervised by physicians; therefore, physicians can provide data about NP practice.

Patients are referred only to physicians; physicians do not refer to NPs

NPs practice as they do based on their education and their choice.

Events or items that provide satisfaction to physicians satisfy NPs.

Physician-focused indicators are the best measures of NP practice.

*** What are Nurse-Sensitive Outcomes of Advanced Practice?**

Examples include -

- Patient's perception of being well-cared for
- Trust of the provider
- Patient compliance/adherence to instructions
- Patient satisfaction with care
- Provider's knowledge of the patient and the family (Ingersoll,2000)

References

1. Henderson, Tim and Fox-Grage, W. (National Conference of State Legislatures.). Training Nurse Practitioners and Physician Assistants: How Important is State Financing? Washington, D.C.; 1997.
2. Ingersoll GL, McIntosh E, Williams M. (2000) Nurse-Sensitive Outcomes of Advanced Practice. Journal of Advanced Nursing. 32(5), 1272-1281.
3. Kindig, D. (1994), Counting Generalist Physicians. The Journal of the American Medical Association, 27(19), 1505-1507.
4. Mullan, Fitzhugh, Plenary Session Panel Member. "National Health Workforce Policy: On-Track or Derailed?". Health Workforce 2000 Conference: Building a Foundation for Health Care in the 21st Century; Washington, DC. December 11-12, 2000.
5. Safran, D, Kosinski, M, et al (1998) The Primary Care Assessment Survey: Tests of Data Quality and Measurement Performance. Medical Care. 36(5): 728-739.
6. Salsberg, Edward, Plenary Session Panel Member. "Health Workforce Information-Show Me The Data". Health Workforce 2000 Conference: Building a Foundation for Health Care in the 21st Century; Washington, DC. 2000 Dec 11-2000.

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