



**NATIONAL
NURSE-LED CARE
CONSORTIUM**

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July 25, 2016

The Honorable Robert A. McDonald
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

Director, Regulations Management (02REG)
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Room 1068
Washington, DC 20420

Submitted via: <http://www.regulations.gov>

RE: RIN 2900-AP44- Advanced Practice Registered Nurses (81 Fed.Reg. May 25, 2016)

Dear Secretary McDonald,

The National Nurse-Led Care Consortium (“NNCC”) appreciates the opportunity to express our strong support for the U.S. Department of Veterans Affairs (VA), Veterans Health Administration’s (VHA) Proposed Rule (Federal Register Document Number 2016-12338, RIN 2900-AP44) published on May 25, 2016. NNCC believes the proposed rule is an essential stepping stone to improving Veterans’ access to safe, high-quality care, and we urge the VA to move forward with its full implementation as soon as possible.

The National Nurse-Led Care Consortium (NNCC) is a 501(c)(3) nonprofit public health organization that seeks to advance all forms of nurse-led care through policy development, technical assistance, and innovative programming. One of the types of centers NNCC represents is nurse-managed health clinics (sometimes called nurse-managed health centers, or NMHCs). Section 254c-1a of the Public Health Service Act defines the term ‘nurse-managed health clinic’ as a “nurse-practice arrangement,

managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center (FQHC), or independent nonprofit health or social services agency.”¹ Recent estimates indicate that there are approximately 500 nurse-managed clinics nationwide, including birthing centers and nurse-led school-based clinics. NMHC care is directed by nurse practitioners and other advanced practice nurses offering a wide range of primary care, health promotion, and disease prevention services to low-income, vulnerable patients living in medically underserved areas. Nationally, NMHCs record about 250,000 patient encounters each year. The majority of NMHC patients are either Medicaid recipients, uninsured or self-pay.

Because many NMHCs are affiliated with schools of nursing, NMHCs also help to build the capacity of the community-based health care workforce by acting as teaching and practice sites for nursing students and other health professionals. Each academically-affiliated NMHC provides clinical placements for an average of 50 to 60 students a year.² These students include graduate and undergraduate nursing students, as well as medical, physician assistant, and social work students, among others. Students participating in post-clinical focus groups express a high level of satisfaction with NMHC-based clinical placements, commenting that their experience in NMHCs highlighted the need to reduce health care disparities and respect patient diversity.³

Outcome data from managed care organizations and academic research journals show that NMHCs provide accessible high quality care that is also cost effective. The nurse practitioners in NMHCs can manage 80 to 90 percent of the care provided by primary care physicians without referral or consultation.⁴ According to a 2011 meta-analysis of peer-reviewed articles regarding the quality of nurse practitioner-provided care, primary care nurse practitioners continually produced patient health outcomes comparable to those of primary care physicians.⁵ With respect to cost, NMHC patients typically have higher rates of generic medication fills and lower hospitalization rates than patients of similar providers.⁶ Additionally, elderly and disabled people with access to NMHCs visit emergency rooms less often than those without access.⁷

¹ 42 U.S.C.A. § 254c-1a(a)(2) (West 2012).

² NNCC, 2012 NNCC Membership Survey (2012)

³ Institute for Nursing Centers, Feedback From Student Focus Group Surveys Administered by the Institute for Nursing Centers in 2009 (2009).

⁴ Munding, M.O. (1994). Advanced-practice nursing -- good medicine for physicians? *New England Journal of Medicine*, 330(3), 211-214.

⁵ Newhouse N.P., Stanik-Hutt J., White, K.M., Johantgen, M., Bass E.B., Zangaro G., Wilson R.F., Fountain L., Steinwachs D.M., Heindel L., Weiner J.P. (2011). Advanced practice nurse outcomes 1990-2008: a systemic review. *Nursing Economic*, 29(5) Published Online Before Release, available at: <http://www.nursingeconomics.net/cgi-bin/WebObjects/NECJournal.woa>.

⁶ Hansen-Turton, T. (2005). The nurse-managed health center safety net: a policy solution to reducing health disparities. *Nursing Clinics of North America*, 40, 729-738.

⁷ Glick, D. F., Thompson, K. M., & Ridge, R. A. (1999). Population-based research: The foundation for development, management, and evaluation of a community nursing center. *Family & Community Health*, 21(4), 41-50.

The VA has stated that its core mission is to “provide the high quality health care and benefits Veterans have earned and deserve — when and where they need it.”⁸ Nurse practitioners serving in NMHCs and other nurse-led practice arrangements are perfectly positioned to expand access for veterans living in underserved areas across the country. However, in order for the VA and other health care providers to take full advantage of the skills and expertise of nurse practitioners, nurse practitioners need to be able to practice to the full extent of their licensure and training. The proposed rule will maximize the contribution of nurse practitioners working with the VA by removing unnecessary regulatory barriers that prevent these providers from utilizing all the tools available to them through their licensure and training.

In its report on the future of nursing published in 2010, the Institute of Medicine recommended that, “Advanced practice registered nurses should be able to practice to the full extent of their education and training.”⁹ The proposed rule would bring VA policy in alignment with this recommendation. It would also serve to: 1) increase access for veterans by expanding provider capacity in underserved areas; 2) give nurse practitioners greater freedom to offer veterans the full range of services covered in their scope of practice, which includes primary care, health promotion and disease prevention services, mental health, and other essential care; and 3) reduce overall costs.

Recent research shows that states instituting laws and regulations permitting full practice authority for nurse practitioners have experienced increased access and greater care utilization.¹⁰ Full practice authority for nurse practitioners and other advanced practice nurses has also been associated with fewer avoidable hospitalizations and hospital readmissions and reduced emergency department visits for ambulatory care sensitive conditions.¹¹ Additionally, full practice authority has led to nurse practitioners providing a wider variety of primary care services, such as preventive and chronic disease management care generally and particularly in rural areas.¹²

In terms of cost, an analysis of Medicare claims data conducted in 2015 found that evaluation and management costs were 29% lower when nurse practitioners were

⁸ <http://www.va.gov/health/access-audit.asp>

⁹ <https://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Recommendations.pdf>

¹⁰ Stange, K. (2013). How does provider supply and regulation influence health care markets? Evidence from nurse practitioners and physician assistants. *Journal of Health Economics*, 33.

¹¹ Oliver, GM, Pennington, L, Revelle, S, and Rantz, M. (2014). Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients. *Nursing Outlook*. Nov-Dec;62(6):440-7.; Traczynski, J., & Udalova, V. (2013). Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes. Unpublished, Working Paper.

¹² Buerhaus, PI, DesRoches, CM, Dittus, R, and Donelan K. (2015). Practice characteristics of primary care nurse practitioners and physicians. *Nursing Outlook*, 63, 144-153; Morgan, P., Everett, C., Hing, E. Nurse practitioners, physician assistants, and physicians in community health centers, 2006–2010. *Healthcare*. 2015;3:102–107.

involved.¹³ Nurse practitioners have also been shown to lower costs connected to cardiovascular disease prevention and breast care.¹⁴

Finally over 30 years of research on quality has demonstrated nurse practitioner outcomes are comparable to those of primary care physicians, often with higher levels of patient satisfaction.¹⁵ Three systematic reviews examining the quality of care delivered by nurse practitioners, completed in 2011, 2013, and 2015, have reinforced the conclusion that the quality of care delivered by nurse practitioners is similar to that of physicians; with some studies documenting better outcomes for nurse practitioners.¹⁶

In light of the documented benefits nurse practitioners and other advanced practices nurses can offer veterans in terms of access, cost, and quality, NNCC again urges the VA to move the proposed rule forward. On behalf of NNCC, I would like to thank the VA for the opportunity to submit these comments. If you have any questions, please contact me at (215) 731-7140 or tine@nncc.us.

Sincerely,



Tine Hansen-Turton
NNCC CEO

¹³ Perloff, J, DesRoches, CM, and Buerhaus, P. (2015) Comparing the cost of care provided to Medicare beneficiaries assigned to primary care nurse practitioners and physicians. Health Services Research. (E. Pub. ahead of article).

¹⁴ Allen, JK, Dennison Himmelfarb, CR, Szanton, SL, and Frick, KD.J (2014) Cost-effectiveness of nurse practitioner/community health worker care to reduce cardiovascular health disparities. Cardiovascular Nursing;29(4):308-14.; Blackmore, CC, Edwards, JW, Searles, C, Wechter, D, Macklenburg, R, and Kaplan, GS. (2013). Nurse practitioner-staffed clinic at Virginia Mason improves care and lowers costs for women with benign breast conditions. Health Affairs, 32(1), 20-26.

¹⁵ Maria, Schiff et al. (2012) The role of nurse practitioners in meeting increasing demand for primary care, National Governors Association,. <http://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>

¹⁶Newhouse, RP, Stanik-Hutt, J, White, KM, Johantgen, M, Bass, EB, Zangaro, et al., (2012) Advanced practice nurse outcomes 1990-2008: a systematic review. Nursing Economics;29(5):230-50.; Martin-Misener R, Harbman P, Donald F, et al. (2015) Cost-effectiveness of nurse practitioners in primary and specialised ambulatory care: systematic review. British Medical Journal. 5:e007167.