Implementing advanced practice nursing: what policy lessons?

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Focus of presentation

• Role of regulation and payment policies on implementation of APN?

• What policy instruments exist? What implications and lessons?
International Study

• **Country coverage - 39 countries:**
  • Europe (all 28 Member States, Norway, Switzerland, Iceland and Turkey)
  • U.S., Canada, New Zealand, Australia

• **Methodology and data collection**
  • Expert survey: 93 country experts (response rate: 85%),
  • Routine data on size of NP workforce

• **Analysis**
  • **Policy analysis / secondary data analysis** Overview of reforms in 39 countries (policies on task shifting), Role of regulation, payment policies; size of NP workforce
Countries with NP/APN titles, education and high levels of practice (as per SoP)
Size of the NP workforce 2015: variable, but mostly small

All countries with expanded SoP for NPs:
- How implemented? What changes to legislation (if any)?
- What barriers / enablers?

Maier et al. 2016
## Enabling regulation: country examples and policy instruments

<table>
<thead>
<tr>
<th>Regulation (via laws/bylaws)</th>
<th>Locus of regulation</th>
<th>Implications on implementation</th>
<th>Country examples: measures/policy instruments</th>
</tr>
</thead>
</table>
| Yes                         | National            | • If restrictive, pose barriers to advanced practice uptake across country – informal practice  
• If up-to-date with APN’s skills/competencies, can enable advanced practice  
• Often slow to change | • Periodic reviews of existing laws (NL);  
• ‘Experimental clause’ or state-wide piloting linked to evaluation (NL, US state of California);  
• Phased approach: pilot project, evaluation, legal (small) changes & stakeholder involvement (FI)  
• Omnibus bill (New Zealand) -> ‘bundle’ |
| Yes                         | Sub-national        | • Subnational laws: state/province-wide differences in official practice, less role clarity  
• Very slow to change            | • Consensus model / strategies toward SoP harmonisation across states/provinces (Canada, US)  
• From sub-national to national workforce governance, e.g. registration for APN & other professions (Australia) |

Maier et al. forthcoming
Role of payment policies and reimbursement rates

• Payment and reimbursement -> major determining factors

• Level of reimbursement (in FFS) -> ranges from 0-100% of physician rates for same services:
  • **Australia**: NPs gained access to Medicare reimbursement scheme, reimbursement at lower levels than GPs
  • **U.S.**: 0-100%, state-dependent and payer-dependent, „incident-to-billing“

• Salaried positions: availability of funding
  • **Canada**: Challenge of securing new or redistributed money from existing health budgets

• Role of financial incentives:
  • **Estonia / Lithuania / Finland**: kick-start new roles (Finland), incentivise nationwide uptake of new roles (Estonia/Lithuania)
Conclusions

• **Regulation / legislation** -> determines level of official practice:
  • Experimental clause/laws, linked to evaluation (NL, California)
  • Phased approach: evaluations of pilots, incremental changes
  • Omnibus bill (NZ)

• **Payment/reimbursement policies** (may) determine scale:
  • Level of payment/reimbursement (relative to GPs), availability of funded positions
  • Role of financial incentives / dis-incentives (FI, EE, LT)

• **Several other factors:**
  • Support from MoH
  • Align education, workforce planning
  • Evaluations and monitoring
  • Involving stakeholders early on in process
Thank you for your attention!
<table>
<thead>
<tr>
<th>Country</th>
<th>Reimbursement for specific services by insurer</th>
<th>NP fee</th>
<th>GP / physician fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Medicare: scheduled fee for consultations</td>
<td>NP (85% of scheduled NP fee):</td>
<td>GP fee (100% of scheduled GP fee):</td>
</tr>
<tr>
<td></td>
<td>• Brief consultation, short patient history, limited examination</td>
<td>• AUS $8.20</td>
<td>• AUS $16.95</td>
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<tr>
<td></td>
<td>• <strong>Standard consultation</strong> lasting less than 20 minutes</td>
<td>• AUS $17.85</td>
<td>• AUS $37.05</td>
</tr>
<tr>
<td></td>
<td>• Consultation lasting at least 20 minutes duration</td>
<td>• AUS $33.80</td>
<td>• AUS $71.70</td>
</tr>
<tr>
<td></td>
<td>• Consultation lasting at least 40 minutes</td>
<td>• AUS $49.80</td>
<td>• AUS $105.55</td>
</tr>
<tr>
<td>United States</td>
<td>Medicare</td>
<td>85% of physician fee or 100% for “incident-to-billing” under physician name</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Medicaid (U.S. state-specific)</td>
<td>75-100% of physician fee depending on state</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Private health insurers</td>
<td>0 - 100%</td>
<td>100%</td>
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</tbody>
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