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Contact: Berna Diehl
Jones Public Affairs
(202) 591-4045
Berna@JonesPA.com

Recent Studies Show That Access to Full Spectrum of Healthcare Professionals Key to Cost-Effective Care

Health services delivered by a variety of health professionals save money, broaden patient options

WASHINGTON – Several recent studies have demonstrated that cost effectiveness for healthcare improves when health services are provided by licensed professionals other than MDs or DOs. Evidence also shows that there is no loss in quality or effectiveness of care.

These studies add to a large body of research over several decades about the quality of care and cost effectiveness of healthcare professionals other than doctors of medicine (MDs) or osteopathy (DOs). With a greater emphasis on preventive care and health coverage slated to expand to 32 million people who are currently uninsured, many healthcare professions agree that scope of practice limitations are a barrier to improving the delivery of healthcare in the United States.

“The services provided by healthcare professionals other than MDs or DOs are critical for the patient community because of the promise of less expensive, high quality care,” said Lisa Summers, CNM, DrPH, spokesperson for the Coalition for Patients’ Rights™, whose member professions provide patients with essential health services and options they otherwise would lack, especially in medically underserved areas. “Studies demonstrate the cost effectiveness of care from professionals such as psychologists, naturopathic physicians and registered nurses, among others,” continued Summers.

Notable new research on cost effectiveness includes the following:

- A study published in *Health Affairs* titled “No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians,” concluded that patients receive the same level of care at a lower cost when certified registered nurse anesthetists (CRNAs) are permitted to perform without physician supervision.ⁱ Additionally, the May-June 2010 issue of *Nursing Economics* found that CRNAs acting independently provide anesthesia services at the lowest economic cost.ⁱⁱ
- A study of Canada Post employees titled “Naturopathic Treatment for the Prevention of Cardiovascular Disease: A Whole System Randomized Pragmatic Trial,” found that high-risk individuals prescribed naturopathic treatments (such as diet and exercise) experienced a \$1,025 cost benefit per participant, gained 28 times more productive work days than those treated with traditional medicine and predicted that one in every 100 participants would have died, had they been treated with conventional care.ⁱⁱⁱ

- A study comparing care received at retail clinics and delivered by nurse practitioners for three acute conditions – ear infections, pharyngitis (sore throat) and urinary tract infection (UTI) – with that received at other care settings found that overall costs of care were substantially lower at retail clinics, with no adverse effects on quality of care.^{iv}
- A study published in *Health Affairs* in March 2011 found that multidisciplinary teams headed by nurse practitioners were able to sharply reduce hospitalizations among elderly patients and the physically and mentally disabled. Using this model, monthly medical costs for disabled patients were \$3,061 in 2008 compared with \$5,210 for Medicaid fee-for-service patients.^v

These studies are further reinforced by key healthcare stakeholders who are taking steps to uphold and promote the valuable services available by a broad spectrum of healthcare professionals.

Among recent developments:

- In January 2011, a California judge declared that CRNAs no longer require physician supervision to provide care. The court’s final order found that there were no safety risks to patients, citing evidence from two national anesthesia studies confirming the safety and cost-effectiveness of nurse anesthetists.^{vi}
- The Robert Wood Johnson Foundation’s (RWJF) Initiative on the Future of Nursing has challenged state policymakers to reform scope of practice regulations, which limit the role of health professionals other than MDs or DOs. The report recommends that the Federal Trade Commission and the Department of Justice review state regulations pertaining to advanced practice registered nurses to identify ones with anti-competitive effects without improving public health and safety. RWJF has also recommended that the Centers for Medicare and Medicaid Services support the development of alternative payment and delivery models to reduce cost and expand the role of nurses.^{vii}

“Great strides are being made toward utilizing the valuable care provided by professionals other than MDs or DOs,” continued Summers. “As numerous studies demonstrate, allowing these professionals to practice within the full scope for which they are educated and qualified will create a more efficient, less expensive and highly accessible healthcare system. Patients need these services and will ultimately be the winners when scope of practice battles are no longer necessary.”

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About the Coalition for Patients’ Rights™

A national coalition of more than 35 organizations, the Coalition for Patients’ Rights represents more than three million licensed and certified healthcare professionals committed to ensuring comprehensive healthcare choices for all patients. It was formed in 2006 in response to divisive efforts by the Scope of Practice Partnership (SOPP), an alliance of medical and osteopathic physician organizations including the American Medical Association (AMA), which aims to limit the scopes of practice of other healthcare professionals.

The Coalition is comprised of a diverse array of healthcare professionals, including registered nurses, naturopathic doctors, psychologists, audiologists, physical and occupational therapists, advanced practice registered nurses (certified registered nurse anesthetists, nurse practitioners, certified nurse-midwives and clinical nurse specialists), foot and ankle surgeons and chiropractors. A full list of members is available on the Coalition’s website: www.patientsrightscoalition.org.

ⁱ The American Association of Nurse Anesthetists. “Study in Health Affairs Confirms Quality, Safety of Nurse Anesthetist Care.” August 2010. <<http://www.aana.com/optoutstudy>>

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- ⁱⁱ Hogan, Paul, Seifert, Rita Furst, Moore, Carol et al. "Cost Effectiveness Analysis of Anesthesia Providers." *Nursing Economics*. May-June 2010 (28)159-169.
- ⁱⁱⁱ Colorado Association of Naturopathic Doctors. "A New Naturopathic Health Reform Paradigm: Reduce the Cost of Care, Improve Health." Fall 2010. <<http://www.coloradond.org/documents/Fall2010small.pdf>>
- ^{iv} Mehrotra, Ateev, Liu, Hangsheng, Adams, John L. et al. "Comparing Costs and Quality of Care at Retail Clinics With That of Other Medical Settings for 3 Common Illnesses." *Annals of Internal Medicine*. 2009 (151)321-328.
- ^v "A New Care Paradigm Slashes Hospital Use and Nursing Home Stays for the Elderly and the Physically and Mentally Disabled," *Health Affairs*, March 2011 30(3):412-15.
- ^{vi} Superior Court of California County of San Francisco. "California Society of Anesthesiologists et al vs. Arnold Schwarzenegger." December 2010. <<http://www.aana.com/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=29104>>
- ^{vii} The Robert Wood Johnson Foundation. "Action Center." October 2010. <<http://www.thefutureofnursing.org/content/action-center>>