



APRN Reading List

a. APRN Reading List [outcomes highlighted]

2. Advanced Practice Registered Nurses: The Impact on Patient Safety and Quality, An Evidence based Handbook for Nurses. Chapter 43. *Eileen T. O'Grady. 2008* *Dr. O'Grady reviewed more than 150 articles to learn what the literature revealed of the contribution of APRNs to patient safety and quality. She concluded that a number of informational or empirical issues were lacking in the APN evidence base of that period.* O'Grady, E.T. **2008**. Advanced Practice Registered Nurses: The Impact on Patient Safety and Quality (Chapter 43). In Hughes, RG (ed). Patient Safety and Quality: An Evidence-based Handbook for Nurses. (Prepared with support from the Robert Wood Johnson Foundation.) AHRQ Publication no. 08-0043. Rockville, MD. http://www.ahrq.gov/qual/nursesdbk/docs/O'GradyE_APRN.pdf
3. US Nurse Practitioner Prescribing Law: A State-by-State summary. Westley Byren, Dr. PH, NP **2011**. *Dr. Byren has created an informative state by state summary of CNP prescribing laws. He attempts to update this information each year. Maps are available.* Retrieved from: <http://www.medscape.com/viewarticle/440315>
4. Advanced Practice Nurses: Prime Candidates to Become Primary Caregivers in Relation to Increasing Physician Shortages Due to Health Care Reform . Kevin Murphy, JD **2011** *Mr. Murphy makes the case that APRNs can assume primary care provider roles and do so safely. He explains that APRNs can treat illness and teach wellness while realizing high patient satisfaction.* Journal of Nursing Law, Vol. 14 No. 3,4 (2011) Springer Publishing Co. DOI: <http://dx.doi.org/10.1891/1073-7472.14.3.4.117>
5. Physician Assistant and Advance Practice Nurse Care in Hospital Outpatient Departments: United States, 2008-2009. Hing E, Uddin S. **2011** *The authors explain that APRNs and physician assistants care for patients in clinics that serve as a primary provider of care. They more often see patients in non-teaching hospitals and visits with a PA or APRN are more frequent in rural areas. This contradicts the contention by some physician groups that APRNs would not locate to rural areas and therefore cannot be a solution for lack of access to care in those areas.* Physician assistant and advance practice nurse care in hospital outpatient departments: United States, 2008–2009. NCHS data brief, no 77. Hyattsville, MD: National Center for Health Statistics. <http://www.cdc.gov/nchs/data/databriefs/db77.htm>
6. Advanced Practice Nursing Outcomes 1990-2008, A Systematic Review. Robin P. Newhouse et al, **2011** *This CNE series is a systematic review of APRN outcomes from 1990 through 2008. It concludes that the analysis “supports a high level of evidence that APRNs provide safe, effective, quality care to a number of specific populations in a variety of settings.”* NURSING ECONOMICS/September-October 2011/Vol. 29/No. 5. <http://www.nursingeconomics.net/ce/2013/article3001021.pdf>
7. Quality of Care Provided by Advanced Practice Registered Nurses, Robert Wood Johnson Foundation Nursing Research Network. **2011**. *This research brief highlights studies of outcomes related to care by APRNs often comparing outcomes with care rendered by physicians. They found equal or better outcomes in these studies with patient satisfaction often being higher for the APRN group.* Robert Wood Johnson Foundation Nursing Research Network Evidence Brief, May, 2011. <http://thefutureofnursing.org/resource/detail/quality-care-provided-advanced-practice-registered-nurses-aprns>



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8. Nurse Practitioners as Primary Care Providers within the VA, Carol Fletcher PhD, Laurel Copeland PhD, Julie Lowery PhD, and Pamela Reeves MD **2011**. *This study examined the perceptions of APRNs and physicians regarding APRN roles as primary care providers within the Department of Veterans Affairs. Findings suggested comparable outcomes for those treated for diabetes or hypertension. They further found that physicians underestimated what care APRNs performed independently.* MILITARY MEDICINE, 176, 7:791. http://www.aanp.org/NR/rdonlyres/260B4495-A0AE-4CB3-831B-9C28D8E92EC7/5140/ResearchNPs_in_VA.pdf
9. Costs of Care Provided by APRNs, Robert Wood Johnson Foundation Nursing Research Network. **2011**. *In this brief research of cost savings associated with APRN care is highlighted. They concluded that costs overall were lowered while quality was maintained or improved.* Robert Wood Johnson Foundation Nursing Research Network Evidence Brief, May, 2011. <http://thefutureofnursing.org/sites/default/files/Cost%20of%20Care%20Provided%20by%20Advanced%20Practice%20Registered%20Nurses.pdf>
10. Physician Wages in States with Expanded APRN Scope of Practice, Patricia Pittman and Benjamin Williams **2012** *This descriptive analysis of employed physician earnings in states with expanded scope of practice laws for APRNs revealed no impact on their earnings.* Nursing Research and Practice. Volume 2012, Article ID 671974 doi:10.1155/2012/671974
11. CNM Outcomes, Johantgen, M. et al **2012** *Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives and Physicians. In this review of publications using PubMed, CINAHL and Proquest, similar results were found between CNMs and physicians for many infant outcomes but perineal laceration occurrence was lower and breast feeding rates higher for the CNM.* CNM Outcomes: A Systematic Review 1990-2008. Women's Health Issues, 22(1), e73-381. Doi: 10.1016/j.whi.2011.06.005.
12. M Ray Perryman PhD, Perryman APRN Utilization of Economic Impact Report **2012**. *This informative report by noted economist, Ray Perryman of The Perryman Group, demonstrated that utilizing APRNs in Texas would benefit their economy, create jobs, and make healthcare more widely available in their state.* http://www.texasnurses.org/associations/8080/files/PerrymanAPRN_UtilizationEconomic_ImpactReport.pdf The Perryman Report, http://m.news-journal.com/mobile/lindale/opinion/perryman-report-aprn-s-step-in-the-right-direction/article_1d52a7ef-f82a-59e2-8338-c330b5001d54.html
13. Report of the Committee on Geographic Adjustment Factors in Medicare Payment. **2012** *This IOM report is part II of the Geographic Adjustment in Medicare Payment reports and it once again states that APRNs be allowed to practice to the full extent of their education.* The Institute of Medicine of The National Academies, Geographic Adjustment in Medicare Payment - Phase II: Implications for Access, Quality, and Efficiency, July 17, 2012 <http://www.iom.edu/Reports/2012/Geographic-Adjustment-in-Medicare-Payment-Phase-II.aspx>
14. Understanding Advanced Practice Registered Nurse Distribution in Urban and Rural Areas of the United States Using National Provider Data, Susan Skillman, Louise Kaplan et al, **2012** *This study of the national provider identifier for APRNs it was found that 152,785 APRNs are in the US and that overall there are 3.6 urban to 2.8 rural NPs per 10, 000 population. Once again this counters the often cited argument by physicians that APRNs will not locate in rural areas and would not be a solution to primary care shortages in those areas.* ANA and WWAMI Rural Health



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<http://www9.georgetown.edu/grad/gppi/hpi/cew/pdfs/Healthcare.ExecutiveSummary.090712.pdf>
 16. Removing Barriers to Advanced Practice Registered Nurse Care: Hospital Privileges. Andrea Brassard July, **2012**. *AARP extensively reviews the potential barriers to full practice for APRNs in hospitals and argues for the extension of privileging and credentialing to these roles, illustrating the benefits to the interprofessional team, to hospital administrators, to insurers and to consumers when this occurs.* Home Health and Hospice Services. Public Policy Institute.
<http://www.aarp.org/health/medicare-insurance/info-07-2012/removing-barriers-to-advanced-practice-registered-nurse-care-home-health-hospice-AARP-ppi-health.html>
 17. The Role of Nurse Practitioners in Meeting the Increasing Need for Primary Care, an NGA paper. Maria Schiff **2012** . *This paper suggests that states consider changing the scope of practice restrictions on nurse practitioners so they might practice fully in the provision of primary health care.* The National Governor's Association NGA Center for Best Practices
http://statepolicyoptions.nga.org/policy_article/nurse-practitioners-and-primary-care
 18. Nurse Practitioner Workforce, a Substantial Supply of Primary Care Providers. Lusine Poghosyan, PhD, MPH, RN, Robert Lucero, PhD, MPH, RN, Lindsay Rauch, BSN, Bobbie Berkowitz, PhD, FAAN, Dec 07, **2012**. *With a thorough review of the issues this article once again notes that APRNs are uniquely suited to address the primary care access problems if barriers to their full utilization are lifted.* Nursing Econ. 2012; 30(5):268-274. © 2012 Jannetti Publications, Inc.
<http://www.medscape.com/viewarticle/773243>
 19. Nurses Remain Nation's Most Trusted Professionals, Jenni Laidman, **2012**. *Rating the honesty and ethical standards of health professionals, the public once again chose nurses as their highest rated profession. Nurses have led the rankings for eleven consecutive years.* *Medscape Medical News* , Dec 06, 2012. <http://www.medscape.com/viewarticle/775758>
 20. When the Doctor Is Not Needed, editorial. December 15, **2012**. *In this editorial and in the subsequent comments, the idea is advanced that APRNs and pharmacists and community aides can all contribute to reducing healthcare expenditures while increasing access to and ease of care.* The New York Times, Sunday Review, editorial,
http://www.nytimes.com/2012/12/16/opinion/sunday/when-the-doctor-is-not-needed.html?_r=0
 21. Workforce Roles in Redesigned Primary Care, an executive summary. AHA Primary Care Workforce Roundtable. January **2013**. The American Hospital Association.
[www.healthcareworkforce.org](http://campaignforaction.org/sites/default/files/PCwhitepaper%20FINAL%20Jan102013.pdf)
<http://campaignforaction.org/sites/default/files/PCwhitepaper%20FINAL%20Jan102013.pdf>
 22. Sometimes the Best Medical Care is provided by those Who Aren't MDs, Amesh Adalja, M.D. February 10, **2013**. *This physician makes the case in a Forbes opinion piece that APRNs might serve provider roles where the expertise of a physician is not strictly required. He further asserts*



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- that licensing laws are barriers to utilization of these roles.* Forbes, Capital Flows, OP/ED. <http://www.forbes.com/sites/realspin/2013/02/10/sometimes-the-best-medical-care-is-provided-bythose-who-arent-m-d-s/>
23. Nurse Practitioners Are In, and Why You May Be Seeing More of Them, February 13, **2013**. *Describing the state driven barriers to full practice by APRNs, this article also contends that commercial clinics run by APRNs are expanding and filling a need. The article stresses that retail clinic owners have an interest in removing these legislative barriers in states.* Retrieved from: Knowledge@Wharton. <http://knowledge.wharton.upenn.edu/article.cfm?articleid=3183>
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 25. Elbert S. Huang, and Kenneth Finegold, **2013**. Seven Million Americans Live In Areas Where Demand for Primary Care May Exceed Supply by More Than 10 Percent, February, 2013, Health Affairs. *Estimating the expansion of insurance coverage under the Affordable Care Act, the authors make a compelling case that some areas of the country are considerably more vulnerable to access issues than others.* Retrieved from: <http://content.healthaffairs.org/content/early/2013/02/19/hlthaff.2012.0913>
 26. Chelsea Rice, **2013**. The Trouble with Nurse Practitioners. March 18, 2013. Health Leaders Media *The trouble with nurse practitioners is there are not enough of them for the needs ahead and added to that states restrict what they can do. Restrictive state policies are constraining available providers in some states.* Retrieved from: <http://www.healthleadersmedia.com/print/HR-290219/The-Trouble-with-Nurse-Practitioners>
 27. N.C. Aizenman, **2013**. . The Washington Post, washingtonpost.com. *Nurses can practice without physician supervision in many states. APRNs are a resource that could be used presently to alleviate primary care access issues in many states. This article stresses the legislative attempts to accomplish removal of barriers to APRN practice* Retrieved from: http://articles.washingtonpost.com/2013-03-24/national/37989896_1_nurse-practitioner-physician-primary-care-practices
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 33. David Blumenthal, M.D., M.P.P., and Melinda K. Abrams, M.S. NEJ editorial May 16, **2013**, Putting Aside Preconceptions — Time for Dialogue among Primary Care Clinicians. *David Blumenthal and Melinda Abrams of the Commonwealth Fund describe the primary care roles that both APRNs and PCPs can provide while acknowledging differences in their training,. They advocate for cooperation and collaboration and patient preference in providing primary care services.* Retrieved from: <http://www.nejm.org/doi/full/10.1056/NEJMe1303343>
 34. John Inglehart. May 16, **2013**, Expanding the Role of Advanced Nurse Practitioners, the Risks and Rewards, a Health Policy Report. *The New England Journal of Medicine.* n engl j med 368; 20 [nejm.org](http://www.nejm.org) may 16, 2013. *In this important article, the emphasis is on the impending expansion of coverage under the ACA at the same time that a primary care physician shortage looms. Following the course set by the IOM Future of Nursing Report of 2010, APRNs have aligned education and certification, positioning themselves to assume a provider status alongside physicians. This possible solution to the access to care problem is met with resistance by organized medical groups.* Retrieved from: <http://www.nejm.org/doi/full/10.1056/NEJMhpr1301084>
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- American Board of Family Medicine. 2013; 26(3):244-245. *This policy brief in the Journal of the American Board of Family Medicine describes the collaboration that occurs every day between primary care providers and APRNs in practice. In a 2011 survey 60% of respondents answered that they work routinely with APRNs.* Retrieved from: <http://www.abfm.org/content/26/3/244.full.pdf>
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41. Yong-Fang Kuo, Figaro L. Loresto, Linda R. Rounds, and James S Goodwin, 2013, States with Least Restrictive Regulations Experienced the Largest Increase in Patients Seen by Nurse Practitioners. Health Affairs, 32, # 7 (2013): 1236-1243 *Using Medicare claims data and Linda Pearson's maps methodology for full practice applied to nurse practitioners, this demonstrated a 2.5 fold greater likelihood of receiving their primary care from an NP than did the most restrictive states.*
42. The Wall Street Journal, June 20, 2013. The Experts: What Should Be Done to Fix the Predicted U.S. Doctor Shortage? <http://online.wsj.com/article/SB10001424127887323393804578555741780608174.html> *Eighteen experts outline their ideas for addressing a predicted physician shortage, particularly in primary care. Eleven stressed removing restrictions to APRNs.*
43. Robert Wood Johnson, 2013, Charting Nursing's Future (June, 2013). Improving Patient Access to highly Qualified Care: How to Fully Utilize the Skills, Knowledge, and Expertise of Advanced Practice Registered Nurses. <http://www.rwjf.org/en/research-publications/find-rwjf-research/2009/01/charting-nursings-future-archives/improving-patient-access-to-high-quality-care.html> *This very thorough report describes how APRNs can expand access to care, utilizing*



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 45. *On behalf of the ANA Marla Weston proposes that Qualified Health Plans credential no less than 10% of the Medicare part B APRN count for that state, thus assuring adequate representation of APRNs in those exchanges.* <http://www.nursingworld.org/cms71913>
 46. See the video that captures the essence of the RWJ Campaign for Action. August, 2013 <http://campaignforaction.org/news/future-nursing-campaign-action>
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Medscape Medical News, 2013-07-12
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- Article first published online: 31 MAR 2014 DOI: 10.1002/2327-6924.12116 *this article highlights what worked in Nevada after multiple attempts to remove APRN practice barriers.*
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<http://www.sciencedirect.com/science/article/pii/S002965541400150X>
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APRN Consensus

