2021 NCSBN Scientific Symposium - APRN COVID-19 Waiver Study Video Transcript

Event
2021 NCSBN Scientific Symposium

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Presenter
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- [Woman] Brendan Martin is the Director of Research for NCSBN. He has more than 13 years in quantitative modeling and consulting. Brendan has extensive graduate-level statistical training in the fields of mathematics and public health sciences. His research interests include post-secondary access, biostatistics, healthcare reform, and regulation.

- [Brendan] Hello. My name is Brendan Martin, and I am the director of NCSBN's research department. I'm here today to discuss the results of a recently completed study assessing the impact of executive orders or legislative or regulatory actions waiving certain practice restrictions on APRNs during the COVID-19 pandemic.

For today's presentation, we're going to cover a few major points. To start, I'll provide a bit of background on the study to give you all the necessary context for why we wanted to pursue this study in the first place and what we hope to achieve. I'll then share a brief overview of the study methodology so that you are clear on how we selected our sample, went about collecting the data, and how we analyzed the responses.

Then, we'll get into the meat of the presentation in which I will cover the results in detail before wrapping things up with a few key takeaways. As always, I'll attempt to leave ample time at the end for any follow-up questions or necessary clarification. So, please feel free to use the chatbox to submit your comments as I go through the material. Since the onset of the COVID-19 pandemic, many states that have historically restricted APRN practice chose to temporarily suspend their collaborative practice agreement requirements either in part or in full.

Like the state-based supervisory arrangements themselves though, the lived reality of these waivers across impacted states remains unclear and likely uneven. For instance, little evidence has emerged about how such waivers ultimately affected financial requirements, provisions regarding the extent and frequency of collaboration, telehealth usage, and other elements directly linked to patient access.

In addition, how these changes have impacted APRN discipline rates, if at all, is unknown. To augment the literature on these important topics, NCSBN designed a cross-sectional study to identify current APRN practice trends across the US during the COVID-19 pandemic. The primary research question driving the study was what is the impact of the temporary practice waivers on APRN's direct patient care during the COVID-19 pandemic?

The primary objectives of the study were as follows. First, determine to what extent APRN practice changed during the COVID-19 pandemic as a result of executive or legislative actions. And second, to identify the downstream implications of these changes regarding patient access, and in particular APRN discipline. Regarding the methodology, as I mentioned, this was a cross-sectional observational study.

The proposed study utilized a two-phased approach. The first was a survey of APRNs practicing across the US. This confidential survey was designed to assess the extent to which temporary practice waivers during the COVID-19 pandemic affected APRN practice and the resulting implications for patient access. The second phase of the study linked these response trends with discipline data to examine issues pertaining more directly to patient safety.

Given our dual interests and practice in safety, we leverage NCSBN's Nursys database for the study. For those of you who are not familiar, Nursys is a national database for verification of licensure, discipline, and practice privileges for all nurses license and participating boards of nursing. We focused on APRNs in participating Nursys jurisdictions to ensure access to both the most up-to-date contact information and licensure information, but also to establish a baseline understanding of disciplinary trends.

There are currently a total of 27 states that share their APRN data through the Nursys database. Those states are colored orange on the map you see on this slide. As you will note, while not a complete picture of the US, the Nursys database gave us good coverage across the country and fairly strong geographic diversity. While these 27 states constituted the sample for our survey, we drilled down even further for the following analysis and presentation to focus on just three jurisdictions.

They were Maine, West Virginia, and Louisiana. These three states were chosen based on the results of our active monitoring of executive orders or legislative or regulatory actions across the US which highlighted these three locales as the areas in which significant restrictions were temporarily waived. When data become available, Kentucky will also be added to the analysis.

The survey component of this study was initially fielded in early December 2020, with scheduled reminders running through the beginning of the new year. A 42-item confidential online survey was administered using Qualtrics. Questions were divided into three topic areas, demographic and professional information such as age, role, years experience, practice which includes specialization, setting, collaborative practice agreement details, and finally, telehealth, with a particular focus on usage prior to the pandemic, current usage, and anticipated usage after COVID-19 subsides.

For the analysis presented today, results are limited to a detailed descriptive summary of the survey data, and a summary of aggregate year-to-year disciplinary trends in the three highlighted states. To kick things off, we first wanted to highlight the summary disciplinary trends comparing overall APRN discipline rates from 2019 and 2020. The analysis includes a full snapshot of both calendar years.

As you can see, discipline rates in Louisiana, Maine, and West Virginia remain largely unchanged despite the executive, legislative, and/or regulatory actions waiving practice restrictions in these three jurisdictions. So, right off the bat, this sets a good baseline understanding of comparable year-to-year of patient safety.

With baseline patient safety confirmed, we now turn our attention to the survey results themselves. The overall survey response rate was approximately 14%, with a total of 17,000 APRN respondents located across 26 states. The subsample for this three-state analysis consisted of 1,212 APRN respondents.

On average, respondents were 50 years old and predominantly female and white non-Hispanic. Ninety-two percent indicated they were actively engaged in direct patient care. Over half of those not providing direct patient care reported being furloughed or losing their job or retiring early or otherwise leaving their place of employment specifically due to COVID-19.

About 80% of the sample were nurse practitioners who indicated they were certified in family or across the lifespan care. Primary care was the most common clinical practice area at about 20% of the sample, and over 50% of respondents reported working in some manner of hospital setting. Of that cohort, equal proportions reported working inpatient, outpatient, or both.

Finally, a plurality of respondents reported practicing in a rural area, with 1 in 6 APRNs working in a setting designated as a health provider shortage area. Two-thirds of all respondents reported having at least one collaborative practice agreement in the year prior to COVID-19. While most respondents reported having only one agreement, the median number of physicians with whom they had a collaborative practice agreement was 2.

Respondents identified the signature or co-signature requirement as well as limited hospital admitting and home health approval privileges as the most pronounced restrictions associated with their collaborative practice agreements. A majority of APRNs worked in the same office or facility, but if not in the same location, respondents reported working only a median of 15 miles from their supervising provider.

The median fee to establish a collaborative practice agreement was $150, while the median annual fee to maintain a collaborative practice agreement was $500 per month. Not surprising at all, the vast majority of respondents indicated the COVID-19 pandemic affected their direct patient care. Specifically, 1 in 5 respondents witnessed a significant decrease in their patient volume, while somewhat smaller proportions were reassigned to or changed positions or volunteered in a new practice setting or clinical practice specialty area.

Of note, 1 in 6 APRNs who reported a pandemic effect indicated they worked directly with COVID-19 patients. In addition, 1 in 4 participants also reported they expanded the geographic boundaries of their direct patient care, with the most dramatic increase coming in the form of increased outreach to patients in rural areas, and to a lesser extent, health provider shortage areas.

I say to a lesser extent because approximately 9% of the original HPSA coverage area saw expanded care, but no new shortage areas were added as the primary practice site during the pandemic. In total, two-thirds of all respondents reported awareness of the COVID-19 waiver in their state.

Comparing pre and post-waiver activities, we see 51% of respondents indicated their supervising provider conducted regular chart reviews frequently or very frequently in the year prior to COVID-19. About 12% indicated their supervising provider never conducted regular chart reviews in that time frame. Approximately 49% of respondents indicated they referred patients to specialists outside of their state-mandated collaborative practice agreements frequently or very frequently in the same time period.

And to add context to this last point, prior to the onset of COVID-19, about 92% of respondents indicated their clinical practice specialty area and that of their supervising physician were in alignment. So, perhaps, due to these overlapping skillsets, only 28% of respondents indicated they referred patients to their supervising physician frequently or very frequently in the year prior to COVID-19.

By contrast, a whopping 78% of respondents indicated the COVID-19 waiver reduced restrictions under direct patient care during the pandemic. This did not change all levels of communication though. Fifty-seven percent of respondents indicated they still referred patients to specialists outside their state-mandated collaborative practice agreements frequently or very frequently after the COVID-19 waiver was issued.

However, the proportion of respondents that referred patients to their supervising physician frequently or very frequently decreased even further after the COVID-19 waiver was issued to just 14%. Unfortunately, only one-third or 36% of respondents indicated the COVID-19 waiver had an impact on their direct patient care. For those who indicated the waiver did have an impact, the most common reported outcome was an ability to see more new patients, followed closely by the ability to expand the geographic boundaries of their care, and a reduction in the frequency of their communication with their supervising physician.

For the two-thirds of respondents who indicated the waiver did not have an impact on their direct patient care, the most common reported reason was that their employer requirements did not change. To a much less significant extent, APRNs also expressed reservations regarding the legal and practice implications of not abiding by their prespecified collaborative practice agreement requirements.

Switching topics a bit, approximately two-thirds of all respondents also reported they actively practiced telehealth. Of those who indicated they had a collaborative practice agreement prior to the onset of COVID-19, about 27% indicated at least some restrictions on their telehealth practice. Over two-thirds of that cohort reported their state's COVID-19 waiver temporarily eased these restrictions as well.

This change allowed half this cohort to report seeing more current patients, adding new patients, and generally expanding the geographic boundaries of their direct patient care. One in five respondents indicated they provide telehealth services across state borders, with 12% switching a majority or at times all their patient care online due to COVID-19.

In total, the waiver allowed respondents to provide cross-border care across 16 different jurisdictions. Not surprising, telehealth experienced significant and near-instantaneous growth with the onset of COVID-19. Prior to the start of the pandemic, APRNs reported nearly no significant telehealth usage.

This changed dramatically during the pandemic however with APRNs reporting a median increase of 50% telehealth usage. As you can see, the 75th percentile during the pandemic increased even further to 80%. Across the board, respondents also underscored the durability of this trend, projecting a quarter of their care would continue to be delivered using telehealth after the pandemic subsides.

Those positive telehealth trends notwithstanding, respondents reported significant barriers to telehealth delivery. For a clear majority, these concerns were patient-focused, rather than provider-sided. A majority of APRNs indicated that their patients often lacked access to needed technology or had significant technology support problems.

And nearly one-third also reported patient apprehension with adopting and utilizing new technologies. So, what are the key takeaways? First, COVID-19 significantly reshaped APRN practice. Approximately 85% of APRNs reported an impact on their direct patient care. Most witnessed significant decrease in their patient volume or found themselves reassigned to new practice settings or clinical practice specialty areas.

One in six switch gears to work directly with COVID-19 patients during the pandemic. Second, pandemic waivers did not have widespread impact. But when they did, it was positive. One in four participants reported they expanded the geographic boundaries of their direct patient care, in particular, in rural areas and health provider shortage areas. Overall, respondents indicated they were often able to see more patients, including new ones, more often as a direct result of the waivers.

And then, finally, telehealth emerged and is here to stay. Telehealth usage increased nearly 50% overnight due to the onset of COVID-19. This was both due to adherence to local restrictions but also to ensure continuity of care. While APRNs believe telehealth will continue to account for significant proportion of their healthcare delivery moving forward, they highlighted several patient-centered barriers to such services which require thoughtful consideration.

With that, I will open the floor to discussion and any questions you might have. So, as we wait for some questions to roll in, I will just let you know that we do plan to move beyond the descriptive analysis that you just recently reviewed, and we are going to be including pretty significant statistical modeling into our analysis moving forward.

Just, we wanted to give you a preliminary and kind of high-level understanding of the impacts in the trends that we saw initially within this three-state subanalysis. So, the first question is, "How do you think your survey results impact the need for an APRN compact?" I think it's a really good question. So, with the APRN compact, you know, from my understanding obviously, we're trying to, you know, standardize some of the lived experience and the practice experience for APRNs across participating states and I think one of the things that this survey and this study really cast a pretty significant light on was that the lived reality for APRNs across these states, in particular, states that imposed some level of restriction on their care can be very, very different.

And one of the things that we know from prior research as well is that if you just limit your analysis or your thinking to essentially kind of the high-level state policy, you also run the risk of missing other important elements that could potentially introduce restrictions to APRN care too such as facility-level barriers.

So, I think anything, any efforts that can be made to really make sure that essentially APRNs are practicing to the full extent of their training and education are really vital because one of the things that we see repeatedly over not just this study but other studies as well is that the practice experience for APRNs across these states can be very, very different.

Sometimes, it aligns with the state-level policy, sometimes, it doesn't, but there really is a lack of uniformity. And then, we see, I see another question, "Did your survey inquire as to the comfort level of the APRNs working without a collaborative practice agreement, and do you feel they had the level of competency required?" So, for the first question, yes, we did ask.

So that was one of the primary questions that we asked if you remember about why the waiver might not have had an impact in their actual kind of lived practice experience. If you remember back to that slide, about 80% of the participants said that it was specifically related to employers not communicating any changes in their practice restrictions or making any changes associated or kind of aligned with the state-level waiver.

But we did ask for any kind of reservations due to possible legal ramifications or practice ramifications. So, in many of these jurisdictions, you know, the waiver kind of had a moving goalpost timeline and some did express reservations associated with knowing essentially when that waiver would cease to be in effect, and what that would mean for potentially necessitating them to go back out and get another collaborative practice agreement up and running.

So, there were some reservations expressed. Vis-à-vis essentially, the employer-based restrictions and guidelines, they were much more minimal. So, I just saw, and then, in terms of the level of competency required, I'm not sure exactly what that relates to. Most of them expressed when asked a fairly high-level of awareness regarding the restrictions that were placed on their care associated with the collaborative practice agreement as well as the waiver.

And so, I do think the vast majority of respondents were well-positioned to address many of those items. I do see another question that came in, "Do you anticipate a follow-up study to determine if when COVID has abated, we see the removal of some of these restrictions will continue?" Yes, that's an excellent point. So, we do anticipate, in particular, for some of these jurisdictions where there was kind of more pronounced easing or lifting temporarily of some of these restrictions, we do anticipate that we would follow up in some of these jurisdictions to understand if any of those waivers or any of those restrictions were effectively made permanent.

I think that that's a very good question and I think that that's something that we're certainly interested in. We also do plan some outreach with APRN's supervising providers. One of the final questions on the surveys, for those that were willing to share the contact information for their supervising providers so we could also get the physician perspective associated with this particular topic.

As when you saw with the discipline data, it looks as though the lived reality in these jurisdictions of kind of a proxy of full-practice authority was quite effective and safe. And then, some of your slides... Ow. So, my apologies. If any of the slides appeared corrupted or were difficult to read, similar to the first presenter, if you contact me and would like a copy of the slide deck, I am more than happy to provide that so you can have that for your records.

And then, another question regarding the publication of the results, so yes, we do absolutely intend to publish these results. One of the initial comments that I made when the live Q & A session started, for those of you who might have missed it, we are going to pursue some statistical modeling associated with this.

So, for today's presentation, we really wanted to give you a high-level understanding of the trends that we were seeing in the data in particular for these three jurisdictions. But the next steps are to essentially understand which of those observed trends are significant in nature and, you know, what aspects of essentially the practice profile do correlate with, you know, certain better outcomes in terms of APRN practice.

So, we are going to pursue some further analysis, but yes, then, we do anticipate probably a mid to late summer publication timeline, at least for submission of the results. And I will just kind of build on that answer a little bit. Obviously, we have a very robust sample of 17,000 APRN respondents across now 27 states.

So, the responses from Kentucky are now rolling in as that survey is live. So, we did get coverage across all the states that are participating in Nursys to date, and we do anticipate several analyses out of this sample as there are many important topics that we tried to cover in the instrument. And I know we only have a few more minutes left, and I don't see any additional questions, but I'm happy to wait for a second to see if any roll in.

Okay. So, I think that's it. We got all the questions. So, I appreciate everyone attending today.

As I mentioned, if you have any questions... I do see something just came in. Ow. This is just a link for everyone who's participating to review. If you do have any additional questions regarding this research or what directions we might take with future research, please feel free to contact me directly at bmartin@ncsbn.org. Otherwise, I will give you a little bit of a break before the next session.

Thank you so much for attending. Bye.