

Nurses with advanced roles in OECD member states

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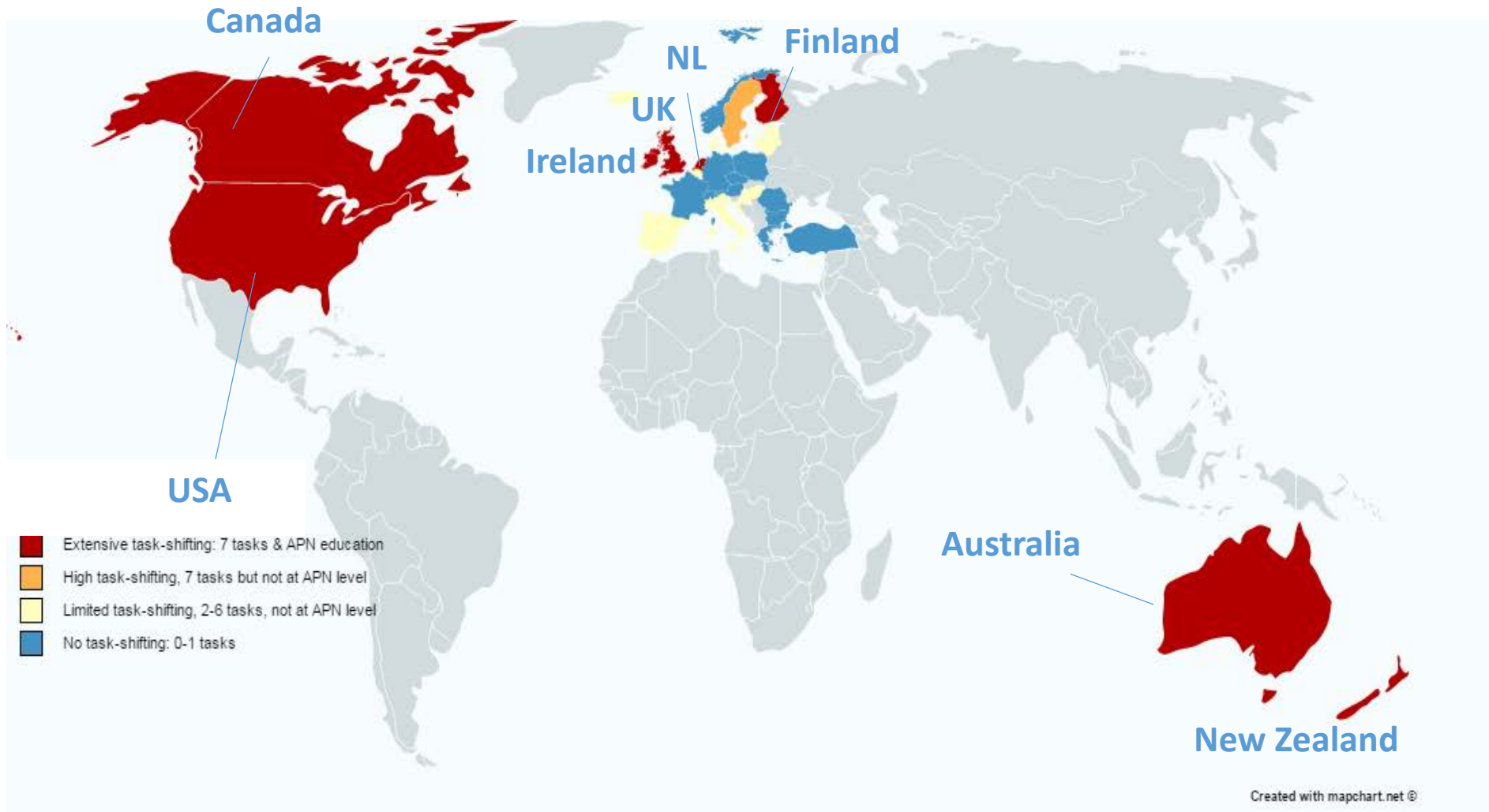
International Focus

- **Background:** Changing health workforce, clinical roles & team work
- **Aim/methodology:** Multi-country analysis of policy reforms, implementation and barriers/facilitators to share policy lessons
- **Country coverage - 39 countries:**
 - Europe (all 28 EU Member States, Norway, Switzerland, Iceland and Turkey)
 - U.S., Canada, New Zealand, Australia

Dimensions observed

- 3 levels of implementation – none, pilot, nationwide
 - Tasks/clinical activities – measured by 7 (traditionally) medical activities
 - Diagnosis
 - Order medical tests/exams/devices
 - Treatment
 - Prescribe medicines
 - Referrals
 - Panel of patients
 - First point of contact
 - Financing
 - Independent billing vs none
 - Reimbursement/financing of activities
 - Payment models, fee-for-service vs. capitation vs. mix
 - Governance – Level of regulation
 - Titles
 - Regulation of Scope of Practice
 - Registration policies
- Level of implementation
- Extent of task-shifting / advanced clinical practice
- Barriers vs. enabling policy environment

Countries with established NP/APN titles, education and practice (SoP)



Reform trend 1: Many countries in Europe are in the process of implementing NP/APN roles

	Countries	NP/APN education	Advanced clinical scope of practice (primary care)
Established: NP/APN with advanced levels of clinical practice	<p>Australia NP/APN implemented, full patient visit, policy lessons</p> <p>Canada New Zealand United Kingdom United States</p>	Yes	<p>Authorised to perform <u>all</u>:</p> <ul style="list-style-type: none"> • Prescribing medications • Diagnosis & health assessment • Ordering tests & exams • Treatment decisions • Panel of patients • Referrals • First point of contact
Emerging: (few) NP/APN education programs, but practice not at advanced level	<p>Austria Croatia Czech Republic Denmark Finland France Germany Hungary Iceland Lithuania Norway Spain Sweden</p> <p>early stages of NP/APN role implementation</p>	Emerging	Limited level of advanced practice, <u>at least one of the seven</u> clinical activities

Reform trend 2: Nurse prescribing

- As of 2016, total of 14 countries; of which newly adopted (2010-2016):
 - Cyprus
 - Estonia
 - Finland
 - Netherlands
 - Poland
 - Spain
 - France (pending adoption of decree)
- Nurse prescribing pre-existed and expanded (or removed regulatory barriers):
 - Australia
 - Canada
 - Ireland
 - New Zealand
 - Sweden
 - United Kingdom
 - United States

The who and what of nurse prescribing

Restricted to specific, regulated nursing sub-groups/titles

Full prescribing authority

- **Australia (NP)**
- **Canada (NP)**
- **Netherlands (Nurse Specialist)**
- **New Zealand (NP)**
- **U.S. (NP, other APRN)**

Limited prescribing authority

- **Australia** (scheduled medicines RN)
- **Cyprus** (Master's level APN)
- **Netherlands** (diabetes, lung, oncology nurses with Bachelor)

All registered nurses meeting the requirements

Full prescribing authority

- **Ireland** (Registered Nurse Prescriber)
- **UK** (Independent Prescribers)

Limited prescribing authority

- **Canada** (emerging)
- **Denmark**
- **UK** (Supplementary Prescribers)
- **Estonia[^]**
- **Finland**
- **Poland[^]** (Master & Bachelor)
- **Spain[^]**
- **Sweden**
- **New Zealand[^]**

[^]=laws adopted in 2015, implementation in progress

Effectiveness of NP/APNs: Overview of systematic reviews

- **At least equivalent quality of care**
- **For some indicators -> improved care**
- **Mortality reduced**
- **Patient satisfaction improved**

Cost-effectiveness? Costs and resource use

	Length of consultations	Frequency of referrals	Prescribing of medications	Follow-up consultation	Hospital (re-) admissions
Nurses in advanced roles vs. Physicians	↑	↔ all sectors ↑ to GPs in primary care	↔	↑	↓

Notes: ↓ = statist. significant (reduced/lower) effect, ↑ = statist. significant (longer/higher) effect, plus higher than comparator group, +/- = inconclusive results, n/a = evidence not available / insufficient

Role of regulation

- Critical to officially authorise the uptake of new roles -> avoid informal practice
- Regulation via legislation:
 - Regular reviews of Scopes-of-Practice (SoP) by external review group (Netherlands); 'Experimental law' linked to evaluation (Netherlands, California)
- Self-regulation
 - Nursing regulatory body (e.g. New Zealand, Australia) -> can more easily adapt SoP as skills and competencies change
- Non-regulated SoPs
 - Employer-based mechanisms, e.g. via collaborative arrangements (UK), protocols -> less role clarity, malpractice handling, responsibility shifted to employers

Payment policies and reimbursement: major determining factor

- Major reforms(FFS):
 - **Australia: NPs** gained access to Medicare reimbursement (at lower levels than GPs)
 - **U.S.:** ranges from not recognised as provider (~30% of private health plans) to 85% of physician rates (Medicare) to 100% of physician rates state-dependent and payer-dependent
- Salaried positions: Challenge of securing new or redistributed money from existing health budgets (**Canada, Netherlands**)
- Role of financial incentives and disincentives (Estonia, Lithuania)

Take-home messages

- Multitude of **policy reforms**, often at early stages
- **Quality/effectiveness**: at least equivalent if adequately trained
- **Cost-effectiveness**: evidence mixed
- Implications on health systems, teams, payers, patients
- Enabling policy and practice environment
 - **Regulation**: without official authorisation and expansion of scopes of practice, NP/APNs cannot practice in advanced roles legally and officially
 - **Payment policies**: levels of reimbursement with implications on costs and uptake in practice
 - **Education**: revised curricula, competencies, training and CPD

Thank you for your attention!

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Task shifting from physicians to nurses in primary care in 39 countries: a cross-country comparative study

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Background: Primary care is in short supply in many countries. A task shifting strategy to improve access, but international primary care and policy reforms in 39 countries were analysed in a national expert survey, plus literature scoping in 11 countries: USA, Canada, Australia and New Zealand (respectively). Survey responses were triangulated with literature to assess developments in country-advanced roles from physicians, was implemented in 11 countries with expanded roles: Wales, Finland, Ireland, Netherlands, New Zealand. **no task shifting. The high number of policy**

Open Access

Research

BMJ Open Descriptive, cross-country analysis of the country's health system

Claudia B. Maier

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► Prepublication history and additional material is available on the journal website. See the end of this article for full text.

ABSTRACT
Objectives Shortages of nurse practitioners (NPs) in chronic disease management are projected to increase. We assessed the expanding role of NPs in 6 OECD countries. **Design:** Cross-sectional survey.

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Note by the Secretariat:

This paper has been prepared to guide and stimulate the discussion on advanced nursing roles during this workshop on changes in skills mix and scopes of practice. The authors welcome any comments and inputs on this draft paper. A final version of this paper is expected to be published as an OECD Health Working Paper before the end of 2016.

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