



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

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Event

2021 NCSBN Scientific Symposium

More info: ncsbn.org/15185.htm

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.

As you can see, discipline rates in Louisiana, Maine, and West Virginia remain larg

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,

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-

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