

# Impact of State Practice Barriers and COVID-19 on APRN Practice in Louisiana

Cassen Uphold MSN, FNP-C, ENP-C, CCRN, CNL; Anna Richmond DNP, FNP-C, CPNP-PC; Donna McArthur PhD, FNP-BC, FAANP; Ruth Kleinpell PhD, RN, FAAN, FAANP, FCCM; Ty Williams DNP, RN, ACNP-BC, FNP-BC, CNE

Vanderbilt University School of Nursing



## INTRODUCTION

### Topic: Advanced Practice Registered Nurses (APRNs), Scope of Practice and Practice Authority

Reducing healthcare costs, improving quality of care and increasing access to care is dependent on an adequate number of healthcare providers.

- Physician shortage is multifactorial
- APRNs can close the gap

**Problem:** APRNs are only allowed to practice to full the extent of education, abilities and training with full practice authority in 23 states, Washington D.C. and two U.S. territories.

-Louisiana one of 15 states with reduced APRN practice requiring physician oversight via collaborative practice agreement (CPA) that reduces the ability of APRNs to engage in at least one element of APRN practice.

-APRN care has been demonstrated to be similar to that provided by physicians in terms of quality of care, clinical outcomes, patient satisfaction and cost

-Restrictive APRN SOP are regulatory barriers to accessible, affordable healthcare

### Purpose

-Describe state practice barriers prior to the COVID-19 pandemic,

-Determine the effects of COVID-19 pandemic-related suspension of practice restrictions or waiver of selected practice agreement requirements in states with reduced or restricted practice

-Explore the effects of the COVID-19 pandemic on APRN practice

## METHODS

**Project Design:** Healthcare policy design.

-APRN scope of practice and state practice environment are determined at state legislative level

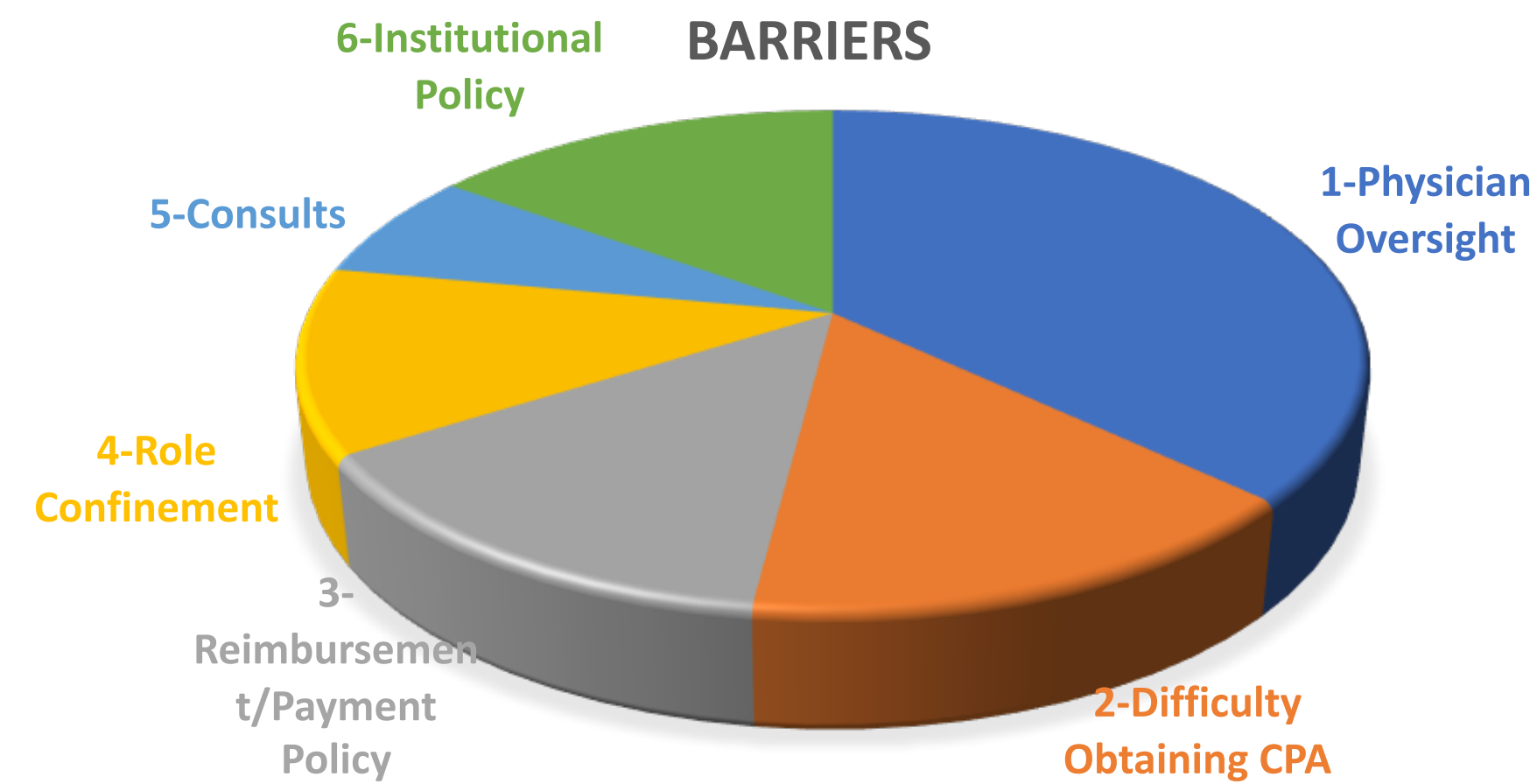
**Setting:** National APRN Practice and Pandemic Survey open to U. S. APRNs

-Louisiana one of five states with temporary suspension of all practice requirements eliminating CPA

**Sample:** APRNs (NPs, CRNAs, CNMs and CNSs) in all 50 states, Washington D.C. and U.S. territories from June 1 through September 23, 2020.

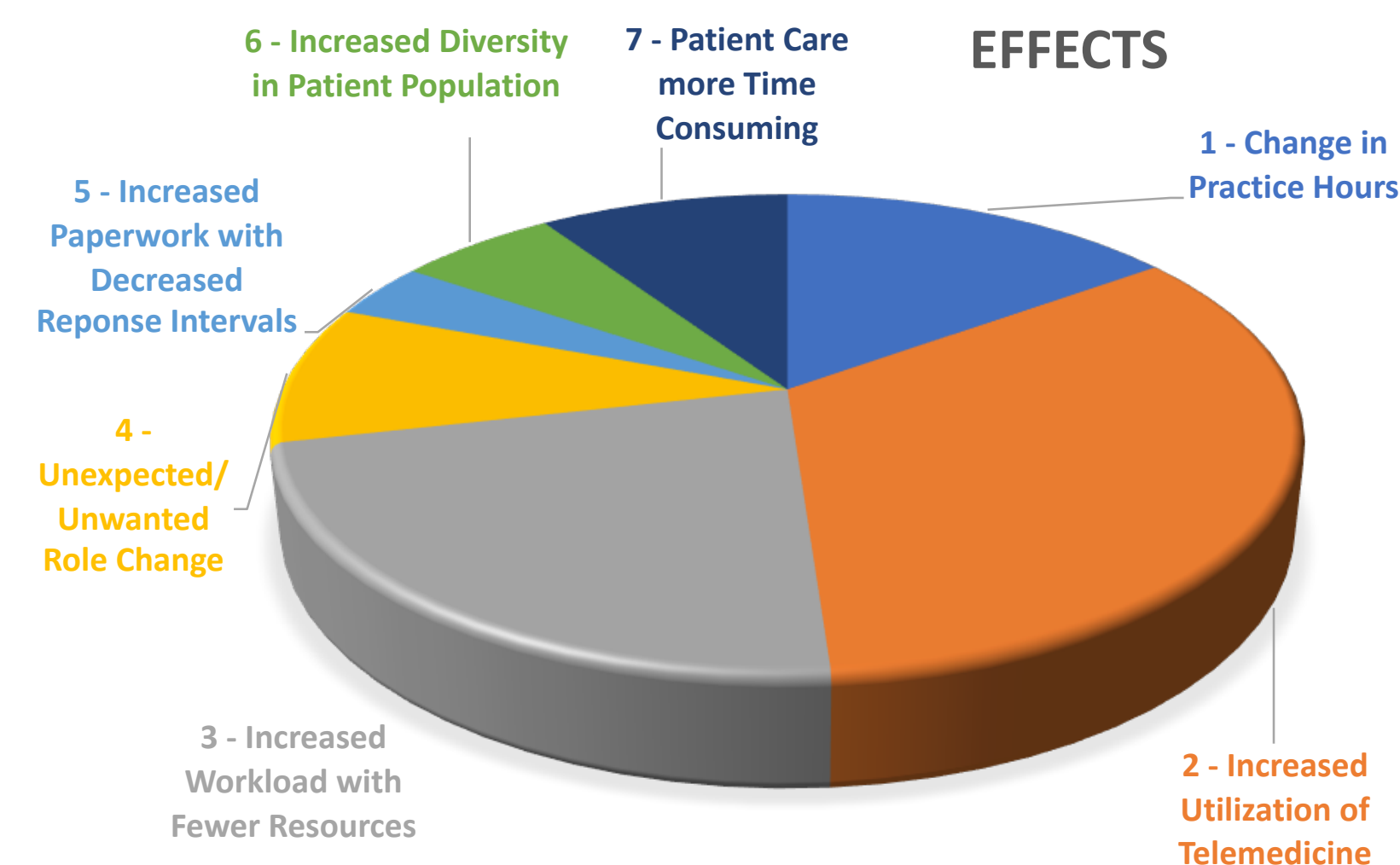
**Implementation:** Descriptive 20-item survey with additional demographic data

**Analysis:** Both quantitative and qualitative data collected



### Barriers to APRN Practice Before COVID

- 1 - Limit procedures, meds, referral, practice
- 2 - Difficulty obtaining a CPA
- 3 - Medicare/Medicaid, copay
- 4 - Vendor/med rep only MD, only MD paperwork
- 5 - Limited to MD, discretion of MD
- 6 - Restricted role, meds, procedures, tasks



### Effect of COVID-19 on APRN Practice (Figure 2)

- 1 - Reduced hours, furloughed, forced vacation
- 2 - Became the mainstay of practice, generally well-received
- 3 - Expected to do more with less, less staff, more responsibilities
- 4 - Intubation team, return to bedside, support staff
- 5 - Became more tedious and people less patient
- 6 - Seeing types of patients normally not seen
- 7 - Limits of PPE, uncertainty, fear

## RESULTS

Respondent Demographics						
Respondent Characteristics	N	%	Respondent Work Characteristics	N	%	
<b>APRN Role (Multiple selections possible)</b>		736		<b>Area of Practice (Multiple selections possible)</b>		
Certified Registered Nurse Anesthetist	123	16.7%	Inpatient	149	17.0%	
Midwife/Certified Midwife	9	1.2%	Outpatient	487	55.5%	
Clinical Nurse Specialist	16	2.2%	Both	241	27.5%	
Nurse Practitioner	590	80.2%				
			<b>Practice Setting Location</b>			
				730		
<b>Length of Time Employed as APRN</b>		725		Urban	305	41.8%
<2 years	81	11.2%	Suburban	199	27.3%	
2 to <5 years	126	17.4%	Rural	226	31.0%	
5 or more years	518	71.4%				
			<b>Respondent Educational Characteristics</b>			
			<b>Highest APRN Educational Degree</b>		730	
<b>Gender</b>		728		Certificate/Award	15	2.1%
Male	141	19.4%	Bachelors Degree	2	0.3%	
Female	574	78.8%	Masters Degree	557	76.3%	
Nonbinary	1	0.1%	Post-Masters Certificate	74	10.1%	
Do not wish to identify	12	1.6%	Doctorate-DNP	82	11.2%	

Tele-Health				
	Pre-Pandemic		During Pandemic	
None	590	80.5%	204	27.8%
Low	67	9.1%	61	8.3%
Moderate	43	5.9%	129	17.6%
High	33	4.5%	339	46.2%
Utilization				
	Increase	469	63.9%	
	Decrease	11	1.5%	
	No Change	254	34.6%	

Effect of practice waiver on APRN practice				
	Yes	%	No	%
Change in practice	106	14.5%	625	85.5%
Change in pattern of collaboration	53	7.2%	683	92.8%
LSBN complaints	2	0.3%	731	99.7%

## IMPLICATION FOR PRACTICE

- Supports transitioning to full practice authority
- Physician oversight and obtaining CPA identified as most significant barriers to APRN practice
- The use of telemedicine grew exponentially during the pandemic and will likely continue
- APRNs reported that the practice waiver did not substantially change APRN practice

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