a. APRN Reading List [outcomes highlighted]


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


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
APRN Reading List

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/S140/ResearchNPs_in_VA.pdf


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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

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15. Anthony P. Carnevale, Nicole Smith, Artem Gulish, Bennett H. Beacher, June, 2012, Healthcare Executive Summary. In this highly informative report on the healthcare workforce it is noted that higher levels of education are increasingly required of the healthcare workforce and that shortages do not exist across the board, rural health and some specialties are disproportionately affected. Georgetown Public Policy Institute, Georgetown University. http://www9.georgetown.edu/grad/gpbi/cep/sips/educationalRequirements/Healthcare.ExecutiveSummary.090712.pdf


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


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APRN Reading List

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40. This report stresses the potential to utilize nurse practitioners in primary care and suggests policy makers may want to consider regulatory changes even beyond revising scope of practice laws, to grant direct payment to NPs under Medicaid.

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.


innovative models, and emphasizing the research on safety and quality in care provided by APRNs. They describe present barriers as legal/regulatory, institutional, and cultural.

44. Marla J. Weston, PhD, RN, FAAN, Chief Executive Officer American Nurses Association; July 17, 2013. A letter to Honorable Marilyn Tavenner, MHA, RN, Centers for Medicare & Medicaid Services.

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


48. This important systematic review of data from articles published from 1990-2009 were summarized. On 11 aggregated outcomes nurse practitioners were found to be comparable or better in outcomes of care. http://www.npjournal.org/article/S1555-4155(13)00410-8/fulltext

49. Heidi Mason, MSN, NP, Mary Beth DeRubies, MSN, NP, Jared Foster, PhD, Jeremy M.G. Taylor, PhD, and Francis Worden, MD. Outcomes Evaluation of a Weekly Nurse Practitioner Managed Symptom Management Clinic for Patients with Head and Neck Cancer Treated with Chemo radiotherapy. September, 2013, Oncology Nursing Forum. A study of the benefits to a CNP staffed symptom management clinic demonstrated reduced hospitalization as well as reduced dose deviation in the NP managed group. http://ons.metapress.com/content/024p2706i3383jm1/fulltext.pdf

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APRN Reading List

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62. Gina M. Oliver, PhD, APRN, FNP-BC, CNE; Lila Pennington, DNP, APRN, FNP-BC, GNP-BC, Sara Revelle, MSN, APRN, FNP-BC Marilyn Rantz, PhD, RN, FAAN Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients, 2014, Nursing Outlook, August, 2014. A recent study published in Nursing Outlook found that states that have laws providing for full practice of NPs have improved health outcomes in their communities; specifically decreased hospitalization rates of Medicare and Medicaid beneficiaries in the U.S. http://www.sciencedirect.com/science/article/pii/S002965541400150X


APRN Reading List


