



NCSBN

Leading Regulatory Excellence

APRN COVID-19 Waiver Study

By: Brendan Martin, PhD
Elizabeth Zhong, PhD



Agenda

- Background
- Methodology
- Results
- Key Takeaways

BRACE YOURSELF

**POWERPOINT SLIDES ARE
COMING**



Background



Primary Research Question

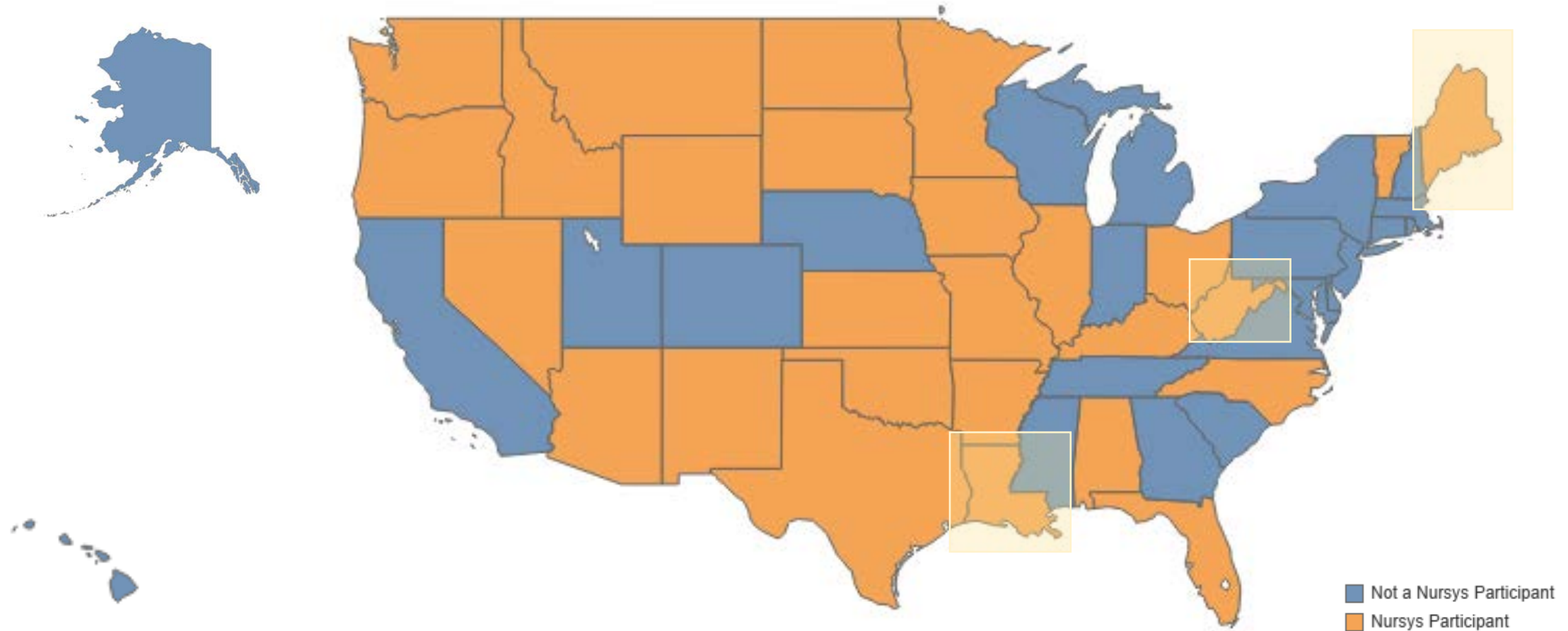
What is the impact of temporary waivers of restrictions on APRNs' direct patient care during the COVID-19 pandemic?

Objectives

- 1) Implications for direct patient care
- 2) Discipline

Methodology

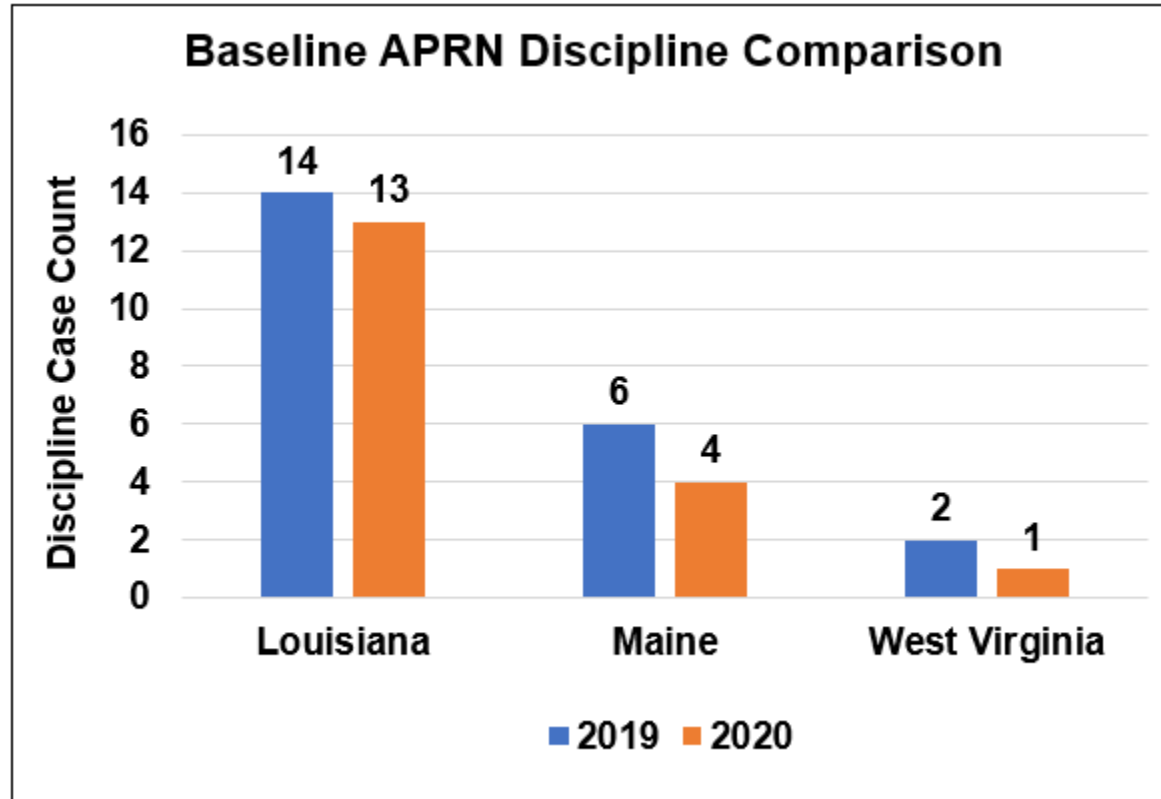
- **Design:** Cross-sectional study



Methodology

- **Data Collection:** Qualtrics
- **Survey Analysis:** Detailed descriptive
- **Discipline Analysis:** Summary trends

Baseline Discipline Comparison



Demographics

- **Survey Response Rate: 14.2%**
 - Sample of approximately 17,000 APRNs located across 26 states
 - Sub-analysis n = 1,212

Respondent Characteristics		Total
Age (Mean, SD)		49.9 (11.9)
Sex		
	Female	1035 (85.4%)
	Male	177 (14.6%)
Race		

Respondent Characteristics		Total
Top 5 Clinical Practice Areas		
	Primary Care	215 (19.7%)
	Anesthesia	167 (15.3%)
	Emergency/Urgent Care	74 (6.8%)
	Psychiatric Mental Health (Adult)	68 (6.2%)
	Acute/Critical Care (Adult)	46 (4.2%)
Primary Practice Setting		
	Large hospital facility/system	263 (24.2%)
	Community hospital	178 (16.4%)
	Private practice (Physician-run)	174 (16.0%)
	University-affiliated hospital facility/system	111 (10.2%)
	Private practice (APRN-run)	79 (7.3%)
	Long-term care	39 (3.6%)
	Other	245 (22.5%)
Geographic Setting		
	Rural	397 (38.3%)
	Suburban	331 (31.9%)
	Urban	310 (29.9%)

Data Notes: Valid N for each item varies based on observed non-response rates; all proportions are reported based on item-level Valid N.

	Pediatrics	56 (6.0%)
	Neonatal	23 (2.5%)
	Other	85 (9.1%)

Data Notes: Valid N for each item varies based on observed non-response rates; all proportions are reported based on item-level Valid N.

Abbreviations: SD = standard deviation; CNP = Certified Nurse Practitioner, CRNA = Certified Registered Nurse Anesthetist, CNM = Certified Nurse Midwife, CNS = Certified Nurse Specialist

Collaborative Practice Agreement Details

- Supervising physician signature/co-signature requirement (54%)
- Restricted hospital admitting privileges (42%)
- Home health approval restrictions (41%)

Collaborative Practice Agreement Details

- **Establish** – Median: \$150; IQR: \$50 – \$1,000;
Range: \$1 - \$45,000
- **Maintain** – Median: \$500; IQR: \$100 – \$6,000;
Range: \$1 - \$60,000

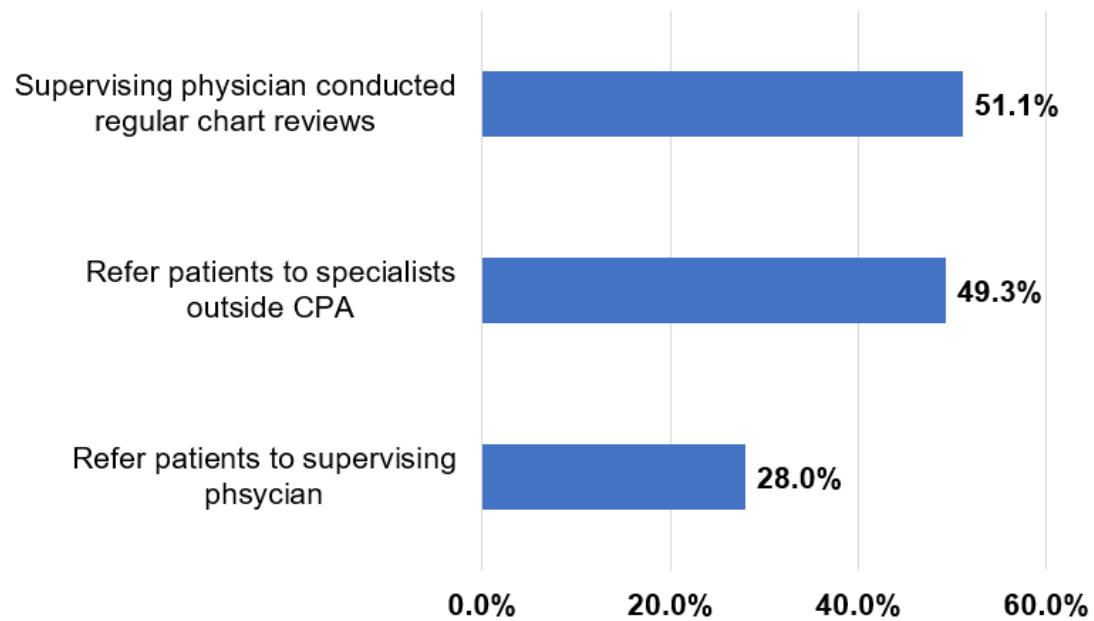
COVID-19 Impact

- 85% indicated COVID-19 affected their patient care
- 19% witnessed a significant decrease in their patient volume

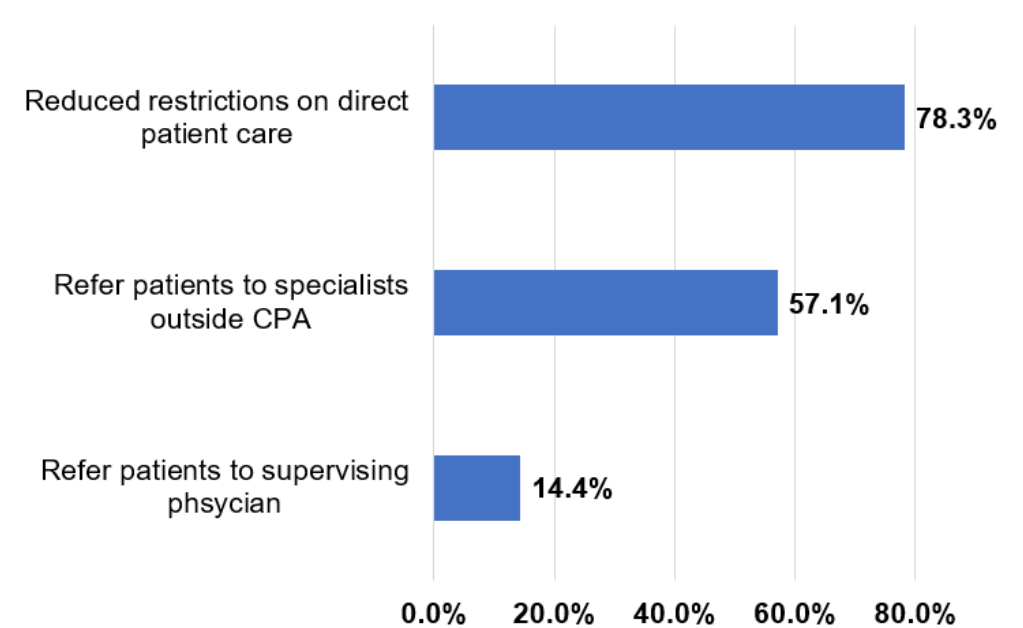
Geographic Setting	Before	After
Rural	38%	48%
Suburban	32%	29%
Urban	30%	23%

COVID-19 Waiver Impact

❖ Before waiver

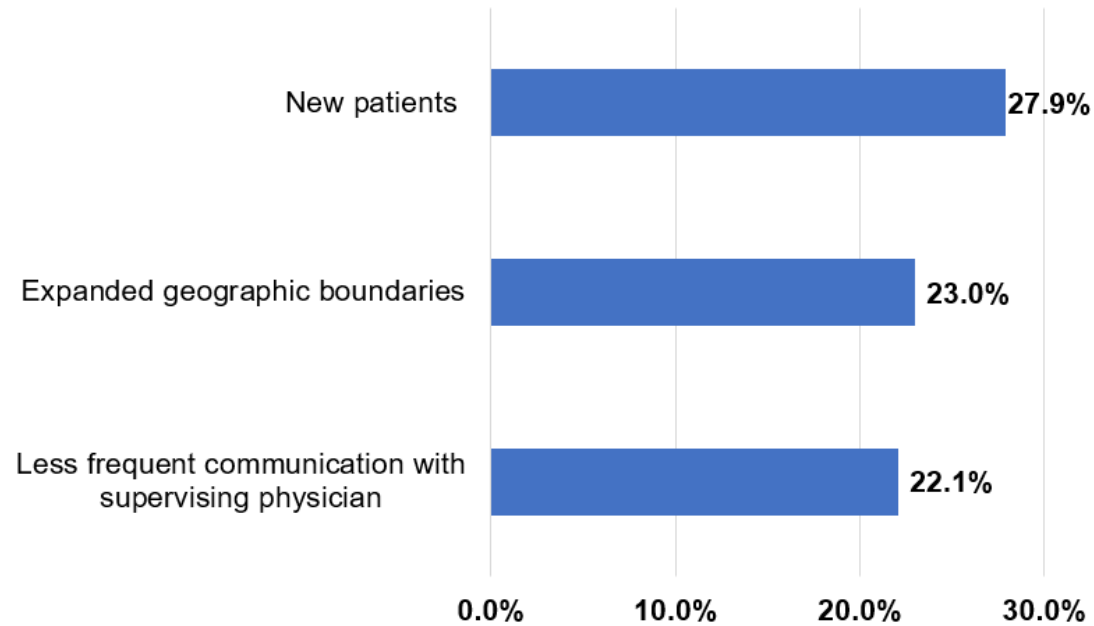


❖ After waiver

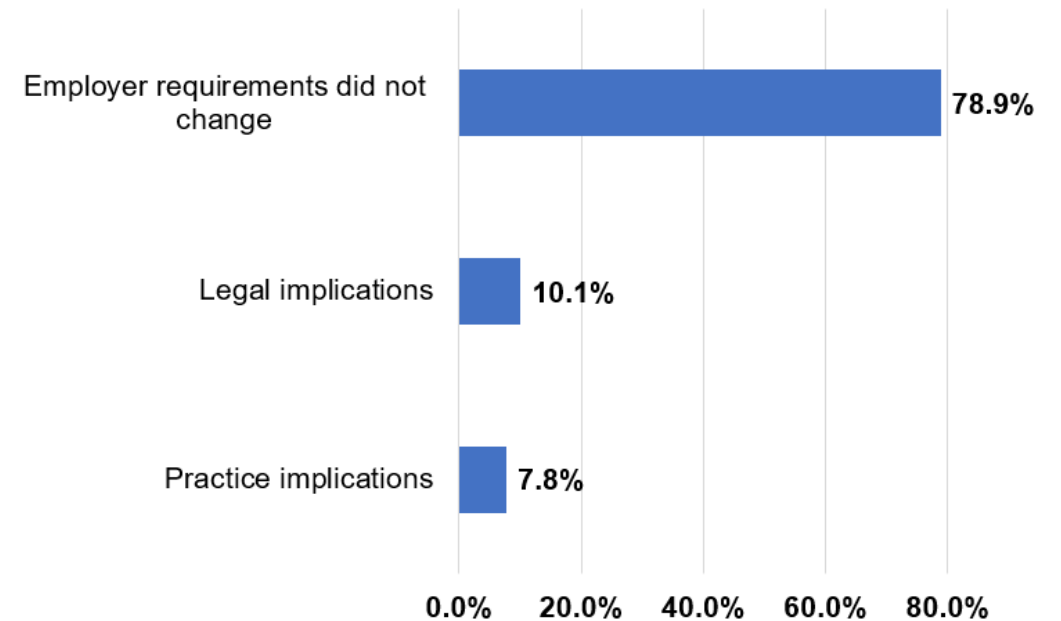


COVID-19 Waiver Impact

❖ How waivers had an impact

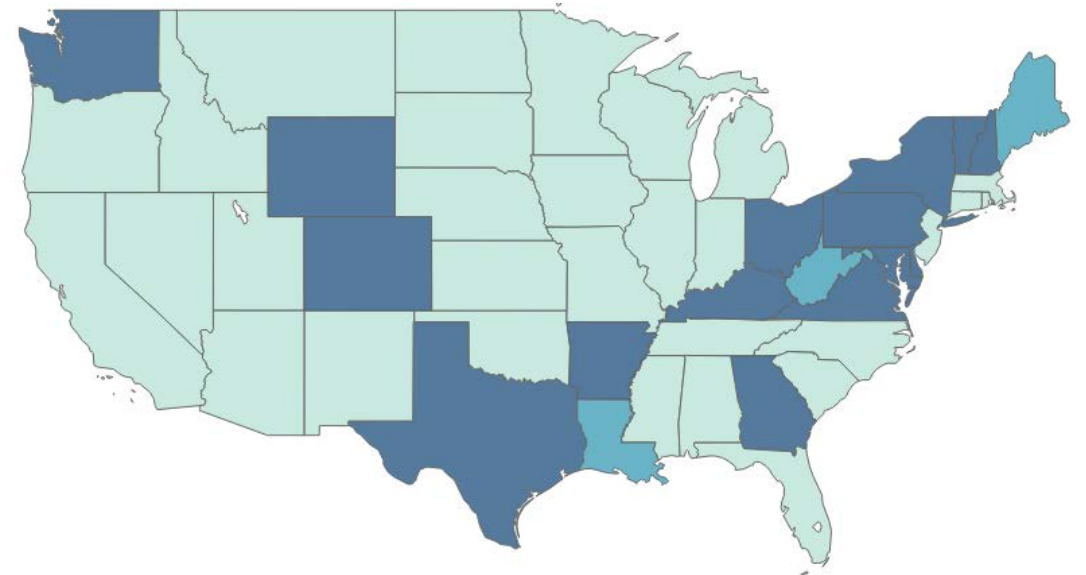


❖ Why waivers didn't have an impact



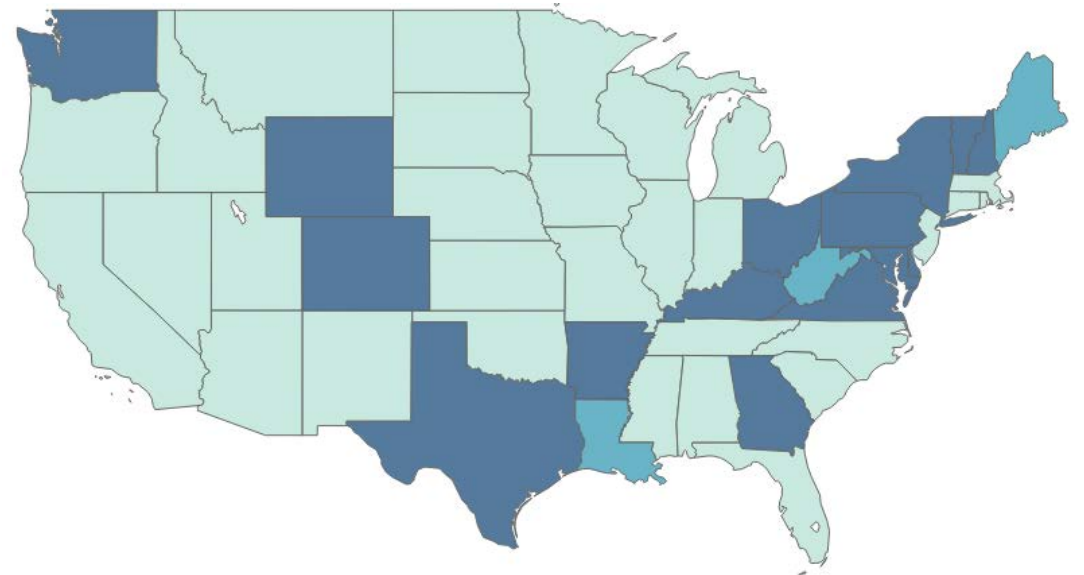
Telehealth

- 61% practice telehealth
 - 27% experienced restrictions prior to COVID-19
 - 71% reported restrictions were waived



Telehealth

- 19% practice telehealth across borders
 - Waiver expanded care to 16 additional states

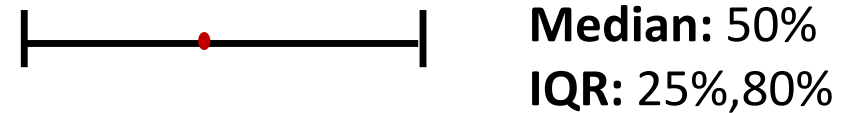


Telehealth Growth

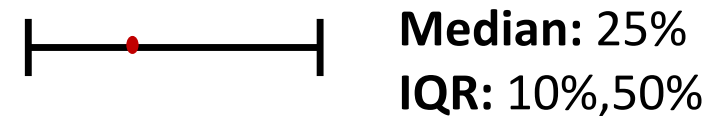
1) Prior to COVID-19



2) During COVID-19



3) (Anticipated) After COVID-19



Telehealth Barriers

- Patient focused
 - Patient lacked access to needed technology (67%)
 - Patient lacked sufficient technology support (59%)
 - Patient apprehension (34%)

Key Takeaways

- 1) COVID-19 significantly reshaped APRN practice
- 2) Pandemic waivers did not have widespread impact
- 3) Telehealth emerged and is here to stay

Questions