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August 21, 2009

Carolyn M. Clancy, M.D.
Director
Agency for Healthcare Research and Quality

Submitted via email to:

OIRA_submission@omb.eop.gov

Attention: AHRQ's Desk Officer

cc: Doris Lefkowitz
AHRQ Reports Clearance Officer
doris.lefkowitz@ahrq.hhs.gov

Re: **Agency for Healthcare Research and Quality Comment Request:
"Study of Factors Influencing Consumer Choices Among Health
Plans and Clinicians" (74 Fed. Reg. 36232, July 22, 2009)**

Dear Dr. Clancy:

On behalf of the American Nurses Association, we appreciate the opportunity to provide comments regarding the "Study of Factors Influencing Consumer Choices Among Health Plans and Clinicians." The ANA is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses, through our state and other constituent member nurses associations, and organizational affiliates.

The ANA commends AHRQ for undertaking this study "to determine factors that influence consumers' understanding and use of performance information to select among health plans and clinicians." We strongly support initiatives which enable patients to make better choices in selecting health care providers and insurance plans, and efforts to make available information more accessible and transparent. Improving public access, choice, and available information are laudable goals and key elements of true health care reform.

However, we urge AHRQ to correct a fundamental flaw in the study. While the Notice of Proposed Collection uses the term clinician throughout – a term which includes all types of health care providers – the survey itself is limited to questions regarding a patient's choice of doctor. For example, the "CAHPS III Reports Team Experimental Research: Web-Pre-Exposure Survey for Consumer Choice Study Round 2" states that "A health care provider is a doctor, nurse practitioner, or physician's assistant." Nevertheless, all the remaining questions focus entirely on the factors affecting consumers' choice of doctors. While the proposed project describes "clinician choice experimental design," the experiment itself is labeled "physician choice," and the

respondents use SelectMD to select only physicians. Respondents are helped to find “a primary care doctor who is right for you,” rather than a primary care *provider* who is right for them.

There are more than three million health care professionals in the United States who are not doctors of medicine (MDs) or osteopathy (DOs). The 2.9 million registered nurses in this country are by far the single largest group of health care professionals. Primary care is provided by professionals other than MDs and DOs, particularly advanced practice registered nurses (APRNs) such as nurse practitioners (NPs) and certified nurse midwives (CNMs). Unfortunately, the significant contributions of APRNs are not accurately reflected in many key surveys and data systems, because these fail to separately identify or collect data specific to APRNs. When a study is centered on patients’ choice of health care providers, and is funded by public tax dollars, this omission is particularly problematic.

APRNs serve a critical role as primary care providers. Many APRNs serve as primary care providers for their patients, and have significantly increased access to primary care for the poor and uninsured, as well as those in underserved urban and remote rural areas. At least 66% of NPs practice in primary care settings, with 20% practicing in remote rural or frontier settings.¹ Currently, some 600 million patient visits are made to NPs each year. CNMs attend over 10% of all vaginal births in the United States, in addition to their significant work in providing primary care for women throughout the lifespan.

Many federal programs recognize NPs and CNMs as primary care providers. As autonomous health care providers, APRNs may enroll as Medicare providers, and may participate in the Physician Quality Reporting Initiative (PQRI) program. NPs and CNMs play an increasingly important role in federally-funded community health centers. From 2000 to 2006, the combined number of NPs, CNMs, and physician assistants grew by 64%.² NPs and CNMs are eligible for National Health Service Corps scholarships, for addressing shortages in rural and underserved areas.

NPs and CNMs are critical to expanding access to primary care in a reformed system. A recent seminal report on “Building a Primary Care Workforce for the 21st Century” described the need for “at least an additional 15,585 primary care providers, just over one third of whom are non-physician primary health care providers.”³ The American Medical Association and the American College of Physicians have noted that more NPs are needed to fill the gaps in primary care.⁴ Many NPs and CNMs are also

¹ American Academy of Nurse Practitioners, *Nurse Practitioner Facts*. AANP Web site: www.aanp.org/NR/rdonlyres/51C6BCOF-F1CO-4718-B42F-3DEDC6F5F635/O/AANPNPFacts.pdf.

² National Association of Community Health Centers (NACHC), the Robert Graham Center and the George Washington University School of Public Health and Health Services published “Access Transformed: Building a Primary Care Workforce for the 21st Century,” <http://www.nachc.com/client/documents/ACCESS%20Transformed%20full%20report.PDF>

³ *Id.*

⁴ Alliance for Health Reform (March 20, 2009). *Pathways to Universal Coverage: Payment Reform Strategies for Containing Costs*. KaiserNetwork.Org: http://www.allhealth.org/briefing_detail.asp?bi=150. American College of Physicians (2009), *Nurse Practitioners in Primary Care*: 12.

qualified to serve as “health care” or “medical” homes, and currently do so under state models and private health plans.

Any study that seeks to determine factors that influence consumers’ understanding and use of performance information to select among clinicians must include these critical primary care providers, not just physicians. The survey’s respondent universe and sampling methods are carefully devised to ensure diversity and broad representation among key demographic groups of *consumers*. The experimental design needs to be equally accurate and inclusive with respect to a diversity of *providers*. Asking respondents to identify only physicians is as faulty a methodology as seeking participants with only particular ethnic backgrounds, or living in only one area of the country.

We urge AHRQ to consistently use provider-neutral language, such as “clinicians,” in describing the wide array of health care providers who deliver valuable and important care to patients. The use of the term “physician” to practice areas and contexts which involve all types of providers simply perpetuates the myth that physicians are the only available care providers. This language is important to both providers and patients, and needs to be inclusive to adjust to the realities of current patient care.

Conclusion

With growing demands on the American healthcare system – including an aging population, healthcare provider shortages, spiraling costs and more than 45 million uninsured Americans, now is the time to ensure we are fully utilizing our existing resources. The critical shortage of primary care providers is a significant barrier to our ability to increase access to care and shift the focus toward primary and preventive care. NPs and CNMs can certainly help fill the need for primary care services. This study presents an opportunity to highlight the broad spectrum of providers that are well prepared to create a stronger, more productive system. But first, they must be included in the proposed project and recognized for their capabilities and value.

The American Nurses Association looks forward to working with the Agency for Healthcare Research and Quality, to ensure and improve the quality of patient care. If we can be of further assistance, or if you have any questions or comments, please feel free to contact Lisa Summers, CNM, DrPH, Senior Policy Fellow, Nursing Practice and Policy, at lisa.summers@ana.org, or 301-628-5058.

Sincerely,

Mary Jean Schumann, MSN, MBA, RN, CPNP
Chief Programs Officer
American Nurses Association



August 12, 2009

Agency for Healthcare Research and Quality
John M. Eisenberg Building
540 Gaither Road
Rockville, MD 20850

Dear AHRQ's Desk Officer,

The project proposed by the Agency for Healthcare Research and Quality (AHRQ) titled, "Study of Factors Influencing Consumer Choices Among Health Plans and Clinicians" is a praiseworthy effort in the path toward healthcare reform. The study's intent to enable consumers to make better choices in finding a health plan and provider, and to make the information that is available more transparent and accessible, can only improve the current system.

However, one element of great concern in the study is that the only health providers included are medical doctors. The Hospice and Palliative Nurses Association would like to take this opportunity to remind the AHRQ there are more than three million healthcare professionals in the United States – who are not doctors of medicine (MDs) or osteopathy (DOs) – who are critical stakeholders in the movement to improve our nation's healthcare. These professionals include nurse practitioners, clinical nurse specialists, psychologists, certified nurse midwives, and naturopathic physicians, among many others.

In fact many of these professions fill gaps in service and provide other benefits not offered by MDs or DOs, including a higher degree of personalized care, specialty services, greater accessibility and increased affordability. With growing demands on the American healthcare system – including an aging population, healthcare provider shortages, spiraling costs and more than 45 million uninsured Americans, now is the time to ensure we are fully utilizing our existing resources.

Most importantly, patients should be able to choose the type of provider that best suit their individual healthcare and wellness needs, as having access to a range of healthcare options ensures patients are able to receive the right care at the right time. What's more, there is a direct correlation between patient access to a wide range of healthcare providers and more efficient, cost-effective healthcare.

This study presents an opportunity to highlight the broad spectrum of providers that are well prepared to create a stronger, more productive system. But, they must first be included in the proposed project and recognized for their capabilities and value.

Again, we commend you for your attention to researching patient choice, and hope you will consider including these critical healthcare professionals who are not MDs or DOs.

Sincerely,

A handwritten signature in cursive script that reads "megcampbell".

Meg Campbell, RN, PhD, FAAN
President, Hospice and Palliative Nurses Association
Member of the Coalition for Patients' Rights™