An Analysis of Testimony for Retail Clinic Regulations in MA: Implications for Teaching NP Students the Policymaking Process

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Objectives

Using a content analysis of all public testimony regarding proposed MA DPH limited service (aka retail) clinic regulations in 2008

- 1) identify common stakeholder themes
- 2) assess the impact of testimony on changes made to final regulations
- 3) report implications for teaching NP students about policy

Background

- Health policy education for APNs focuses on
  - Anatomy of state of federal government
  - Legislative process
  - Advocacy and lobbying for bills
  - Political mobilization
  - Little is taught about the regulatory process or policy implementation
    - Many restrictions to APN practice have been applied at the regulatory phase

Retail or Convenient Care or "Limited Service" Clinic

Regulatory Process for DPH "limited service" clinics

- Fall 2007, Regulations were issued by MA DPH
- Testimony was allowed from interested stakeholders.
- Revisions made and finalized Dec. 2007
- Regulations for limited service clinics adopted in January 2008 by MA DPH Public Health Council

All testimonies, as well as draft, amended with "track changes" and final regulations were posted online

Qualitative Study Design

Materials.
- 55 testimonies, draft regulations and final regulations with track changes noting adjustments to regulations.

Content analyses.
- Comprehensive literature to determine existing themes in literature 16 themes identified (8 pro and 8 con)
- Themes coded by 2 APN student research assistants
- Comparison of themes found in literature and themes found in testimony
- Stakeholders identified as pro/con/neutral
- Determined testimony themes that impacted changes in the final regulations

Themes: Testimony, Literature, or Both

Pros

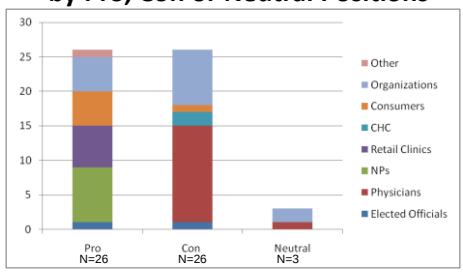
- ↓ Costs
- Convenient Care
- ↑ Access to Care
- Solution to Shortage of PCPs
- + Quality of Care
- ↑ Exposure/Visibility of NPs/further growth of NPs
- ↓ non-urgent pt. demand of EDs and PCPs for more severe cases
- Business Model/Profits for companies

Cons

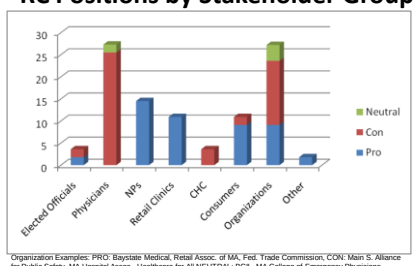
- Fragmentation
  - Erosion of medical home
  - Discontinuity of Care
- Negative Quality of Care
- Conflict of Interest
- ↑ Health care costs
- Demoralize PCPs/urgent care providers
- Consumer driven care alters pt. expectations of other care
- Legal & regulatory issues/ scope of practice
- Pts. lack info about NPs & RCs
- Safety issues
- Infectious disease issues

Both Testimony and Literature
Testimony Only
Literature Only

Stakeholder Groups on Retail Clinics by Pro, Con or Neutral Positions



Distribution of Pro, Con or Neutral RC Positions by Stakeholder Group



Organization Examples: PRO: Baystate Medical, Retail Assoc. of MA; Fed. Trade Commission, CON: Main S. Alliance for Public Safety, MA Hospital Assoc., Healthcare for All NEUTRAL: BCIL, MA College of Emergency Physicians

MDPH Changes in Regulations after Public Comment Period

- **Scope of Services**
  - **RCs submit list of services & must be approved by DPH.**
  - **List of services posted in viewable position at check in**
- Privacy/Storage/Referrals
  - Not required to store paper records b/c use EMRs.
  - Patient consent needed to send record to PCP.
- **Continuity of Care**
  - **RCs must have taped message directing pts to number that will allow them to talk to a provider.**
  - **Rosters of PCPs accepting new pts must include CHCs.**
  - **RCs must have policies/procedures to identify and limit the number of repeat visits.**

MDPH Changes in Regulations after Public Comment Period

- **Medical home/Fragmentation of Care**
  - **No RC allowed to treat children <24 months.**
  - **No childhood immunizations except flu vaccines**
- Accessibility
  - RCs in another entity need to have well marked corridors/aisles for handicap access.
- **Scope of Practice**
  - **RCs develop clinical pathways to diagnose & treat patients**
- Infectious Disease
  - No changes, can share bathroom, janitor & supply area
- Conflict of Interest
  - RCs cannot advertise misleading info to public.

Principal Findings

- **Themes: testimony mirrored those in literature.**
- Pro: Consumer convenience & cost
- Con: Care Fragmentation and sub-standard care
- **Affinity Groups were predictable**
- Pro: Advanced practice nursing and industry
- Con: Hospital, physician, and community health centers
- Consumer input was negligible on both sides.

Principal Findings

- **The "lens" of the stakeholders mattered**
  RCs were seen as ↓ overcrowding of EDs or ↑ fragmentation of care
- **Final regulatory changes**
  Reflected responses to safety, fragmentation of care concerns, limiting the scope of practice for providers in these limited clinic settings.

Opportunities for Teaching APNs about Regulatory Policy

- Online public documents widely available online
- Reading testimony and draft / final regulations
  - Stakeholder group theory and coalition building
  - Writing effective testimony-what issues to bring to the "policy table"
  - Learn how to identify & critique policy arguments
  - Examine role of administrative branch of government
  - Examine the impact of testimony participation on changing regulations

Opportunities for Teaching APNs about Regulatory Policy

- Strategies for using public testimony for regulations for learning
  - Assign different students/groups different stakeholder testimonies to represent in a class debate
  - Identify Stakeholder groups and map out
  - Discuss strategies for coalition building with stakeholders of like minds

For additional questions:
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