

April 13, 2009

Dear Members of the Federal Coordinating Council for Comparative Effectiveness,

The American Association of Colleges of Nursing (AACN) appreciates the opportunity to respond to the call for public comment regarding comparative effectiveness research and the Coordinating Council's activities. As the largest segment of the healthcare workforce, registered nurses are committed to working with the healthcare team to achieve the best clinical outcomes for patients based on the evidence developed through comparative effectiveness research. Nurses are particularly well-suited to share details with patients regarding the range of clinical interventions and the effectiveness of treatments based on available data.

On behalf of AACN, the national voice for baccalaureate and graduate nursing programs, and our nation's nurse researchers, I respectfully submit the following comparative effectiveness research priorities for the Coordinating Council's consideration:

- Compare the outcomes and cost-effectiveness of care provided by Advanced Practice Registered Nurses (APRNs) and other providers. APRNs include Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Anesthetists, and Certified Nurse Mid-wives.

Nurse Practitioners (NP)

Comparative effectiveness studies of NPs and other providers focused on:

- Outcomes derived from NPs practicing autonomously, or to their full legal authority in comparison to physicians and physician assistants.
- Outcomes of care that include improvements in the management of patient lipids, blood pressure and activities of daily living.
- Linking the process of care with patient outcomes of care with comparisons between NPs and physicians and/or physician assistants. Specific outcomes should include health promotion/disease prevention, symptom management, disease treatment, patient education, self care management, coordination of care, and patient/family communication.
- Models of care (autonomous versus collaborative, solo versus integrated systems) especially in rural settings where NPs are often the sole provider.

Clinical Nurse Specialist (CNS)

Comparative effectiveness studies of CNSs and other comparison groups focused on:

- Depression for psychiatric mental health providers.
- Use of CNSs in long-term care to improve the quality of care and quality of life for residents in long-term care.
- Symptom management.

Certified Registered Nurse Anesthetist (CRNA)

Comparative effectiveness studies of CRNAs and other comparison groups focused on:

- Complications of anesthesia (Post-OP MI, unexpected reintubation, inter-operative aspiration, post dural puncture spinal headache, nerve damage, non-

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cardiogenetic pulmonary edema, local anesthetic toxicity, and unexpected ICU admission for non-surgical reasons).

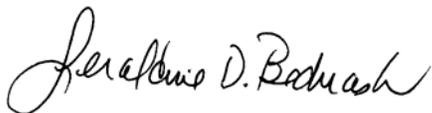
Certified Nurse Midwives (CNM)

Comparative effectiveness studies of CNMs and other comparison groups focused on:

- Cost effectiveness in terms of lower drug use (e.g. epidural use and analgesia), lower use of interventions (e.g. episiotomy, vacuum, forceps), and lower complications that affect cost and length of stay.
- Compare the outcomes on the Nursing-Sensitive Care Performance Measures developed by the National Quality Forum in practice settings with Clinical Nurse Leaders (CNLs) and settings without this clinician. The CNL is a new nursing role emerging across practice settings; the Veterans Health Administration (VHA) is committed to introducing CNLs into all VHA facilities by 2016. For more information about the CNL, see <http://www.aacn.nche.edu/CNL/faq.htm>.
- Compare the impact on healthcare outcomes for patients with chronic illnesses when care is provided by interprofessional healthcare teams versus individual practitioners.
- Compare the outcomes and effectiveness of care provided in “medical” homes, or more appropriately titled “patient care” homes, in settings led by physicians and those led by nurse practitioners.
- Compare the outcomes of care provided by registered nurses who received their initial preparation in Bachelor of Science in Nursing (BSN) programs versus nurses prepared in associate degree and diploma programs. Comparisons should be conducted at 2, 5, and 10 years following RN licensure.

Thank you for considering these priorities related to professional nursing education and practice. Please let me know if you have any questions or need clarification. I can be reached at 202-463-6930 or pbednash@aacn.nche.edu.

Sincerely,



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CEO and Executive Director

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