CAPSULE COMMENTARY

Capsule Commentary on Muench et. al., Scope-of-practice for Nurse Practitioners and Adherence to Medications for Chronic Illness in Primary Care

Julie C. Lauffenburger, PharmD, PhD

Center for Healthcare Delivery Sciences and Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women's Hospital and Harvard Medical School, Boston, USA.

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The epidemic of poor adherence to medications compromises health outcomes; many patients stop taking their medications as prescribed even 1 year after initiating therapy. Despite numerous attempts to develop interventions aimed at improving adherence, efforts have had varying degrees of success.^{1, 2} Approaches using non-physicians, such as nurses or pharmacists, or those that emphasize team-based care have been often found to be effective practice-based adherence levers.^{2, 3}

This quasi-experimental study by Muench et al. evaluated the association between expanding scope-of-practice regulations for nurse practitioners (NPs) on medication adherence measured in pharmacy claims.⁴ The investigators used a multivariable differences-in-differences approach to examine mean differences for 3 chronic drug classes between 5 expansion states and non-expansion states. The result was that adherence improved by approximately 2% in states that expanded scope-of-practice laws. Interpretation of the findings is limited somewhat by the study design, most notably that difference-in-differences approaches provide only summary measures of adherence, although these measures enable direct comparisons with key quality metrics. Other secular trends or co-interventions also cannot be ruled out. As next steps, for example, an interrupted times-series approach that matches patients and evaluates monthly adherence on a broader set of medications could provide further evidence.

While it is not possible to confirm that expanding the scope of NPs in turn improves patient adherence to medications, there do not appear to be any negative effects. Moreover, the improvements observed here are in line with other policy changes.^{2, 3} This study fits into that broader context by suggesting that enhanced access to nurse practitioners may similarly help improve medication adherence, perhaps by

expanding access to prescribers, thereby reducing medication prescribing gaps.⁵

As healthcare systems shift from primarily physician-based care to team-based care, considering the impact of other team members, including nurse practitioners, on the provision of care may be part of adherence solutions. Even if the expanded scope of practice does not entirely explain the observations of improved adherence, nurse practitioners may be a useful option to increase the effectiveness of adherence interventions for chronic disease management in primary care.

Corresponding Author: Julie C. Lauffenburger, PharmD, PhD; Center for Healthcare Delivery Sciences and Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women's Hospital and Harvard Medical School, Boston, USA (e-mail: jlauffenburger@bwh.harvard.edu).

Compliance with Ethical Standards:

Conflict of Interest: The author declares that she does not have a conflict of interest.

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