

National Health Policy Forum
To the Top of the License: Pursuing an
Expanded Scope of Practice
Nursing Education and Practice

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Nursing Education

- Basic practice – educated in community colleges, diploma schools of nursing or four-year colleges and universities for licensure as registered nurse (RN)
- Advanced practice – educated in master’s or doctoral degree programs for roles as:
 - Nurse Practitioner (CNP)
 - Clinical Nurse Specialist (CNS)
 - Certified Registered Nurse Anesthetist (CRNA)
 - Certified Nurse Midwife (CNM)

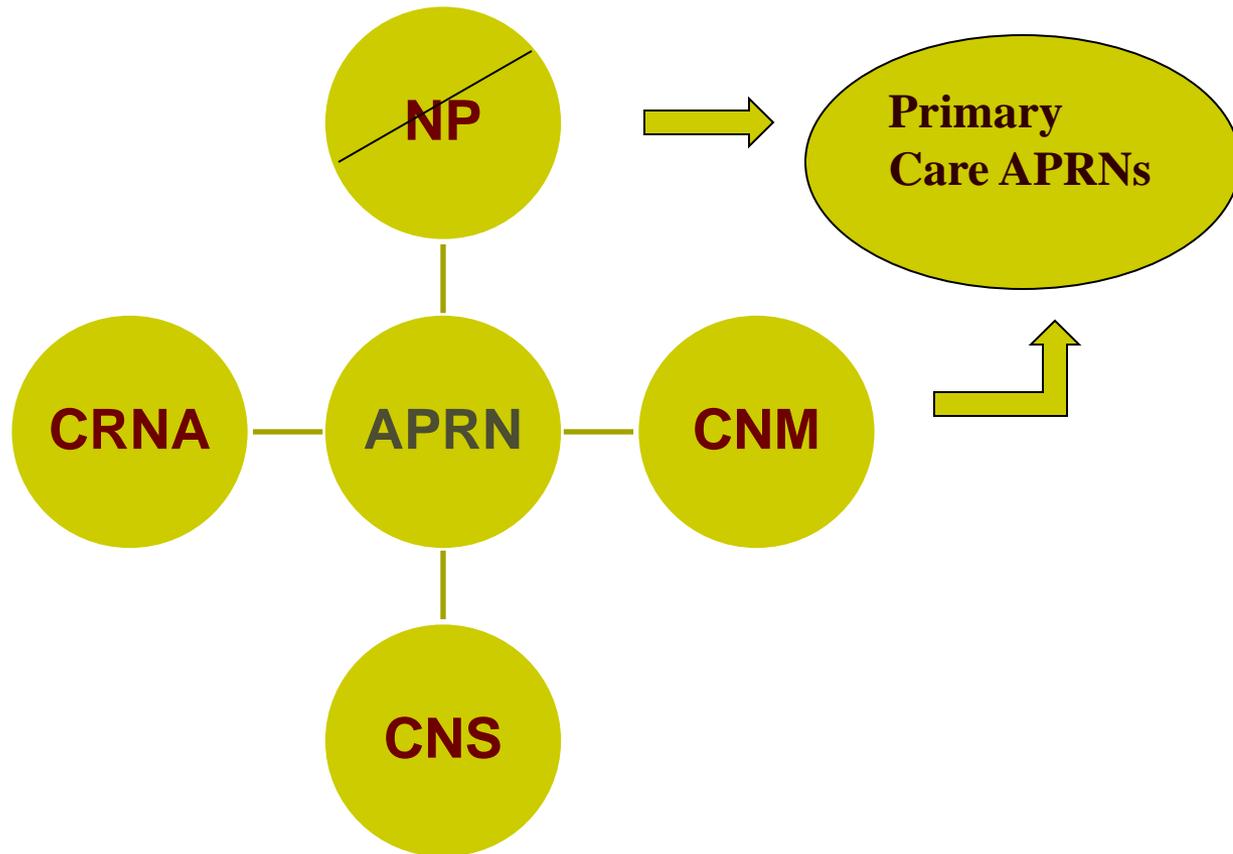


Nurse Practitioner Education and Certification

By 2015, initial NP/APRN licensure will occur in one of six population foci:

- Family/individual across the lifespan
- Adult/gerontology
- Neonatal
- Pediatrics
- Women's health
- Psychiatric/mental health

Primary Care APRN Practice



Primary Care Education and Practice

- In 2008, NP students constituted 47% of all nursing students in master's programs and 51% of graduates
- Schools of nursing have been educating approximately 7000 primary care NP graduates per year
- 240,000 primary care physicians (approx. 35% of MD workforce, and declining)
- *Estimated* 70,000 primary care nurse practitioners (approx. 50% of NP workforce)
- 80,000 primary care physician assistants (approx. 37% of PA workforce, and declining)

Pohl, Hanson & Newland (2010)

Phillips & Bazemore (2010)

Logic for Expansion of Scope of Practice – Primary Care Example

Cost

- Average APRN salary - \$80,000
- Average primary care physician salary - \$186,582
- Cost per visit – 20-35% lower for APRN

Quality

- Integrative reviews of multiple studies demonstrate equal or improved quality with APRN-provided care - IOM Future of Nursing Report; Rand study for Massachusetts; *Nursing Economics* paper

Access

- Insufficient numbers of primary care providers *of any type* – need all providers practicing to full scope in order to provide access to primary care for all Americans



Barriers to Full Scope of Practice for APRNs

- State-based limitations on the licensed scopes of practice for APRNs
- Payment or reimbursement policies (both governmental and private) that render APRNs ineligible for payment or preclude their being paid directly
- Policies that prevent consumers from choice of APRN as primary care provider



Barriers to Full Scope of Practice for APRNs

- Costs (malpractice and fee-for-service) associated with requirements for “supervision” on part of MDs where no evidence of need or benefit exists
- Regulations that prevent the APRN provider from certifying patients (e.g., for home health, hospice, school physicals, workmen’s compensation, or death)



Barriers to Full Scope of Practice for APRNs

- Regulations that prevent referral to other providers (e.g., physical therapy)
- Policies that prevent direct feedback to the APRN for diagnostic and laboratory tests ordered for their patients
- Policies that prevent an APRN from having the clinical privileges required to admit a patient to a hospital



Other Issues

- Accountability for outcomes of care obscured (for both MDs and APRNs and others) because clinical and financial data from patients cared for by APRNs aggregated under MD's name
- Innovation stifled when practices led by APRNs (in states where laws allow) do not qualify for reimbursement when federal policies require “physician leadership”



Summary of Reasons Nurses (and Others) Support Expanding APRN Practice

- ❑ Wide variation across state licensure laws and payer policies
- ❑ Where restrictive in nature, limits access to groups of cost-effective, high quality primary care providers
- ❑ Where physician supervision is required, increases costs
- ❑ No evidence that restrictive regulations protect consumers/patients
- ❑ Difficult to educate for effective care teams when laws/policies vary



Recommendations

- Allow each provider to practice to full extent of education and scope of practice
- Expect collaboration, but hold each provider accountable for care delivered on own license
- Expect *all* providers to be accountable for outcomes of care, as individuals and teams
- Create vision for ideal patient-centered care teams and educate learners together within practice environments that exemplify these best practices



Meaning of Team Practice

- A synonym for “physician-directed”
or
- A team of professionals, each accountable for practicing within their scope of practice and expertise, collectively providing seamless, coordinated, person and family-centered care



Meaning of Independent Practice

- “Solo practice” - to the Federation of State Medical Boards and the organizations representing anesthesiologists, family medicine and pediatrics

or

- “Accountability on one’s own license for outcomes within scope of practice and expertise” – including effective collaboration with patients and other professionals involved in their care

Support for Recommendations

- Cronenwett, L., & Dzau V. In Culliton B., Russell, S. (eds). (2010). *Who will provide primary care and how will they be trained?* Proceedings of a Conference Sponsored by the Josiah Macy, Jr. Foundation, Durham, N.C. New York: Josiah Macy, Jr. Foundation. Available at www.josiahmacyfoundation.org.
- Coupled with efforts to increase the number of physicians, nurse practitioners, and physician assistants in primary care, state and national legal, regulatory, and reimbursement policies should be changed to remove barriers that make it difficult for NPs and PAs to serve as primary care providers and leaders of primary care teams or patient-centered medical homes.
- *All* primary care providers should be held accountable for the quality and efficiency of care as measured by patient outcomes.



Support for Recommendations

- IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.
 - Remove scope-of-practice barriers
 - Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
 - Build an infrastructure for the collection and analysis of interprofessional health care workforce data



Support for Recommendations

- **Future for Nursing™ Campaign for Action**
 - Work with the Federal Trade Commission and Antitrust Division of the Department of Justice to identify anticompetitive effects that do not contribute to health and safety of the public
 - Formal FTC comments on bills in Florida and Texas in 2011 found no safety justifications and no evidence that heightened restrictions were, or still are, necessary to protect the public.



Challenges to Nursing Education

- Basic practice – increase preparation for skills needed in new models of care (e.g. care coordination, quality improvement, inter-professional practice)
- Advanced practice – increase opportunities for graduate education during period with significant cuts to funding for higher education, high rates of faculty retirements, and professional interests in doctoral level education