Expanded Scope of Practice: A Response to Demand for Primary Care?

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National Health Policy Forum
November 2011
Almost 20% of primary care clinicians are nurse practitioners

Advanced Practice Nurses are located widely.
## Nurse Practitioner Scope of Practice Laws: State Jurisdiction

<table>
<thead>
<tr>
<th>State</th>
<th>No MD Involvement Required</th>
<th>MD Supervision Required</th>
<th>MD Collaboration Required</th>
<th>Written Practice Protocol Required</th>
<th>Explicit Authority to Diagnose</th>
<th>Explicit Authority to Order Tests</th>
<th>Explicit Authority to Refer</th>
<th>Authority to Prescribe w/o MD Involvement</th>
<th>Authority to Prescribe w/ MD Collaboration</th>
<th>Written Protocol Required to Prescribe</th>
<th>Authority to Prescribe Controlled Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td></td>
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<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Alaska</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Arizona</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Arkansas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Colorado</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Expanded Scope of Practice: A Response to Demand for Primary Care?

• There may be a shortage of primary care physicians.

• Increasing training rates of clinicians in primary care may lead to more primary care services.

• The primary rationale for expanded scope of practice is not the need for more primary care services.
Nurses should practice to the full extent of their education and training.

- The variability of scope-of-practice regulations across states may hinder advanced practice nurses from giving care they were trained to provide and contributing to innovative health care delivery solutions.

- Although some states have regulations that allow nurse practitioners to see patients and prescribe medications without a physician’s supervision, a majority of states do not.

- The federal government is well suited to promote reform of states’ scope-of-practice laws by sharing and providing incentives for the adoption of best practices.
Recommendation # 1
Remove Scope of Practice Barriers

Advanced practice registered nurses should be able to practice to the full extent of their education and training. To achieve this goal, the committee recommends actions for the following entities:

- Congress
- State Legislatures
- Centers for Medicare and Medicaid Services
- Office of Personnel Management
- Federal Trade Commission and Antitrust Division of the Department of Justice
Increased Scope of Practice or Not?

The assertions:

<table>
<thead>
<tr>
<th>Pro</th>
<th>Con</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Studies to date indicate comparable quality of care.</td>
<td>• The studies are incomplete.</td>
</tr>
<tr>
<td>• Advanced practice nurses add flexibility to the health workforce:</td>
<td>• The shorter training periods may limit competency.</td>
</tr>
<tr>
<td>◦ Shorter, less costly training periods</td>
<td>• If APNs do comparable work, then why not comparable pay?</td>
</tr>
<tr>
<td>◦ They may be less expensive in practice</td>
<td>• APNs enter specialty care at increasing numbers.</td>
</tr>
<tr>
<td>• APNs are a key element to more patient-centered primary care services.</td>
<td>• The best care teams are physician led.</td>
</tr>
<tr>
<td>• Scope of Practice should match competencies.</td>
<td></td>
</tr>
</tbody>
</table>
Patients deserve to know the education and training their health care professionals receive.

<table>
<thead>
<tr>
<th>Medical doctor¹</th>
<th>Doctor of osteopathic medicine²</th>
<th>Audiologist³</th>
<th>Optometrist⁴</th>
<th>Nurse anesthetist⁵</th>
<th>Nurse practitioner⁶</th>
<th>Naturopath⁷</th>
<th>Direct-entry midwife⁸</th>
<th>Podiatrist⁹</th>
<th>Psychologist¹¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 years (90 credit hours) and residency/fellowship</td>
<td>4 years (90 credit hours) and residency/fellowship</td>
<td>75 credit hours</td>
<td>4 years</td>
<td>2–3 years</td>
<td>2–4 years</td>
<td>4 years</td>
<td>3–5 year apprenticeship (not a graduate degree requirement)</td>
<td>4 years</td>
<td>4–6 years</td>
</tr>
<tr>
<td>3–7 years</td>
<td>3–7 years</td>
<td>1 year</td>
<td>Not required</td>
<td>n/a</td>
<td>n/a</td>
<td>Not required</td>
<td>n/a</td>
<td>2–3 years</td>
<td>1 year</td>
</tr>
<tr>
<td>12,000–16,000 hours</td>
<td>12,000–16,000 hours</td>
<td>1,820 hours</td>
<td>1 year clinical rotations</td>
<td>450–550 cases</td>
<td>500–720 hours</td>
<td>720–1,200 hours</td>
<td>300 cases</td>
<td>40 weeks</td>
<td>1 year</td>
</tr>
</tbody>
</table>
Physicians’ Opinions on Effect of Independent APRN Practice on Access, Cost, and Quality
The nurse practitioner should not function as an independent health practitioner. The AAFP position is that the nurse practitioner should only function in an integrated practice arrangement under the direction and responsible supervision of a practicing, licensed physician. In no instance may duties be delegated to a nurse practitioner for which the supervising physician does not have the appropriate training, experience and demonstrated competence.

The AAFP position is that the training programs preparing nurse practitioners, like the training for all other health care providers, should be constantly monitored to assure the quality of training provided and that the number of graduates reflects demonstrated needs.

The AAFP supports the concept of patient and third-party payment for services of nurse practitioners only where services are provided in an integrated practice arrangement. (1984) (2009 CoD)
A Family Physician Irony:

Surgery, Office-based

The American Academy of Family Physicians supports the delivery of office-based surgery, and anesthesia services for this surgery (such as regional block anesthesia or moderate conscious sedation), by family physicians based on the individual physician's documented training and/or experience, demonstrated abilities, and current competence. In fee-for-service environments, family physicians' surgical services should be paid using a resource-based relative value scale (RBRVS) and should include payment for appropriate surgical supplies and either facility or equipment fees (including direct and indirect costs attributable to providing these services). In capitated environments, surgical services included in the family physician's capitation rate should be specified by Current Procedural Terminology code. Surgical services not included in the capitation rate should be paid by the RBRVS methodology. (1982) (2009 COD)
Variation in clinician quality is likely to be greater within professional categories than across categories.

MEDICAL CARE
August 1974, Vol. XII, No. 8

Communication

Variation Among Physicians in Use of Laboratory Tests:
Relation to Quality of Care

STEVEN A. SCHROEDER, M.D., ALAN SCHLIFTMAN, B.A.,*
AND THOMAS E. PIEMME, M.D.

A previous study at this institution demonstrated extreme variation in use laboratory tests among similarly trained internists caring for similar groups of ambulatory patients. This report examines whether these variations can be related to differences in the quality of physician performance. The physician
What really bothers physicians the most:

Money & Policy

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DOCTORS, INC.
When the Nurse Wants to Be Called ‘Doctor’
Enrollments Increasing in Both DNP & PhD Programs: 1997-2009

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