Nurse Practitioners: Catalysts for Change

Janet Selway, DNSc, CRNP, FAANP
AANP-PAC Trustee, Mid-Atlantic Region

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What is a Catalyst for Change?

• Someone who brings resources and expertise to enable and inspire others to bring about change

• Takes action to bring about a measurable impact on outcomes.
Catalyst for Change

1. Review the Past
2. Examine the Present
3. Plan the Future!
Regulation of Medicine—Early 20th Century

“By early 1900’s, so-called ‘medical practice acts’ had been adopted in each state, and being first on the scene, physicians understandably, swept the entire human condition within their purview.” p. 306

The “May-Can” Disconnect

• Medicine obtained statutory authority to control the activities of all other health care providers.

• Medicine continues to be the universal domain from which all other health care disciplines must carve out authority to practice.
The “May-Can” Disconnect

• Medical doctors *MAY* do much more than they *CAN* competently do.

• APRNs *CAN* do much more than they *MAY* legally do.

• Medicine- Under-regulated

• Nursing- Over-regulated
1950’s-60’s

• Overspecialization of medicine

• Primary care shortage

• Increased medically underserved areas, especially rural areas

• Physicians could not meet the demand
1965- The Nurse Practitioner Role

- Loretta Ford and Henry Silver developed the first training program for nurse practitioners at the University of Colorado.

- Society’s demand for primary care services and nursing’s potential to meet this need was the reason for the development of the NP role; the physician shortage provided the opportunity (Loretta Ford)
1965- The Nurse Practitioner Role

- What was the political environment like when NPs were created?
- Opposition to the role
- Informal training
- Lack of credentialing processes
- Increasing sophistication of medicine
External Legitimacy of the NP Role

- 1970’s NPs begin to legitimize their role
- 1980’s scientific studies established the value of the NP (Office of Technology Assessment)
- 1994- Mundinger et al. NEJM
  - Randomized Controlled Trial compared patient outcomes of NP/Physician
NP Growth

- 2008- 158,348 RNs prepared as NPs
  - National RN Sample Survey
- 2014- 192,000 NPs
- Future NP Workforce Predictions- 244,000 by 2025
NPAM History

Council of NPs of the MNA

NPAM, Inc. Est. 1992
• CNP of the MNA- 90 members


• 1993- NPAM hired its first Lobbyist/Executive Director- Casey Hughes, PhD and Attorney- Wynee Hawk
Barbara Santamaria, CRNP

- 1951 Diploma Grad from Union Memorial Hospital
- V.A. Nurse Practitioner
- Past President of the MNA
- Last Chair of the CNP of MNA
- Thank you, Barbara.....
Evolution of NPs in Maryland
1992-2010

- 1992: NPAM becomes independent professional organization
- 1993-2000: William Pitcher hired as NPAM lobbyist
- 2001: Legislation allows NPs to be named to primary care provider panels
- 2002: MD SBN must have an APRN member
- 2003: Elimination of collaborative agreement; compromised replaced it with attestation statement
- 2004: NPs can sign birth & death certificates, advanced directives, & application for handicapped license tags
- 2005:
- 2006:
- 2007:
- 2008:
- 2009:
- 2010:
Legislation allows NPs to be named to primary care provider panels
NPAM Today!

- The only professional organization in Maryland devoted full time to the support and advocacy for all nurse practitioners.

- Elected Board, Website, Newsletter, Executive Director, Attorney, Lobbyist, Legislative Committee, etc.

- 9 Geographic Districts
NP National Organizations

- American Academy of NPs- Created in 1985
- Recognized the need for NPs of all specialties to have a unified voice.
NP National Organizations: ACNP 1992

• NONPF convened a National Nurse Practitioner Summit in Reston, VA. In 1992. Leaders of State NP Associations, Multiple National Nursing Orgs invited.

• National NP Coalition
  – Volunteer Board Elected from the Floor
  – Passed the Hat and Initial Budget was $7,000
  – One year later, changed the name to the American College of Nurse Practitioners
Balanced Budget Act of 1997

- Liberalized Medicare coverage for NPs
- Great example of how stakeholder groups can exert their influence on rulemaking:
- Margie Koehler “grassroots champion”
“Led by grassroots champion Margie Koehler, MS, A/GNP, of Baltimore, nurse practitioners and student NPs across the country donated money, wrote letters, sent e-mails and personally lobbied Capitol Hill legislators for direct reimbursement of NPs. Previously, only NPs working in rural areas and under direct physician supervision were reimbursed.”


CATALYST for CHANGE

$30K Raised to hire lobbyist.
+39 co sponsors
January 1, 2013

AANP & ACNP Merger Completed!
“Wonders will never cease.” That was my first reaction to the news about the proposed merger of the American Academy of Nurse Practitioners (AANP) and the American College of Nurse Practitioners (ACNP). Then I began to think about all the potential benefits of this merger for individual advanced practice nurses (APNs), for APN groups, and for the nursing profession itself. Imagine the political power that a single organization—potentially uniting 160,000 members—would harness!

The merger would provide unity in terms of our messages, goals, strategies, and resources. Another benefit: This merger might lead other nursing organizations to consider consolidating their goals and resources to accomplish their respective missions. We will finally be heeding the advice we've been hearing from legislators for years: “You nurses should get your organizational agendas together!”

The prospective merger of the AANP and the ACNP represents a model of leadership that derives from organizational maturity, a sense of collective
Loretta Ford on the “new” AANP:

• “Imagine the political power that a single organization would harness”

• “…the merger reflects a new culture of coordination, cooperation and courage in a profession previously fraught with divisiveness, competitiveness and rivalry”
Merger: Internal Cohesion

- Increased Resources:
  - Strong CEO with extensive Hill experience
  - Experienced Government Affairs Staff
  - Staff 60+
  - 2 offices: DC Area & Austin Texas
  - 3 Conferences a year
  - 2 Journals
  - AANP-PAC >$400K

Aiming to be a million dollar PAC
The “New” AANP

• > 52,000+ Members

The LARGEST NP Association in the world
Internal Cohesion:
APRN Consensus Model 2008

• Defined Advanced Practice Nursing and the APRN Roles
• Established Model APRN Legislation
• Campaign for Consensus
  – Goal: To align APRN regulation with the major elements of the APRN Consensus Model
NCSBN Campaign for Consensus

State recognition of the 4 APRN roles

Title of APRN in one of the 4 roles

Licensure as an APRN and an RN in one of the 4 roles

Graduate or post-Graduate education from an accredited program

Certification at an advanced level from an accredited program that is maintained

Independent Practice

Independent Prescribing

NCSBN=National Council of State Boards of Nursing
External Legitimacy

- IOM Future of Nursing Report 2010
- Newhouse, Stanik-Hutt et al. 2011
- National Governors Association 2012
- Federal Trade Commission 2014
- National Conference of State Legislatures
• Systematic Review of 18 years of literature on APRN care indicates “pt. outcomes of care provided by NPs and CNMs in collaboration with physicians are similar to and in some ways better than care provided by physicians alone for the populations and in the setting included” (p.1).

• Multidisciplinary Authors
The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care

Reviewed the literature and state rules governing NP’s scope of practice (2012)

1. To what extent do state rules vary?
2. To what extent do state rules vary from the evidence base for NP practice?
3. What would be the effect of changes to state scope of practice rules on health care access and quality?
“None of the studies in NGA’s literature review raise concerns about the quality of care offered.”

“Existing research suggests that NPs can perform a subset of primary care services as well as or better than physicians”.
Based on substantial evidence and experience, expert bodies have concluded that APRNs are safe and effective as independent providers of many health care services within the scope of their training, licensure, certification, and current practice. Therefore, new or extended layers of mandatory physician supervision may not be justified."
Federal Trade Commission

• APRN Scope of Practice Advocacies
  • Massachusetts- NPs, CRNAs- Jan 2014
  • Connecticut- APRNs- Mar 2013
  • W. Virginia- APRNs- Sept 2012
  • Kentucky- APRNs- Mar 2012
  • Texas- APRNs- May 2011
  • Florida APRNs- Mar 2011
  • D. C. APRNs- Nov 1985
Doctors troubled by FTC's role in scope-of-practice issues

They say the agency's comments to lawmakers go beyond its expertise and that clinical practice qualifications should be left to physicians and others.

By ALICIA GALLEGOS — Posted April 29, 2013

Physician leaders are growing increasingly alarmed at efforts by the Federal Trade Commission to weigh in on proposed state legislation regarding clinical roles of nonphysicians, even though most of those efforts have failed.

For instance, the FTC in March wrote a letter to Connecticut lawmakers in favor of...
"A Primary Problem: December 2010"

- By 2019, 32 million uninsured will have coverage
- Shortage of 40,000 family physicians by 2020 (AAFP)
- Appt wait time average 44 days
- 31% of physicians are in primary care (down from 50%)
- 80% NPS ARE WORKING IN PRIMARY CARE SETTING
- Mass Med Soc Survey
  - 2009- 9% of med school grads were going into family medicine
  - 25% of physicians planned to leave profession
Politics or Sound Policy?

“State laws and regulations have failed to keep pace with advanced practice nursing’s evolution over the past 40 years... ...the restrictions faced by APNs in some states are the product of politics rather than sound policy.

Competence does not change with jurisdictional boundaries; the only thing that changes is legal authority.
External Legitimacy: IOM Future of Nursing Report

• 1. Nurses should practice to the full extent of their education and training.

• 2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
2010 IOM Future of Nursing

3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.

4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.
# Controversy

- #1. Nurses should practice to the full extent of their education and training.

- #3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
THE IOM HAS SPOKEN....
No Turning Back
Susan Apold, PhD, ANP-BC, and Joanne M. Pohl, PhD, ANP-BC

ABSTRACT
The Institute of Medicine’s Future of Nursing Report precipitated wide discussion and some confusion among health care stakeholders. Organized medicine sought clarification from the Robert Wood Johnson Foundation, which provided that clarification in the form of a series of conversations with organized nursing. The Dialogue on Interprofessional Collaboration resulted in lessons learned for the nursing profession. These “lessons” can be used to inform strategy for articulating the role of advanced practice nursing so as to increase access to care for patients in this nation.

Keywords: collaboration, interprofessional
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During the introduction of the Institute of Medicine’s (IOM) report on the future of nursing,1 Donna Shalala, the project’s chairwoman, stated that our nation was entering “the golden age of nursing.” That characterization is both a celebration and a challenge. The IOM report validated much of what the profession of nursing already knew: the utilization of nurses to the full extent of their education and training is the answer to a comprehensive, affordable, quality health care system in this nation. The challenge is for this profession to keep the momentum of that report alive. Our profession is writing our modern history. As this “golden age” unfurls, nurse practitioners (NPs) have an obligation to participate in the creation of this history by engaging every day in the activities and obligations that surround full implementation of this report. Leading Change, Advancing Health,2 published in October 2010. This report, now a major plank in the health care reform platform, particularly for the nursing profession, made 4 key recommendations, specifically:

1. Nurses should practice to the full extent of their education and training.

2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.

4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.

There is no report of this nature that does not touch...
Five physician orgs requested a meeting with IOM and RWJF Presidents

• ACP, AAFP, AAP, AOA, ACOG all sought clarification from RWJF
• 12 person panel of physician and nurse experts was convened by RWJF
• 6 Nurse Leaders represented ANA, AACN, AONE, the NP Roundtable
The Dialogue on Interprofessional Collaboration

- Better understand each profession’s response to the scope of practice recommendations in the IOM Future of Nursing Report
- Describe the roles and relationships without using “charged” words
- Articulate roles of each profession in delivering patient care to meet the nation’s challenges
The Dialogue Focus

• Physicians were concerned that nurses would assume roles for which they were not prepared to the detriment of patients.

• Nurses were concerned that hierarchial nature of health care industry would prevail.

• All agreed that the patient would remain as the focus
The Dialogue

• A series of confidential conversations was held and described as “overwhelmingly positive, professional, collegial”

• Result- a consensus document was drafted
Points of Consensus

• The nation has a shortage of PCPs and they are not well-distributed.

• Nursing and Medicine are different, not interchangeable. Nurses do not want to be physicians.

• “Captain of the Ship” notion needs to be refined for the 21st century. Discussed supervision being eliminated from APRN regulations but could not reach consensus
Points of Consensus

• Medicine and Nursing “need a shared understanding of common approaches by both professions to accreditation, assessment, certification and licensure”.

• “Medicine and nursing are not the same”, but our common ethical obligations to patients override personal and organizational self-interests.”
Consensus Comes to a Halt

• A draft consensus document was developed
• It was leaked to the AMA
• 2 of the 6 physician organizations immediately withdrew and all efforts at consensus-building came to a halt.
• All medical organizations withdrew.
Lessons Learned

• Nursing has to move beyond public physician-nursing conflict, as these conflicts do not serve either profession well.

• Participants were debriefed individually by phone - Remain hopeful for future consensus
Lessons Learned

• “The profession of nursing must move forward as one voice on all important issues affecting patients and health in this nation.”

• “Nursing is essential to the health care of this nation and health care reform cannot occur without all professional RNs functioning at the top of their licenses and education.”
Lessons Learned

• “The medical community is widely divergent on their positions regarding primary care, the role of health care providers, and their own perceptions of where they fit in the health care system”
Lessons Learned

• “No nurse should engage in hostile or confrontational physician-nurse conversations”

• Organized nursing should work with those physicians who are ready to engage in meaningful change and avoid those organizations who are not ready to embrace the change necessary to make our health care system work.
Recommendations (Apold & Pohl, 2014)

1. First step- JOIN National Org- AANP
2. Join STATE NP organization
3. Nursing education must focus on developing leadership competencies
4. Foster Interorganizational Unity
   - Formulate ONE message- does not mean share same resources or cannot have tough conversations
PLAN the FUTURE!

WHAT CHANGES DO YOU WANT FOR NURSE PRACTITIONER PRACTICE?
The Future: Changes to Federal Legislation?

• 1. AUTHORITY TO ORDER HOME HEALTH CARE FOR MEDICARE BENEFICIARIES
  – HR2504/S1332    Cosponsors: 153/23

• 2. FIX THE DME PROBLEM
  – HR3833    Cosponsors 28
The Future: Changes to Federal Legislation?

3. SUPPORT CHANGES TO THE VA NURSING HANDBOOK
   - Refute opposition to granting APRNs Full Practice Authority

4. MEDICAID REIMBURSEMENT
   - Ensuring Access to Primary Care for Women and Children Act S2694
   - Expands PCPs to include all NPs and others
   - Aligns Medicaid reimbursement rates with Medicare
The Future: FULL PRACTICE AUTHORITY IN MARYLAND?

“Full practice authority is the collection of state practice and licensure laws that allow for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments- including prescribe medications- under the exclusive licensure authority of the state board of nursing.”
BUT It’s Only A Piece of Paper...
Attestation

- PROBLEMS: (Ones I could think of)
  - No evidence that it impacts patient safety
  - Gives one discipline control over another - NP CANNOT practice without the piece of paper
  - Delays start of employment/impediment to practice
  - Administrative burden
  - If physician leaves, dies, retires or evaporates, what are the NP and his/her patients supposed to do? It blocks access!
  - Could set up unfair competition - Physician can charge a fee but not have to define any service provided.
ALL POLITICS IS LOCAL

• WHAT STRATEGIES HAVE WORKED IN OTHER STATES?
Appropriately Frame the Issue

1. Do not focus on a turf battle between nursing and medicine.

INSTEAD focus on the fact that the issue impacts patient’s getting the care they need.
Use the Right Words

2. Use the words:

“FULL-PRACTICE-AUTHORITY”

Avoid the words:

• “INDEPENDENT” “AUTONOMOUS”

These imply images of a dangerous “Lone Ranger” type provider who never consults with anyone.
Use the Right Words

• “This will not change anything about the NP scope of practice, or the way NPs consult, communicate or refer.”
Collect Stories

• How is the attestation impacting access, cost, quality of care?

• How is it impacting the citizens of Maryland?

• Provide a receptacle on the association’s website where members can email their stories
Line Up Your Stakeholders

• AARP?
• Business and Industry?
• Hospital Association?
• Employers of NPs
• Patients
• Physicians who “get it”
• Schools of Nursing
Anticipate the Opposing Arguments and Develop Counter Arguments

- NPs have inferior education
- Patient Safety will suffer without MD supervision
- Pain Management is dangerous without MD supervision
- Research on NP Practice is flawed
- Physician salaries will decrease
- Physician jobs will decrease
- It will hurt Team Care
Review testimony archives in the 19 FPA States

Can review the arguments of opposition

Can review the testimony of NPs and their supporters.

Develop a Strong Grassroots Structure

• Assign an NP to every legislator

• Develop talking points on single sheets so the messaging is consistent

• Lobbyist/Legislative Coordinator should be able to call on the “assigned” NPs with targeted message for specific legislators
Maintain Internal Cohesion

• Get Other Nursing Groups on Board to work with you!

• Foster Interorganizational Unity on the Issue
Use the APRN Model Legislation

• The “Transition” Model has not been working well in other states

• Causes new grad RNs to leave the state-“geographic clustering”
Beware of “Team-Based Care” Rhetoric

- AMed News January 7, 2013 editorial
- AMA supports March 2012 Virginia law
- Requires as a condition of NP licensure, NPs can only practice on a health care team led by a physician.
- AMA plans to use Virginia law as a template to develop model state legislation.
Support NPAM-PAC

PAC funds provides access to legislators’ fundraisers
Follow Directions

• When you are asked to call, phone fax, email, visit a legislator, it really helps if you do it.

• Stick to the talking points
Reach Out to Your Colleagues

• Turn non-members into Members!
Remain Vigilant

When you do win the battle,

Beware of complacency!
• “Never be bullied into silence. Never allow yourself to be made a victim. Accept no one’s definition of your life; define yourself.”

- Robert Frost