Welcome!

Briefing — Expanding the Role of Nurse Practitioners

May 6, 2019 12:00 PM

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Expanding the Role of Nurse Practitioners

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Vice President, External Engagement

Future Health Workforce Commission

Independent one-year effort to develop and prioritize recommendations to meet California's health care needs over the next 10 years.

Recommendation 3.1 includes:

(1) **Expanding NP education** to increase supply in underserved communities

(2) **Maximizing use of NP skills** within current regulations

(3) **Giving NPs full practice authority** after a transitional period of collaboration with a physician or experienced NP

Full practice authority: Practicing and prescribing without physician supervision

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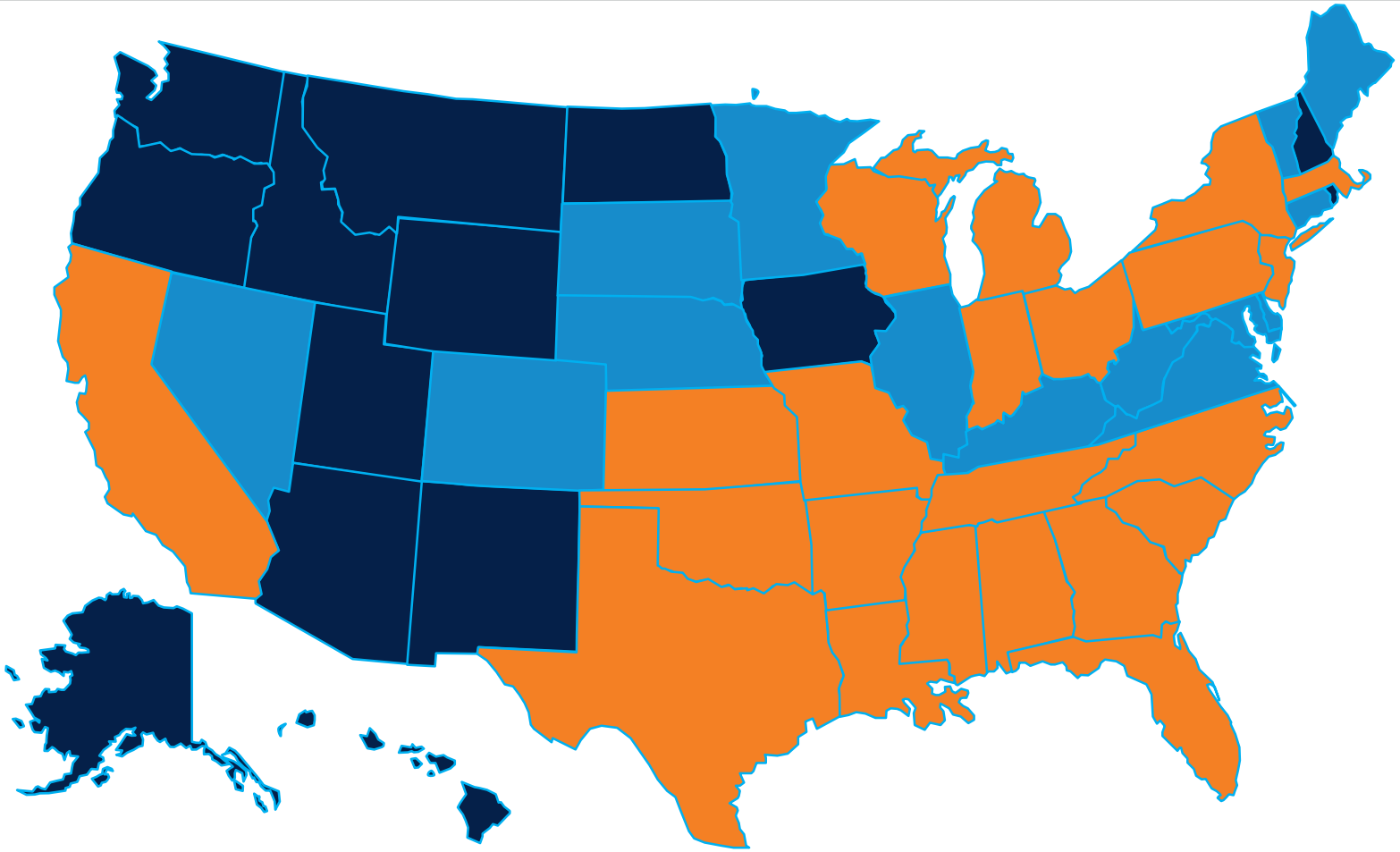
28 states + DC allow NPs to have full practice authority



No full practice authority
Full practice authority upon licensure
Full practice authority after transitional period

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Expanding the Role of Nurse Practitioners

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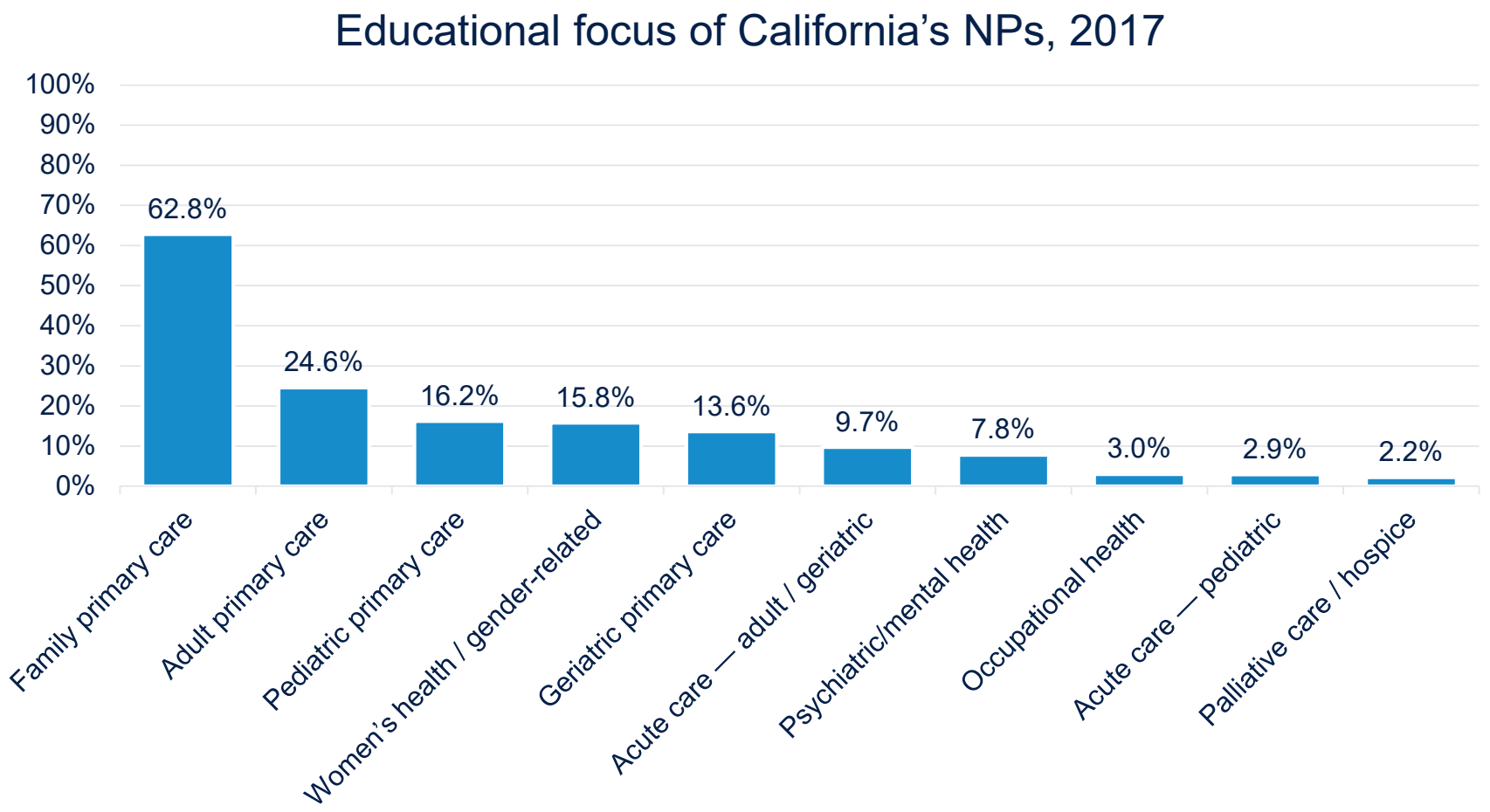
Elizabeth Holguin, PhD, MPH, MSN, FNP-BC, Presbyterian Healthcare Services, New Mexico
Tillman Farley, MD, Salud Family Health Centers, Colorado
Susan VanBeuge, DNP, APRN, FNP-BC, University of Nevada School of Nursing, Nevada

NPs are one of several types of advanced practice registered nurses

- Advanced practice registered nurses (APRNs):
  - Nurse practitioners
  - Nurse-midwives
  - Nurse anesthetists
  - Clinical nurse specialists
- Master's or doctoral education, substantial clinical training
- Education includes pharmacology and other content needed for safe prescribing of medications
- Some states license NPs as APRNs and specify NP roles within their nurse practice act

Most NPs are in primary care fields



Source: Spetz, J, Blash, L, Jura, M, Chu, L. 2017 Survey of Nurse Practitioners and Certified Nurse-Midwives. Sacramento, CA: California Board of Registered Nursing, April 2018.

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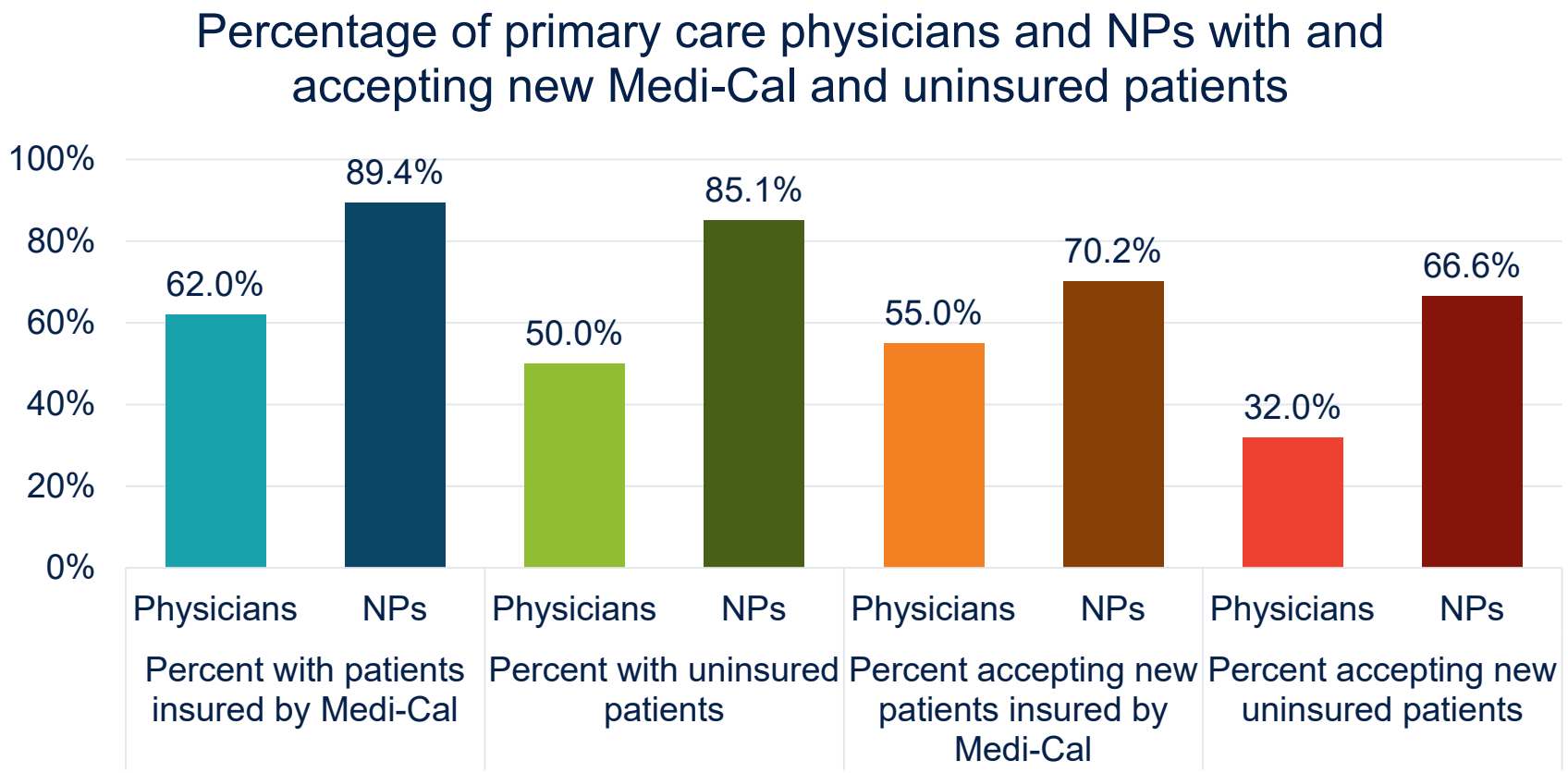
NPs are more likely than physicians to treat underserved Californians



Source: Joanne Spetz et al., 2017 Survey of Nurse Practitioners and Certified Nurse-Midwives, Healthforce Center at UCSF, April 2018, https://healthforce.ucsf.edu/publications/2017-survey-nurse-practitioners-and-certified-nurse-midwives; and 2015 physician data reported in California Physicians: Who They Are, How They Practice, California Health Care Foundation, 2017, https://www.chcf.org/publication/california-physicians-who-they-are-how-they-practice/

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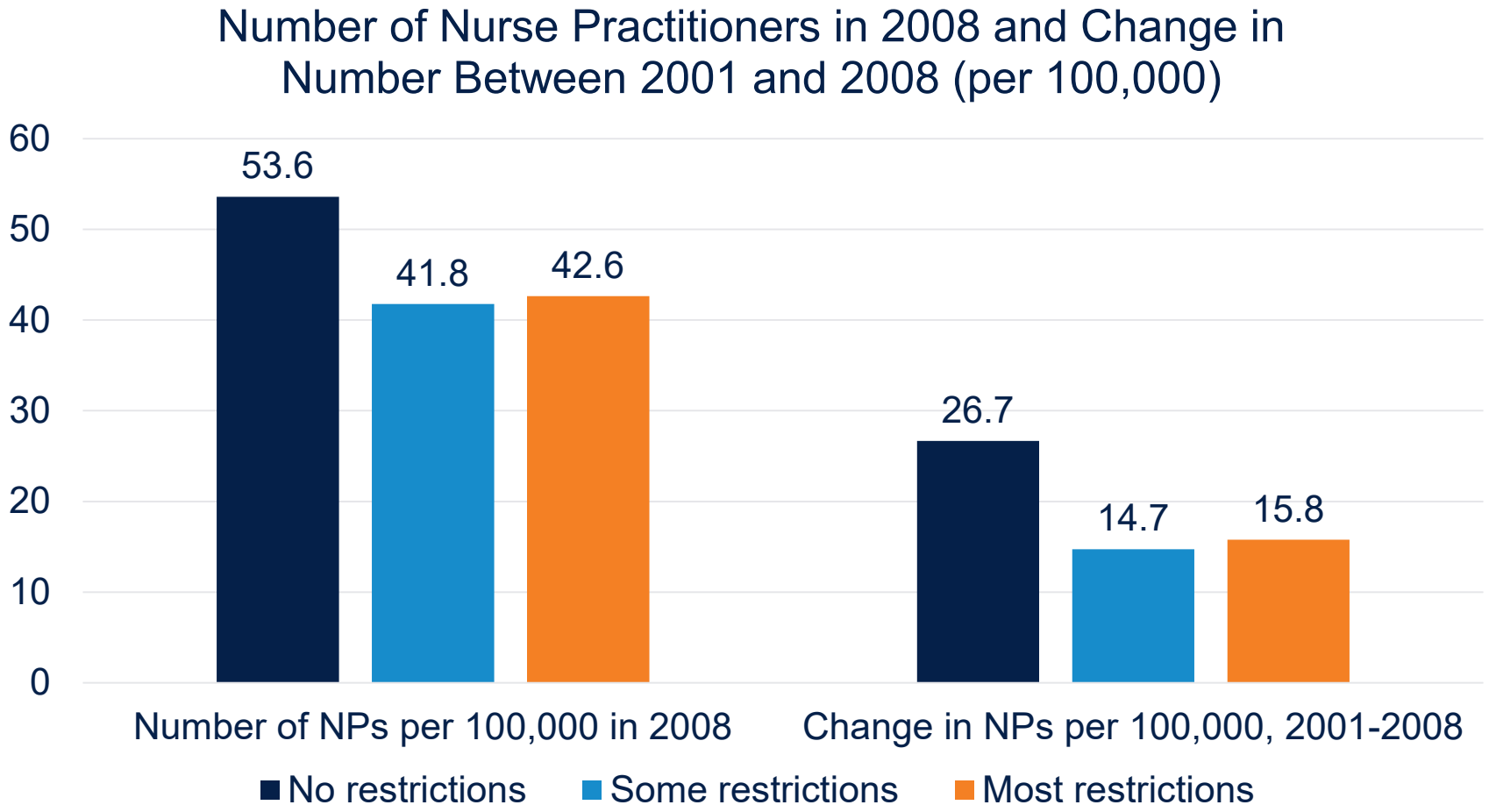
The supply of NPs is greater and grows faster in states with full practice authority



Source: P.B. Reagan and P.J. Salsberry, "The Effects of State-Level Scope-of-Practice Regulations on the Number and Growth of Nurse Practitioners," Nursing Outlook 6, no. 1 (2013): 392–99.

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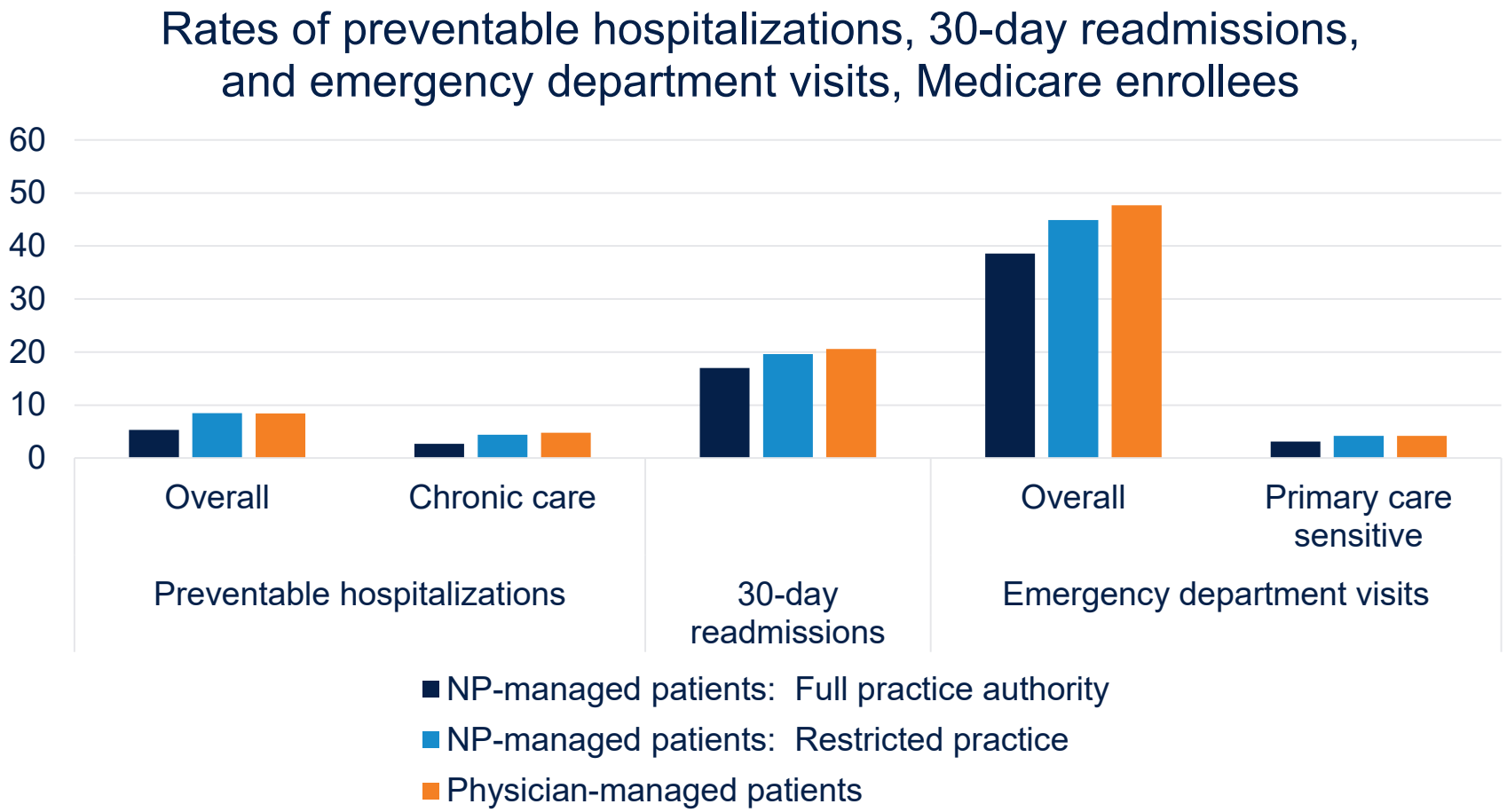
Quality of care: What the evidence says

- Systematic review of 11 quality and outcomes indicators concluded NPs produced comparable or better results for all measures.
- Study of community health centers found no differences in NP vs. physician care in eight of nine outcomes, and better care from NPs for one outcome.
- The most rigorous studies of prescribing find no significant differences.
  - The only studies that find differences combined NPs and PAs.
- Some studies have found that NPs are less likely to prescribe opioids.
- Recent large-scale analyses have found either lower rates of MRI for low back pain or no differences in imaging for NPs vs. physicians.

NP-managed patients have fewer hospitalizations, readmissions, and emergency visits



Source: Jennifer Perloff et al., Association of State-Level Restrictions in Nurse Practitioner Scope of Practice With the Quality of Primary Care Provided to Medicare Beneficiaries, Med. Care Research & Review 18 (2017)

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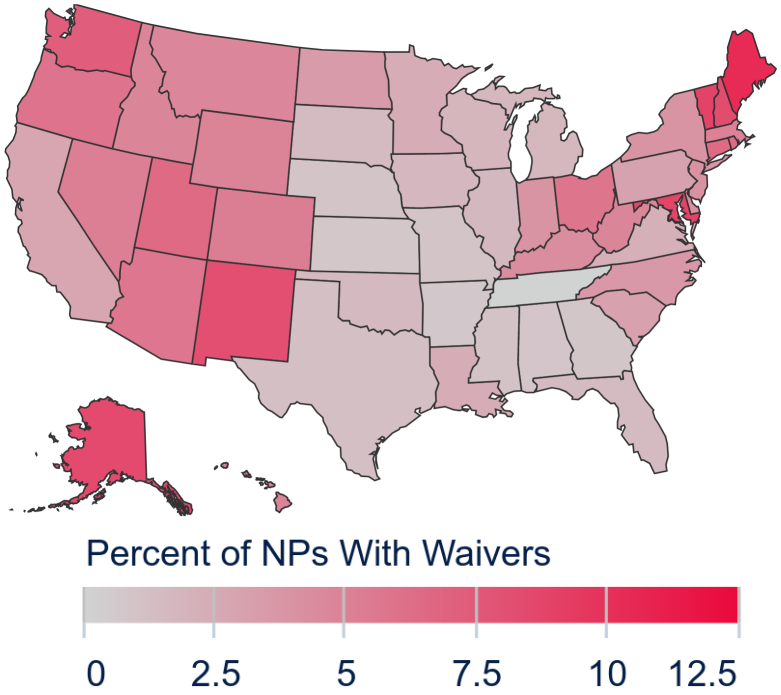
Full practice authority is linked to fewer emergency department (ED) visits and hospitalizations

- For dual Medicaid-Medicare enrollees:
  - 31% fewer avoidable hospitalizations
  - 10% fewer hospital readmissions
- For states that expanded Medicaid under the Affordable Care Act:
  - 7% increase in ED visits with full practice authority vs. 28% if restricted
- When states have changed to full practice authority, over the next two years:
  - 3.3 percentage point increase in probability that adults had checkups in the past year
  - 3.6% increase in probability of having a usual source of care
  - 4.8 percentage point increase in probability of “always” being able to get an appointment when sick
  - 11.6% decrease in repeat ED visits for ambulatory care sensitive conditions

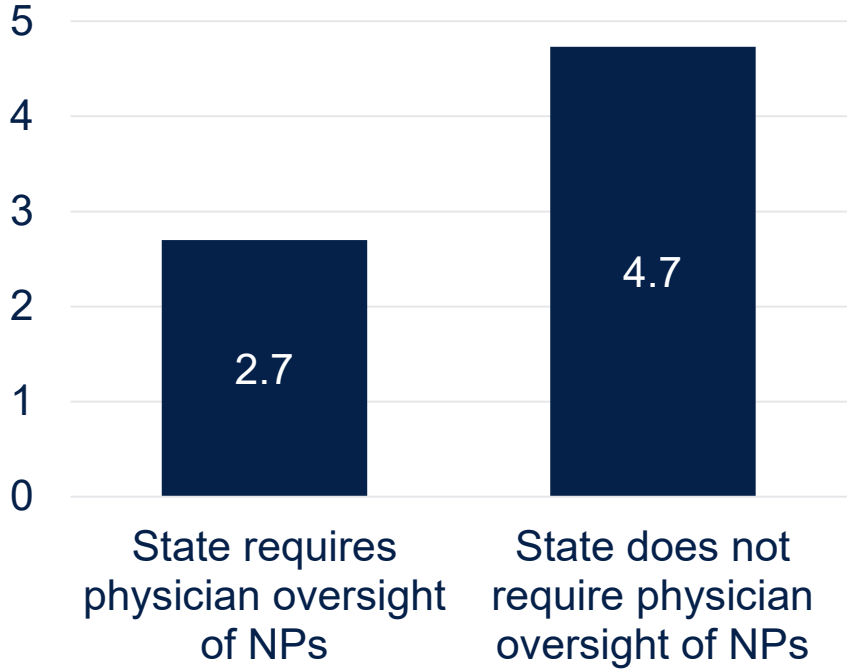
Source: G. Oliver et al., "Impact of Nurse Practitioners on Health Outcomes of Medicare and Medicaid Patients," Nursing Outlook 62, no. 6 (2014): 440–47. Benjamin J. McMichael, Joanne Spetz, and Peter Buerhaus, “The Impact of Primary Care Access on Emergency Department Use: Evidence from Nurse Practitioner Scope of Practice Laws and Medicaid Expansion,” Medical Care 57, no. 5 (2019): 362–68. J. Traczynski and V. Udalova, "Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes," Journal of Health Economics 58 (2018): 90–109.

Access to opioid treatment is greater where NPs have full practice authority

Percentage of NPs authorized to prescribe medication treatment for opioid use disorder, 2018



Predicted percentage, controlling for percentage of physicians with waivers



Source: Spetz, J, Toretsky, C, Chapman, S, Phoenix, B, Tierney, M. Nurse practitioner and physician assistant waivers to prescribe buprenorphine and state scope of practice restrictions. JAMA, 2019, 321 (14): 1407-1408.

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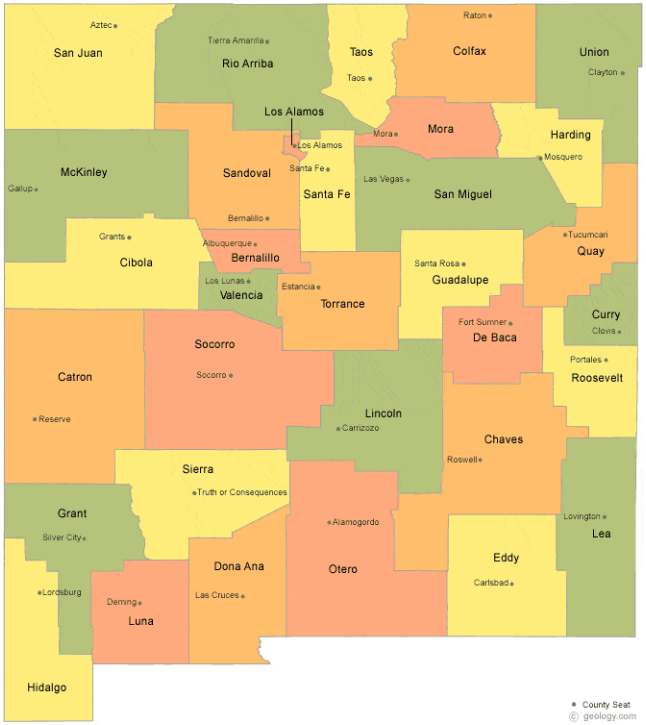
Nurse Practitioners in New Mexico

Elizabeth Holguin, PhD, MPH, MSN, FNP-BC, Presbyterian Healthcare Services, New Mexico

Demographics

- Population estimates between 2,000,000-2,102,521
- Racial/Ethnic Distribution (2017)
  - 48.8% Hispanic
  - 38.2% White
  - 9.1% American Indian/Alaska Native
  - 2.2% Black or African American
  - 1.7% Asian or Pacific Islander
- Health Insurance Coverage (2017)
  - 36% Employer
  - 5% Non-Group
  - 34% Medicaid (41% in 2019)
  - 14% Medicare
  - 2% Other Public
  - 9% Uninsured



Sources: https://nmhealth.org/data/view/vital/2208/
https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

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Regulatory Structure for NP practice

- New Mexico Board of Nursing (BON): four licensed nurses and three public members who are not nurses.
  - The BON directs all activities related to licensure and re-licensure of nurse practitioners in New Mexico.
- APRNs under BON oversight:
  - Certified nurse practitioners (CNPs)
  - Clinical nurse specialists (CNSs)
  - Certified registered nurse anesthetists (CRNAs)
- BON adopts rules and regulations regarding CNP and CNS prescriptive authority.

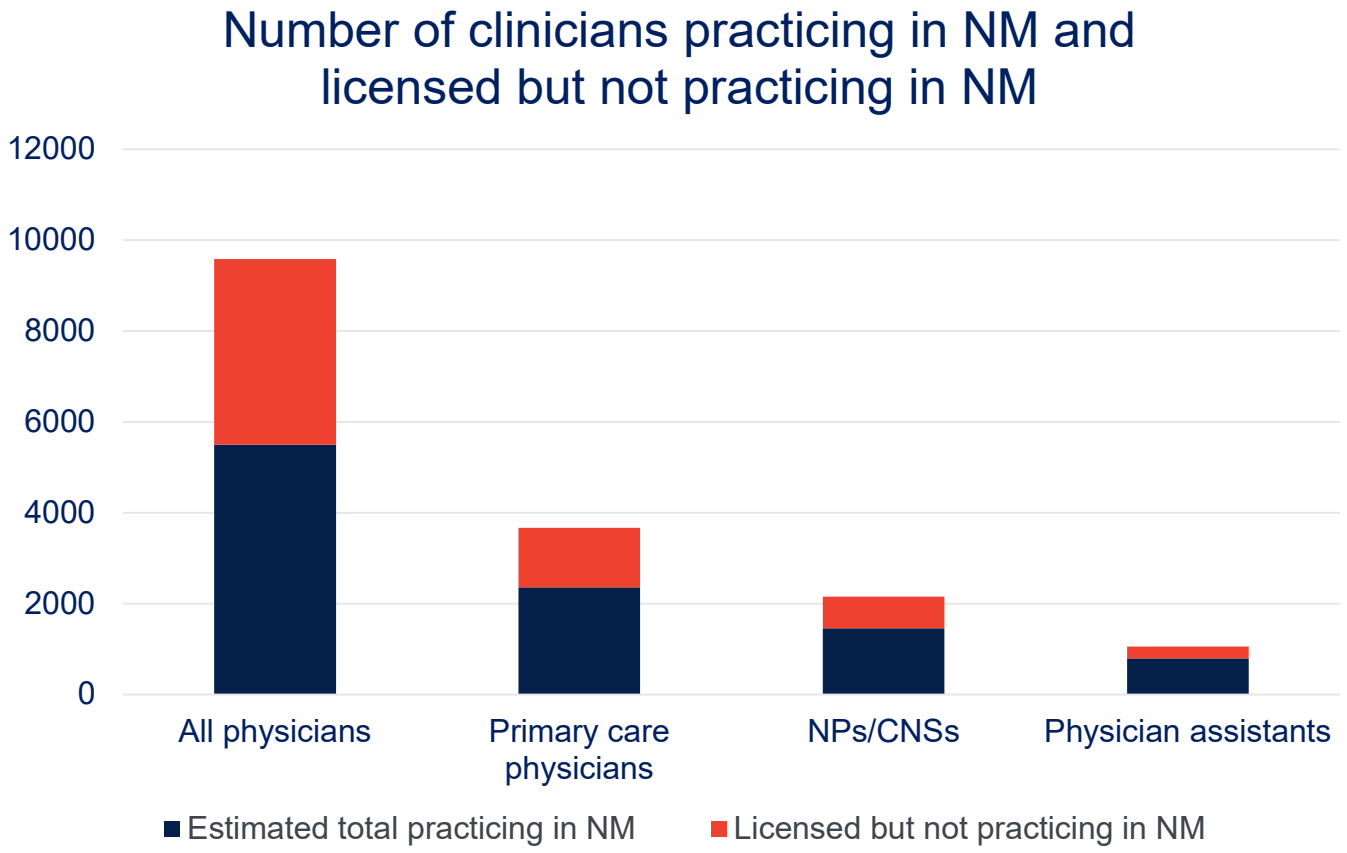
CNP education and certification requirements in New Mexico

- Is a registered nurse
- Has successfully completed a program for the education and preparation of nurse practitioners
  - After January 1, 2001: the program shall be at the master's level or higher
- Is certified by a national nursing organization
- 75 continuing education hours required every two years

Credits: L. 1991, Ch. 190, § 14; 1993, Ch. 61, § 5; L. 1997, Ch. 244, § 14; L. 2001, Ch. 137, § 8; L. 2014, Ch, 3, § 3, eff. July 1, 2014.

Formerly 1978 Comp., § 61-3-23-2.

NPs are a significant proportion of New Mexico's health care workforce



Source:New Mexico Health Care Workforce Committee, Annual Report 2018. https://www.nmhanet.org/files/NMHCWF_2018Report.pdf
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General NP scope of practice in New Mexico

- NPs are defined in law as primary care providers.
- They may practice independently.
  - Make decisions regarding health care needs of the individual, family, or community
- They may independently prescribe and distribute medications, including controlled substances (Schedules II-V).
- They may serve as a primary acute, chronic long-term, and end-of-life health care provider.
- They may collaborate as necessary with licensed medical doctors, osteopathic physicians, or podiatrists.

Credits: L. 1991, Ch. 190, § 14; 1993, Ch. 61, § 5; L. 1997, Ch. 244, § 14; L. 2001, Ch. 137, § 8; L. 2014, Ch, 3, § 3, eff. July 1, 2014.

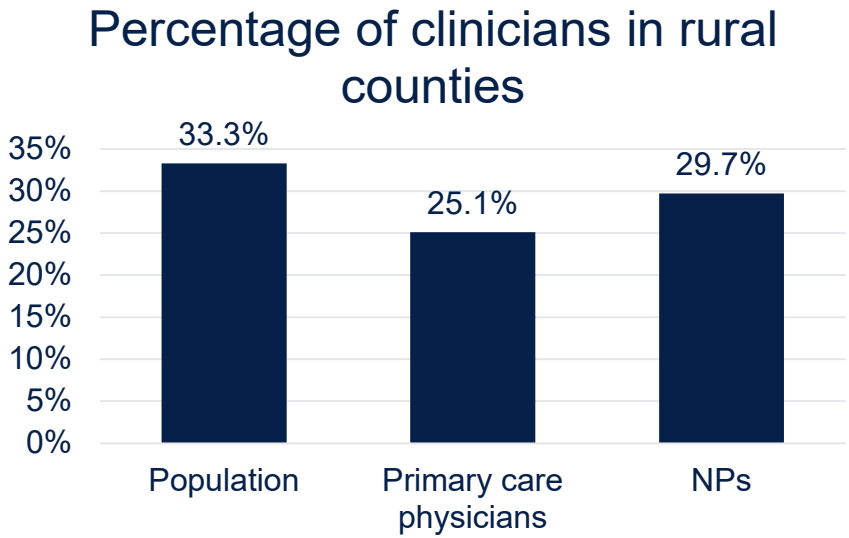
Formerly 1978 Comp., § 61-3-23-2.

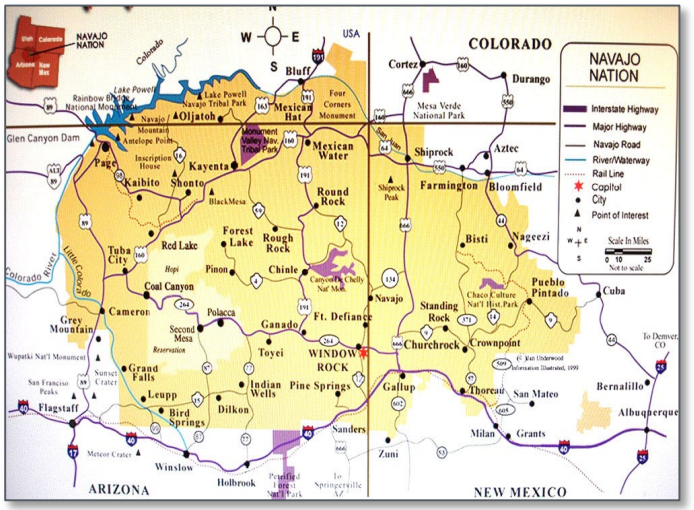
What are NPs allowed to do in New Mexico?

- Authorized to refer to physical therapy
- Authorized to provide proof of disability for disabled parking permits
- Not currently authorized to sign Do Not Resuscitate orders
- Authorized to sign death certificates
- Authorized to sign most forms associated with Physician Orders for Life-Sustaining Treatment (POLST) and Medical Orders for Scope of Treatment (MOST)

Importance of NPs for access to care in statewide and in rural communities

- New Mexico has large rural areas, including Native American pueblos and reservations.
- "Having NPs with full practice authority is crucial because we have so many rural areas with such limited access to care . . . sometimes the NP is the only health care contact for that community." – New Mexico Nurse Practitioner Council Executive Director





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How do NPs begin their practice?

- No required collaborative hours – full practice authority is immediate.
- Usually 90-day orientation process for new graduates at the organization with which they will work.
- Relationships between NPs and physicians vary by site and the site's practice.
  - NPs can be found everywhere including primary care, urgent care, community health, and as support for specialty medicine.
- Many NPs offer educational experiences to students.
  - Formal teaching in NP and RN education programs
  - Offering preceptorships for students – shortage of preceptor sites in NM
- Insurance and billing issues can be a barrier to NP practice.

NPs play a crucial role in providing treatment to combat the opioid epidemic

- NM experienced 17.5 deaths/100,000 persons in 2016.
  - National rate: 13.3 per 100,000
- Espanola, NM is a major heroin distribution hub: 42.5 deaths/100,000.
- Medication treatment is an important tool to fight the opioid epidemic.
- Methadone, buprenorphine (Suboxone), naltrexone
- Buprenorphine can be provided outside narcotics treatment programs if the clinician has a waiver from the DEA.
- From 2002-2016, only physicians could get waivers.
- The opioid bill in 2016 extended waivers to NPs and PAs.

Image Source: https://www.drugabuse.gov/opioid-summaries-by-state/new-mexico-opioid-summary

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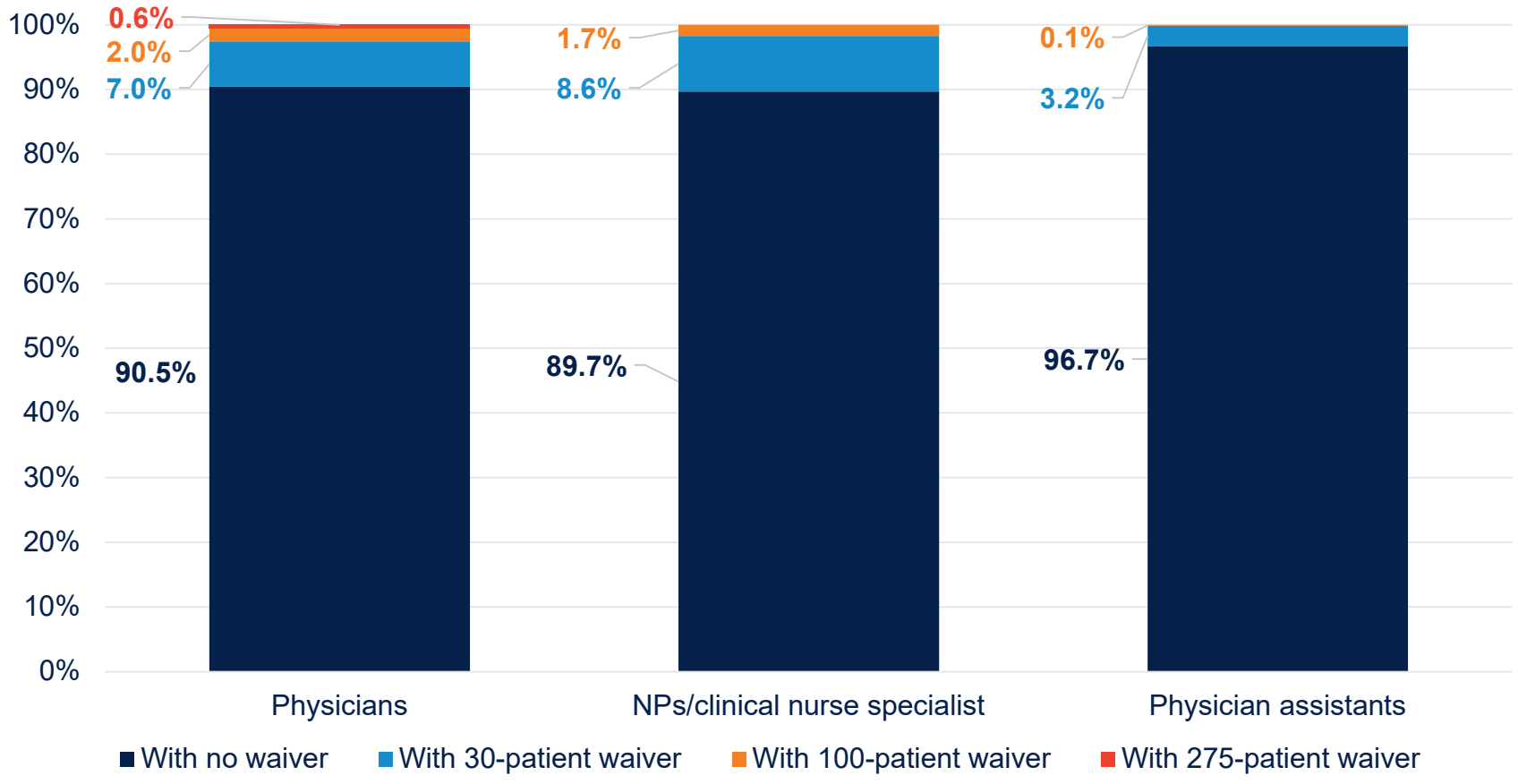
Restrictions on NPs and PAs getting waivers in other states

To qualify, NPs and PAs must:

- Be licensed under state law to prescribe schedule III, IV, or V medications for pain
- Complete no less than 24 hours of appropriate education through a qualified provider
- If the NP/PA is required by state law to collaborate with a physician, the physician must be qualified for the NP/PA to get a waiver:
  - Physician can be waivered.
  - Physician can be addiction medicine certified.
  - Physician can be a psychiatrist.

Image source: https://www.apna.org/i4a/pages/index.cfm?pageid=6262

After only two years, the percentage of NPs with a waiver is higher than the percentage of physicians



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Nurse Practitioners in Colorado

Tillman Farley, MD
Chief Medical Officer, Salud Family Health Centers
& Associate Professor, University of Colorado Denver

Nurse practitioners in Colorado

- First NP program in the country started at University of Colorado in 1965.
  - Very first NP in the US practiced in Trinidad, CO
- Colorado is a full practice authority state with caveats.
  - Onerous (but improved) path to prescriptive authority
  - Some private insurance companies limit empanelment
- NPs are regulated by Nurse Practice Act and the State Board of Nursing.

Nurse practitioners in Colorado – Prescribing rules

- Provisional prescribing authority
  - Graduation from accredited program
  - Licensure
  - Three years experience as RN or APRN

- Full prescribing authority
  - Successful completion of 1,000 hours of mentorship
  - Articulated plan signed off by mentor

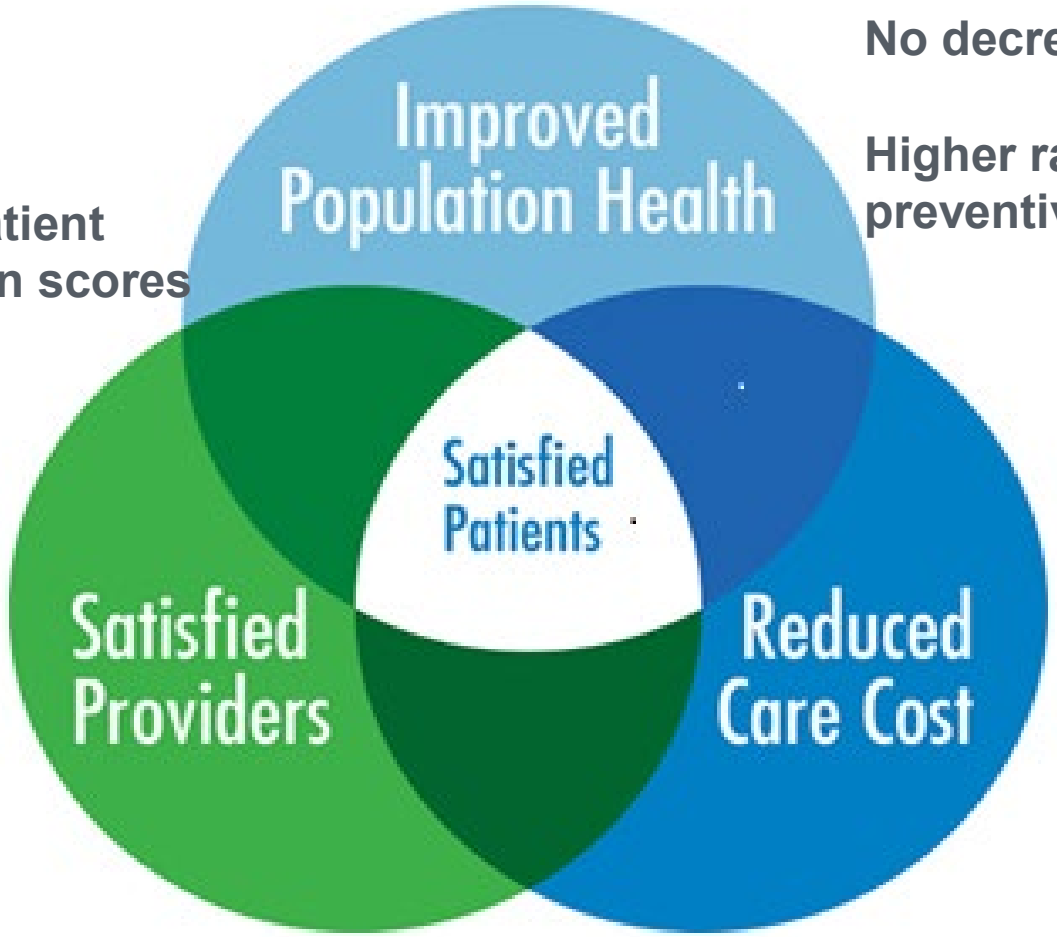
Nurse practitioners in Colorado – Workforce demand

- More PCPs needed
  - PCPs retiring
  - Population growing and aging
  - Insurance coverage expanding
- ~ 3,500 NPs currently licensed and active in Colorado
- ~ 2,000 working in primary care
  - 32% of total primary care workforce
- 6 schools
- ~ 200 nurse practitioner graduates yearly
- 75% stay in state

Nurse practitioners in Colorado – Advantages

- Educated more quickly and less expensively than physicians
- More likely to enter primary care practice
- More likely to work in underserved areas and for underserved populations

Quadruple Aim



No decrease in quality

Higher rates of preventive services

Highest patient satisfaction scores

Lower overall healthcare costs

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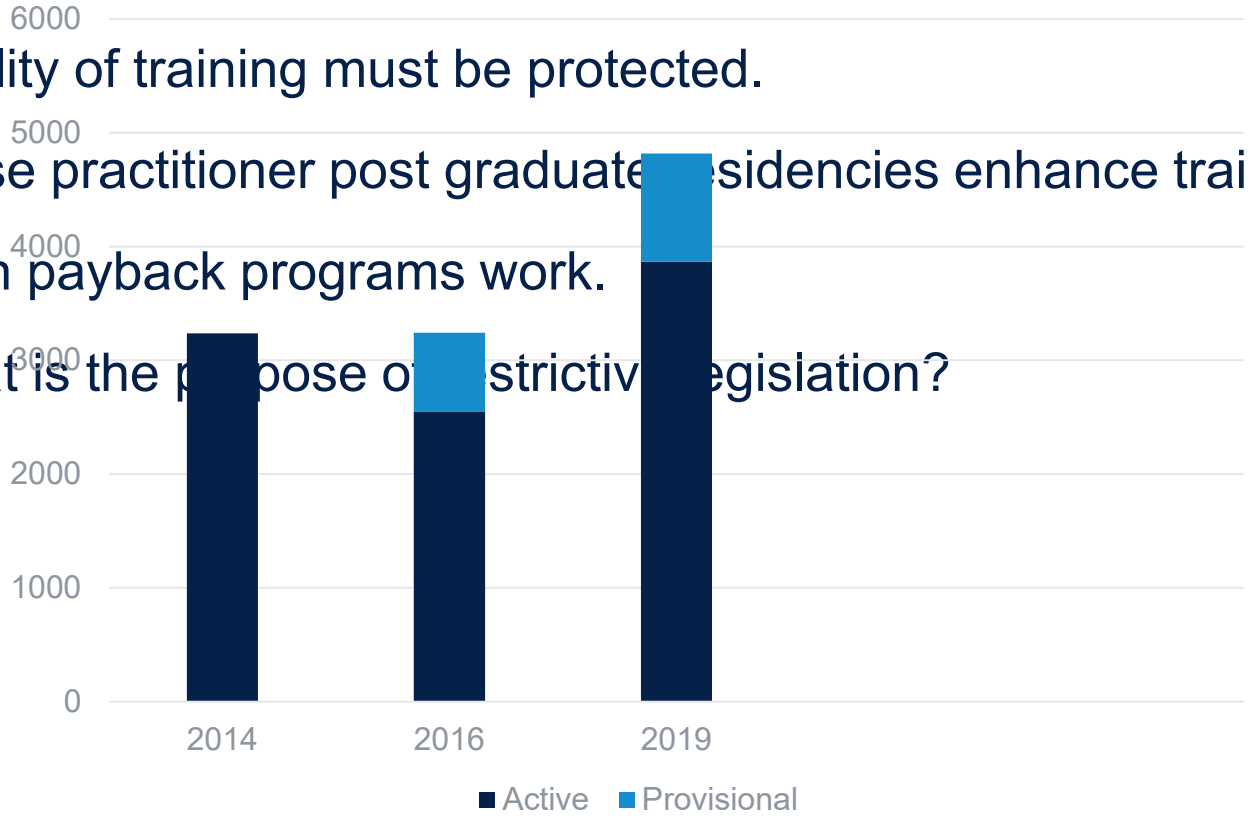
Nurse practitioners in Colorado – Lessons learned

- NPs can't be the only answer to rural health access.
- There has been a profusion of online training programs.
  - Inconsistent clinical education
- Lack of respect from doctors, employers, and payers is still a problem.
- Restrictive regulations on NPs tip the scales towards physician assistants.

Nurse practitioners in Colorado – Lessons learned

- Removal of restrictions will increase supply.
- Quality of training must be protected.
- Nurse practitioner post graduate residencies enhance training.
- Loan payback programs work.
- What is the purpose of restrictive legislation?



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Changes in Nevada Since 2013: Achieving Full Practice Authority

Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP
Associate Professor, Director of Clinical and Community Partnerships
University of Nevada, Las Vegas
School of Nursing

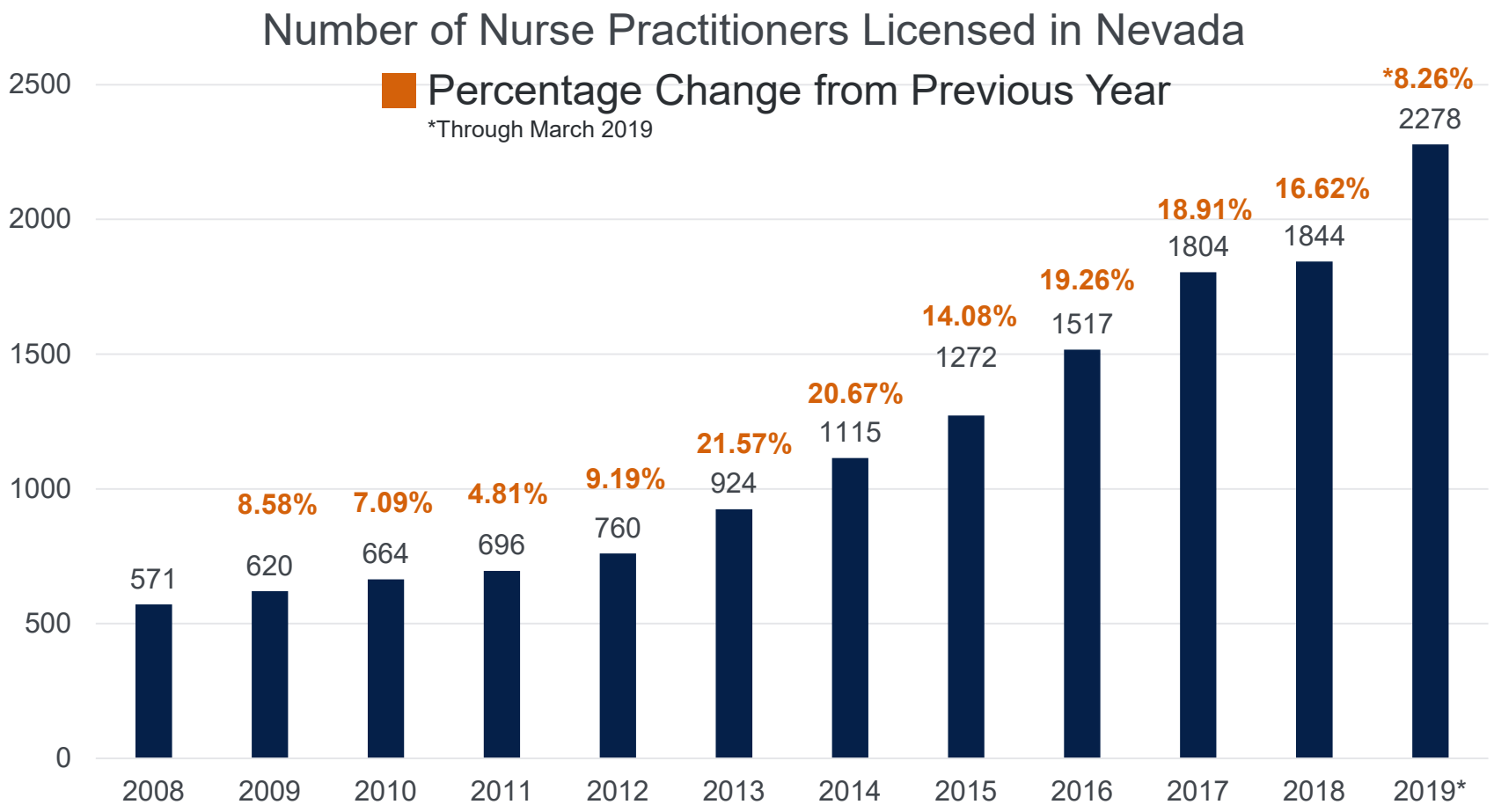
Background - Nevada

- Full practice authority (FPA) in 2013
  - Name change: APN (advanced practice nurse) to APRN (advanced practice registered nurse)
  - “Certificate of Recognition” to “License”
- Signature authority in 2017

Regulation of APRN practice in Nevada

- APRN practice is regulated in Nevada by the Board of Nursing.
- All APRNs must be nationally certified in their specialty area to practice, and graduate from an accredited program.
- Newly graduated APRNs must have at least two years or 2,000 hours of clinical experience in collaboration with a physician (MD, DO) to prescribe schedule II controlled substances; upon completion of this requirement, the APRN has full practice authority.
- Statutory requirement to maintain professional liability insurance.

APRN growth in Nevada: 2008-2019*



Source:Nevada state board of nursing annual reports and Nevada state Board of Nursing New (quarterly publication)

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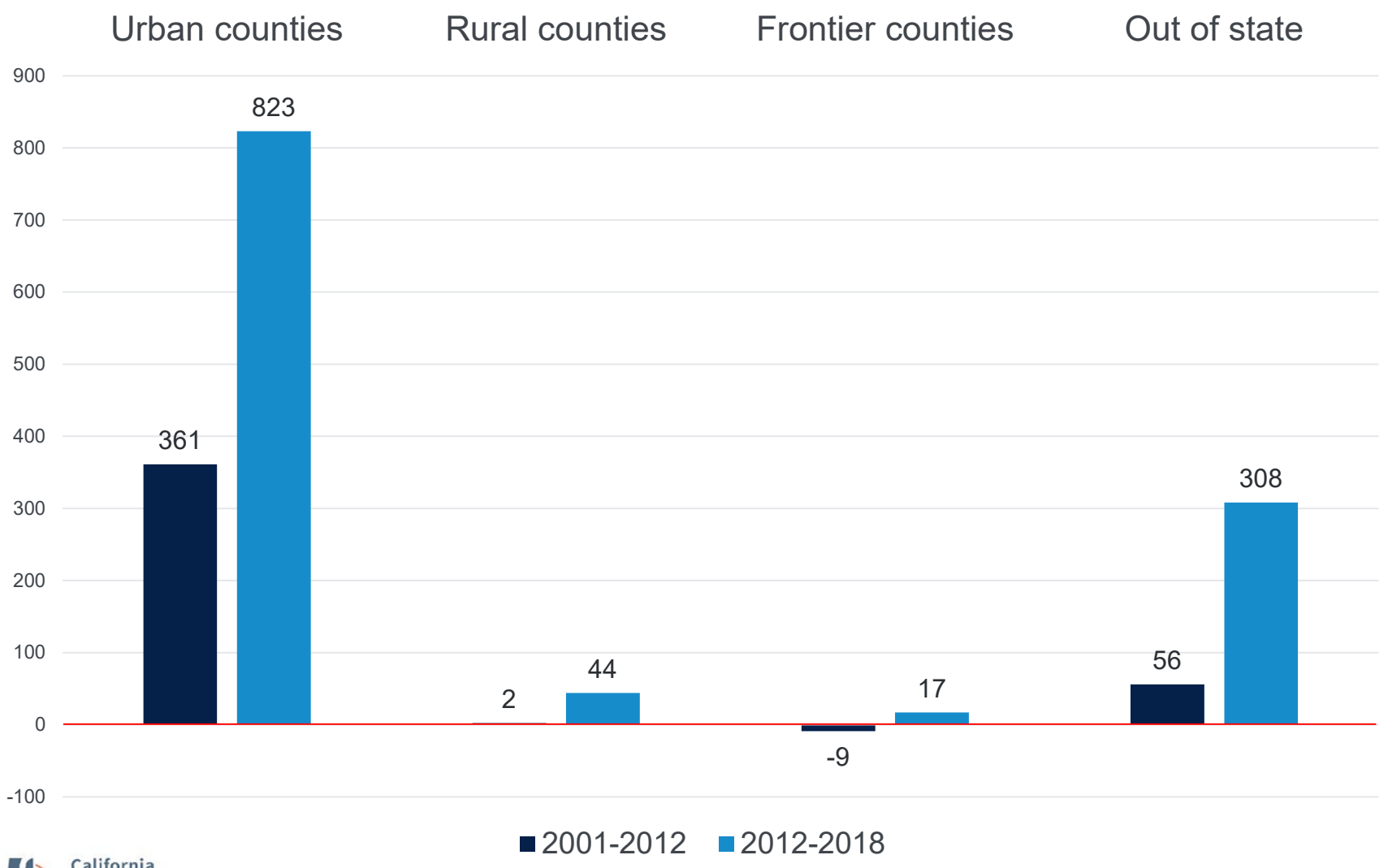
*Thru March 2019

APRN growth in Nevada: Numbers in urban, rural, and frontier counties, and out of state



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Growth: Impact on access to care

- 85% of APRNs licensed are in primary care (adult and family).
- 15% of APRNs are women's health, mental health, pediatric, nurse midwife, geriatric, and neonatal nurse practitioners.
- The majority of APRNs allowed to prescribe hold this status.
- No requirement for collaborative practice agreement allows the APRN to practice to their full scope of practice.
- APRNs not burdened with fees for collaboration.

A changing environment since 2013

- Expanded opportunities for APRNs in Nevada
  - Employment opportunities
  - Ability to open their own practice
  - Improved collegiality with medical community
- APRNs are being asked to the table
  - Legislators ask for updates on where the barriers still exist and how we can improve the access to care for Nevadan's
  - Service on state boards – not just nursing focused but *health care* focused
- Focus on community providers
  - Rural and frontier communities supporting BSN nurses to obtain education and become the community provider
  - This example is playing out in several communities throughout Nevada

Lessons learned in the journey to full practice authority

- Achieving full practice authority isn't the end of the journey. There are other areas of statute to address in terms of signature authority and parity in reimbursement.
- Nevada is a success story for the growth of practitioners and subsequent access to care in the urban, rural, and frontier communities across the state.


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Questions


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Thank You!