

Veterans Health Administration 2015 Nursing Handbook Update: Full Practice Authority and the Role of Advanced Practice Nurses

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Overview

Nursing Handbook

- Veterans Health Administration (VHA) Office of Nursing Services began the development of a Nursing Handbook in 2009 to establish policy for the process of care delivery and the elements of nursing practice in VHA.
- VHA's proposed nursing handbook is consistent with the 2010 IOM landmark report, "*The Future of Nursing: Leading Change, Advancing Health*" recommendation for removal of scope-of-practice barriers, which would allow APRNs to practice to the full extent of their education and training.

Nursing Handbook

- The VHA's proposed policy is consistent with the National Council of State Boards of Nursing (NCSBN) Consensus Model and includes all APRN roles. Model APRN regulation is aimed at public protection by ensuring uniformity across all jurisdictions
- Currently, each jurisdiction devises its own standards in regard to APRNs. This has resulted in a diversity of rules and regulations between jurisdictions.
- The lack of uniformity between jurisdictions lead to confusion on the part of the public, profession and related fields given that even APRN titles differ from one jurisdiction to the next

Nursing Handbook

- The proposed change is being driven by the efficacious use of resources and to decrease variability in care provided by APRNs throughout the VA system. This proposed change will:
 - **Increase access to care**
 - **Primary Care**
 - **Ensure continuity of the highest quality of care for Veterans**
- As an integrated Federal health care system, the proposed policy parallels current policies in the Department of the Defense and Indian Health Service.
- A significant number of states have already approved full practice authority for NPs and CRNAs, with many VA Medical Centers successfully utilizing APRNs to the full extent of their education and training.

VA Authority Under Federal Law

- United States Code under Title 38 authorizes VA to prescribe rules/regulations appropriate to carry out its statutory role as a national health care system provider
- **Exception is controlled-substance prescribing**
- VA licensed professionals required to follow VA rules/regulations for clinical practice—even if more expansive/inconsistent with State Practice Acts.

Federal Supremacy: APRNs

- **Under Federal law and supported by OGC formal opinion:**
 - VA has authority to establish qualifications for, and regulate the professional conduct of, its health care practitioners.
 - **VA may determine elements of practice for nursing, without regard to individual State Practice Acts--with the exception of prescribing controlled substances**

VHA APRN FPA Support

- The proposed FPA policy for FPA for APRNs has gained much attention during the past year
- Over 6,000 letters sent to Congress in support of FPA for APRNs
- Professional Organizations Supportive: AANA, AANP, ANA, AVANA, AACN, AARP, AAN & others
- State Legislature Letters of Support
- Congressional Letter of Support
 - Rep. Lois Capps & Rep. David Joyce
 - Signatures from 28 Members of the House
 - Receiving new letters each day

Nursing Handbook Update

March 2015

- The VHA Nursing Handbook is currently under review.
- VHA is seeking input from internal VA program offices and external professional stakeholders prior to any regulatory action and submission to the Under Secretary for Health for final approval.
- The scope of APRN practice is determined by academic preparation, training, certification, licensure,, as well as local facility policy and privileging processes.
- As full practice providers, APRNs will deliver care under a set of privileges, based upon education, training, and certification.
- VHA and HSR&D conducted a robust literature review focused on the quality and safety of granting Full Practice Authority (FPA) for Advanced Practice Registered Nurses (APRN).

Nursing Handbook Update

March 2015

- **Over the past 14 months:**
 - ONS and the Principal Deputy under Secretary for Health have met with 11 external professional healthcare organizations representing nursing and physicians, members of Congress, Veteran Service Organizations and special interest groups such as AARP to discuss VA's proposed Full Practice Authority policy for APRNs
 - The VHA Nursing Handbook that in part authorized full practice authority (FPA) for APRNs was reviewed by the Office of General Counsel (OGC).
 - OGC determined a regulation is required before the Handbook can be published and operationalized.
 - The APRN final draft regulation will enter the VA concurrence process in April 2015.
 - Following the public comment period, VA will render a decision on the policy.

APRN FPA & Rulemaking

- The VHA Nursing Handbook that in part authorized full practice authority (FPA) for APRNs was reviewed by the Office of General Counsel (OGC).
- OGC determined a regulation is required before the Handbook can be published and operationalized.
- Rulemaking is necessary to implement this change, instead of a VHA policy for several reasons including that:
 - a regulation allows VA to invoke legal supremacy over State law, which will help support individual APRNs who act beyond the scope of their State license in the event that State license boards or others challenge their autonomous practice.

Nursing Handbook

- The recognition of APRNs as full practice providers will continue to support the current VA Team Model of care. In team-based care, each team member is working at the top of his or her education, training and expertise.
- Recognition of APRNs as full practice providers does not require any change in the VHA Team Model of Care for Certified Registered Nurse Anesthetists (CRNA) or Certified Nurse Practitioners (CNP) or Clinical Nurse Specialists (CNS).
- As full practice providers, APRNs will deliver care under a set of privileges, based upon education, training, and certification. Privileges are recommended by the Service Chief and confirmed by the local Professional Standards Board

Four Roles of APRN Practice

- **CNP**
- **CRNA**
- **CNM**
- **CNS**



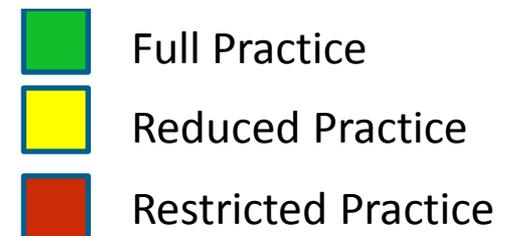
VHA APRN Workforce

6,256 APRNs working in VHA

- 4,886 (78%) Certified Nurse Practitioners (CNP)
- 888 (14%) Certified Registered Nurse Anesthetists (CRNAs)
- 482 (8%) Clinical Nurse Specialists (CNSs)
- 0 Certified Nurse Midwives (CNMs)

Source: VHA Workforce Data: Accessed February 2015

2015 Nurse Practitioner State Practice Environment



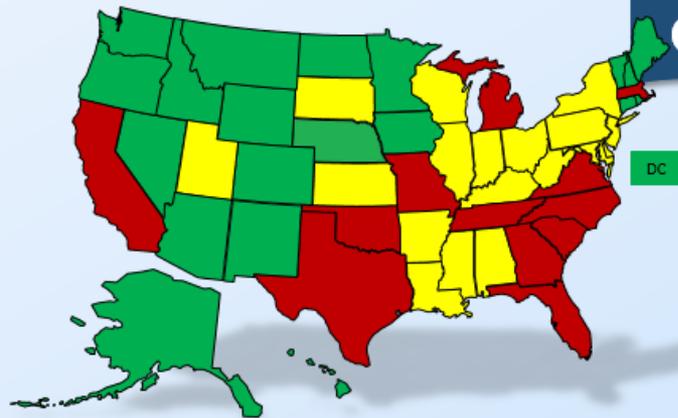
Sources:

State Nurse State Practice Acts and Administration Rules, 2012

© American Association of Nurse Practitioners, 2014

VETERANS HEALTH ADMINISTRATION

Breaking News!



CONGRATULATIONS, NEBRASKA!

**Full Practice Authority
for Nurse Practitioners
in 20 states + DC**

Institute of Medicine (IOM) Report

The Future of Nursing: Leading Change, Advancing Health



IOM Report October 2010

Key Recommendations:

- **Nurses should practice to the full extent of their education and training.**
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- **Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.**
- Effective workforce planning and policy making require better data collection and information infrastructure.

National Governors Association

December 2012

- The National Governors Association (NGA) undertook a review of the literature and state rules governing NPs' scope of practice to answer three questions pertaining to their potential role in meeting the increasing demand for primary care:
 - (1) To what extent do scope of practice rules for NPs, as well as licensure and other conditional requirements, vary across states?
 - (2) To what extent do states' rules and requirements for NPs deviate from evidence-based research of appropriate activities for NPs?
 - (3) Given current evidence, what would be the effect of changes to state scope of practice law?
- None of the studies in NGA's literature review raise concerns about the quality of care offered by NPs.
- Most studies showed that NP-provided care is comparable to physician-provided care on several process and outcome measures.
- Moreover, the studies suggest that NPs may provide improved access to care.

Federal Trade Commission

March 2014

- Physician supervision requirements may raise competition concerns
- APRNs play a critical role in alleviating provider shortages & expanding access to health care services
- FTC staff has consistently urged state legislators to avoid imposing restrictions on APRN scope of practice
- 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.
- US Supreme Court ruling, February 2015

Newhouse: APRN Outcomes

- A systematic review of (APRN) patient outcomes compared with those of physicians and other health care teams without APRNs
- Sixty-nine studies published between 1990 and 2008 were analyzed and 28 outcomes were summarized for nurses practicing in APRN roles
- Results indicated that APRNs provide safe, effective, quality care and play a significant role in promoting health and providing healthcare

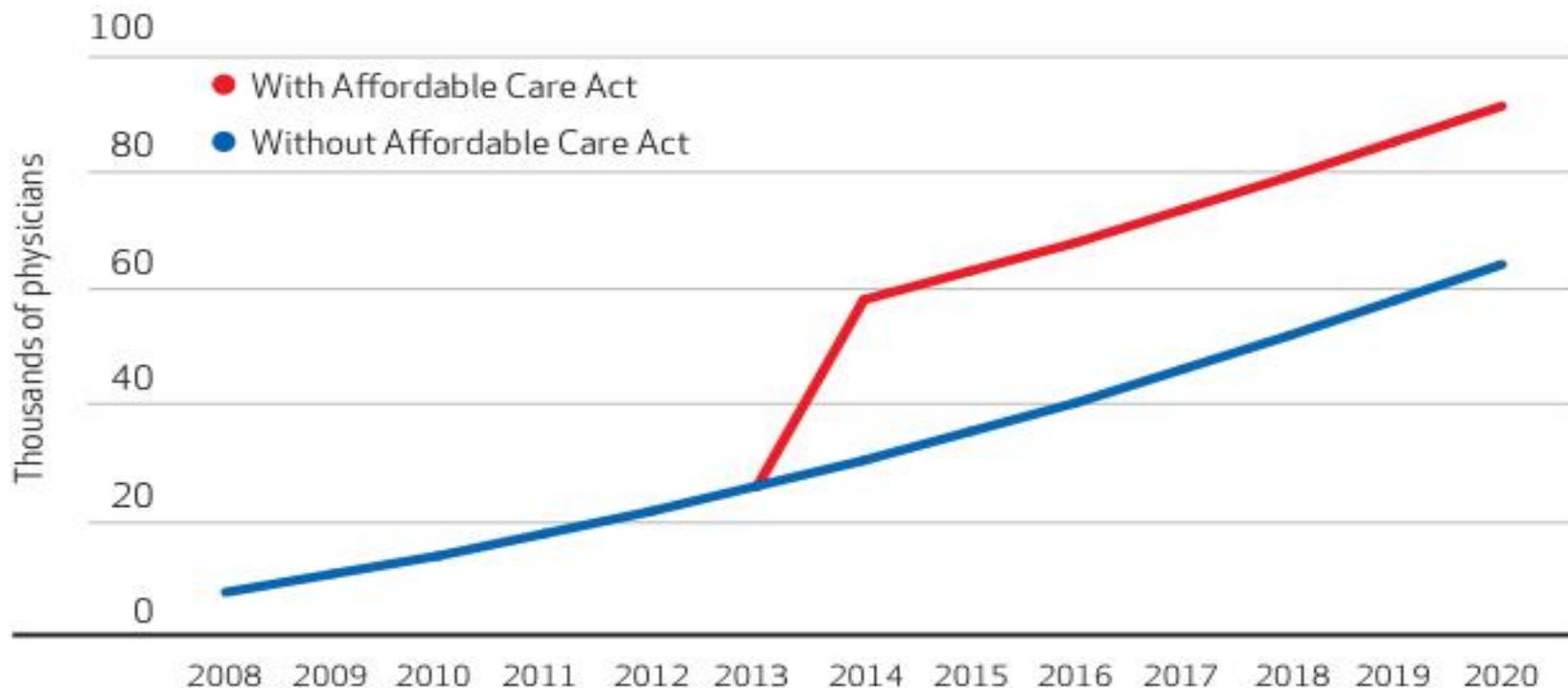
Newhouse RP, Stanik-Hutt J, White KM, Johantgen M, Bass EB, Zangaro G, Wilson RF, Fountain L, Steinwachs DM, Heindel L, Weiner JP, "Advanced practice nurse outcomes 1990-2008: a systematic review," *Nursing Economics*, 2011 Sep-Oct;29(5):230-50.

PPACA: New Models of Primary Care Ease Physician Shortage

- Implement new care models
- **Expand the use/role of NPs**
- Expansion of patient-centered medical homes & nurse managed health centers
- **Efficient use of NPs will help eliminate 50% of PCP shortage by 2025**
- Achieving goal will require policy change
- Team Based Care/Medical Home (accounts for 15% of primary care delivery nationally)

EXHIBIT 1

Projected Gap in Number of US Patient Care Physicians, 2008-20



SOURCE Darrell G. Kirch, Mackenzie K. Henderson, and Michael J. Dill, "Physician Workforce Projections in an Era of Health Care Reform," *Annual Review of Medicine* (2012) 63:435-45. Epub 2011 Sep 1.

NOTE Numbers shown represent gap between projected number of physicians needed and supply.

Access to Primary Care Services

- Nurse Practitioners (NPs) are critical to VHA's mission of providing improved access to healthcare services for veterans
- The VA released an audit in early June 2014 showing that more than 57,000 veterans have had to wait at least three months for initial appointments while many veterans never received an appointment.
- NPs working in primary care clinics represent 23% of the primary care workforce
- If all NPs in VHA were allowed to practice to the full extent of their education and training, access to care could be improved and veterans could receive timely high quality care, utilizing the VA NP work force currently in place
- Implementation of FPA would increase patient access by alleviating the effects of national health care provider shortages on VA staffing levels and enable VA to provide additional health care services in medically-underserved areas.

FY 2013 APRN Encounter Data

Encounters

		FY 2013							
		Encounters							
		Nurse Practitioner		Clinical Nurse Specialist		Physician Assistant		Nurse Anesthetist CRNA	
All DSS Clinic Stop		4,941,405	100%	578,912	100%	2,296,577	100%	209,893	100%
Medicine	Cardiology	189,747	4%	25,372	4%	79,278	3%	142	0%
	Dermatology	59,107	1%	521	0%	93,423	4%	2	0%
	Endocrinology	54,719	1%	10,446	2%	12,483	1%	4	0%
	Gastroenterology	91,270	2%	4,518	1%	77,484	3%	4,187	2%
	General Medicine	280,800	6%	20,882	4%	173,932	8%	2,647	1%
	Hematology/Oncology	76,885	2%	12,323	2%	30,541	1%	5	0%
	Nephrology	32,051	1%	6,802	1%	11,423	0%	15	0%
	Neurology	19,529	0%	2,289	0%	10,508	0%		
	Primary Care	1,710,671	35%	11,282	2%	654,081	28%	50	0%
	Pulmonary/ Respiratory Disease	34,510	1%	1,806	0%	13,922	1%	32	0%
Mental Health		654,046	13%	336,158	58%	166,031	7%	90	0%
Surgery	ENT	30,391	1%	161	0%	35,535	2%	8	0%
	Eye	15,661	0%	48	0%	10,815	0%	95	0%
	General Surgery	77,896	2%	14,768	3%	81,322	4%	40,366	19%
	GYN	6,030	0%	448	0%	2,098	0%	3	0%
	Neurosurgery	16,397	0%	858	0%	17,713	1%	28	0%
	Orthopedics	70,918	1%	7,219	1%	213,310	9%	52	0%
	Plastic	7,796	0%	545	0%	9,450	0%	17	0%
	Podiatry	13,873	0%	2,026	0%	3,015	0%	8	0%
	Urology	105,696	2%	8,560	1%	130,804	6%	28	0%
	Vascular	35,592	1%	713	0%	17,195	1%	10	0%
Grand Total		4,941,405	100%	578,912	100%	2,296,577	100%	209,893	100%

Healthcare Teams

- Characteristics of the health care team include:
 - Patient identified & supported goals
 - Mutual trust among all participants
 - Effective communication
 - Measurable processes & outcomes in the provision of healthcare services
- All members of a health care delivery team **should practice to the full extent of their educational preparation in order to provide high quality care for patients** at the appropriate time and in various settings to meet the patients' needs and desires.



Professional Controversies

Team Based Care

- The Institute of Medicine's (IOM) concept of team based care; “ the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively, to the extent preferred by each patient.”
- Collaboration is defined as the communication, coordination & cooperative efforts of health care professionals around care delivery.
- **Team based care is a systems approach to care delivery & is not a regulatory construct**



1890-1891

UNION

Sergeant's rank insignia (three chevrons)

Sergeant's rank insignia (three chevrons)

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