Health Professions Regulation in the US: What Are the Issues?

Webinar

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The Health Workforce Technical Assistance Center

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Jean Moore, Director
Center for Health Workforce Studies
School of Public Health, SUNY at Albany
http://chws.albany.edu

Elizabeth Carter, Exec. Director
Virginia Board of Health Professions
Director, DHP Healthcare Workforce Data Center
http://www.dhp.virginia.gov/bhp
http://www.dhp.virginia.gov/HWDC.default

Today's Presentation

- The changing health care delivery system: implications for scope of practice rules
- Issues with state-based health professions regulation in the U.S.
- Strategies to strengthen scope of practice decision-making
- Best practice: Virginia's Board of Health Professions

Health Reform Is Changing the Health Care Landscape

- Federal Reform: ACA
  - Expand access to basic health care services
  - Contain costs
  - Improve quality of care
- State Reform: Medicaid
  - Focus on expanded access, improved quality, lower costs, and better outcomes
- Private Insurers
  - Focus on quality, cost, and better outcomes

What Changes With Health Reform?

- Shift in focus for the health care delivery system to primary and preventive care
- Emphasis on effective management of chronic diseases
- Payment reform, moving away from fee-for service and toward managed care arrangements
  - e.g., incentives for keeping people healthy and penalties for poor outcomes, e.g., inappropriate hospital readmissions

Health Reform Supports New Models of Service Delivery

- Accountable Care Organizations, Health Homes and Patient-Centered Medical Homes are increasing in number
- Team-based approaches to care are frequently used in these models
- Team composition and roles vary, depending on the patient population
- Teams may include: physicians, NPs, PAs, RNs, social workers, LPNs, medical assistants, and community health workers, among others

Multidisciplinary Teams Have Positive Impacts on Patient Outcomes

- "The provision of comprehensive health services to patients by multiple health care professionals with a **collective identity** and **shared responsibility** who **work collaboratively** to deliver patient-centered care."

  Source: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.

- Research suggests health care teams with greater cohesiveness and collaboration are associated with:
  - Higher levels of patient satisfaction
  - Better clinical outcomes
- The most effective and efficient teams demonstrate a substantial amount of scope overlap – i.e., shared responsibilities

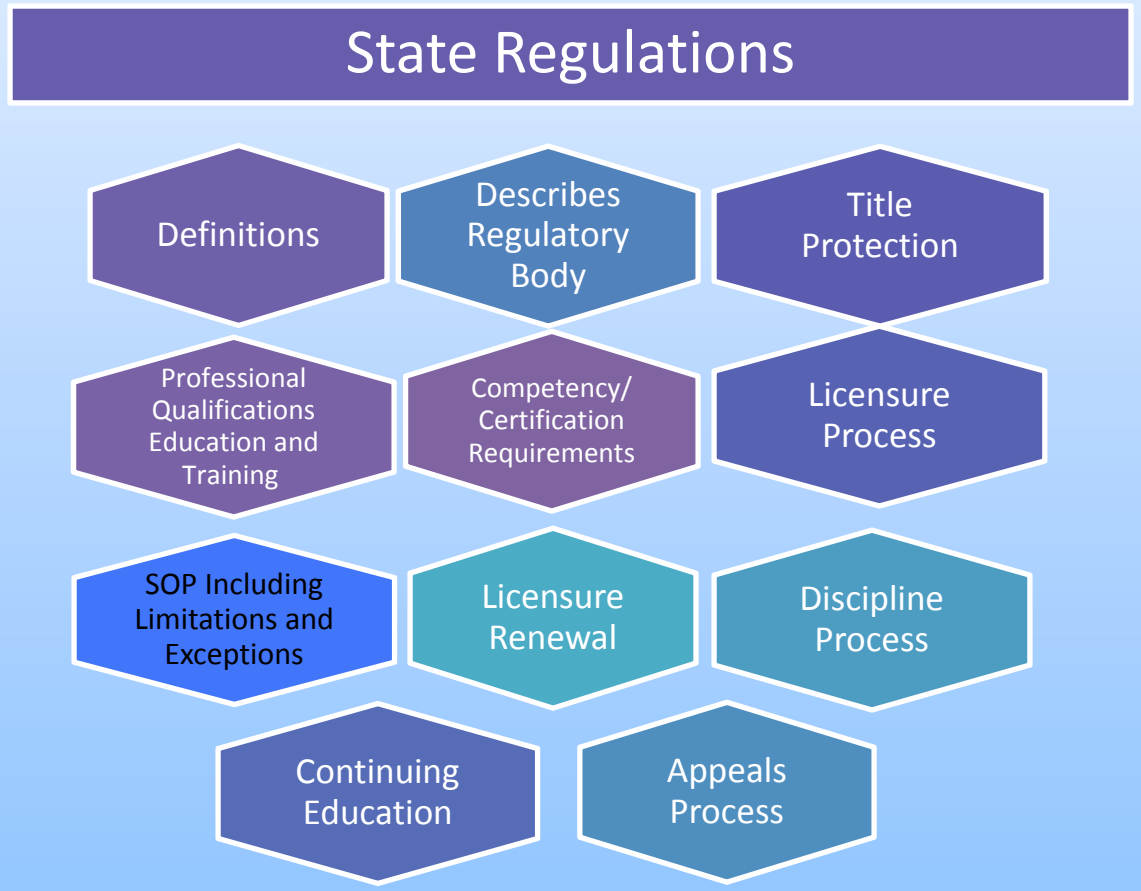
So What's the Problem?

- Shortage/maldistribution of primary care practitioners
- Health professions students are not consistently exposed to team-based models of care or trained in emerging functions
- Scope of practice restrictions
  - Health professionals not always allowed to do what they are trained and competent to do
  - Scope overlap needed for team-based care is challenging to achieve

Interest in Scope of Practice Regulation is Increasing

- Drivers of change in scope of practice include:
  - Changing public policy: focus on population health
  - Lack of access to needed health services
  - Demographics: population aging, growing diversity, racial/ethnic disparities
  - Cost pressures in health care: do more with less
  - Technology: telehealth
  - Consumer demand for alternative providers, e.g., acupuncturists
  - Market forces, e.g., retail clinics

In the U.S., States Are Primarily Responsible for Regulating Health Professions



What is Scope of Practice?

- Professional scope of practice, i.e. professional competence, describes the services that a health professional is trained and competent to perform
- Legal scope of practice, based on state-specific practice acts, define what services a health professional can and cannot provide under what conditions
- Legal scope of practice and professional competence overlap, but amount of overlap varies by state and by profession

Issues With State Based Health Professions Regulation

- Mismatches between professional competence and state-specific legal scopes of practice
- Lack of uniformity in legal scopes of practice across states for some health professions
- Resistance to allowing scope of practice overlap among health professions
- The process for changing state-specific scope of practice is slow and adversarial

Mismatch Between Professional Competence and State Specific Legal scopes of Practice

- Health reform programs depend on health professionals practicing to their full level of competence
- State-specific scopes of practice have not kept pace with changes in professional competence
- State laws that fail to acknowledge these changes can constrain a health professional's practice and impact cost, quality and access to care

State Variation in Practice Laws for Nurse Practitioners

View the interactive version online:
www.bartonassociates.com/np-laws

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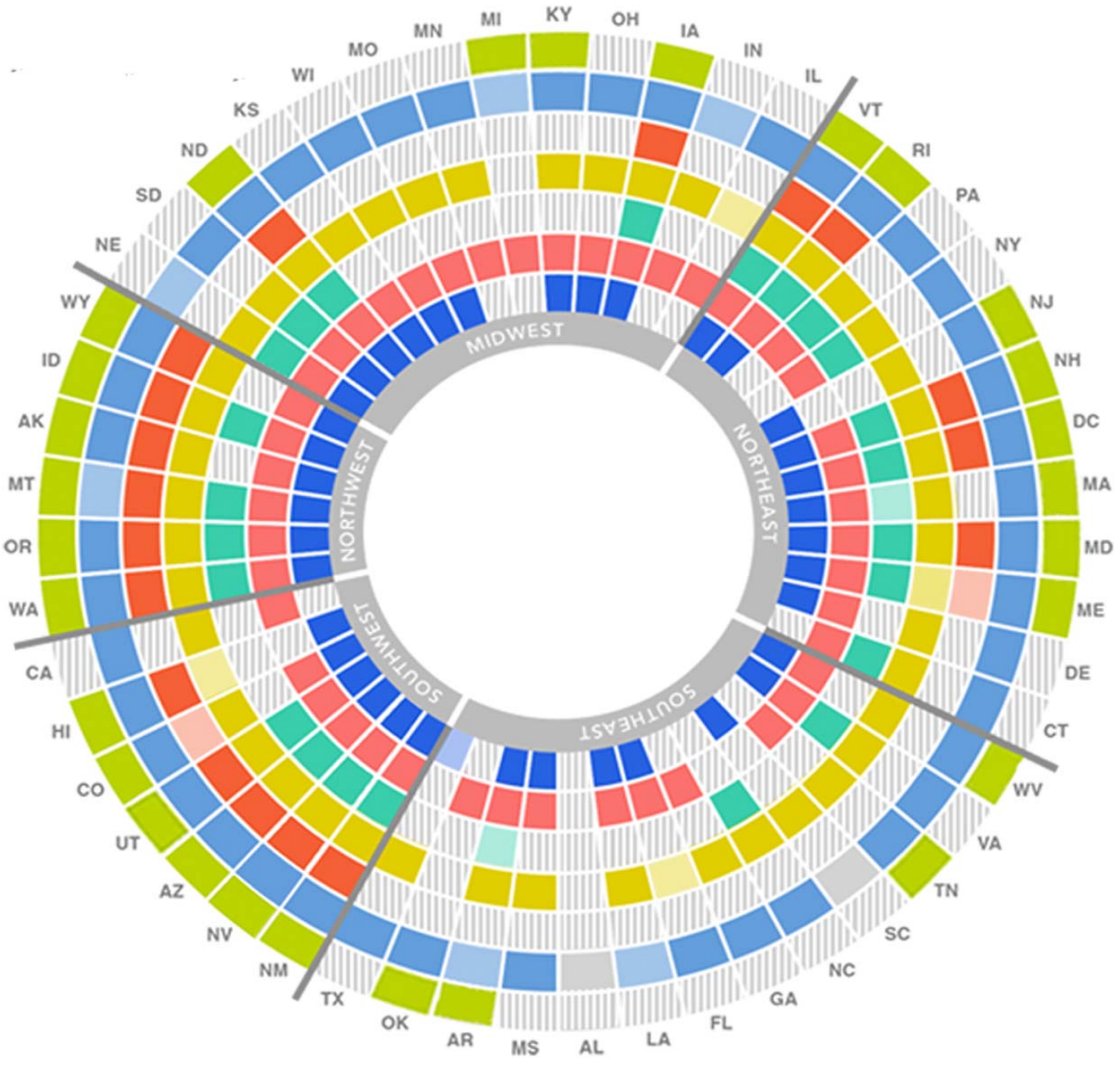
DISCLAIMER

This chart is for informational purposes only and is not for the purpose of providing legal advice. You should contact the applicable nursing board or your attorney for specific legal advice.

RESOURCES

AANP - www.aanp.org
The 2012 Pearson Report - www.webnponline.com
The Nurse Practitioner's 24th Annual Legislative Update - www.tnpj.com



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The Center for Health Workforce Studies

http://chws.albany.edu

Variability in NP Supervision Requirements: Scope of Practice to Competence Mismatch in Many States

Table 1: Nurse Practitioner Scopes of Practice in the United States

	Oversight Requirements				Practice Authorities		
	No MD Involvement	MD Supervision	MD Collaboration	Written Practice Protocol	Explicit Authority to Diagnose	Explicit Authority to Order Tests	Explicit Authority to Refer
Alabama			x	x	x	x	x
Alaska	x				x		
Arizona	x				x	x	x
Arkansas (advanced NP only)							
California							
Colorado							
Connecticut							
Delaware							
District of Columbia	x						
Florida							
Georgia							
Hawaii							
Idaho	x						
Illinois							
Indiana							
Iowa	x						
Kansas							
Kentucky							
Louisiana							
Maine	x						
Maryland							
Massachusetts							
Michigan							
Minnesota							
Mississippi							
Missouri							
Montana	x						
Nebraska							
Nevada							
New Hampshire	x						
New Jersey							
New Mexico	x						
New York							
North Carolina							
North Dakota							
Ohio							
Oklahoma							
Oregon	x						
Pennsylvania							
Rhode Island							
South Carolina							
South Dakota							
Tennessee							
Texas							
Utah							
Vermont							
Virginia		x	x	x			
Washington	x				x	x	x
West Virginia			x	x	x		
Wisconsin		x			x	x	x
Wyoming			x	x	x		
TOTALS	**11**	**10**	**27**	**21**	**44**	**20**	**33**

For a fully annotated version of this chart, see http://futurehealth.ucsf.edu/pdf_files/Chart%20of%20NP%20Scopes%20Fall%202007.pdf.

Important: The chart is designed to be referenced from left to right. Thus, if the chart indicates that physician supervision or collaboration is required, then NPs may not diagnose, order tests, or refer patients without physician supervision or collaboration. Absent explicit statutory or regulatory language requiring a separate written agreement, the chart does not indicate that a written prescription drug protocol is required in states that already require NPs to establish written practice protocols with physicians.

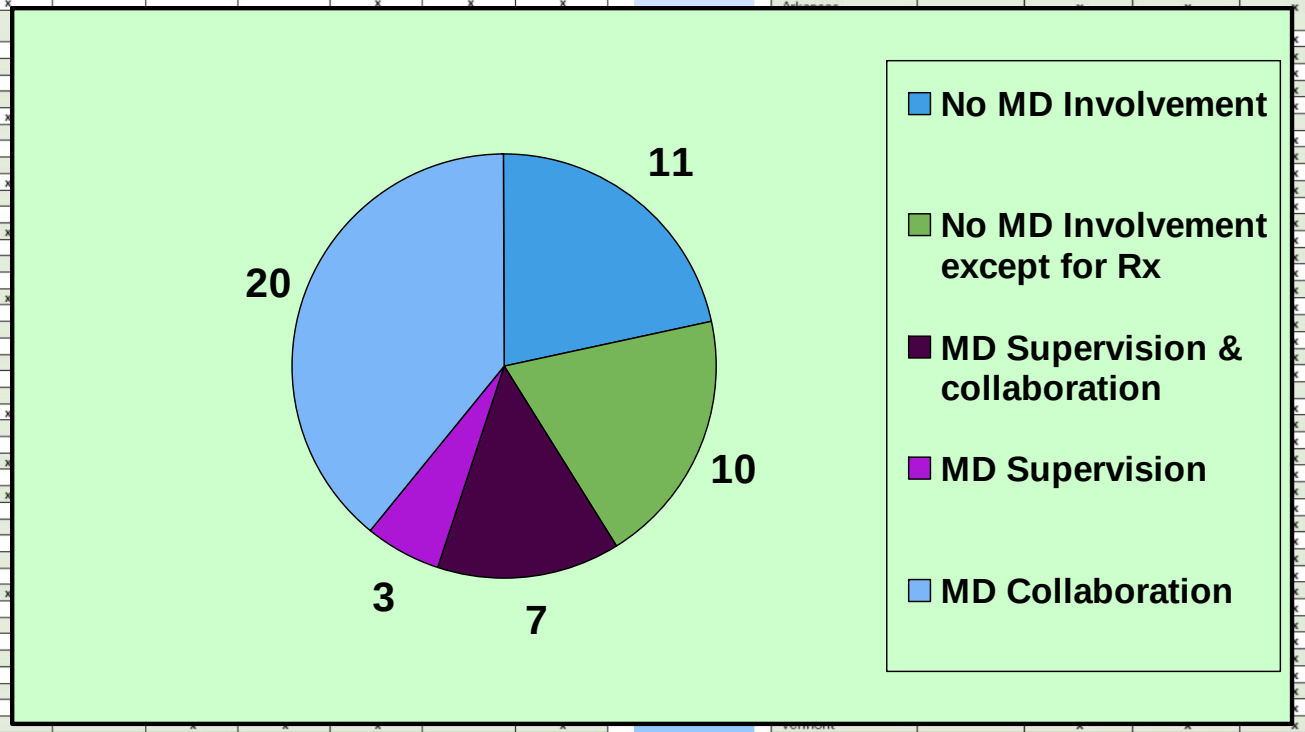

Table 1: Nurse Practitioner Scopes of Practice in the United States (continued)

	Prescription Drug Authorities				National Certification Required	Joint Nursing-Medical Board Authority
	Authority to Prescribe without MD Involvement	Authority to Prescribe with MD Collaboration	Written Protocol Required to Prescribe	Authority to Prescribe Controlled Substances		
Alabama		x	x		x	x
Alaska	x			x	x	
Arizona	x			x	x	
Arkansas (advanced NP only)					x	
California						
Colorado						
Connecticut					x	
Delaware						
District of Columbia					x	x
Florida					x	
Georgia						
Hawaii					x	x
Idaho						x
Illinois					x	x
Indiana						
Iowa					x	x
Kansas						
Kentucky					x	
Louisiana					x	
Maine					x	
Maryland					x	
Massachusetts					x	
Michigan					x	x
Minnesota					x	
Mississippi					x	x
Missouri					x	x
Montana					x	
Nebraska					x	
Nevada					x	
New Hampshire						
New Jersey					x	
New Mexico					x	x
New York					x	
North Carolina						
North Dakota					x	x
Ohio					x	
Oklahoma						
Oregon					x	x
Pennsylvania						
Rhode Island					x	
South Carolina					x	
South Dakota					x	x
Tennessee					x	x
Texas					x	x
Utah					x	
Vermont					x	
Virginia		x	x	x	x	x
Washington	x			x	x	
West Virginia		x	x	x	x	
Wisconsin		x	x	x	x	
Wyoming		x	x	x	x	
TOTALS	**11**	**40**	**34**	**48**	**42**	**17**

For a fully annotated version of this chart, see http://futurehealth.ucsf.edu/pdf_files/Chart%20of%20NP%20Scopes%20Fall%202007.pdf.

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Source: UCSF Center for the Health Professions

State to State SOP Variation: Creates Opportunities for Comparative Effectiveness Research

- Traczynski J, Udalova V. **Nurse practitioner independence, health care utilization, and health outcomes** [Internet]. Madison (WI): University of Wisconsin; 2013 Mar 15 [cited 2013 Oct 9]. Available from: http://www.lafollette.wisc.edu/research/health_economics/Traczynski.pdf

- Spetz, Joanne, Stephen T. Parente, Robert J. Town, and Dawn Bazarko. **Scope-Of-Practice Laws For Nurse Practitioners Limit Cost Savings That Can Be Achieved In Retail Clinics**. *Health Affairs* 32, no. 11 (2013): 1977-1984.

Lack of Uniformity in Scope of Practice: Certified Registered Nurse Anesthetists (CRNAs)

- In New York, CRNAs are authorized providers of anesthesia services, but their scope of practice is not defined in state law
  - Are important providers of anesthesia services in rural NY
  - Cannot directly bill the state's public insurance program (Medicaid)
  - Must be supervised by a physician
- In Colorado, CRNAs have a defined scope of practice in state law that allows them to practice more autonomously

Resistance to Scope Overlap: Pharmacists Providing Immunizations

- Historically, the administration of immunizations were limited to physicians and nurses
- Broadened to include pharmacists
- State laws to allow pharmacists to give immunizations have taken over a decade to enact - from 1994 to 2009

Emerging Workforce Model: Dental Therapists

- New oral health professional
- Provide basic restorative dental services
- Primarily targeted to underserved populations
- Currently authorized in Alaska and Minnesota
- Early evaluations of the model are promising

Changes to State Scope of Practice Requirements: Slow and Adversarial

- Can be costly
- Often a turf war between two groups with unequal resources
- Typically incumbent professions overpower emerging professions
- Contributes to animosity between professionals expected to work together, making team-based practice models harder to implement

Policy Reforms to Strengthen Scope of Practice Decision-making

- Align profession-specific scopes of practice with professional competence for all health professions
  - Adopt model practice acts
- Increase the engagement of consumers in scope of practice decision-making
- Assure regulatory flexibility to accommodate emerging roles and scope overlap
  - Dental hygienists in public health practice

Policy Reforms to Strengthen Scope of Practice Decision-making

- Use the best available evidence in scope of practice decision-making – based on what is in the best interests of patients
- When evidence is not available, allow time-limited demonstration/pilot programs with comprehensive evaluations
    - California Health Workforce Pilot Projects Program

Policy Reforms to Strengthen Scope of Practice Decision-making

- Create a state oversight committee to review all proposals to change SOP or create new categories of workers
  - Membership: affected health professions, relevant state agencies, labor union and consumer reps
- Establish a national clearinghouse on scope of practice information and research
  - Up-to-date and reliable information on scope of practice proposals, modifications, demonstrations, innovations, evaluations and model practice acts

Best Practice

Virginia Board of Health Professions

Virginia's Board of Health Professions

What is the Board of Health Profession?

- Created in 1977, this largely **advisory** body within the Department of Health Professions is authorized by the General Assembly with specific powers and duties listed in §§54.1-2500, 54.1-2409.2, 54.1- 2410 *et seq.*, 54.1-2729 and 54.1-2730 *et seq.* of the *Code of Virginia.*
- BHP is comprised of 18 members appointed by the Governor, one from each of Virginia's 13 health professional licensing boards* and five citizen members. Each vote carries equal weight, simple majority carries the vote, and all meetings are public.

*Audiology & Speech-Language Pathology, Counseling, Dentistry, Funeral Directors & Embalmers, Long-Term Care Administrators, Medicine, Nursing, Optometry, Pharmacy, Psychology, Physical Therapy, Social Work, and Veterinary Medicine

Virginia's Board of Health Professions

BHP's powers and duties are varied, and include:

- *Monitoring the policies and activities of the Department, commenting on the budget, evaluating the need for coordination among health regulatory boards. . .*
- *Examining scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts.*
- *Evaluating health care professions . . . including those regulated and not regulated . . .to consider whether each. . . should be regulated and the degree of regulation. . . Whenever the Board determines that the public interest requires that a health profession should be regulated, the Board shall recommend to the General Assembly a regulatory system to establish the appropriate degree of regulation.(Sunrise Reviews)*

Virginia's Board of Health Professions

"The Criteria"**

1. Risk for Harm to the Consumer
2. Specialized Skills and Training
3. Autonomous Practice
4. Scope of Practice
5. Economic Impact
6. Alternatives to Regulation
7. Least Restrictive Regulation

****75-2** Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupation or Professions, revised February 1998.

http://www.dhp.virginia.gov/bhp/bhp_guidelines.htm

Virginia's Board of Health Professions

- At the request of Virginia's Secretary of Health and Human Resources, BHP began a series of reviews into the potential barriers to effective health team delivery models posed by scope of practice restrictions.
- Nurse Practitioner, Pharmacist, Pharmacy Technician, Dental Hygienist, Dental Assistant
- Collaborative practice legislation enacted in parallel with the studies for Nurse Practitioners and Pharmacists.

Thank You

Questions?