Health Care and the Future of Nursing: Opportunities and Challenges for the Advanced Practice Nurse

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The speaker has signed a disclosure form and indicated she has no significant financial interest or relationship with the companies or the manufacturer(s) of any commercial product and/or service that will be discussed as part of this presentation.

Session Summary

This presentation will provide an update of health care reform and the role of advanced practice nursing. The session will emphasize opportunities for advanced practice nurses to engender positive and significant transformation in their ability to practice to the full extent of their scope.

Session Objectives

Upon completion of this presentation, the participant will be able to:

- describe three primary purposes for the Patient Protection and Affordable Health Care Act;
- examine The Consensus Model for APRN Regulation and how lack of a uniform model restricts scope of practice;
- analyze the influence that the IOM’s Future of Nursing report will have on removing barriers to scope of practice for Advanced Practice Registered Nurses;
- assess challenges and opportunities for transforming advanced practice in the evolving health care environment.

References


Session Outline

See presentation handout on the following pages.
HEALTHCARE REFORM AND THE FUTURE OF NURSING: OPPORTUNITIES AND CHALLENGES FOR THE ADVANCED PRACTICE NURSE

A PERFECT STORM?

- A perfect storm can be defined as a convergence of factors or events that significantly intensify a situation.

FACTORS CREATING A PERFECT STORM

- The Patient Protection & Affordable Healthcare Act
- The Consensus Model for APRN Regulation
- The Institute of Medicine (IOM) Report on The Future of Nursing: Leading Change, Advancing Health

PATIENT PROTECTION AND AFFORDABLE HEALTHCARE ACT

- Three purposes
  - Expand coverage
  - Shift to Value from Volume Purchasing
  - Bend the Cost Growth Curve

EXPANDING HEALTH CARE COVERAGE

TARGETING ASSISTANCE TO THE MOST NEEDY
EXPANDING COVERAGE AND POOLING RISK

- All U.S. citizens and legal residents under age 65 will have qualifying health coverage (2016)
  - Catastrophic (<30), bronze, sliver, gold, platinum
  - Or, pay a tax $695-$2085 or 2.5% of income
- Expands Medicaid to all earning less than $15,282
- Creates State-based Health Insurances “Exchanges”
  - Must have call centers
  - Fully implemented by 2017
  - Mandatory oversight and reporting
- Federal government will initially pay for the growth, states start paying a share in 2016 that eventually rises to 10%

CONSUMER PROTECTIONS (AKA INSURANCE INDUSTRY GAME CHANGERS)

- Premium rate reviews
- Eliminate pre-existing conditions (kids now, adults 2014)
- No lifetime limits
- Dependent coverage till age 26
- Standard and transparent benefits/pricing
- Prevention care-no cost to consumers

www.healthreform.gov

THE NECESSITIES OF INSURANCE REFORM AND RISK POOLING

Everybody buys in

Subsidies for the Poor

Eliminate “pre existing condition” bias

SHIFTING TO VALUE-BASED PURCHASING

“Our nation’s ability to successfully compete in a global economy will suffer until we find solutions that can improve the health of all Americans and advance quality and control costs. We can, and we must, do better than ranking 37th among nations in population health status while spending twice as much money per citizen on health care services than other countries. Value-based purchasing strategies represent the path forward.”

Andrew Webber, former president and CEO, National Business Coalition on Health

KEY ELEMENTS OF VALUE BASED PURCHASING

- Measuring and reporting comparative performance
- Paying providers differentially based on performance
- Designing health benefit strategies and incentives to encourage individuals to select high value services and providers....And better manage their own health care
- Payment is based on quality

ON COSTS...BENDING THE CURVE

- Healthcare spending has doubled every decade for 40 years
- TOTAL health spending for a family of 4:
  - $18,000
  - Federal Poverty Level is $22,050
GLOBAL PER CAPITA SPENDING (1980-2009)

- Cataract Surgery: $1,299 Canada/$14,764 US (NYT: Jan 22, 2012)

Source: "Our skyrocketing health care costs, in one chart", S Kliff, Washington Post, Nov. 9, 2011/ Commonwealth Fund

REFORM IN A NUTSHELL

- Explicit charge to increase access, reduce costs, improve quality
- Orientation on needs of the patient, not the system
- Bundled payment
- Health Care Homes could reduce national health spending by $175 billion through 2020
- Home Based Primary Care Demo
  - An incentive model that uses NPs and MDs
- Value Based Purchasing—Payment based on quality

CNS Center for Innovation, CMS.gov

LACK OF A UNIFORM MODEL OF APRN REGULATION

- Licensure and reimbursement laws vary widely and are often contradictory
- >50% of Nurse Practice Acts outdated
- Restrictions to scope of practice (SOP) thwart innovation and access, and lack an evidence base
- Result of political realities, struggles and compromises particular to each state
- Legislatures are not the appropriate forum to adjudicate SOP

THE CONSENSUS MODEL FOR APRN REGULATION: A BRIEF OVERVIEW

- APRN Regulation includes 4 essential elements (LACE)
- LACE is an acronym for the 4 elements of the consensus model: Licensure, Accreditation, Certification, & Education.

PROJECTED TIMELINE: TARGET IS 2015

- APRN education programs should be transitioned by 2012
- Accreditation processes should be in place by 2012-2013
- Certification examinations should be transitioned by 2013
**UNIFORMITY IN STATE LAWS**

The Campaign for Consensus is the NCSBN initiative to assist states in aligning APRN regulation with the major elements of The Consensus Model for APRN Regulation to include:

- State recognition of each of the four described roles
- Title of APRN in one of the four described roles
- Licensure as an RN and as an APRN in one of the four described roles
- Graduate or post graduate education from an accredited program
- Certification at advanced level from an accredited program that is maintained
- Independent practice
- Independent prescribing

**HOW WILL IT AFFECT APRN LICENSURE?**

- **Foundational requirements for licensure**—Boards of nursing will license only
  - Graduates of accredited graduate programs that prepare graduates with the APRN core, role, and population competencies
  - APRNs who have successfully completed a national certification examination that assesses these competencies
  - APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision
Implementation Status

CREATING URGENCY FOR THE "L" IN LACE

- Movement is being coordinated through the NCSBN
- State BONs are trying to move forward
  - Still meeting obstacles in many forms
    - Defeat of SB-491 in California
    - Push to move nurse practitioners under BOM in Louisiana
    - Non-recognition of NNPs as independent practitioners in Kentucky
  - Many states are in holding patterns

THE FUTURE OF NURSING: LEADING CHANGE, ADVANCING HEALTH

- Two-year initiative launched by The Robert Wood Johnson Foundation and (RFJF) and the IOM in 2008.
- Interprofessional committee appointed to examine the capacity of the nursing workforce to meet the demands of a reformed health care system.
- Committee charged with producing a report that would make recommendations for an action oriented blueprint for the future of nursing.
- Recommendations would address a range of systems changes in public and institutional policies at local, state, and national levels.

KEY MESSAGES OF THE REPORT

- Nurses should practice to the full extent of their education and training
- Nurses should achieve higher levels of education and training through an 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

RECOMMENDATIONS OF THE REPORT

1. Remove scope-of-practice barriers.
2. Expand opportunities for nurses to lead collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase proportion of nurses with baccalaureate degree to 85% by 2020.
5. Double the number of nurses with a doctorate by 2020.
6. Ensure that nurses engage in lifelong learning.
7. Prepare and enable nurses to lead change to advance health.
8. Build an infrastructure for collection and analysis of interprofessional health care workforce data.

REMOVING BARRIERS

- Recommendations for the Congress:
  - Expand the Medicare program to include coverage of APRN services that are within the scope of practice under applicable state law, just as physician services are now covered.
  - Amend the Medicare program to authorize APRNs to perform admission assessments, as well as certification of patients for home health care services and for admission to hospice and skilled nursing facilities.
  - Extend the increase in Medicaid reimbursement rates for primary care physicians included in the ACA to APRNs providing similar primary care services.
REMOVING BARRIERS

• Recommendations for the State Legislatures:
  • Reform scope-of-practice regulations to conform to the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules (Article XVIII, Chapter 18).
  • Require third-party payers that participate in fee-for-service payment arrangements to provide direct reimbursement to APRNs who are practicing within their scope of practice under state law.

• Recommendations for Centers for Medicare and Medicaid Services (CMS):
  • Amend requirements for hospital participation in the Medicare program to ensure that APRNs are eligible for clinical privileges, admitting privileges, and membership on medical staff.

  • For the Federal Trade Commission (FTC):
    • Review existing and proposed state regulations concerning APRNs to identify those that have anticompetitive effects without contributing to the health and safety of the public.
    • States with unduly restrictive regulations should be urged to amend them to allow APRNs to provide care to patients in all circumstances in which they are qualified.

CHALLENGES LIE AHEAD

• Archaic nurse practice acts and the ‘status quo’
• Efforts of physicians to maintain a monopoly on medical decisions and services
• Arguments that patient safety and quality of care are being placed at risk

AMAZING OPPORTUNITIES FOR TRANSFORMATION

• Increasing number of Americans with health care coverage and concomitant shortage of qualified care providers
• Increasing focus on delivery of team based care
• Increasing emphasis on controlling costs and advancing quality

IS THIS THE PERFECT STORM?

• Current initiatives are paving the way to transform practice!
• APRNs have been acknowledged as ideal primary, prevention, and transitional care providers!
• We must be visible!

WORKING TOGETHER FOR OUR FUTURE!

• Keep informed about the process!
• Become engaged!
• Join your state and national APRN organizations!
• NANNP is the only national association that represents you, as neonatal advanced practice nurses, at the tables where policy that regulates your practice is being determined.
• If you don’t have a seat at the table, you WILL be on the menu!