Increasing Access to Care: The APRN Consensus Model 2008 to 2015

January 4, 2015
Maureen Cahill, MSN, APN-CNS, AOCNS
Andrea Brassard, PhD, FNP-BC, FAANP
Today’s Webinar

Andrea Brassard, PhD, FNP-BC, FAANP
Senior Strategic Policy Advisor
Center to Champion Nursing in America

• Overview of National Council of State Boards of Nursing (NCSBN) Model Nursing Practice Act.

• Learn about the progress states have made in adopting uniform regulation of APRNs

• Discuss factors driving and preventing legislative action.
Today’s Webinar

Maureen Cahill, MSN, APN-CNS, AOCNS

Associate, Outreach Services

Lead, APRN Campaign for Consensus

National Council of State Boards of Nursing (NCBSN)
APRN Consensus

THEN, 2008

Education programs were not fully aligned

Certification exams had not yet all converted to role and population

Regulatory variation among states was great

Hiring practices were not aligned with education and certification

Post graduate certificate programs were not accredited

All states have some alignment with Consensus, but few have full alignment.
APRN Consensus

NOW, 2015

The IOM Future of Nursing Report recommended “remove barriers to APRNs.”

The FTC has said “do not impose barriers to APRNs without demonstrable evidence of a safety concern.”

The ACA has expanded insurance coverage.

Access to care and public health outcomes are problematic in the U.S. compared to other developed nations.

Care in the U.S. remains the most expensive in the world.

APRN outcomes are comparable or better in studies comparing primary care outcomes.

More than 70% of the way to all Map Points! 14 states with full alignment.
# Major Components of Consensus Model Scoring Grid

<table>
<thead>
<tr>
<th>Board</th>
<th>APRN Title</th>
<th>Roles</th>
<th>License</th>
<th>Education</th>
<th>Certification</th>
<th>Independent Practice (One Point Per APRN Role)</th>
<th>Independent Prescribing (One point per APRN Role)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaii</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Map Points</td>
<td>Title</td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>KS, OK</td>
<td>ID, WV</td>
<td>AR, MD,* NV, RI</td>
<td>SD</td>
<td>DE, OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roles</td>
<td>OK, VT</td>
<td>AZ (CRNA), MD, WV</td>
<td>FL* (CNS), NY (CNS)*</td>
<td>AK (CNS)* RI (CNS, CNM)</td>
<td>AL (CNS), AZ (CNS)<em>, DE, PA (CNM)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensure</td>
<td>KS, OK</td>
<td>ID, WV</td>
<td>HI, NV</td>
<td>AS, IA, SD (CRNA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>VT</td>
<td>WV</td>
<td>AS, RI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>KS, NV, OK, VT</td>
<td>WV</td>
<td>AR</td>
<td>AS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice autonomy</td>
<td>IL*</td>
<td>MA, WA</td>
<td>OR (CRNA), NV</td>
<td>AK (CNS, CRNA)<em>, AS (CNM, CNP)</em>, CT, MN, RI (CNS)</td>
<td>DE, MD (CNM, CNP), NE (CNP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriptive authority</td>
<td>HI, ND</td>
<td>OR (CRNA), ID, MA, ND, OH</td>
<td>OR (CRNA), NV, CNM), ND</td>
<td>AK (CNS, CRNA)<em>, AS (CNM, CNP)</em>, CT, MN, KY (legend) RI (CNS)</td>
<td>DE, NE (CNP)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Second license is needed:

- Alaska
- Hawaii

District of Columbia

- Second License Required
- No Second License Required
Requirement for advanced certification is needed:

- Alaska
- Hawaii

Advanced Certification in law
No Advanced Certification in law
Requirement for graduate education is needed:

- Alaska
- Hawaii

Graduate Education required*
Recognition of one of the APRN roles is needed:

- Role recognition needed
- No role recognition needed

Map showing states with role recognition needed in different shades.
Autonomy in practice for all 4 roles

0: No roles have autonomy
4: All roles have autonomy

Alaska
Hawaii

DC = 4
RI = 4
Autonomy in prescribing is needed:

0: No roles have autonomy
4: All roles have autonomy

DC = 4
RI = 4

Alaska
Hawaii
APRN Consensus, what will drive change?

- Telehealth
- Rural versus Urban Markets
- Reimbursement
- Medical Homes
- Physicians

- The Triple Aim
- Patient preference and demand
- Self Care
- Community Care
- Innovations
APRN Consensus

“Comparable Outcomes”
“Access to Care”
“Evidence Based”
“Common Core Preparation”
“Safe Prescribing within Scope”

“More Education”
“Required Collaboration”
“Unsafe prescribing”
“Outside of scope”
“Telemedicine”

Autonomous

Physician led

It is not over yet....
All APRN Role Certification Exams and Programs are Accredited

- All testing is based on the APRN role and population and measures entry level knowledge and skills

- Exams are based on role competencies and current practice in the APRN role and population

- Role studies are conducted every 3-5 years

- Subject matter experts develop test questions

- Exams must be psychometrically sound and legally defensible.

ICE created the National Commission for Certifying Agencies (NCCA) in 1987. The NCCA’s Standards for the Accreditation of Certification Programs were the first standards developed by the credentialing industry for professional certification programs. The NCCA Standards were developed to help ensure the health, welfare, and safety of the public. They highlight the essential elements of a high-quality program.
APRN Educational Preparation

<table>
<thead>
<tr>
<th>APRN CORE EDUCATION – all education programs are accredited and follow a common preparation to all roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nursing Base</td>
</tr>
<tr>
<td>Masters or Doctoral Essentials Curriculum</td>
</tr>
<tr>
<td>Advanced courses in:</td>
</tr>
<tr>
<td>pharmacology (preparing to prescribe)</td>
</tr>
<tr>
<td>assessment, and physiology (preparing to diagnose and treat)</td>
</tr>
<tr>
<td>Role Preparation – specific role preparation and clinical hours, curriculum based on professional role competencies</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>• Acute Care</td>
</tr>
<tr>
<td>• Primary Care</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
</tr>
<tr>
<td>Certified Registered Nurse Anesthetist</td>
</tr>
<tr>
<td>Populations – specific preparation in one or more populations</td>
</tr>
<tr>
<td>Family Across the Lifespan</td>
</tr>
<tr>
<td>Women’s Health and Gender Specific</td>
</tr>
<tr>
<td>Pediatric</td>
</tr>
<tr>
<td>Neonatal</td>
</tr>
<tr>
<td>Psychiatric Mental Health</td>
</tr>
<tr>
<td>Adult and Gerontology</td>
</tr>
</tbody>
</table>
APRNs ... our full services your best health whatever state you’re in.
Questions or Comments?

Press *1 on your telephone key pad to ask a question OR
Use the “chat” feature to send “everyone” a question.

You can find the recording and additional resources by going to:
www.campaignforaction.org/webinars.
Campaign Resources

Visit us on the web at www.campaignforaction.org