

Promising Scope of Practice Models for the Health Professions

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UCSF Center for the Health Professions

- Established 1992
- Administration: UCSF 4 clinical deans
- National in Scope
- Funding: \$11 million/year from foundation grants, state and federal contracts
- Health Professions Research & Leadership



UCSF Center for the Health Professions

The mission of the Center for the Health Professions is to assist health care professionals, health professions schools, care delivery organizations and public policy makers respond to the challenges of educating and managing a health care workforce capable of improving the health and well being of people and their communities.

The Center is committed to the idea that the nation's health will be improved if the public is better informed about the work of health professionals.



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- Supported by grants from the California HealthCare Foundation, based in Oakland, California
 - *Scopes of Practice for Health Care Professionals: New Directions and Innovations*
 - *NPs and PAs in Integrated Specialty Care Practices*
 - Program publications by the Center
 - Chart Overview of NP Scopes of Practice in the US
 - Overview of NP Scopes of Practice in the US – Discussion
 - Promising Scope of Practice Models for the Health Professions





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Scope of Practice Laws in Health Care: Rethinking the Role of Nurse Practitioners

Overview

Nurse practitioners (NPs) are registered nurses with advanced clinical training who serve as primary care providers in a broad range of acute and outpatient settings. The profession came into being in the 1960s as a response to a nationwide physician shortage. Today, there are an estimated 145,000 NPs working in the United States.

NPs are valuable members of the health care delivery system, practicing in areas as diverse as pediatrics, internal medicine, anesthetics, geriatrics, and obstetrics. NPs conduct physical exams, make diagnoses and develop treatment plans, order and interpret lab tests and X-rays, prescribe medication and durable medical

equipment, provide counseling and education, and refer patients to other providers.

But while NPs, on a nationwide basis, collectively perform all the medical services cited above, there are dramatic differences in the types of services that NPs in any given state can deliver to their patients.

The Center for the Health Professions at the University of California, San Francisco has conducted a state-by-state survey of NP scopes of practice, the legal framework that defines the services NPs may perform and how they must perform them. This survey, completed in September 2007 and funded by the California HealthCare Foundation, indicates that there

Key Findings of the Survey

- Nurse practitioners (NPs) are registered nurses with advanced clinical training. They serve as primary care providers in a broad range of acute and outpatient settings, such as pediatrics, internal medicine, anesthetics, geriatrics, and obstetrics.
- NPs began to practice in the 1960s, in response to a nationwide physician shortage. Today, there are an estimated 145,000 NPs nationwide, and 13,649 in California.
- The 50 states and the District of Columbia have individual control over the laws that govern NP scope of practice. This has resulted in wide state-by-state differences in the types of services that NPs can deliver to their patients.
- These differences in scope of practice may slow the uniform expansion of NP services, prohibit NPs from providing the care for which they are trained, and hamper the use of NPs in improving access and controlling health care costs.
- California is roughly in the middle, nationwide, in NP practice autonomy and independence. NPs must collaborate with physicians and develop joint, written protocols that cover all major elements of the NP's practice.
- California NPs may diagnose, order tests and durable medical equipment, refer patients, and "furnish" or "order" drugs, but only according to that protocol. There is a cap of four drug-prescribing NPs per physician.
- Six states—Alaska, Arizona, New Hampshire, New Mexico, Oregon, and Washington—have NP scopes of practice that are among the nation's most expansive. In these states, NPs practice autonomously, with no physician oversight, and prescribe drugs without physician involvement.

ISSUE BRIEF

JANUARY
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Outline

- Legal differences in scopes of practice
- The NP example
- Policy implications
- Innovative approaches to determining scopes of practice
- Integrated specialty care teams



Nurse Practitioners

- NPs are RNs with advanced clinical training serving as primary care providers
- 145,000 in US; 14,000 in California
- Early years: 1960s response to MD shortage
- Education: varies; most have master's degrees; more standardized across US
- Recognition: All 50 states, DC



NP Scopes of Practice



NP Scopes of Practice

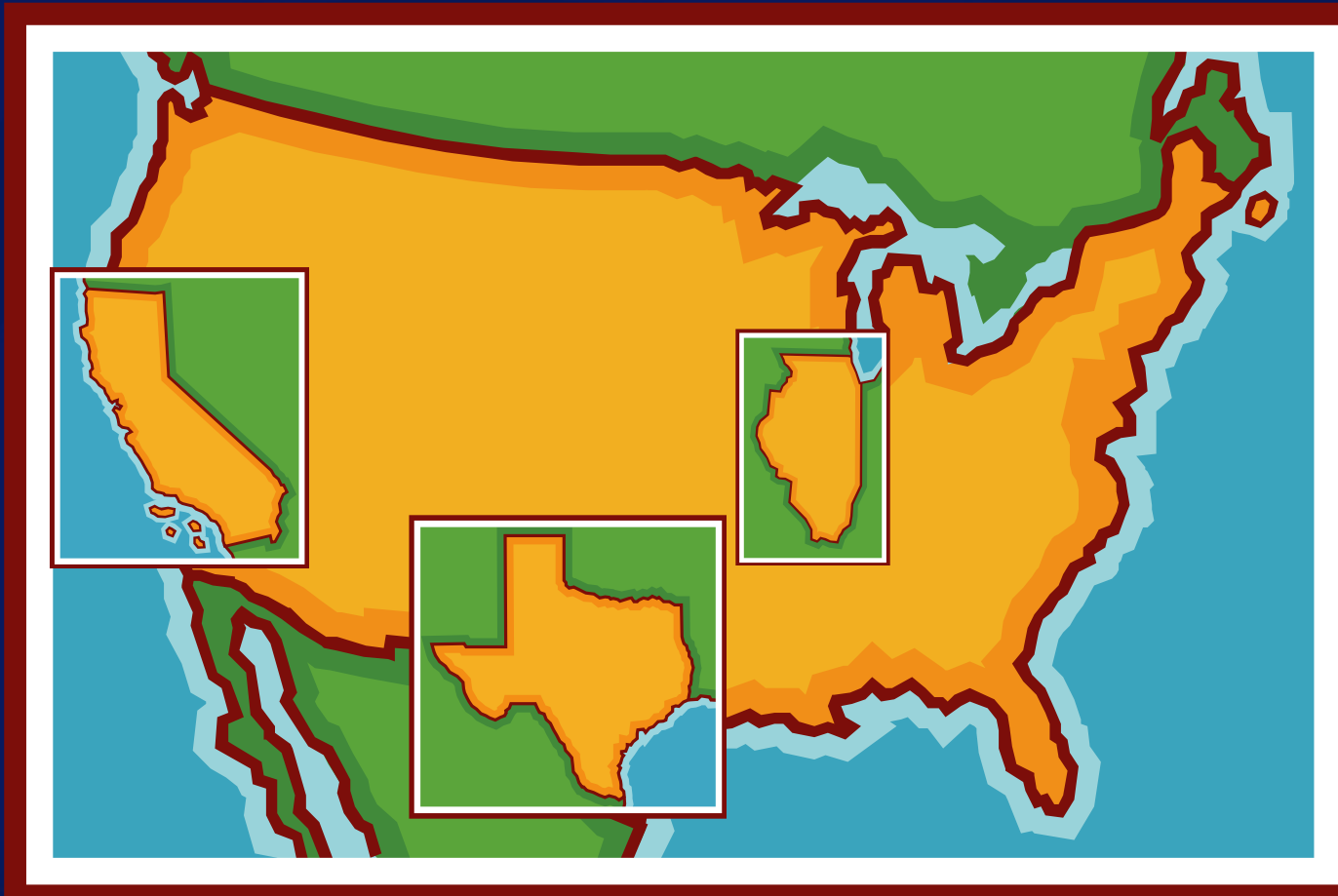


Table 1: Nurse Practitioner Scopes of Practice in the United States

	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)			X		X	X	
California			X	X			
Colorado					X		X
Connecticut			X		X		X
Delaware			X		X	X	X
District of Columbia	X				X		X
Florida		X		X	X	X	
Georgia			X	X	X		
Hawaii					X	X	X
Idaho	X				X		X
Illinois			X	X	X	X	
Indiana			X		X	X	X
Iowa	X				X	X	X
Kansas					X		X
Kentucky					X	X	X
Louisiana			X	X	X		X
Maine	X				X	X	X
Maryland			X	X	X	X	X
Massachusetts		X	X	X	X		
Michigan							
Minnesota			X		X		X
Mississippi			X	X	X		X
Missouri			X	X	X		
Montana	X				X	X	X
Nebraska		X	X	X	X	X	X
Nevada			X	X	X		X
New Hampshire	X				X	X	X
New Jersey					X	X	X
New Mexico	X						
New York			X	X	X		X
North Carolina		X	X	X	X	X	X
North Dakota					X		X
Ohio			X	X			X
Oklahoma		X			X		X
Oregon	X				X	X	X
Pennsylvania		X	X		X		
Rhode Island							
South Carolina		X	X	X	X		
South Dakota			X		X		X
Tennessee							
Texas		X	X	X	X		
Utah					X		X
Vermont			X	X	X		X
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.

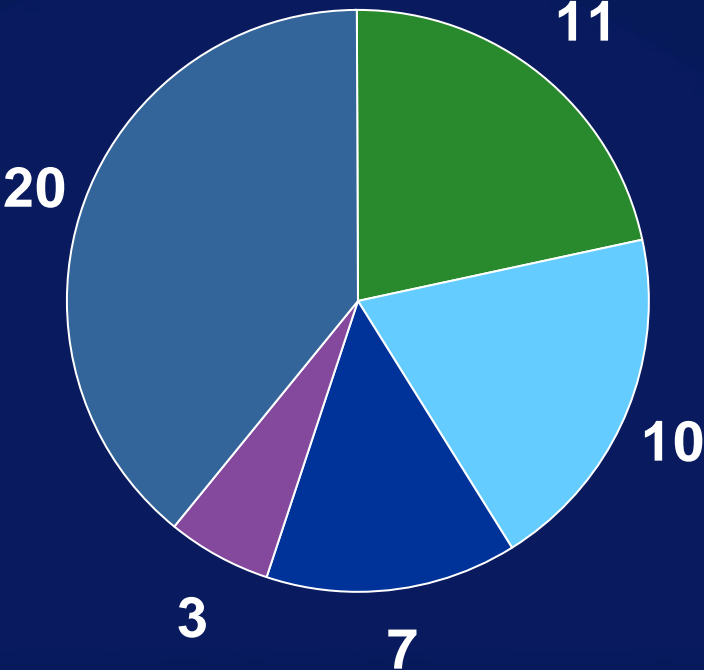
Table 1: Nurse Practitioner Scopes of Practice in the United States (continued)

	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	x	x	x	
California		x	x	x		
Colorado		x	x	x		
Connecticut		x	x	x	x	
Delaware		x		x	x	x
District of Columbia	x			x	x	
Florida		x	x		x	x
Georgia		x	x	x	x	x
Hawaii		x	x	x		x
Idaho	x			x	x	x
Illinois		x	x	x	x	
Indiana		x	x	x		x
Iowa	x			x	x	
Kansas		x	x	x		
Kentucky		x	x	x	x	
Louisiana		x	x	x	x	
Maine	x			x	x	
Maryland		x		x	x	
Massachusetts		x	x	x	x	x
Michigan		x	x	x	x	
Minnesota		x	x	x	x	x
Mississippi		x	x	x	x	x
Missouri		x	x		x	
Montana	x			x	x	
Nebraska		x	x	x	x	
Nevada		x	x	x		
New Hampshire	x			x	x	
New Jersey		x	x	x	x	x
New Mexico	x			x	x	
New York		x	x	x		
North Carolina		x	x	x	x	x
North Dakota		x	x	x	x	
Ohio		x		x		
Oklahoma		x		x	x	x
Oregon	x			x		
Pennsylvania		x	x	x	x	
Rhode Island		x		x	x	
South Carolina		x	x	x	x	x
South Dakota		x		x	x	x
Tennessee		x	x	x	x	x
Texas		x	x	x	x	
Utah		x	x	x	x	
Vermont		x	x	x	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.
Important: The chart is designed to be referenced from left to right. Thus, if the chart indicates that physician supervision or collaboration is required, the diagnosis, order tests, or refer patients without physician supervision or collaboration. Absent explicit statutory or regulatory language requiring a separate chart does not indicate that a written prescriber drug protocol is required in states that already require NPs to establish written practice protocols w

Graphic: CHCF

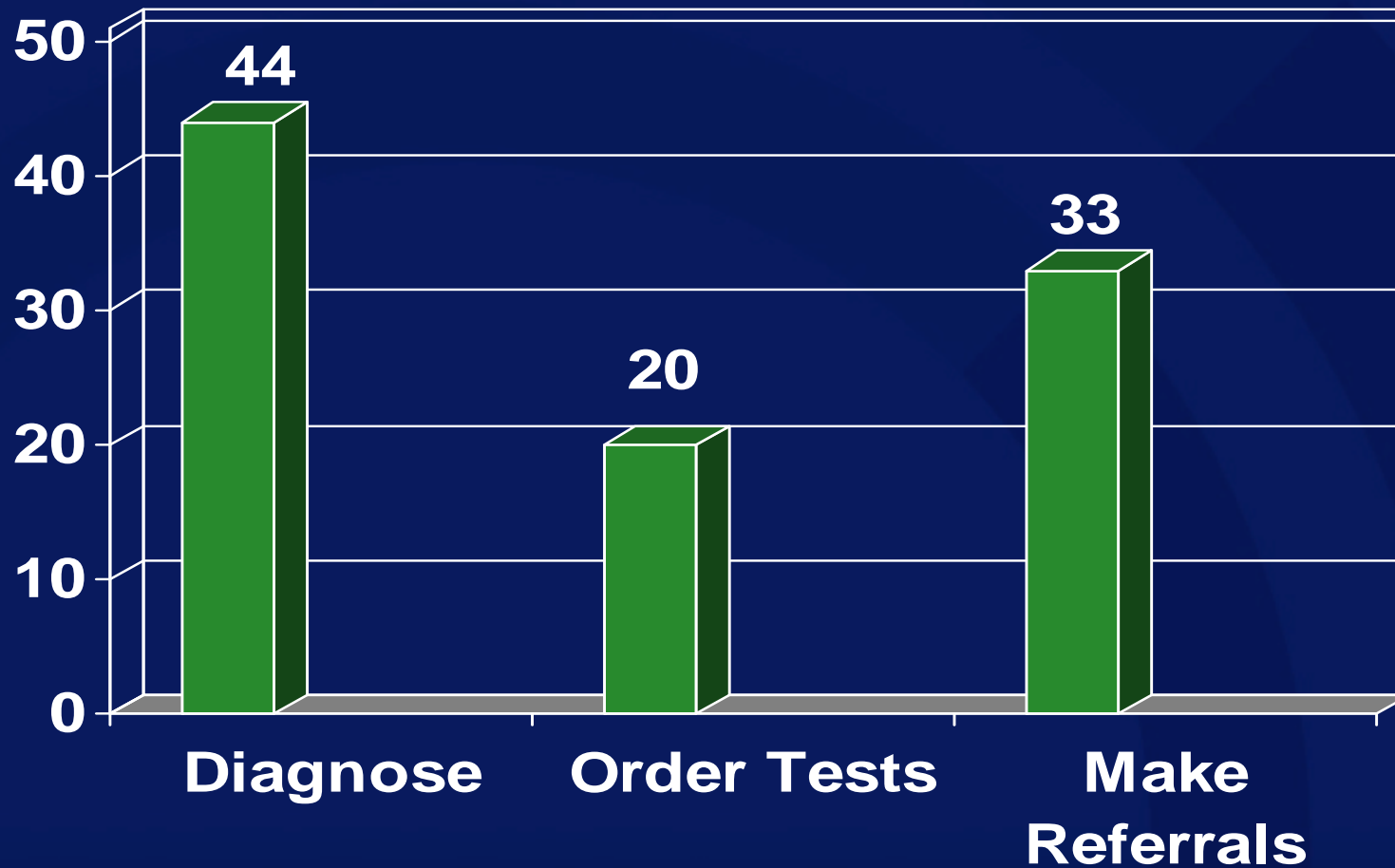
NP Oversight Requirements by State



- No MD Involvement
- No MD Involvement except for Rx
- MD Supervision & collaboration
- MD Supervision
- MD Collaboration

Graphic: California HealthCare Foundation

Explicit NP Authorities by Number of States



NP Prescriptive Authority by Type and Number of States

Authority to Prescribe without MD Involvement	Authority to Prescribe with MD Involvement	Written Protocol Req'd to Prescribe	Authority to Prescribe Controlled Substances
11	40	34	48



Related Issues

- National Certification Requirements
- Joint RN/MD Board Regulation
- Different titles & nomenclature
- Locating and interpreting laws and regulations




A stylized map of California is centered on a dark blue background. The map is divided into three main color regions: a light blue area on the left representing the coast, a large orange area in the center representing the interior, and a green area on the right representing the mountains. The map is framed by a thin white border and a thicker dark red border. A white rectangular text box is overlaid horizontally across the center of the map.

NPs in California



NPs in California

- 
- **Must collaborate with MDs**
 - **Written “standardized procedures” required**
 - **May order tests, diagnose & refer under standardized procedure**
 - **May “furnish” or “order” drugs**
 - **Cap on # of furnishing NPs/MD: 4**



NP Policy Issues in the US

- Interstate scope of practice variability
- Intrastate scope of practice variability
- Incremental scope of practice expansion trend
- Model practice acts
- Regulatory board oversight models



Policy Issues in California

- Primary : Specialty care workforce
- Demand
 - Growth, Aging, Diversity
- Underserved
 - Geography, Insurance coverage
- Cost containment
 - Workforce production capacity
- Health Workforce Pilot Project at OSHPD



It's not just NPs

- Psychiatrists & psychologists
- PAs & primary care physicians
- Optometrists & ophthalmologists
- Physical therapists & orthopedists, chiropractors
- Dental hygienists and dentists



Is there a better way?

- Innovative approaches to determining scopes of practice



<http://www.chcf.org>

Scope of Practice Laws in Health Care: Exploring New Approaches for California

Overview

In health care, scope of practice (SOP) laws establish the legal framework that controls the delivery of medical services. They dictate which professions may provide specific services, the settings in which they may provide them, and the parameters of their professional activities. The reach of SOP laws stretches from physicians to physical therapists, podiatrists to dental hygienists.

With few exceptions, determining SOP laws is the work of state governments. State legislatures consider and pass the statutes that govern health care practices. Regulatory agencies, such as medical and other health profession boards, implement those statutes, through the writing and enforcement of rules and regulations.

Due to the individualized, state-specific nature of this process, SOP laws and regulations vary widely among the health care professions. Some

states allow individual professions broad latitude in the services they may provide, while others employ strict SOP limits. In some states, certain professions are not recognized at all.

Influencing the design of these legal frameworks is the large number of interest groups involved in SOP decision-making. These constituencies each bring their own goals, biases, and agendas to a process that is often highly politicized and lacking in standardized guidelines. This has resulted in episodic, and at times seemingly intractable, political battles over modifications to SOP laws, both in California and nationwide.

The cumulative effects of legal SOP boundaries are substantial, and not limited to market share or inter-professional competition. SOP laws can facilitate or hinder patients' ability to see a particular type of provider, which in turn influences health care costs, access, and quality.

Key Findings

- In California, the state legislature enacts scope of practice (SOP) laws, and all major changes to those laws;
- Most of the health professions boards, which implement the laws through regulation, function under the administrative oversight of state agencies such as the Department of Consumer Affairs, the Department of Public Health, or the Emergency Medical Services Authority;
- Policy and political battles over SOP laws have arisen in numerous state legislatures;
- The states of Iowa, Minnesota, New Mexico, and Virginia, and the province of Ontario, have established or are implementing processes to review changes to SOP laws. In addition, a bill in Texas proposing a new SOP review mechanism was recently defeated; and
- These processes have met with varying degrees of success, but have garnered positive evaluations from policymakers who have employed them in their SOP decision-making.



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ISSUE BRIEF

MARCH
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Determining scopes of practice

- State legislatures enact statutes & codes
- Regulatory agencies (boards) implement statutes through rules and regulations
- Multiple levels of interpretation



Innovative Approaches to Determining Scopes of Practice

- **Minnesota** Health Occupations Review Program
- **New Mexico** Scope of Practice Review Commission
- **Iowa's** Reviewing Committee
- **Texas** bill to establish standard review process
- **Virginia** Board of Health Professions
- **Ontario's** Health Professions Regulatory Advisory Committee
- **US Military:** 68 W example
- *Changes in Healthcare Professions' Scope of Practice*





Big Questions

- Who decides who will be on review committees?
- What principles will guide the process?
- What guidelines will be used to review applications?
- How should the evidence be weighed?



Principles behind the innovations

- Legislature maintains decision-making authority
- Inclusive
 - Affected practitioners
 - Public, non-regulated individuals
 - Impartial health care practitioners
- Efficient
- Credible
- Objective
- Guiding structure focused on patient safety
- Evidence based



A Proposed Guiding Structure

“Arguments for scope of practice changes should have a foundational basis within four areas:...”

- Historical basis
- Education and training
- Supportive evidence
- Appropriate regulatory environment

Source: *Changes in Healthcare Professions' Scope of Practice: Legislative Considerations* (2007)



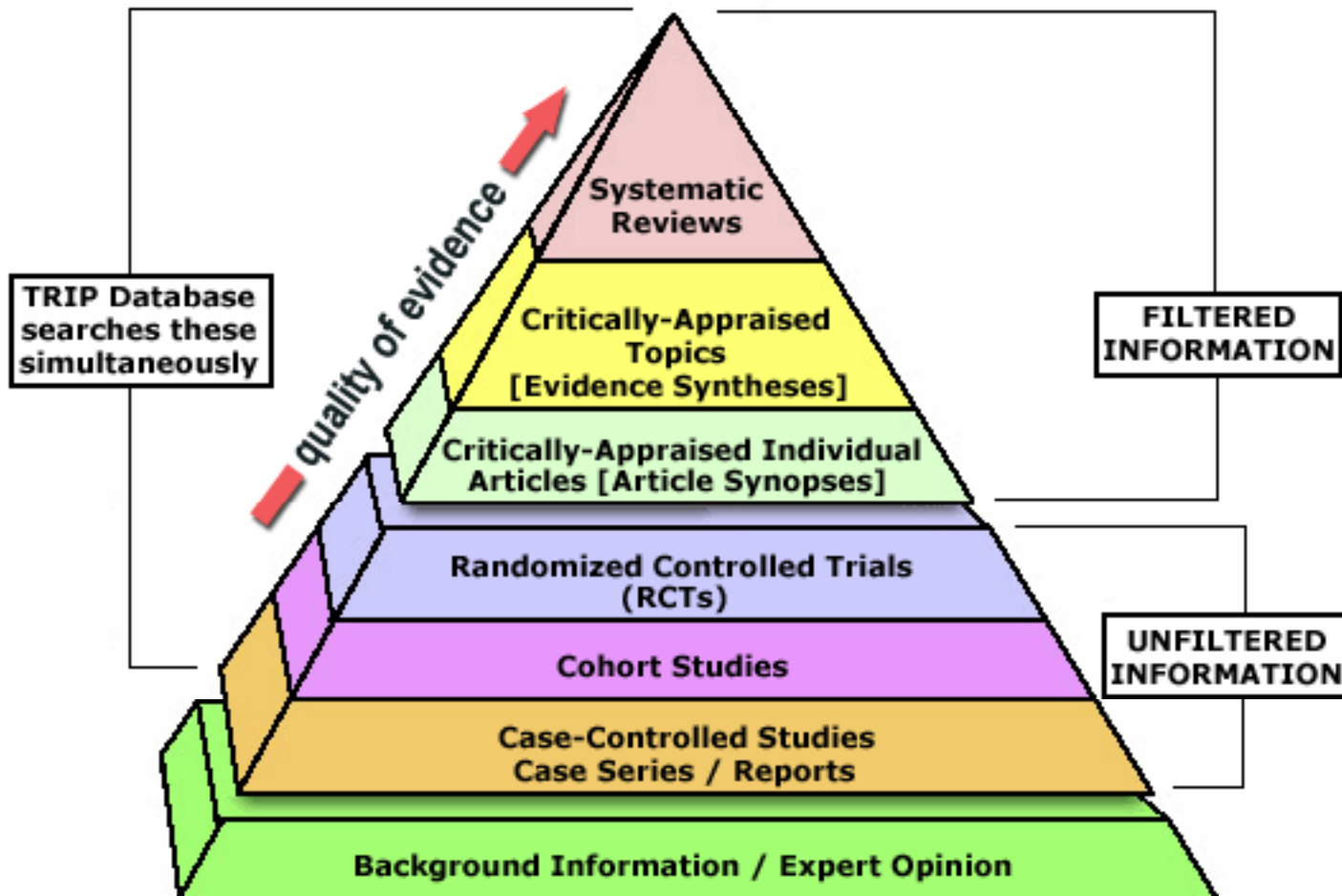
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Types of Evidence

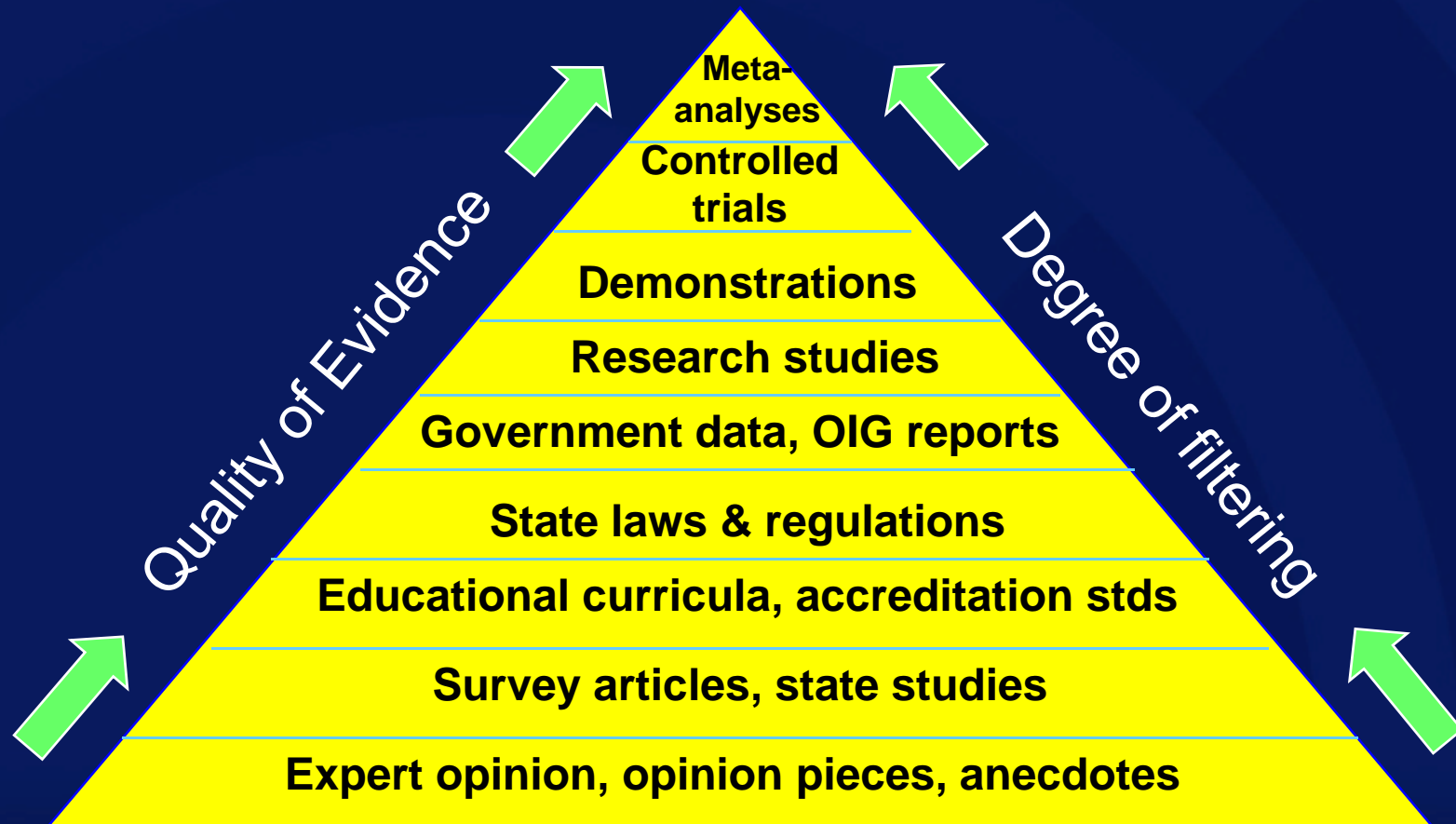
- State laws and regulations
- Educational curricula, training and accreditation standards
- Demonstration projects
- Research studies
- Controlled trials
- Survey articles
- Office of the Inspector General reports
- State studies
- Data collection from state and federal agencies
- Opinion pieces
- Meta-analyses
- Anecdotes



Making sense of evidence: An evidence based medicine pyramid



Making sense of scope of practice evidence



NPs and PAs in Integrated Specialty Care Practices

Difficulties and delays accessing specialists

- Dermatology
- Orthopedics
- Neurology
- Internal medicine sub-specialties

Are NPs and PAs helping address increased demand?



NPs and PAs in Integrated Specialty Care Practices

- **Research**
 - Literature review
 - interviews
 - case studies
- **Integrated health care team models**
 - Practice
 - Financing
 - Regulations



Summary

- Processes for determining scopes results in battles, variable outcomes
- Potential for standards, expanded roles
- New mechanisms for changing scopes
- Challenges: deciding committee profiles, principled guidelines, weight of evidence
- Positive evaluations of innovations
- New study: NP/PA specialty care



For more information: <http://futurehealth.ucsf.edu>

The screenshot shows a Mozilla Firefox browser window displaying the homepage of The Center for the Health Professions at the University of California, San Francisco. The browser's address bar shows the URL <http://futurehealth.ucsf.edu/home.html>. The website header includes the center's logo and name, followed by a navigation menu with links for PROGRAMS, PUBLICATIONS, RESOURCES, IN THE NEWS, FOCUS AREAS, ABOUT US, and HOME. The main content area is divided into several sections: 'What's new' (highlighted in orange) announcing applications for the Blue Shield of California Foundation's Clinic Leadership Institute; 'From the director' (highlighted in grey) featuring an essay by Ed O'Neil titled 'Centering On...Leadership'; 'FYI' (highlighted in pink) welcoming the fifth Kaiser Permanente cohort to the Pharmacy Leadership Institute (PLI); and 'Leaders advance' (highlighted in grey) featuring Theresa Manley, RN, MBA, a senior leader at the Palo Alto Medical Foundation. On the right side, there is a 'September 2008' section with a 'SEARCH OUR SITE' button, a 'FOCUS ON' graphic with overlapping circles representing Leadership, Aging, Workforce, Diversity, and Community, and a 'Got a minute?' registration prompt for monthly Center News and Program Announcements. At the bottom right, there is a 'Center Roadshow' section with a link to download recent presentations. The browser's status bar at the bottom left shows 'Done'.

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