

Expanding Scope of Practice to Allow Work at the Top of a License

American College of Physicians discusses work at the top of a license:

"The ability to delegate can make the difference between hitting quality improvement targets and falling short. While some look only to EHRs to get organized, experts say the truly efficient office also makes the most of its personnel. All office staff members should be 'working to the top of their license,' doing what they are qualified to do, no more and no less. That means doctors, the most skilled and highly compensated members of the team, should stick to those tasks they are uniquely qualified to do and delegate the rest. Physician practices in the future will be based on teamwork," said David B. Reuben, FACP, director of the geriatrics program at the David Geffen School of Medicine at the University of California, Los Angeles. "It's absolutely critical to think about the workflow and how it's structured." (<http://www.acponline.org/journals/news/apr06/teamwork.htm>)

Background:

States use combinations of education, certification, regulation and professional licensing to limit the practice of professional services to individuals meeting minimum requirements.

Scope of practice approaches:

- Regulation: statutes or regulations set forth lists of specific kinds of practice in which a licensed practitioner may engage.
- Delegation: especially for bridge or "extender" professions (for example, physician assistants or dental hygienists), law may allow the bridge or extender professional to conduct all or some services allowed to the primary profession, so long as the responsibility is delegated by a supervising professional. For example, a physician assistant may do anything a physician may do, so long as the supervising physician judges the physician assistant appropriately trained and capable.

Change factors affecting scope of practice proposals:

- Acceptance by highest licensed profession
- Acceptance by patients
- Regulatory / legislative
- Practice redesign – medical home/chronic disease management, EHRs, etc.
- Reimbursement
- Body of Knowledge, Curriculum, Training

Minnesota Today:

- **Minnesota statutes on Scope of Practice allow certain expanded services by nurse practitioners, physician assistants, and pharmacists** that could be interpreted as "physician extenders." This holds true for some other health professionals as well. All require a delegation or collaborative agreement, granted at the discretion of the highest licensed profession
- **Innovative "extenders" exist in Minnesota.**
 - Dental Hygienists . Minnesota's collaborative agreement law allows dental hygienists with additional training to provide care at remote sites without a dentist present. (*MDH's 2006-07 dental workforce survey found very small numbers of hygienists working under collaborative agreements. Of some 2,000 actively practicing hygienists, less than a dozen said they were practicing under a collaborative agreement.*)
 - Working under collaborative agreements regulated by the Board of Dentistry, the Minnesota Head Start Association secured federal approval in 2006 to use hygienists to meet Head Start dental care requirements that include screenings, cleaning, dental care education, and referrals to dentists for more advanced care
 - Proposed models under consideration in Minnesota:

- The American Dental Association is sponsoring “community dental health worker” pilots in a half dozen states. Minnesota was not selected because we already have the collaborative agreement process in place.
- The Minnesota Association of Community Dentistry is proposing to create an occupation called “advanced oral practitioner.” These professionals could practice independently, somewhat like a nurse practitioner does.
- Community Health Workers acting as patient advocates help patients apply for and connect with needed services. Following legislative action, DHS has sought federal Medicaid waivers to reimburse them. Minnesota is leading development of a new entry-level occupation of community health workers. The Health Education Industry Partnership developed the curriculum, which is now offered in a half dozen community colleges around the state. CHWs are not medical practitioners, but rather outreach workers who can guide people into the proper health care channel. CHW certification does not require a college degree, but requires completion of approved training.
- Community Paramedic EMS leaders from Minnesota and elsewhere are supporting MNSCU development of a curriculum to span Community Health Workers, EMS and additional responsibilities; The role will be called the Community Paramedic or Community Health Care Specialist. Functions may include: basic prevention and chronic disease management, basic oral health, mental health screening, immunizations, etc.
- Psychiatric Nurse Practitioners may get their education at St Scholastica and are able to prescribe medications. There is further talk about psychologists ability to prescribe in MN.
- Pharmacist Medication Therapy Management, allowed under current scope, has potential for integration into primary care, improved outcomes, reduced costs. Pharmacists Association is considering seeking expanded authority for pharmacists to administer vaccines. (Note: in 2007, 40 states allowed collaborative drug therapy management agreements.)

Outside of Minnesota Today:

- **Expanding the scope of practice in other states** has been discussed around cost containment, quality of care, and efficiency of staff in the face of growing workforce shortages. Expansion through nurse practitioners has formally been evolving since the initial program at the University of Colorado in 1965 and is showing up in other disciplines with time.
 - Scope of Practice Bills were noted in at least 9 states in 2003 (Connecticut, Indiana, New York, California, Washington, New Jersey, Massachusetts, Mississippi, and Wyoming expanding practice by physical therapists). Bills were introduced in at least 15 states 2 years later on expanded scope of practice and/or reimbursement in physical therapy, podiatrics, and chiropractics (Indiana, Minnesota, Mississippi, Nebraska, North Dakota, Washington, Connecticut, Hawaii, Iowa, Mississippi, Missouri, South Carolina, New Mexico, Wyoming, and Texas.
 - 37 States allow pharmacists to administer vaccines influenced by documented success. (A 2000 study noted vaccination rates among high-risk patients increased by 74%.)
 - Mid-level Practitioner staffed primary care centers appear everywhere from rural Missouri – and occasionally in rural Minnesota - to retail chains (CVS, Wal-Mart, etc.) and are growing in popularity because they are located closer to the user; open evenings and weekends; accept drop-ins; feature shorter waiting room time.
 - Alaska uses the “community health aide” as a primary care provider. They are trained to use written protocols in consultation with a licensed primary care provider via tele-communications and function at an advanced level in remote areas.

- Pennsylvania: July 2007 Comprehensive health reform initiative expands the roles of nurses and other non-physicians including: RN practitioners, clinical nurse specialists, physician assistants, nurse midwives, independent dental hygienist practitioners. The legislation:
 - Lifts limitations on how many NPs and PAs a physician may supervise under a collaborative or written agreement at a time;
 - Prohibits unreasonable restrictions in collaborative or written agreements;
 - Requires the establishment of a complaint review and mediation process by the state to resolve continuing barriers to nonphysician practice;
 - Gives NPs additional authority to order various types of services and equipment and to perform and sign various types of evaluations and assessments. NPs may now order home care, hospice care, and durable medical equipment, make physical therapy and dietician referrals, perform and sign the initial assessment of methadone treatment evaluations, perform disability assessments, and issue home schooling certificates;
 - Gives nurse midwives prescriptive authority;
 - Establishes the “Independent Hygiene Practitioner” as an identified provider who can perform the functions of a dental hygienist at specified sites without the supervision of a dentist;
 - Expands the places where pharmacists are permitted to manage drug therapy;
 - Gives nurse anesthetists greater autonomy to practice in collaboration with, not under the supervision of, an anesthesiologist;
 - Requires insurers to include in all provider networks: NPs, PAs, clinical nurse specialists working in primary care, nurse midwives, and the following types of practices if geographically available — urgent care, convenient care, nurse managed care, and federally qualified health centers; and
 - Requires insurers to provide financial incentives for primary care providers to offer extended evening and weekend hours, which permit patients to “walk in” or receive a same-day appointment.

Wyoming: 1985 Nurse Practice Act allowed independent practice and prescriptive authority by Advanced Nurse Practitioners. Viewed as physician extenders that are certified by the American Academy of Nurse Practitioners (AANP) – 424 compared to 940 full time licensed physicians practice in Wyoming as of 2007. In 2005, the University of Wyoming was mandated to offer the Advanced Practice Nurse program. Nurses must graduate from this program and be certified by AANP. Also, collaborative agreements were no longer required. In 2007, rules have been published for public comment on expanded scope of nurse anesthetists, allowing prescriptive authority among other things in Chapter 4. Other advanced practice nurses include: pediatric practitioners, psychiatric mental health practitioners with a masters degree and national certification by American Nurses Credentialing Center.

- Other nations allow expanded scope of practice compared to American standards. Common elements driving success include: inter/intra professional collaboration, nursing leadership, educational infrastructure, government policy and financial support for all of these elements.
 - Brazil offers basic nurse practitioner services that are tightly controlled by government regulation. Specialist certificates are offered for advanced nurse practice (ANP) midwives and clinical nurse specialists.
 - United Kingdom Advanced Practice Nurses have few government or professional regulations and often operate as clinical nurse specialists, teachers, supervisors of health care and researchers.
 - Thailand Advanced Practice Nurses practice as midwives, anesthetists, and nurse practitioners.