

THE WISCONSIN MODEL: A CASE STUDY PODIUM PRESENTATION. ALIGNING STATE STATUTES WITH THE APRN CONSENSUS MODEL TO IMPROVE ACCESS TO CARE

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WHY MAKE THE JOURNEY?

- Significant healthcare provider shortage in the United States
- APRNs increase people's access to high quality healthcare
- The time is right!
 - The APRN Consensus Document
 - 2010 Institute of Medicine Report entitled, "The Future of Nursing Leading Change, Advancing Health" (Institute of Medicine, 2010)
- Sharing Wisconsin's journey



CURRENT CONCERNS

- Variation in state regulations of APRNs
- This variation results in the following:
 - Decreased access to qualified healthcare professionals
 - Decreased mobility for APRNs
 - Unable to ensure an APRN meets the standard for training and education that credential implies



HEALTHCARE PROVIDER SHORTAGE

- As of October 19, 2011, 66.8 million people in the United States reside in a primary care HPSA (Health Resources and Services Administration, 2011)
- 267,000 APRNs in the United States (National State Boards of Nursing, 2011)



- APRNs makeup 21% of the healthcare provider workforce who can prescribe the United States.

WHY DOES IT MATTER?

-2012 first year of experience with people aging into Medicare

-Medicare eligibles increased by 2 million people in 2012



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WHY DOES IT MATTER?

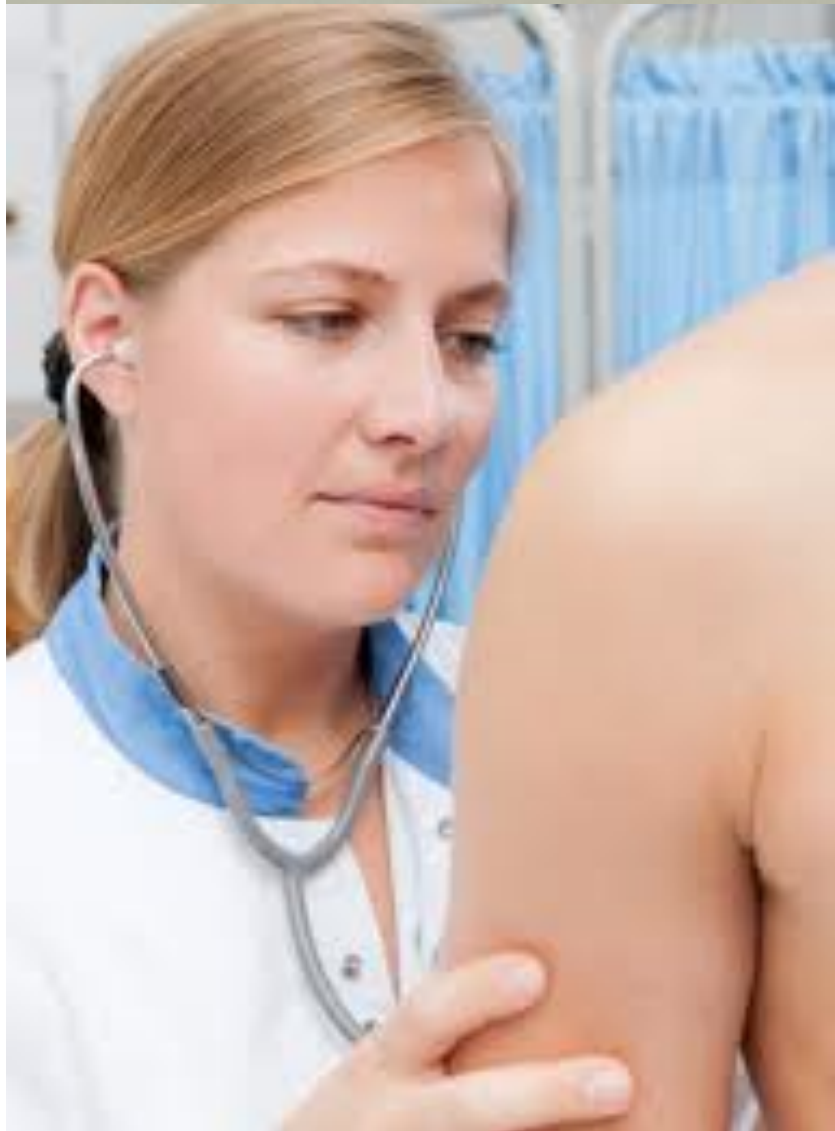
- 2012 APRNs (billing under their own NPI) provided one or more services to 11.4 million fee-for-service Medicare Part B beneficiaries, (more than 1 million additional patients compared to 2011)
- APRNs led the pace with a 12.4% increase in persons served (718,660 additional people)
- APRNs served 87% of the additional beneficiaries who aged into Medicare in 2012

WHY DOES IT MATTER?

- Total approved charges earned by APRNs increased by 12.7% compared to the increase in approved charges for all Part B providers of just 1.2%.
- 2012 APRN total was \$2,718,521,734. (\$2.7 billion!)
- APRNs provided one or more services to 11,394,440 Medicare fee-for-service eligibles in 2012, an increase of 1,008,105 persons served compared to 2011



WHO IS AN APRN?



- APRN
 - Acquisition of advanced clinical knowledge
 - Skills to provide direct patient care
 - Educational preparation to assume responsibility for health promotion, assessment, diagnosis, the use of pharmacological and non-pharmacological intervention
 - Completion of a graduate-level educational program
 - Board certification as a CNP, CNS, CNM or CRNA
 - Focus on direct patient care

APRN CONSENSUS MODEL

- Collaborative work
 - APRN Consensus Work Group National Council of State Boards of Nursing (NCSBN)
 - APRN Advisory Committee
 - Extensive input from a larger APRN stakeholder community.
- “The education, accreditation, certification and licensure of APRNs needs to be consistent from jurisdiction to jurisdiction in order to continue to assure patient safety while expanding access to care”. (National State Boards of Nursing, 2011)
- Extreme variation in practice rules and legislation from state to state in terms of scope of practice

APRN CAMPAIGN FOR CONSENSUS

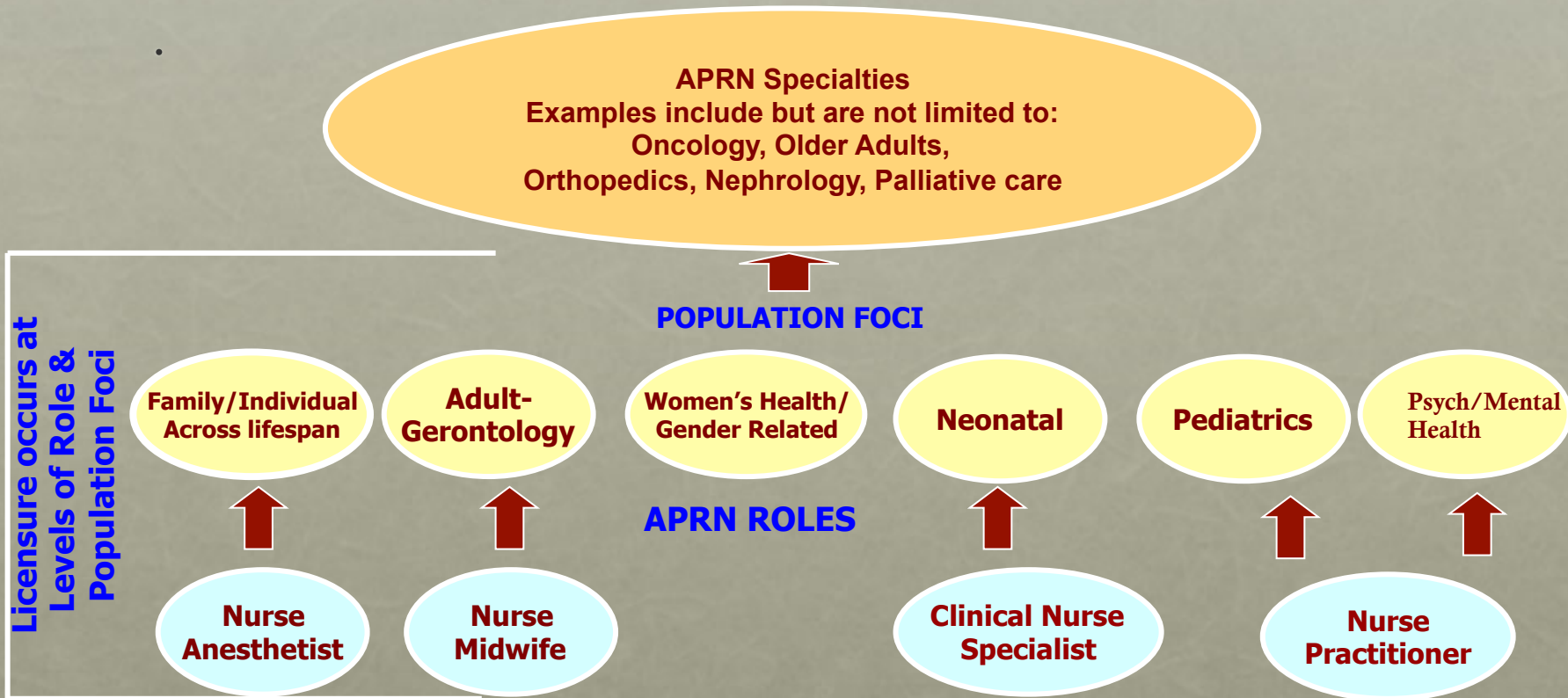
- NCSBN Leading the Movement: Toward Uniformity in State Laws
- The Campaign for Consensus is the NCSBN initiative to assist states in aligning their APRN regulation with the major elements of The Consensus Model for APRN Regulation.
- State recognition of each of the four described roles (CNS, CNP, CRNA, CNM)
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APRN CAMPAIGN FOR CONSENSUS

- 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



APRN REGULATORY MODEL

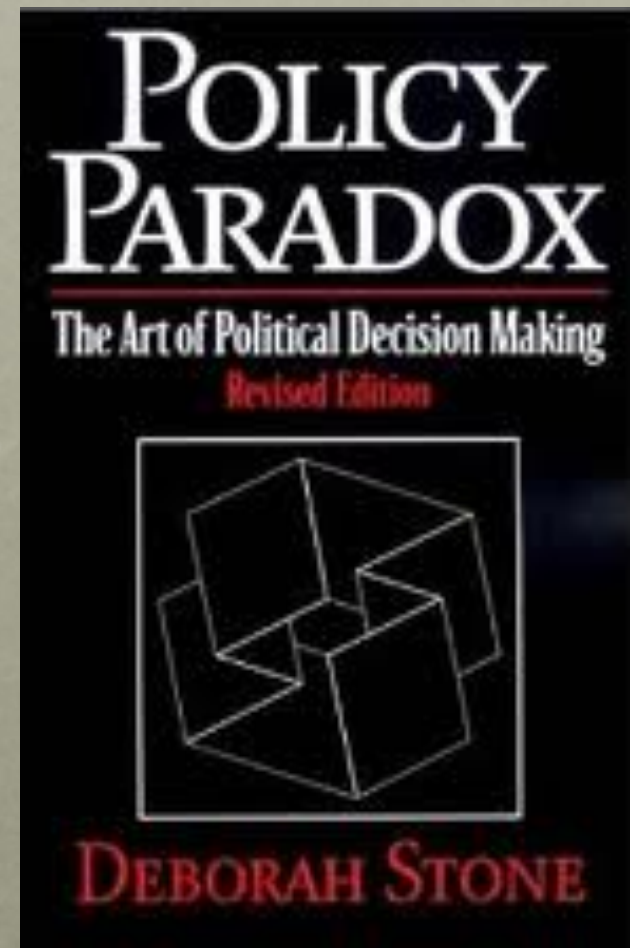


STATE OF OUR STATES

- Ten states have full implementation of the Consensus Model: Idaho, Nevada, Utah, Montana, New Mexico, North Dakota, Minnesota, Vermont, Connecticut and Rhode Island
- Twelve states have 75%-96% implementation: Washington, Oregon, Wyoming, Nebraska, Oklahoma, Iowa, Arkansas, Kentucky, West Virginia, Maine, New Hampshire and Washington DC
- Remaining states are at less than 74% implementation

THEORETICAL FRAMEWORK

- Deborah Stone's book "Policy Paradox; The Art of Political Decision Making" (2001) is a framework for political action.
- The "Rationality Project"
 - Sets categories of logic used to make sense of things in the political world
 - People and Emotions are involved = process confusing and ambiguous because emotion and experience can't be removed
 - People place value on differing factors



STONE'S FRAMEWORK (CONTINUED)

- Stone's steps to work toward change in policy:
 1. Understanding the evolution of the initial issue (i.e. history)
 2. Defining the problem
 3. Defining the goals
 4. Determining solutions



HISTORY

- Four milestones most important to the work of APRNs in Wisconsin:
 1. The Nurse Practice Act (NPA) has regulated professional nursing in Wisconsin since 1911 (Wisconsin State Board of Health 1913)
 2. Formulation of the Board of Nursing (BON) in 1949 which allowed for nurses in Wisconsin to govern nursing practice
 3. In 1979 the NPA was amended to include the licensure and practice of CNMs. This was the first time APRNs were included in the NPA
 4. In 1993 the NPA was amended to include prescriptive privileges for APRNs

DEFINING THE GOALS

- Assure title protection for APRNs
- Allowing APRNs

In WI to practice
to full scope of
Education
and training

TAKE ACTION NOW

The Nurse Title
**PROTECTION
LAW**

CURRENT LEGAL LANGUAGE IN WI

- No Title Protection
- “Advanced practice nurse prescribers shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician, in each other’s presence when necessary, to deliver healthcare services within the scope of the practitioner’s professional expertise. The advanced practice nurse prescriber and physician must document this relationship” (Board of Nursing, 2006).

KEY PLAYERS

- The APRN Coalition
- The APRN Coalition is all 4 professional organizations, WNA's APRN Forum, & Public Policy Council
- Mission:
 - Improve access to healthcare for people in Wisconsin by removing statutory, regulatory and institutional barriers that prevent APRNs from practicing at the highest level of their educational preparation.



DEFINING THE SOLUTIONS

Propose language that:

1. Defines the four APRN roles
- 2. Gains title protection
- 3. Removes the “collaborative agreement”
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DEFINING THE SOLUTIONS (CONTINUED)

The APRN Coalition:

1. Completed a political environment scan
2. Consulted with legal counsel
3. Consulted with other states working towards similar legislative changes

COALITION BUILDING ACTIVITIES

- Forming Professional Relationships and Alliances
- Consultation
- Education

COALITION BUILDING IN WI

- Hospital Association
- Medical Associations
- Pharmacy Association
- Legislators
- Wisconsin State Board of Nursing



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CURRENT STATUS & MOVING FORWARD

- Senator put the proposed language changes into formal drafting queue in October, 2011 but was never winter session ended before a bill was formally drafted
- The APRN Coalition continued regular meetings
 - Possibly rewrite proposed language that includes title protection and the removal of the collaborative agreement



CURRENT PROPOSED BILL DRAFT IN WI

Creating criteria for licensure as an APRN:

1. Wisconsin licensure as a registered nurse and completion of a graduate program that prepares the nurse for one of the advanced practice roles
2. Grandfathering for nurses who were practicing in an advanced practice role as of January 1, 2013 but who lack the graduate education, with Board of Nursing approval
3. Paying a fee

CURRENT DRAFT

- Amends the current prescriptive authority statute by requiring a Prescriber to be an APRN
- Adds APRNs who are prescribers to the enumeration of health providers who may not be discriminated against in seeking hospital privileges
- Bill amends ch. 655, The Injured Patient's and Families Compensation Fund (PCF), by including APRN's with prescriptive authority in the enumeration of persons covered by the PCF and authorizes the PCF to set appropriate fees for participation

NEXT STEPS

1. Regular meetings of the APRN Coalition
2. Visits with legislators
3. Visits with large nurse communities
4. Updated WNA Website
5. Conference Attendance
6. Continue to learn from other state's success
7. Sharing the WI Model



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