

The DNP in Practice: The Health, the Care, and the Cost

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School of Nursing - Georgia Southern University

Dellarie Shilling, DNP, FNP-BC



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APRNs in Georgia: Practice Barriers & Contributions of the Essentially Prepared DNP

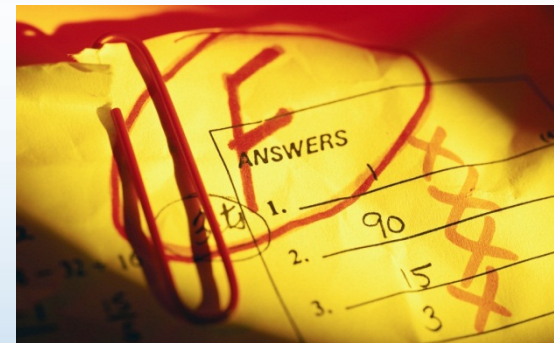


Objectives:

- Identify commonly reported barriers to NP practice in Georgia
- Identify legislation/policy currently impacting barriers to practice
- Identify outcomes of the DNP degree that promote elevation of NP practice
- Recognize contributions of DNP prepared NPs in Georgia



Barriers to APRN Practice: Not Too Peachy in Georgia!



Question?

What are the real or perceived barriers that continue to impact APRN scope of practice in Georgia?



Methodology



- Electronic survey in 2011 to all licensed APRNs in Georgia
- 591 eligible responses
- Data collected on practice context, demographics, location, workload and barriers to practice

Reported Barriers to Practice: GA

- Physician collaboration/supervision N=90
- Inability to prescribe Schedule II Meds N=73
- Provider's lack of knowledge regarding APRN role N=59
- Inability to order diagnostic tests N=59
- Billing/Reimbursement/Insurance N=36
- Employer restrictions N=25

(N=321, but multiple responses allowed)

(Shilling, 2012)



APRNs Prescribing in GA (updated)

2010

- 4355 licensed APRNs (Georgia BON, 2010)

- 65% of eligible APRNs have NOT applied (GCMB, 2011)

2014

- 6776 licensed APRNs (Georgia BON, 2014)

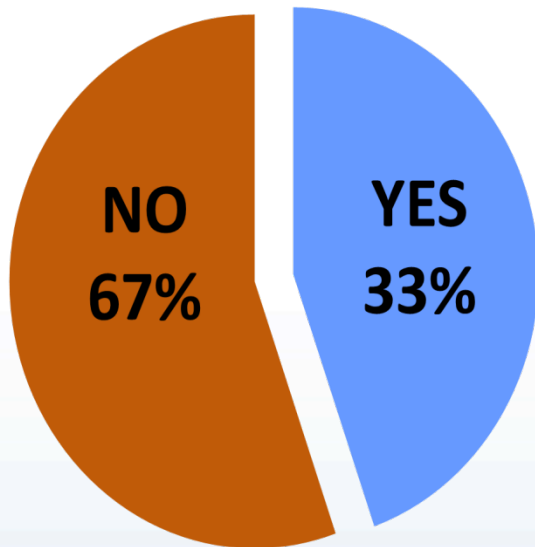
- 64% of eligible APRNs still not prescribing (GCMB, 2014)

Collaborative Practice Agreement

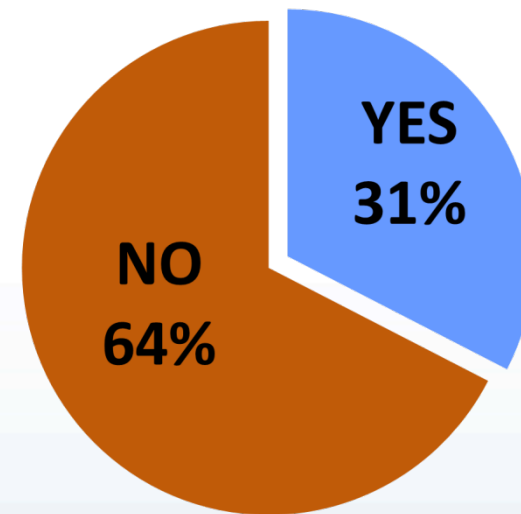
- Required for written prescribing (NP's name)
- May not pay a physician
- Submit to the Georgia Composite Medical Board
- After initial approval.... it is never examined again
- Must resubmit if new physician, amend if new procedures are added
- MD is supposed to review 10% of records

Policy Knowledge & Scope of Practice

Are you familiar with the APRN Consensus Model?



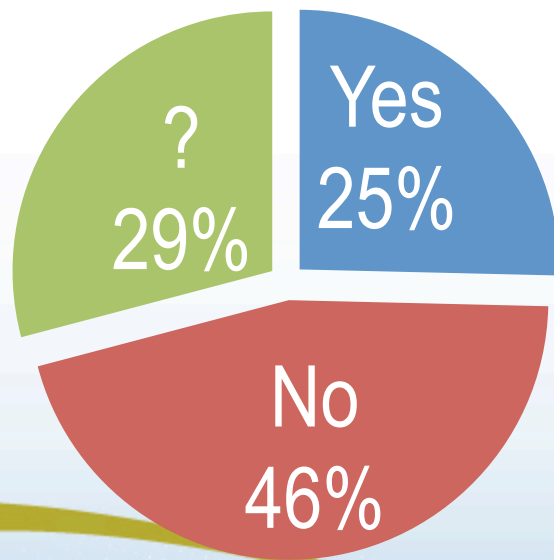
Do rules and regulations allow full scope of practice to APRNs in Georgia?



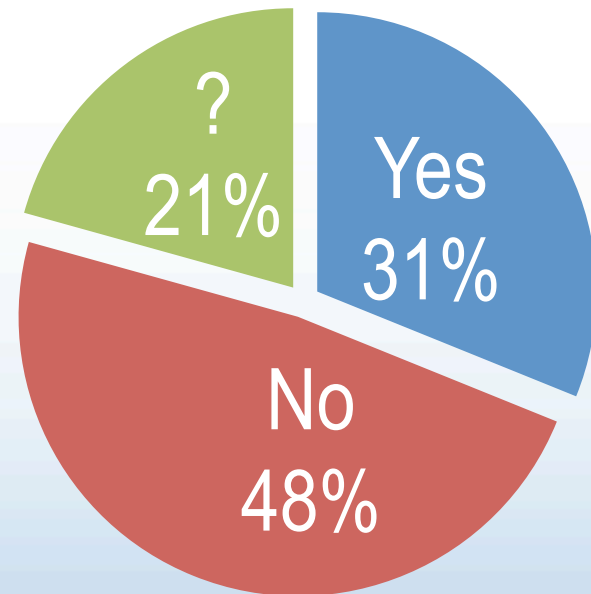
(National Council of State Boards of Nursing, 2010)

GA NPs & Feelings Regarding the DNP

Agree with DNP as
Terminal Degree?



Interested in DNP?



Findings

- GA APRNs are restricted in scope of practice
- Two current prescribing laws conflict
- Lack of understanding regarding impactful policies (Consensus Model)
- Role strain under collaborative model with MDs
- APRNs are frustrated with lack of a representative voice from the BON
- Majority of our NPs report no interest in the DNP

Objective 2:

- Identify legislation/policies (state and national) currently impacting barriers to practice



Joint Regulation in GA by 2 Boards

- **GCMB:** Georgia Composite Medical Board Protocol filing/management
 - NP Practice Committee to review protocols, under board physician supervision
- **Georgia BON:** Licensure & Regulation (NP, RN, LPN)
 - Advanced Practice Nursing Committee (not regularly meeting)



Current APRN Prescriptive Laws in Georgia

1988 Protocol

- **House Bill 209 (§43-34-23)**
 - **Physician delegation**
- **Under Board of Nursing only Protocol with MD kept in office**
- **Phone in legend RX and Schedule II-V under MD name**
 - **No DEA available**
- **Any radiographic tests may be ordered under MD name**

2006 Prescriptive Authority

- **Senate Bill 480 (§43-34-25)**
 - **Physician delegation**
 - **Protocol submission to Board of Medicine for approval**
- **May write for legend RX and Schedule III-V with own name**
 - **DEA available**
- **No radiologic tests unless life threatening circumstances**



Important Health Related Legislation

Georgia General Assembly 2014

- ***SB 94*** After unanimous passage by the Senate two years in a row, this bill enabling APRN's to order imaging tests was not taken up in the House Health and Human Services committee
- ***HB 922*** Created a limited pilot of providing a tax credit to physician preceptors of MD, APRN and PA students; passed on final day.

2014 Legislation in Georgia

- **HB 990** Prohibits the expansion of Medicaid eligibility through an increase in the income threshold without prior legislative approval. Prior to this bill being passed, Medicaid expansion authority resided solely with the Governor.



ACA Impact in Georgia

- Georgia is not a participant in ACA exchanges
 - Uninsured working population is increasing
- Georgia has no plans to expand Medicaid
 - Many additional patients will be without coverage
 - Previous Medicaid services are being cut



2014 Georgia Budget

- \$2.2 million in cuts to Public Health staff and operating expenses
- \$3 million new cuts to Public Health programs
 - Outreach and management
 - Health Check Outreach for children
 - Sickle cell treatment services in 9 counties
 - Children's Medical Service Program (special needs)

(Georgia Budget & Policy Institute, 2013)



Medicare

- NPs are identified as providers in some situations, but may not
 - See new Medicare patients
 - See established Medicare patients with new problems
 - Order Home Health or DME
- NPs must identify by personal Medicare NPI for all billing

Medicare

- NPs may order PT/OT; screening & diagnostic sigmoidoscopies; order & perform colonoscopies
- NPs may order diagnostic tests* and be reimbursed for performing and interpreting them without physician supervision (not in GA!)
- NPs may serve as PCP and consultants in utilizing telemedicine in HMSAs



Medicare

- “Incident to” billing
 - Limited to services in follow up to the provider’s POC
 - If provided by NP or CNS, **physician must be on site**
- The same applies for physicians; services are limited to the follow up POC of the NP, who must be on site to bill for services!

(AANP, 2013)



Medicare Hospice Services

- NPs may be reimbursed for serving as “attending physicians” in Hospice/Home Health
 - In other words, we may care for the dying, but we are not permitted to order the hospital bed for them to do it in.....



And speaking of providers in GA.....

- Current physician shortage totaling 200 physicians per 100,000, ranking Georgia in the top 10*
- Rural Georgia: Six counties have no family physician, 31 have no general internist, 63 are without a pediatrician, 79 lack an OB/GYN.**

AND YET.....

*(USA Today, 2012)

** (Notes from the GA Senate, June 6, 2014)

We are not growing.....

Nursing Workforce in Georgia

	Nov-12	Jun-13	Nov-13	14-Jun	
CRNA	1,821	1828	1861	1805	
CNM	453	457	476	475	
NP	5,466	5,646	6060	6202	
CNS/PMH	295	288	296	283	
CNS	57	66	86	99	
Total APRNS	8,092	8,285	8,779	8,864	
RN	120,989	112,759	116,835	114,983	
Total Nursing	129,081	121,044	125,614	123,847	

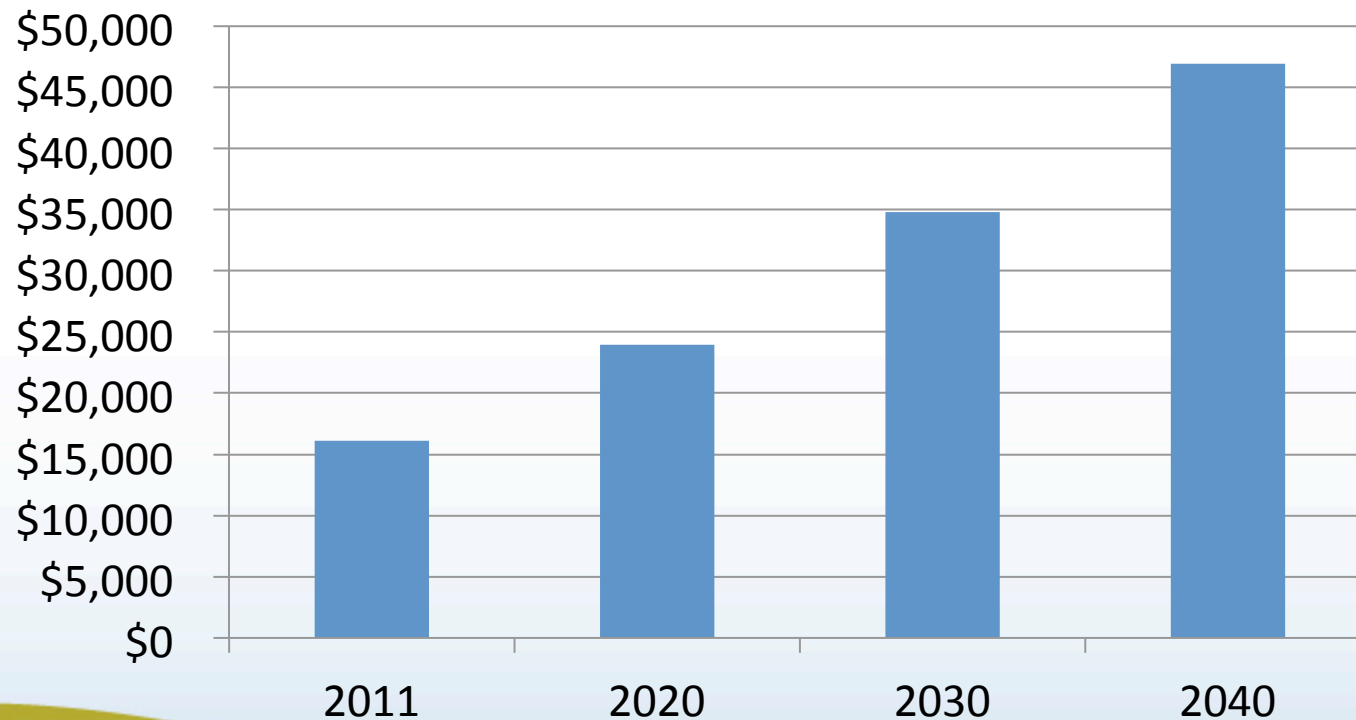


Economic\$

- For decades, Advanced Practice Registered Nurses have been recognized as cost-effective providers of high-quality health care.
 - The cost to train Advanced Practice Registered Nurses is far less than that involved for a physician.
 - Studies of patient outcomes and perceptions with care by Advanced Practice Registered Nurses compared to situations with physician care only were found to be equivalent.
 - There are many instances when efficiency can be gained (without sacrificing patient outcomes) through treatment by an APRN.
- (The Perryman Group , 2012)



The Annual Benefits Resulting from Reduced Health Care Costs Associated with the More Efficient Use of APRNs on Total Expenditures in Texas (Billions of 2011 Dollars)



(The Perryman Group, 2012)

Threats and opportunities for APRN practice in Georgia

- Threats:
 - Extremely restrictive practice laws: **Red State** on [AANP State Practice Authority Map](#)
 - Not growing an APRN workforce commensurate with patient needs in the face of severe provider shortages.



Threats:

- ✓ Poor understanding of APRN practice by public and policy makers
 - Quality and Safety*
 - Cost*
 - Potential to improve health of Georgians*
 - Workforce and provider shortage issues

Threats:

- ✓ Lack of advocacy* infrastructure to INFLUENCE policy*
 - Grassroots activity
 - Fundraising
 - Public relations
 - Coordinated efforts* involving all levels and venues of nursing in Georgia

Opportunities

- ✓ Increase the visibility of APRN's as health care experts*
 - Boards and Committees at all Levels*
 - Visible in Health Policy Efforts* not related to practice environment
 - Local business* and civic organizations* and health committees*
 - Local and state prevention coalitions*



Opportunities

- ✓ The Health Access Program at Georgia Watch received a grant from the Georgia Health Foundation in 2014 to write a comprehensive policy report on the current status of APRNs in Georgia
- ✓ Future of Nursing Campaign for Action
[Directory of Resources](#)



Support for Advancing APRN practice

- ✓ [Key Findings](#) from the March 2014 [FTC staff paper](#)
- ✓ [National Governors Association Report 2012](#)

states may want to ease practice restrictions, modify reimbursement policies, better utilize NPs

- ✓ Bay Area Council Economic Institute: The Business Case for Full Nurse Practice Authority

[White Paper: Full Practice Authority for Nurse Practitioners Increases Access and Controls Cost](#)



- ✓ California Report :
Full Practice Authority for Nurse
Practitioners: Increasing Access and
Controlling Cost - Spotlight California
(webinar)



NEXT STEPS FOR GA

- **Critical** to develop a consistent responsive and sustained grassroots advocacy network
 - Legislators listen to constituents. **Period.**
 - **Unless APRN's are in active communication with EACH AND EVERY state Senator and Representative** the status quo will continue

- ✓ **Build the infrastructure for success**
stronger focus on stakeholders
- ✓ **Better use of Social Media**
NP text alert system, web page
- ✓ **Public Relations: Earned and unearned media**
- ✓ **Financial Resources needed for:**
Public relations, Education, Lobbying (PACs)

Objective 3:

- Identify outcomes of the DNP degree that promote elevation of NP practice



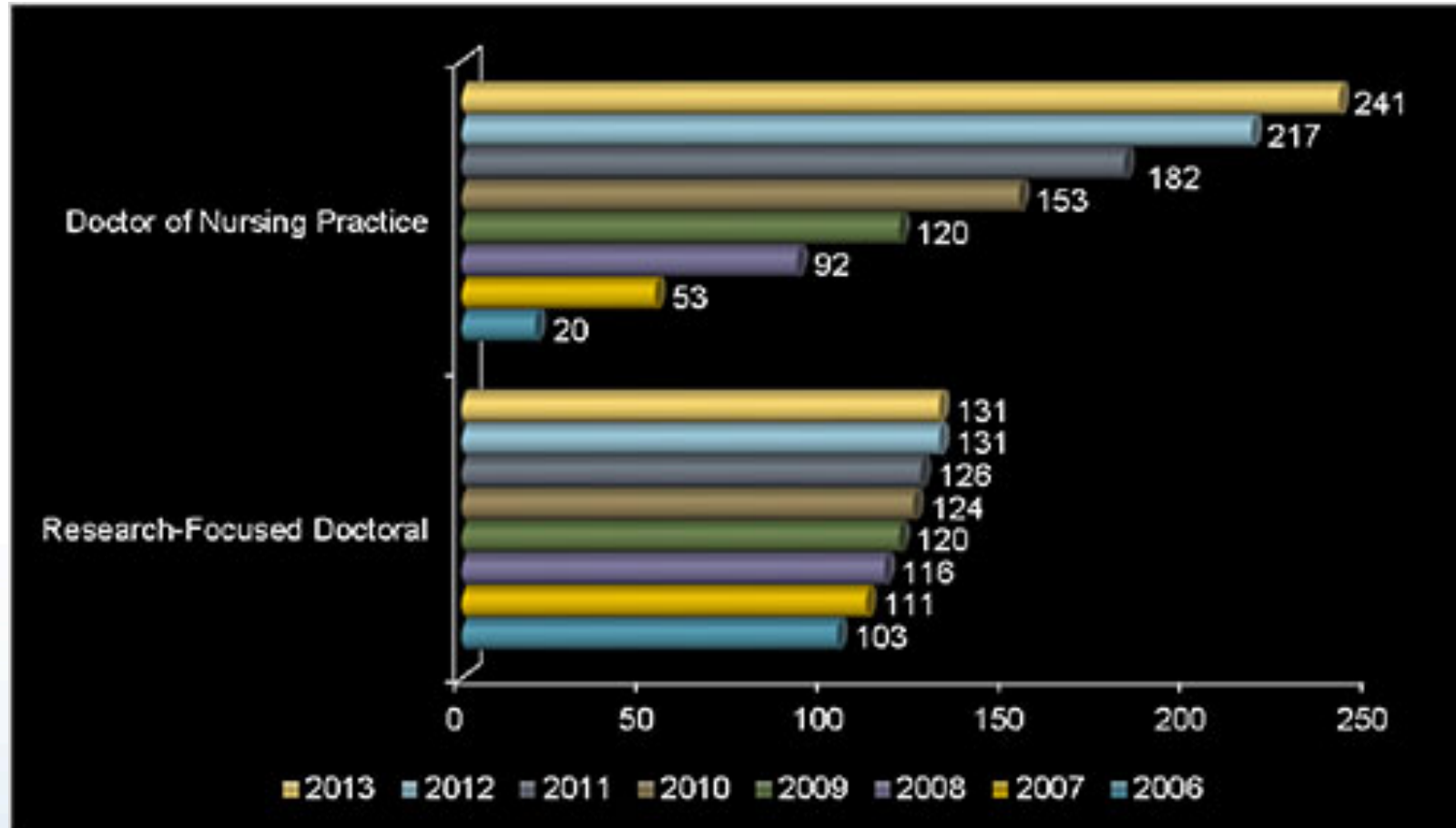
The DNP: Tailor Made

2012-2013

- DNP students increased from **11,575** to **14,699**
- DNP graduates increased from **1,858** to **2,443**.



Doctoral Nursing Programs



Updated: January 21, 2014

AACN CONTACT: Robert Rosseter

(202) 463-6930 x231

rrosseter@aacn.nche.edu

So, how is Georgia doing producing DNP's?

GA DNP Programs

- Brenau University
- GA Baptist College of Nursing of Mercer University
- Georgia College & State University
- Georgia Regents University
- Georgia Southern University

(AACN, 2014)



DNP Graduates in GA 2013-2014

25*

*Estimate based upon GA universities website reports; unknown number of DNP degrees obtained in other states/online outside of GA.

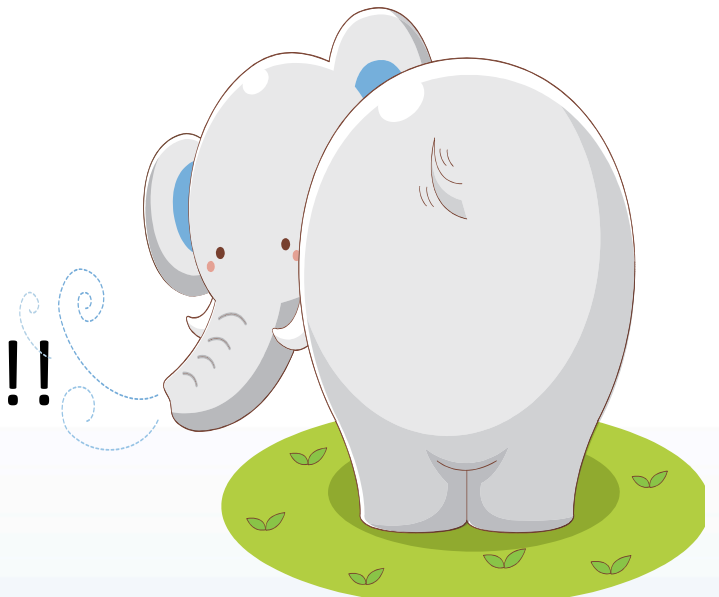
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The Elephant in the room.....

The DNP is **so** the answer,
but
we need to market it better!!



This is our Leadership Pool!

The Essentials

- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- V. Health Care Policy for Advocacy in Health Care
- VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VII. Clinical Prevention and Population Health for Improving the Nation's Health
- VIII. Advanced Nursing Practice



All of you are here because YOU know it works!

- We have a unique degree that provides the tools to take NPs to the next level:
 - **Practice doctorate** elevating EBP
 - **Scholarship**
 - **Leadership**
 - **Policy & Advocacy**
 - **Interprofessional Collaboration**



How can we reach more NPs?

- **Identify & Promote** DNP accomplishments
- Don't avoid the limelight; **find visible roles**
- CALL YOURSELF “**Doctor**”
- **Mentor** your NP colleagues by example!
- Be **POSITIVE** about DNP education!
- **Persuade**, but don't **preach**!



It all comes down to the PROJECT!

- How does it change practice?
- Scientifically sound
- Innovative
- Do it!!
- Disseminate results (ie: PUBLISH and PRESENT!)



Objective 4:

- Recognize contributions of DNP prepared NPs in Georgia



2012 GSU DNP Cohort

Paula Tillman* (Informatics)

- Completed post-masters in Healthcare Informatics
- Manager, Clinical Information Systems of Memorial Health University Medical Center
- Adjunct faculty at Armstrong State University
- Developed a post-baccalaureate program in Healthcare Informatics

“The DNP expanded my understanding to a more global perspective and opened doors much more quickly than I expected!”



Cathy Stepter* (published x2; Nurse Residency)

- Secured grant funding during her DNP program to develop a clinical nurse residency program, improving hospital retention from 63% to 82%
- Associate Professor of Nursing
- Serves on her College's SACSCOC leadership team

“The DNP has been fulfilling because it opened doors for more active leadership roles.”



Mark Clark* (CA Survivorship)

- Continues to work in Oncology, presently team leader in seeking national certification (QOPI) for the practice
- Involvement with the Oncology Nursing Society at the national level
- Adjunct faculty at a nearby university
- Test Development Committee for the Advanced Oncology Nurse Practitioner Certification Examination

“ The DNP has moved me to take on greater responsibilities in my role.”



Alison Edie* (Homeless Families & Health)

- Continues her work with homeless families initiated during her DNP; currently conducting a parenting project with the same population
- Program Chair of the board operating the shelter
- Selected as a scholar for STTI Nurse Faculty Leadership Academy
- Faculty at a major university

“The DNP allowed me to assume a faculty position, and it transformed my practice.”



Dellarie Shilling* (published x1, Barriers to Practice)

- Assistant Professor
- Appointed to the Georgia Board of Nursing, 2014
- Submitted a NIH grant in June 2014 to fund a clinic for the uninsured in Bulloch County, GA
- Conducting research on Self-management
- Serving on Doctoral Student Committees

**“My DNP research is still opening doors,
providing opportunities that I would
never have dreamed of before this degree.
It is a whole new world.”**



Crystal Edds McAfee* (Respite Program for Special Needs Children)

- Assistant Professor
- Serving on Doctoral Student Committees
- National podium presentation on her research
- Finalizing manuscript

“The DNP has opened my eyes and mind to the many facets of healthcare; research, EBP, policy and so much more.”



Heike Arrowwood* (published x1; Homeopathic treatment modalities)

- Adjunct Faculty
- DOD Clinical Leader in Hawaii & Korea

“Completing the terminal degree of the Doctor of Nursing Practice (DNP) allows me to apply innovative leadership skills and influence changes to improve the healthcare system within the community, as well as at the state and national level. “



Karon Stone* (published x1, Neurogenic Bladder)

- Senior leadership/provider with the VA
- National Advisor for VA Rehabilitation Exam program
- Post Grad in Health Informatics

“ I have developed advanced competencies for clinical roles and leadership roles; better skills that have strengthened practice and health care delivery as a NP. I have gained parity with other doctorate health professionals that will promote the image of nursing.”



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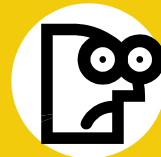
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Special Thanks

Laura Searcy, PNP
Registered Lobbyist for APRNs in Georgia





It's QUESTION TIME !!

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