EXPANDING ROLE & AUTONOMY OF NURSE PRACTITIONERS

BARRIERS TO FULL SCOPE OF PRACTICE
OBJECTIVES

• Define APRN
• Current state of regulation
• Identify barriers facing NP’s ability to practice
• Discuss the changing landscape and needs of healthcare populations
• Identify how NPs may improve quality and safety of healthcare
• Address changes to support progress
THE ISSUE

• APRNs
  • CNP, CRNA, CNS, CNM
  • Post-graduate education

• State Regulation
  • Fragmented Regulatory Requirements
  • National Council of State Boards of Nursing

• Full vs. Reduced vs. Restricted Practice
  • Full practice - 18 states
  • Reduced Practice – 20 states
  • Restricted practice – 12 states

State-by-State Scope of Practice
THE RESEARCH

- Cost reduction
- Decreased wait times
- Patient satisfaction
- Consistent quality care
NURSING THEORY
THE THREE C’S OF LYDIA HALL

• The Core
• The Care
• The Cure
• Professional Socialization
  • Adopting characteristics of the group in which you seek membership
• Changing Roles & Titles
HEALTHCARE ENVIRONMENT

“Physician-led team approach to care helps ensure high quality patient care and value for health care spending” AMA, 2010

“Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States” IOM, 2010

“Based on our extensive knowledge of health care markets, economic principles, and competition theory, we reach the same conclusion: expanded APRN scope of practice is good for competition and American consumers” FTC, 2014
APRNs do not practice to the full extent of their scope and education.
### INFERENCES & IMPLICATIONS

- **Primary Care Practitioners Supply & Demand**
  - Estimates anywhere from 20,000 – 65,000

- **Medically Underserved Areas & Populations**
  - Correlation with restricted practice?
  - Fragmented regulation preventing NPs from covering MUAs?
  - Migration to areas of independent practice

<table>
<thead>
<tr>
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<th>2010</th>
<th>2020</th>
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<tbody>
<tr>
<td>Total primary care physician demand (FTE)</td>
<td>212,500a</td>
<td>241,200</td>
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<td>Generalb</td>
<td>164,400</td>
<td>187,300</td>
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<tr>
<td>Pediatrics</td>
<td>44,800</td>
<td>49,600</td>
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<td>Geriatrics</td>
<td>3,300</td>
<td>4,300</td>
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<tr>
<td>Primary care physician supply</td>
<td>205,000</td>
<td>220,800</td>
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<tr>
<td>Supply and demand</td>
<td>(7,500)</td>
<td>(20,400)</td>
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### ANA Standards
- Quality of Practice
- Resource Utilization
- Leadership

### QSEN Competencies
- Teamwork & Collaboration
- Patient-Centered Care
- Evidence Based Practice
RECOMMENDATIONS

• Collaboration (Teamwork & Collaboration, Resource Utilization, Patient-Centered Care)
  • Physician familiarity correlated with increased support

• Regulation (Evidence Based Practice, Quality of Practice)
  • State → National or otherwise uniform regulation

• Education (Leadership, Quality of Practice)
  • Public
  • Self
  • Image of Nursing

• Research (Evidence Based Practice, Leadership)
  • Evidence-based practice
  • Continue to support claims with rigorous scientific evidence
REFERENCES


