TENNESSEE APRNs RESPOND TO:

Tennessee Medical Association's "A Blueprint for Team-Based Healthcare in Tennessee"

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Advanced Practice Registered Nurses respond to TMA Blueprint for Healthcare

FOR THE 14TH YEAR IN A ROW, NURSES HAVE BEEN VOTED

"THE MOST TRUSTED PROFESSION"

(GALLUP, 2015).

Tennessee's advanced practice registered nurses (APRN) are part of this trusted profession. As a professional association of nurses, we would like to respond to the Tennessee Medical Association's blueprint as we think it is partial and unfounded in evidence.

The need for change in the delivery of health care in Tennessee is clear. In 2015, our state was ranked 43 out of 50 states in overall health[1]. Our current healthcare delivery system is failing to deliver healthcare value to our citizens.

Our citizens in Tennessee deserve affordable, quality health care and they have a right to choose their healthcare practitioner.

Because we care about the people of Tennessee and our patients, we want them to know the truth about APRN education, training and scope of practice, and state the evidence supporting the quality of care that APRNs provide each and every day.

On the following pages are statements made by Tennessee Medical Association (TMA) and the responses on behalf of Tennessee licensed APRNs.

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From page 7:

"Very few provisions of the existing Tennessee regulatory climate limits or prohibits APRNs, PAs or any other healthcare providers from practicing to the full extent of their education and training"

APRN Response:

Currently, Tennessee's advanced practice registered nurses are overseen by both the Tennessee Board of Nursing *and* the Tennessee Board of Medical Examiners.

The existing regulations under the Tennessee Board of Medical Examiners limit advanced practice registered nurses from practicing to the full extent of their education and training.

THERE ARE FOUR CLASSIFICATIONS OF APRNs:

1	2	3	4
(NPs) Nurse Practitioners	**(CRNAs)** Certified Registered Nurse Anesthetists	**(CNMs)** Certified Nurse-Midwives	**(CNSs)** Clinical Nurse Specialists

(TCA 63-7-126)

NPs, CRNAs, CNMs, CNSs are distinct health professionals, each with their own specialized education, clinical training, board certification and licensure requirements.

To obtain an APRN license in TN, one must be board certified in a specialty and have been educated and trained in an accredited masters or doctoral program. There are national licensure, accreditation, certification and education standards.

Accredited programs across the country require the completion of specific curricula and competencies based on multiple national guidelines. In their blueprint, TMA does not indicate knowledge of the formal educational curriculum for APRNs; nor are they involved with the national certification requirements for each specialty and therefore know little regarding scope of practice for APRNs.

Advanced practice licensure for APRNs is required, granted, and regulated by the Board of Nursing in the State of Tennessee. Given that the profession is nursing, we think that the profession should report to the Board of Nursing, within the Department of Health, within the state of Tennessee.

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From page 8:

"Access – Proponents of APRN independent practice argue that by separating from physician supervision altogether, they will be able to serve more patients and provide greater access to care. That may be plausible in theory, but in practical terms it would have unintended consequences. Without the education, training and experience in treating complex and serious medical conditions a relationship with a physician would bring to bear, there might not be a physician available for consultation and APRNs would be left to send patients to the nearest hospital emergency department for treatment."

APRN Response:

APRNs practice collaboratively with physician partners to care for patients and families of Tennessee every day.

TMA's blueprint does not accurately represent the clinical landscape of physician and advanced practice nurse teams.

APRNs welcome interprofessional partnerships and consultation. The aim of full practice authority is to reduce unnecessary burdens to delivering care to our citizens.

IMPACT NUMBER

21 **THERE ARE 21 STATES PLUS WASHINGTON D.C. WHO HAVE LAWS SUPPORTING FULL PRACTICE AUTHORITY FOR APRNs.[2]**

APRNs are educated, clinically trained and certified to care for specific ages and types of patients. Each APRN role has a well-defined scope of practice. Treating patients outside their role and scope of practice would be in direct violation of their licensure and certification.

A key component of APRN practice is interprofessional collaboration for the optimal health benefit of the patient. If a patient's condition falls outside of an APRN's scope of practice, the patient would be referred to the correct healthcare provider.

The regulations proposed by TMA would further limit the ability of a patient access treatment with an APRN for conditions which fall within the APRN's scope of practice.

In fact, the Federal Trade Commission states "Additional scope of practice restrictions, such as physician supervising requirements, may hamper APRNs' ability to provide primary care services that are well within the scope of their education and training."[3]

There are many areas in Tennessee that are underserved and need healthcare that is close to home and easily accessible. APRNs face barriers to providing care if they are unable to partner with a supervising physician and/or cannot pay the unregulated fees that are imposed by some supervising physicians.

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From page 8:

"Quality – Allowing a healthcare professional to practice outside the scope of his or her medical training, without appropriate medical intervention or oversight, creates the potential for misdiagnosis and/or overutilization of services. Patients are simply more comfortable and confident having a physician either directly involved in their care, or leading the team, even for minor medical needs."

APRN Response:

APRNs are educated in a graduate level accredited program, clinically trained, board certified and licensed by the state of Tennessee to care for specific ages and types of patients. Each APRN role has a well-defined scope of practice.

Our existing state regulations prohibit treating patients who are outside of a provider's scope of practice, and this would also be in direct violation of their licensure and certification.

Attached to this response are references to a multitude of studies that have shown APRNs provide high quality and affordable care.

The Institute of Medicine stated "Advanced Practiced Registered Nurses should be able to practice to the full extent of their education and training."[5]

IMPACT NUMBER

43

TENNESSEE RANKED 43RD OVERALL ON 42 INDICATORS OF THE COMMONWEALTH FUND STATE HEALTH SYSTEM PERFORMANCE CARD.[1] TENNESSEE, PREVIOUSLY RANKED 40, IS ONE OF THE LEAST HEALTHY STATES.
The five healthiest states all have full practice authority for APRN roles and the least healthy states have supervisory restrictions that limit APRN practice.

We believe that patients should be able to choose the care provider with whom they feel most comfortable and confident. This choice can be guided by evidence of high patient satisfaction rates and evidence of sound judgement, high quality and effective treatment.

THE NATIONAL GOVERNORS ASSOCIATION STATES THAT

"EXPANDED UTILIZATION OF NURSE PRACTITIONERS HAS THE POTENTIAL TO INCREASE ACCESS TO HEALTH CARE, PARTICULARLY IN UNDERSERVED AREAS."[5]

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From page 8:

"There is general consensus within the medical community that different team members – from physicians to PAs to APRNs to other care providers - should be able to work to the fullest extent of their education and training. We compromise patient safety and quality, however, when we allow team members to perform outside their professional competence, without proper oversight through collaboration."

APRN Response:

APRNs are educated, clinically trained and certified to care for specific ages and types of patients.

Each APRN specialty has a well-defined scope of practice. Treating patients that are outside of their scope of practice would be in direct violation of their licensure and certification.

A key component of APRN practice is interprofessional collaboration for the optimal health benefit of the patient. If a patient's condition falls outside of an APRN's scope of practice, the patient would be referred to another member of the healthcare team best suited to deliver the services the patient needs.

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From page 8:

"Nurse practitioners in Tennessee prescribe more pain medications than any specialty, accounting for more than 20% of all supply, according to BlueCross BlueShield of Tennessee, the state's largest insurer. Nurses also consistently make up the vast majority of the Top 50 prescribers of Controlled Substances as reflected in the state's Controlled Substance Monitoring Database. These trends suggest that independent practice would do nothing to help combat the state's prescription drug abuse epidemic and, in fact, may well exacerbate the problem."

APRN Response:

According to the Center for Disease control, Tennessee remains one of the highest prescribing states for painkillers.[5]

Tennessee is taking action by monitoring prescription practices of all providers via the Controlled Substance Monitoring Database and by requiring that all prescribers receive regular education related to the treatment of pain.

We think that all health care providers should be routinely evaluated for their prescribing practices. However, there is no evidence that increasing the physician regulation or oversight of APRN prescribing practices will decrease the prescription drug abuse epidemic.

IMPACT NUMBER

100%

100% OF ALL CONTROLLED SUBSTANCES PRESCRIBED BY A NURSE PRACTITIONER ARE REVIEWED AND APPROVED BY A SUPERVISING PHYSICIAN BY STATE LAW.

In most practices, the task of prescription writing is delegated to the nurse practitioner under the supervision of the physician.

This means that the top 50 prescribers of controlled substances are physicians or NPs who have had their prescriptions approved by physicians.

We call on the Tennessee Board of Nursing and the Tennessee Board of Medical Examiners to evaluate the top APRN and physician prescribers for safe and appropriate practice.

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From page 10:

"There are inherent problems in existing state rules, for instance, that require physicians to spend a minimum percentage of their time reviewing patient records though it may not be necessary in some practices. The rules should be updated to allow physicians to focus their review and involvement on cases that need specialized management versus routine care that is being handled fine by a mid-level under the patient's treatment plan. Solution: The physician quarterback of the healthcare team should be required to review only complex charts, and be accessible to the PA, APRN and others on the team, as needed and determined by the team."

APRN Response:

We agree that the current requirement for physician review of a percentage of APRN charts for APRNs who have prescriptive authority is time prohibitive and does not improve patient outcomes.

We also agree that seamless transition of care between APRNs, physicians, and other healthcare providers will benefit the public.

However, the citizens of Tennessee should have access to a care provider of their choice. Individual healthcare professionals provide care within their scope of practice and consult or refer depending on patient needs.

Selecting conditions that require physician oversight limits patient choice, and in some areas of Tennessee, is a barrier for citizens to access safe and quality care.

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From page 10:

"State law also currently requires the Board of Medical Examiners (BME) and the Board of Nursing to publish rules jointly defining the relationship requirements between an APRN and the APRN's supervising physician. Solution: Doing away with the dual board approval would allow the BME to define what is complex and needs physician involvement. There should be no requirements for other, non- complex cases unless desired by the care team."

APRN Response:

We agree that doing away with the dual board approval is necessary.

The Tennessee Board of Nursing should be the professional board to oversee all practices of APRNs. The Tennessee Board of Medical Examiners should not define conditions for which APRNs can provide safe and quality care.

Practices in which there are a variety of healthcare providers, the team may come up with an agreement as to who should manage conditions for various individuals who present to the practice.

However, creating the requirement for team practices increases barriers to the provision of quality and safe care by various healthcare providers.

Healthcare professionals know what is considered within their scope of practice.

From page 10:

"Current Tennessee regulations for supervisory relationships are based on a single protocol for all providers. Solution: The relationship between a physician and PA or APRN should be one of collaboration and not supervision. Doing so gives each team member an opportunity to have input into a custom protocol that the team designs to best fit the team makeup, practice environment, specialty, experience level, patient mix and geographic area."

APRN Response:

We agree that the relationship between APRNs and other healthcare providers, including physicians, should be one of collaboration. There is currently no requirement for supervision, except in the rules regarding prescriptive authority.

Collaboration is highly valued and already a key component in our existing practice. APRNs consult, collaborate, and refer to other healthcare professionals including, but not limited to, physicians based on the needs of the patient and the scope of the APRN specialty.

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From page 11:

"The training and education of APRNs is appropriate for dealing with patients who need basic preventive care or treatment for straightforward illnesses and previously diagnosed chronic conditions. The APRN should be able to confer with his or her physician to determine exceptions within their practice."

APRN Response:

APRNs are educated and accountable by their license and board certification to uphold their scope of practice, which is not limited to basic preventative care or treatment for straightforward illnesses or previously diagnosed chronic conditions.

Many APRNs are trained to practice in highly specialized areas that range from pediatric primary care to sub-specialties in acute care settings such as critical care, oncology and/or behavior health, just to name a few.

The APRN should be able to easily consult, collaborate, or refer to a physician or other healthcare provider if the condition of the patient warrants action.

APRNs should not be charged a consulting fee or be limited to whom the patient may be referred to for specialist or more complex care.

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Note: additional sources available by request

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