



Lunch & Learn



Full Practice Authority in Tennessee: Lessons Learned

November 14, 2018

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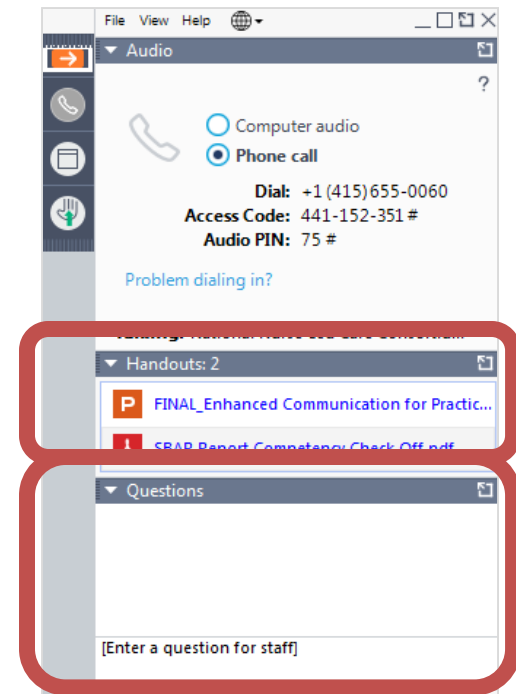
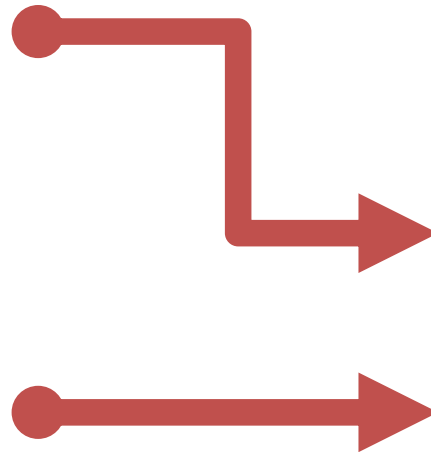
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Housekeeping Items

To **download materials**, go to the Handouts section on your GoToWebinar control panel.

To **ask a question**, type it into the Question pane in the GoToWebinar control panel and it will be relayed to the presenter.



Steps to Receive Free CE Credit

- Participants who qualify for CE credit:
 - Attend **55 minutes** of presentation
 - Access & connect to presentation slide-deck
 - Phone-in ONLY attendees **DO NOT** qualify
- Participants who qualify for CE will receive a detailed email on how to obtain CE credit using the AANP CE Center
- Questions can be directed to:
jreyes@aanp.org

National Investment in Quality Improvement

- Changes to the health care system are here
- Nurse practitioners (NPs) will play a key role during the critical transition from Fee-for-Service to **Value-Based Reimbursement**
- **NNCC** and the **AANP** have partnered together to create the **Nurse Practitioner Support & Alignment Network (NP SAN)**:
 - Prepare NPs for the upcoming changes to the health care system
 - Provide free continuing education & professional development centered around value-based health care practices
 - Offer key training opportunities that ready practices for **Value-Based Reimbursement**



Preparing NPs for Value-Based Reimbursement

What is the Quality Payment Program?

Began in 2017 as a result of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and requires CMS by law to implement an incentive program referred to as the *Quality Payment Program*, that provides for two participation tracks:

Merit-based Incentive
Payment System (MIPS)]

MIPS

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

OR

Advanced Alternative
Payment Models (APMs)

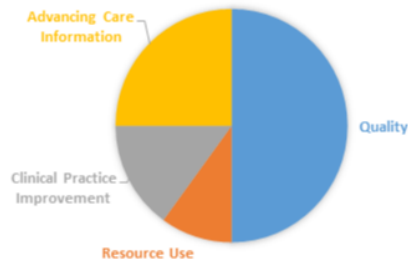
Advanced
APMs

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

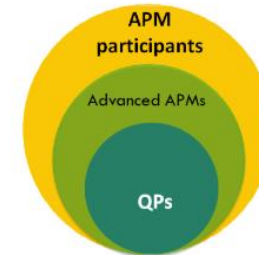
MIPS

vs.

APMs



MIPs vs. APMs Timeline



- Designed for individuals & small practices
 - Four (4) performance areas
 - Replaces all current incentive programs
 - Exempt if practice DOES NOT meet low volume threshold.
- Higher risk model
 - Risk is shared throughout the APM
 - Number of acceptable payment models is limited
 - Rules to being considered a qualified provider (QP)

Where Can I Go to Learn More?

1. CMS QPP website www.qpp.cms.gov
2. NPI Lookup for participation status <https://qpp.cms.gov/participation-lookup>
3. AANP <https://www.aanp.org/legislation-regulation/federal-legislation/macra-s-quality-payment-program>





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THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

Learner objectives

- Describe distractions and distortions used by physician members of a Tennessee General Assembly (TGA) Scope of Practice Task Force to block efforts to advance full practice authority (FPA) for Advanced Practice Registered Nurses (APRNs)
- Discuss lessons learned from the TGA Scope of Practice Task Force
- Describe the value of media for advocacy and advancing policy goals
- Discuss media messaging basics
- Review media options



Distractions & distortions

Distraction

Adequacy of APRN education

- Comparing years of education & clinical hours physicians & APRNs have before practice is irrelevant
- Care should be evaluated using clinical & patient satisfaction outcomes
- Limiting APRN scope of practice because physicians have more education is misdirected; physicians are over-prepared for the majority of primary care services delivery

Distortion

Dismissal of scientific evidence

- Physicians questioned evidence by questioning methodology
- Health services research frequently relies on natural experiments & other methodologies
- Frieden (2017):
 - Use complement of evidence
 - Natural experiments provide actionable recommendations & should not be excluded in favor of RCT data

Distortion

Denial of access problems

- Rural health care access & health disparities are persistent problems
- Evidence of access problems & disparities in Tennessee from reputable sources is strong
- Denial of access problems in the state was shameless political posturing & contradictory to prior Tennessee Medical Association statements

Distortion

Blaming APRNs for state's prescription drug abuse epidemic

- Many controls already implemented: CSMD, limits MME, top prescriber report
- Every APRN has a supervising physician; supervision relates to prescribing
- Agreement on need to address opioid overprescribing & improve efficiency & improve efficiency of disciplining outlier prescribers

Imperative to engage nurses & stakeholders from all sectors

- Resistant states need to re-think strategies & develop messages that appeal to conservative stakeholders
- Target non-nursing sectors:
 - Business & industry, local & state elected & appointed government officials, consumer groups, & health care associations
- Need to build coalitions & nurture relationships; this takes time

Evidence is a beginning & means, but not an end

- Need to translate evidence into easy-to-understand, effective message(s) that resonates with stakeholders & motivates them to act
 - Focus on benefits FPA to individuals, diverse communities, & state
 - Need consistent talking points, handouts, & policy briefs tailored to specific audiences
 - Harness power of stories
 - Clearly outline what needs to change & why

Unity is powerful

- All APRN groups & specialties need to unite to work for common purpose, pool resource, & coordinate efforts
- The opposition exploits divisions & discord

Full practice authority is about access to high-quality, cost-effective care that honors patients' choice of providers

- Motivation & discussion on FPA must be patient-centered.
 - Transform delivery of care
 - Facilitate delivery of care that is supported by 50+ years of evidence
 - Promote competition & patient choice



A later lesson learned

Media is an essential advocacy tool.

Leaders & public not getting information & ideas needed to make best decisions.



THE WALL STREET JOURNAL.

Source: OpEd Project

Why nurses?

- Nurses, women in general, are under-represented
- Can speak to the human experience
- Have specialized expertise on major topics of broad interest

Woodhull studies (1997 & 2018)

Nurses	1997	2018
% quotes newspapers	4%	2%
% quotes weekly & industry pubs	1%	
% mentioned in article	14%	13%
% identified in photographs	0%	4%

Nurses wholly absent from many stories despite relevancy of nursing perspective to topic

(Mason, Nixon, Glickstein, Han, Westphaln, & Carter L., 2018).

Woodhull studies (1997 & 2018)

Gender disparities	2018- Female s	2018- Males
Quoted	34%	65%
Included in images	28%	72%

Nursing remains a predominately female profession, so the underrepresentation of women, in general, is undoubtedly a factor

(Mason, Nixon, Glickstein, Han, Westphaln, & Carter L., 2018)

Woodhull studies (1997 & 2018)

- 10 journalists interviewed; key findings:
 - Infrequently reach-out to nurses & other people not in position of authority
 - Asserted they have to justify using nurses
 - Journalists confused about what nurses do
 - Nurses not viewed as experts or key leaders
 - Nurses not promoted as subjects or sources

Power of YOU: Building your brand

- *What happens because of me?*
- *What is my differentiation?*
- *What do I want to do?*
- *What makes me an expert*



Ask yourself



- Why should readers trust you?
- Can you back up what you say?
- What's new?
- So what?
- What's the difference between being "right" and being "effective"?
- How will your ideas and arguments contribute to the conversation, and be helpful to your audience?

Source: OpEd Project

Claim it!

- You are an expert; claim your expertise
 - Have “closer-than-normal” perspective
 - Education
 - Training
 - Personal experience
 - Privileged position
 - Trust

Messaging

- Messaging is ***the*** foundational media skill: need short, compelling points
- Need to have a message plan: *What am I trying to get “them” to do?*
- For each media opportunity, ***make three points***



Types of media

- Professional publications
- Twitter
- OpEds
- Other

THE POWER OF STORYTELLING

01 MRI scans reveal that when we read words like "perfume" and "coffee", our primary olfactory cortex activates.

02 Individuals who frequently read fiction seem to better understand other people and display greater empathy.

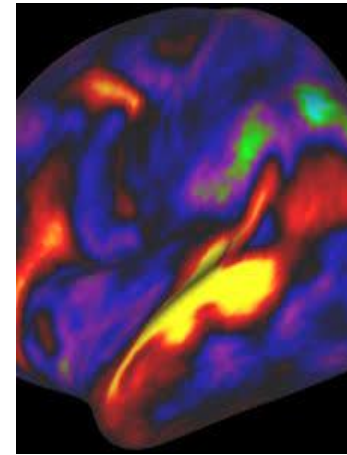
03 When someone listens to a character-driven story, their brain immediately floods with oxytocin, a love hormone.

04 Our brain will ignore clichéd words and phrases – a phenomenon that scientists theorize is caused by loss of storytelling power.

05 The "hero's journey" story model is the foundation for half of all Hollywood movies and the majority of the most-watched TED talks.

06 The hormone cortisol is released during the rising arc of the story, prompting a powerful emotional reaction even when the listener knows the story is fiction.

E
echostories.com



Data makes us credible
Stories make us memorable

Selected references

Frieden, T. R. (2017). Evidence for health decisions making—beyond randomized, controlled trials. *New England Journal of Medicine*, 377(5):465-475.

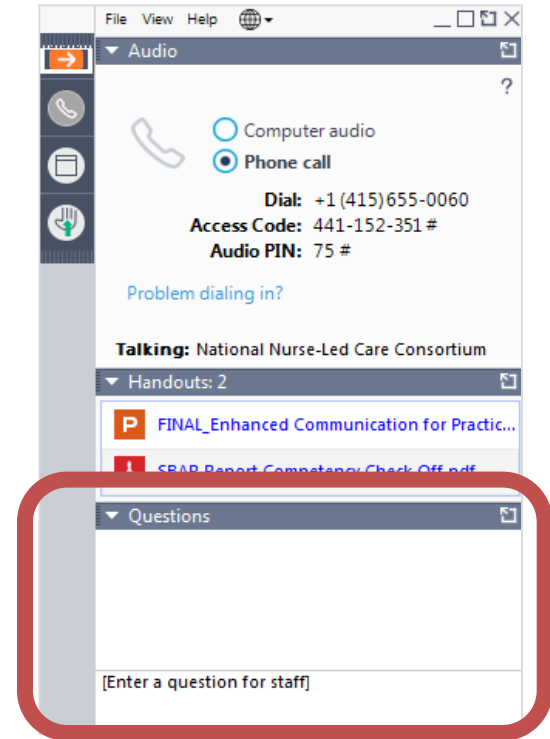
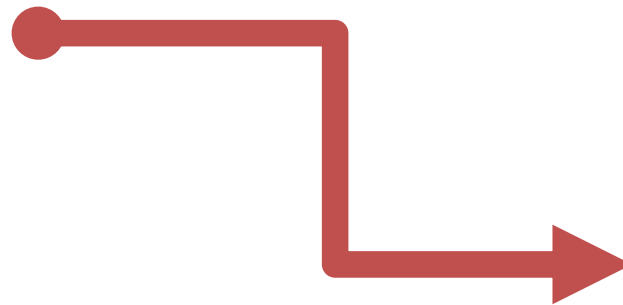
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Any Questions??

Please **submit questions** via the question pane in your GoToWebinar control panel or raise your hand to ask a question.



Other QPP or NP SAN Questions?

For more information on the **QPP** or the **Nurse Practitioner Support and Alignment Network (NP SAN)**:

- Email **Joseph Reyes** at jreyes@aanp.org
- Email **Cheryl Fattibene** at cfattibene@nccc.us
- Visit us **online** at <https://www.aanp.org/practice/np-san>
- **Stay up to date** on the latest CE opportunities: http://bit.ly/NPSAN_subscribe



For more information regarding Full Practice Authority (FPA), please contact AANP's State & Government Affairs office: statepolicy@aanp.org

Coming Up

Full Practice Authority: What Every NP Needs to Know



November 27, 2018
@1pmEST

Beth Haney, DNP, FNP-BC

[Register Here](#)

