



Lunch & Learn



Full Practice Authority: What Every NP Needs to Know

November 27, 2018

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Association of Nurse Practitioners

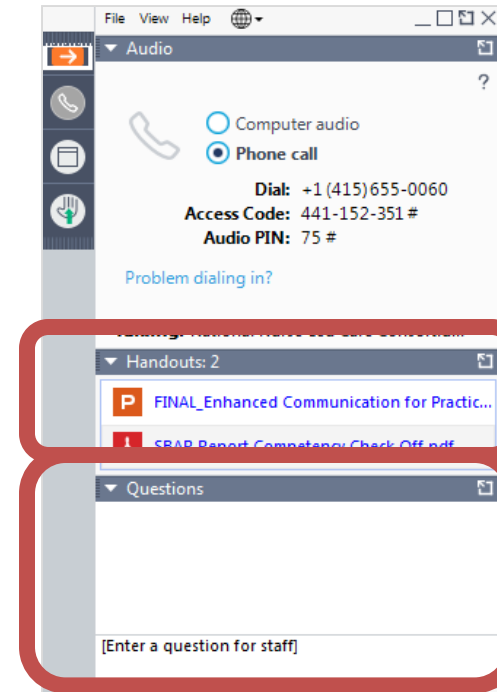
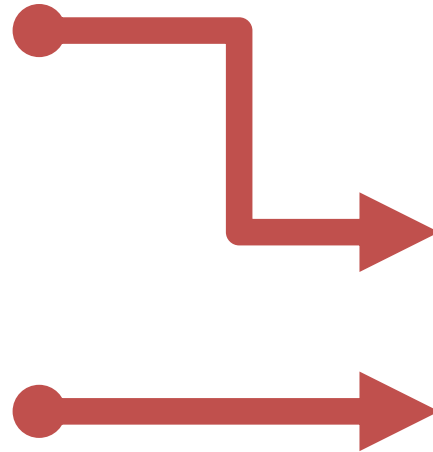
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Housekeeping Items

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)

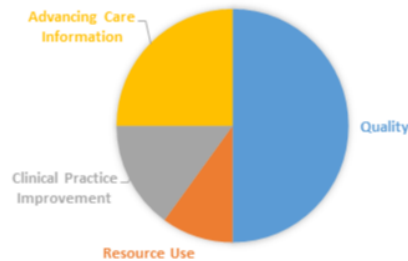
Advanced
APMs

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

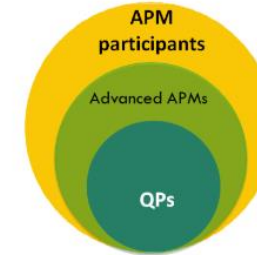
MIPS

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>



Full Practice Authority

What Every Nurse Practitioner Needs to Know

Beth Haney, DNP, FNP-C, FAANP

- Private practice owner in CA since 2006
- Primary Care Provider Advisory Board Member
- City Council Member, Yorba Linda
- Orange County Commissioner – Waste and Recycling Management
- PCP College Health, UCI
- Past President of CANP
- Board Member CANP, 2007 - 2016
- Former AANP State Advisory Member
- Former Assistant Clinical Professor, UCI
- Contributing author Dermatologic Nursing Essentials textbook

How Did This Project Start?



It became clear over time that even NPs weren't understanding what the issues were around NP Scope of Practice and Full Practice Authority, so if we don't understand it how can we expect others to understand it?

Some Social Media Activity



NP Posts on Social Media; FPA

- “I do not want complete autonomy; I do want collaboration with my physician cohorts.”
- “I’m 100% FOR FPA, but ONLY for experienced NPs. I can’t even count the number of new NPs and NP students who’ve contacted me for advice on starting an urgent care clinic. My advice...get a few years of full time experience first”
- “If I wanted to practice medicine, I would have gone to medical school!”
- “part of getting fpa is gaining the public trust and that of other healthcare professionals, and when the education is so variable and sub par fpa is not likely to follow”

NP Posts on Social Media; FPA

- “It’s where NPs practice beyond their expertise”
- “It means that new NP graduates would have no mentorship and practice above their heads”
- “FPA means NPs can open their own practice and not have to be accountable to anyone”
- “It allows NPs to do whatever they want”
- “FPA supports educational programs that do not meet minimum standards”

NP Posts on Social Media; FPA

- “I’d have to open my own practice”
- “New graduates would open their own practices”
- “My physician colleagues wouldn’t talk to me anymore”
- “I won’t be able to consult with or refer to other providers”
- “I’d have to practice alone”
- “The educational institutions and standards do not prepare NPs for autonomy so no NPs should practice independently”



I'll Take Full Practice Authority for 500, Alex!

Editorial note: During my years working in health policy and fighting for full practice authority, I learned there are some widespread misunderstandings regarding full practice authority, so I decided to create this opinion piece in hopes to clarify the core aspects of full practice authority for nurse practitioners.

So, let's play a game. Through all of the trials and tribulations of our quest for equality in

they place cumbersome restrictions on both the NP and the practice. For example, an NP in California may order and interpret x-ray images in one office, but across the street, only be allowed to "furnish" inhalers. Alternatively, NPs in states with full practice authority, such as Arizona, do not need such agreements and may practice up to their full skill and education level without restrictions.^{1,2}

IN MY OPINION

Beth Haney, DNP, FNP-BC

payment, recognition by insurance companies, and ability to practice to the full extent of our license and training, why not have a little fun? As a nurse practitioner (NP) leader, I have been asked enough questions to know that not all NPs understand full practice authority. Let's have a shot at the Jeopardy game and see how many points you can score...Ready? Let's go!

1. **If *this* were a driver's license it would be like being allowed to drive on any road in Arizona but only flat roads once you cross into California (100 pts).**

What is NP practice like in California vs Arizona?

Every state has different regulations on NP practice. Some NPs must practice with supervi-

2. **Increased patient satisfaction, accessibility, and improved health outcomes for patients result from *this* (225 pts).**

What is full practice authority for NPs?

Full practice authority, as defined by the American Association of Nurse Practitioners (AANP), is "the collection of state practice and licensure laws that allow for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments, including the ability to prescribe medications, without conditions or restrictions, under the exclusive licensure authority of the state board of nursing."

Full practice authority allows NPs to provide full scope of care directly to patients at the point of service. One advantage would likely be decreased waiting times, which leads to faster diagnosis and treatment, thus preventing escalating conditions and increased costs.³

3. ***This* process describes when professionals from different disciplines work together to find the best options**

What is Full Practice Authority for NPs?

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Definition of Scope of Practice*

“Defined as the activities that an individual health care practitioner is permitted to perform within a specific profession

Those activities should be based on appropriate education, training, and experience. Scope of practice is established by the practice act of the specific practitioner’s board, and the rules adopted pursuant to that act”

*The Federation of State Medical Boards, <http://www.fsmb.org/globalassets/advocacy/policies/assessing-scope-of-practice-in-health-care-delivery.pdf>

Full Practice Authority vs. Scope of Practice

Full Practice Authority

- Allows NPs to provide care to their level of education and training
 - Is not dependent on years in practice
 - Simply allows NPs to practice to full capacity, not beyond

Scope of Practice

- Defines the activities practitioners can perform
 - Established by the practice act of the specific practitioner's board
 - Vary from state to state
 - Ex: CA has SP document, RN SoP



B. Haney 2018

3 Main Components of Full Practice Authority for NPs*

Allows NPs to:

- Practice to the full extent of their education and training
- Practice under the sole licensing authority of the state board of *nursing*
- Practice without restrictions

* National Academy of Medicine. The Future of Nursing: Leading Change, Advancing Health. Washington DC, National Academy Press; 2010; National Council of State Boards of Nursing (NCSBN). Consensus Model Implementation Status; 2017. <https://www.ncsbn.org/5397.htm>

Why Are NPs Invisible To Patients?

- Payer policies are frequently linked to scope of practice and licensure
- If NPs do not have a defined scope of practice, they cannot be empaneled on rosters
- Patients can only locate the physician
 - Many patients are seen by the NP
 - Rhetoric from organized medicine that NPs require their supervision in order to provide safe care adds to confusion among patients regarding NP practice

Full Practice Authority for NPs Allows Increased Access to Care

- An NP who does not have full practice authority cannot see patients unless a supervising or collaborating physician is involved with the practice



Full Practice Authority for NPs Allows Increased Access to Care

- Required supervision or collaborative or conditional practice agreements are especially problematic in rural and under-served areas
 - Inner-city
 - Homeless
 - Small towns/communities
 - Remote areas
 - Agriculture/farming



Full Practice Authority for NPs and Professional Relationships

- Consultations and patient referrals would continue to be carried out as usual
 - Physician to physician
 - NP to physician
 - Physician to NP
 - NP to NP
 - NP to nutritionist
 - NP to PT, OT, psychologist



Full Practice Authority for NPs and Professional Relationships

- Most health care providers would not notice any change in patient care, work flow, or staffing
- May notice increase in patient satisfaction (d/t decreased waiting times)
- Professional responsibility to consult or refer to appropriate health care provider; PT, OT, dietician, physician, NP
- FPA would allow NPs to provide full scope of service at the point of care – without barriers

Practice Settings and Full Practice Authority for NPs

- FPA would not require certain practice environments, on the contrary, the NP would continue to choose which practice environment is most suitable
 - Large health care system
 - Private physician office
 - Skilled nursing facility
 - Private NP office
 - University/College
 - Many more



NP Education

- To the surprise of some NPs, FPA has no bearing on educational requirements and programs
- NP education, program accreditation and certification all must adhere to nationally standardized criteria – regardless of a state being FPA or limited practice
- Full practice authority does not affect new graduate clinical opportunities or practice but is often mistakenly associated with educational program rigor and practice preparation
 - Educational requirements and programs do not vary based on state licensure structures

Economic Burden

- The economic burden to NPs in states that do not have Full Practice Authority:
 - CA – no limit to what a physician can charge
 - PA – no limit to what a physician can charge
 - May be cost prohibitive to open or continue a practice where supervisory or collaborate practice agreements are required

In a Nutshell...

FPA is simply

the legal authority to practice (at whatever level) to our education and training, without restrictions, and under the licensing authority and regulation of nursing boards

...A Few Last Points on Full Practice Authority for NPs

- It protects patients' right to choose and allows patients access to the health care provider of their choice
- It avoids duplication of services and billing costs related to physician oversight
- It reduces repetition of orders, office visits, and other care services

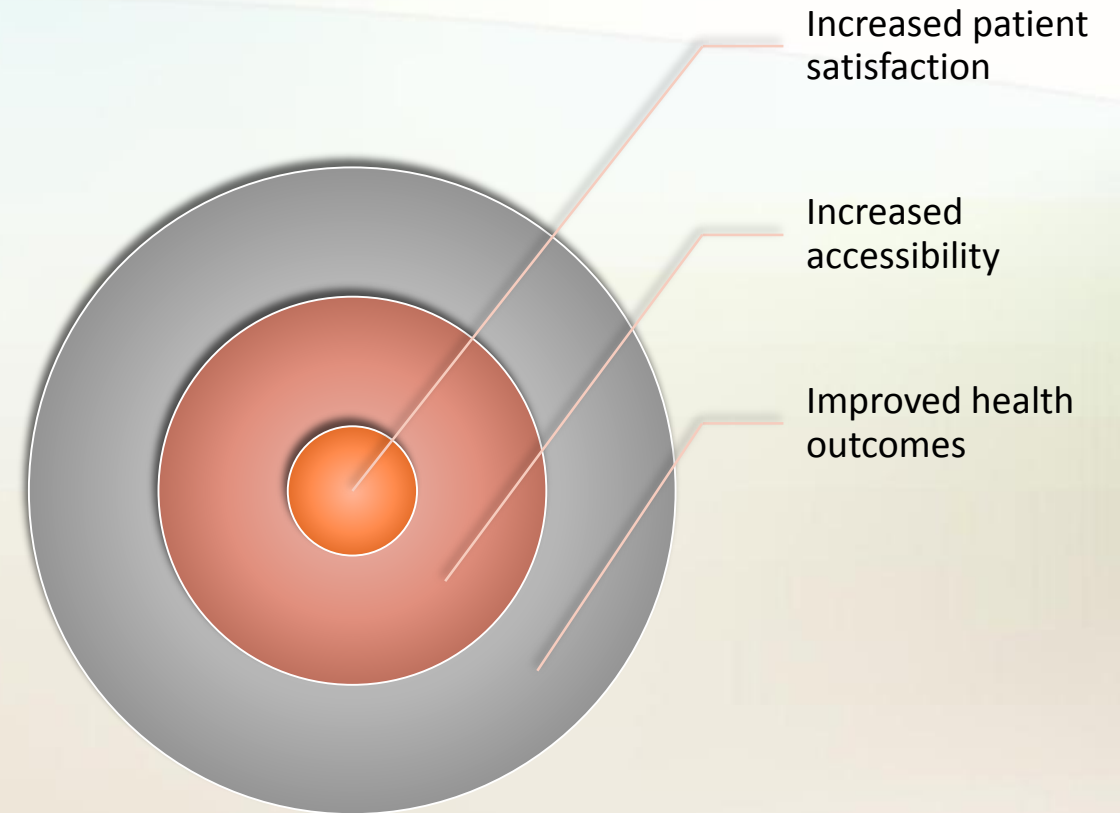


...A Few Last Points on Full Practice Authority for NPs

- It removes constraint on the practice of one health discipline in a regulating relationship with another profession
- It permits *under law* to provide all the care NPs are trained to provide, being able to do so without restrictions, and doing so under the sole licensing authority of the board of nursing

Full Practice Authority for NPs; Outcomes

- Improved national health may lead to economic benefits as well



American Association of Nurse Practitioners (2013). Issues at a Glance: Full Practice Authority.

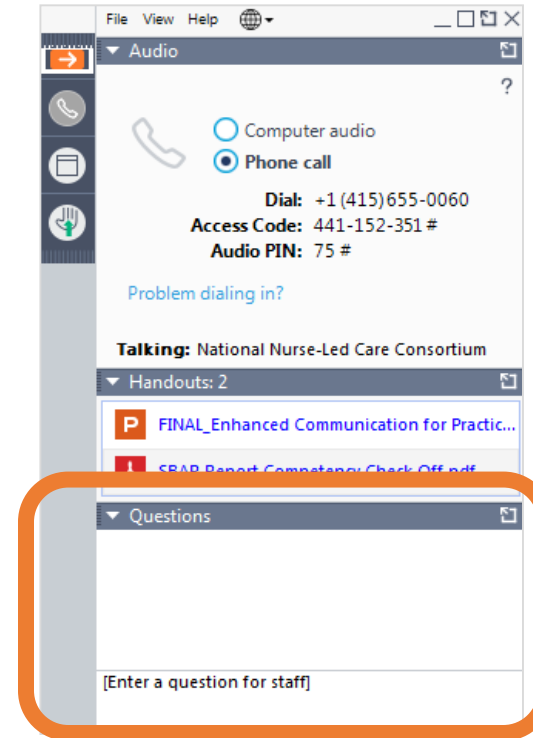
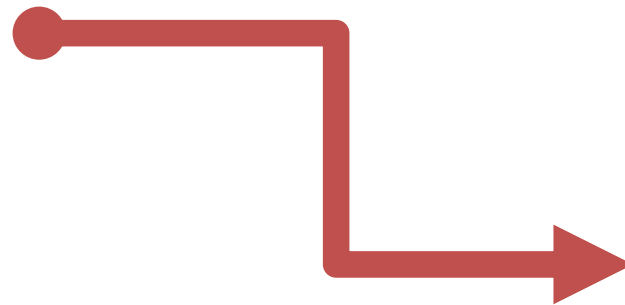


Thank you for letting me share!

*Special thanks to Dr. Donald Gardenier, DNP, FAANP, FAAN for his insight

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

Time & NP Practice: Naming, Claiming, and Explaining the Role of NPs



December 12, 2018
@12pmEST

Teresa Judge-Ellis, DNP,
FAANP

[Register Here](#)

