Scope of Practice for the Health Care Workforce In the Context of Health Reform

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Today's Presentation

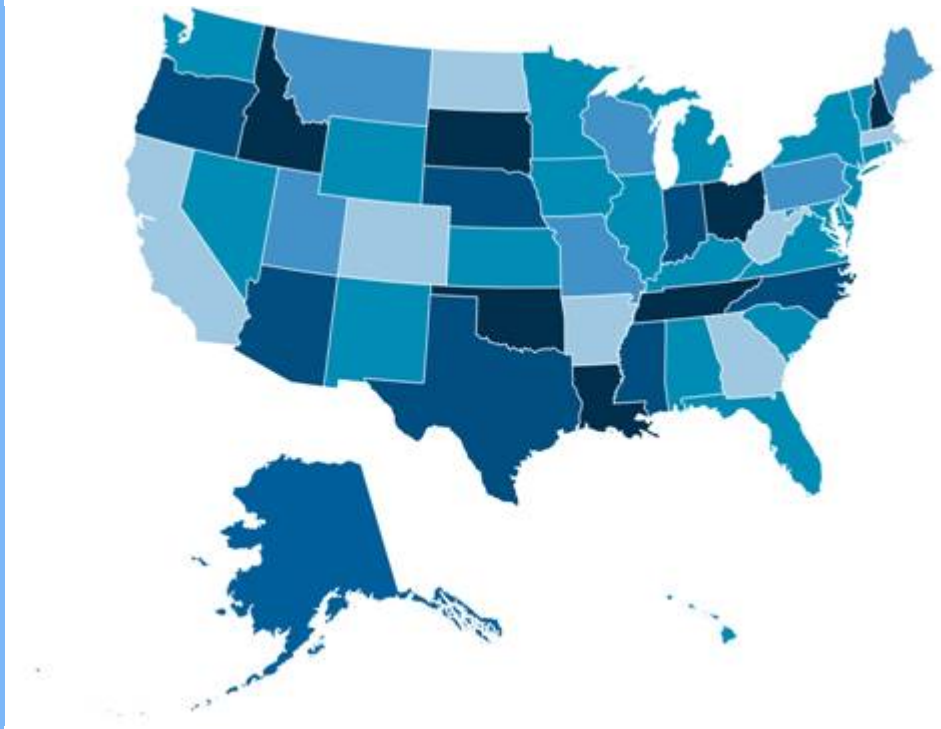
- Overview
- Current pressure points
- Opportunities and challenges
- Case studies from states
- Concerns

Overview

- Legal “Scope of Practice”: What care can be provided to whom, when, and in what settings according to the state
- States have right to license and regulate health professions
- Health professions scope of practice: state statutes & codes (practice acts); regulations; advisory opinions; board interpretations; case law
- Practice acts decided by state legislatures, evolve slowly, colored by political compromise
- Practice acts driven by/requested by the professions
- Practice acts vary by state; approach varies by profession; practice authority for one profession can vary within state

Scope of practice laws are state-based and politically driven…

… resulting in state variability and unnecessary limitations on practice.



Overview (Con't)

- Legal scope of practice differs from:
  - Professional scope
  - Private sector certification; specialty board certification
  - Institutional policy
  - Payment policy
- All health care workers regulated; not all have practice acts
- Health professions regulation: Increases costs
  - Limits access (to profession, care)
  - Has mixed impact on quality

Current Pressure Points

State-level Inconsistencies in Scopes of Practice/Services

- Increasing calls for health professionals to work to the 'full' scope of their practice
- Restrictive scope of practice/services rules can create a mismatch between what health professionals are trained to do compared to what they can legally do
- Scope of practice laws and rules have evolved considerably for many professions over the last decade
  - e.g., nurse practitioners and dental hygienists
- Have implications for cost, quality and access to health care services

Best example of poor scope of practice to competence match in US is NPs

Table 1: Nurse Practitioner Scopes of Practice in the United States

	Oversight Requirements				Practice Authorities		
	No MD Involvement	MD Supervision	MD Collaboration	Written Practice Protocol	Explicit Authority to Diagnose	Explicit Authority to Order Tests	Explicit Authority to Refer
Alabama			x	x	x	x	x
Alaska	x				x		
Arizona	x				x	x	x
Arkansas (advanced NP only)							
California							
Colorado							
Connecticut							
Delaware							
District of Columbia	x						
Florida							
Georgia							
Hawaii							
Idaho	x						
Illinois							
Indiana							
Iowa	x						
Kansas							
Kentucky							
Louisiana							
Maine	x						
Maryland							
Massachusetts							
Michigan							
Minnesota							
Mississippi							
Missouri							
Montana	x						
Nebraska							
Nevada							
New Hampshire	x						
New Jersey							
New Mexico	x						
New York							
North Carolina							
North Dakota							
Ohio							
Oklahoma							
Oregon	x						
Pennsylvania							
Rhode Island							
South Carolina							
South Dakota							
Tennessee							
Texas							
Utah							
Vermont			x	x	x		x
Virginia		x	x	x			
Washington	x				x	x	x
West Virginia			x	x	x		
Wisconsin		x			x	x	x
Wyoming			x	x	x		
TOTALS	**11**	**10**	**27**	**21**	**44**	**20**	**33**

For a fully annotated version of this chart, see http://futurehealth.ucsf.edu/pdf_files/Chart%20of%20NP%20Scopes%20Fall%202007.pdf.

Important: The chart is designed to be referenced from left to right. Thus, if the chart indicates that physician supervision or collaboration is required, then NPs may not diagnose, order tests, or refer patients without physician supervision or collaboration. Absent explicit statutory or regulatory language requiring a separate written agreement, the chart does not indicate that a written prescription drug protocol is required in states that already require NPs to establish written practice protocols with physicians.

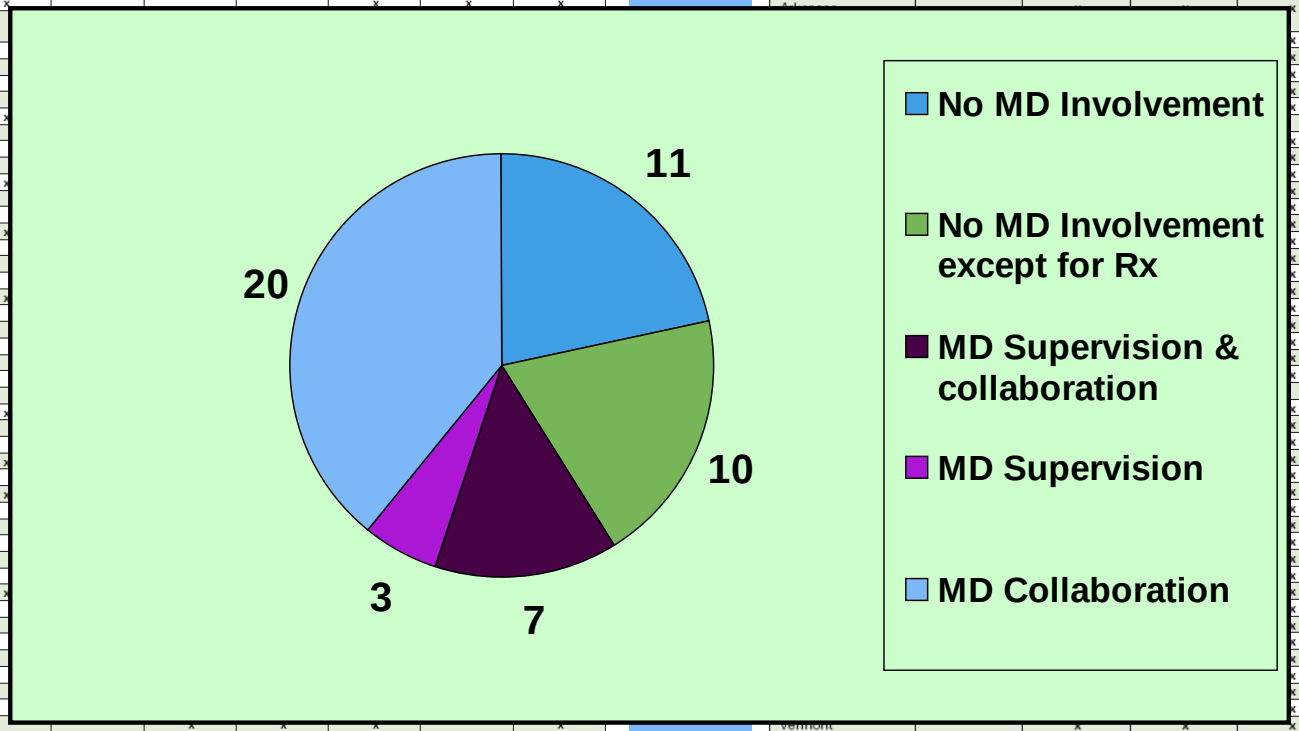


Table 1: Nurse Practitioner Scopes of Practice in the United States (continued)

	Prescription Drug Authorities					
	Authority to Prescribe without MD Involvement	Authority to Prescribe with MD Collaboration	Written Protocol Required to Prescribe	Authority to Prescribe Controlled Substances	National Certification Required	Joint Nursing-Medical Board Authority
Alabama		x	x		x	x
Alaska	x			x	x	
Arizona	x			x	x	
					x	
					x	
					x	x
					x	
					x	x
						x
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					x	
					x	
					x	
Virginia		x	x	x	x	x
Washington	x			x	x	
West Virginia		x	x	x	x	
Wisconsin		x	x	x	x	
Wyoming		x	x	x	x	
TOTALS	**11**	**40**	**34**	**48**	**42**	**17**

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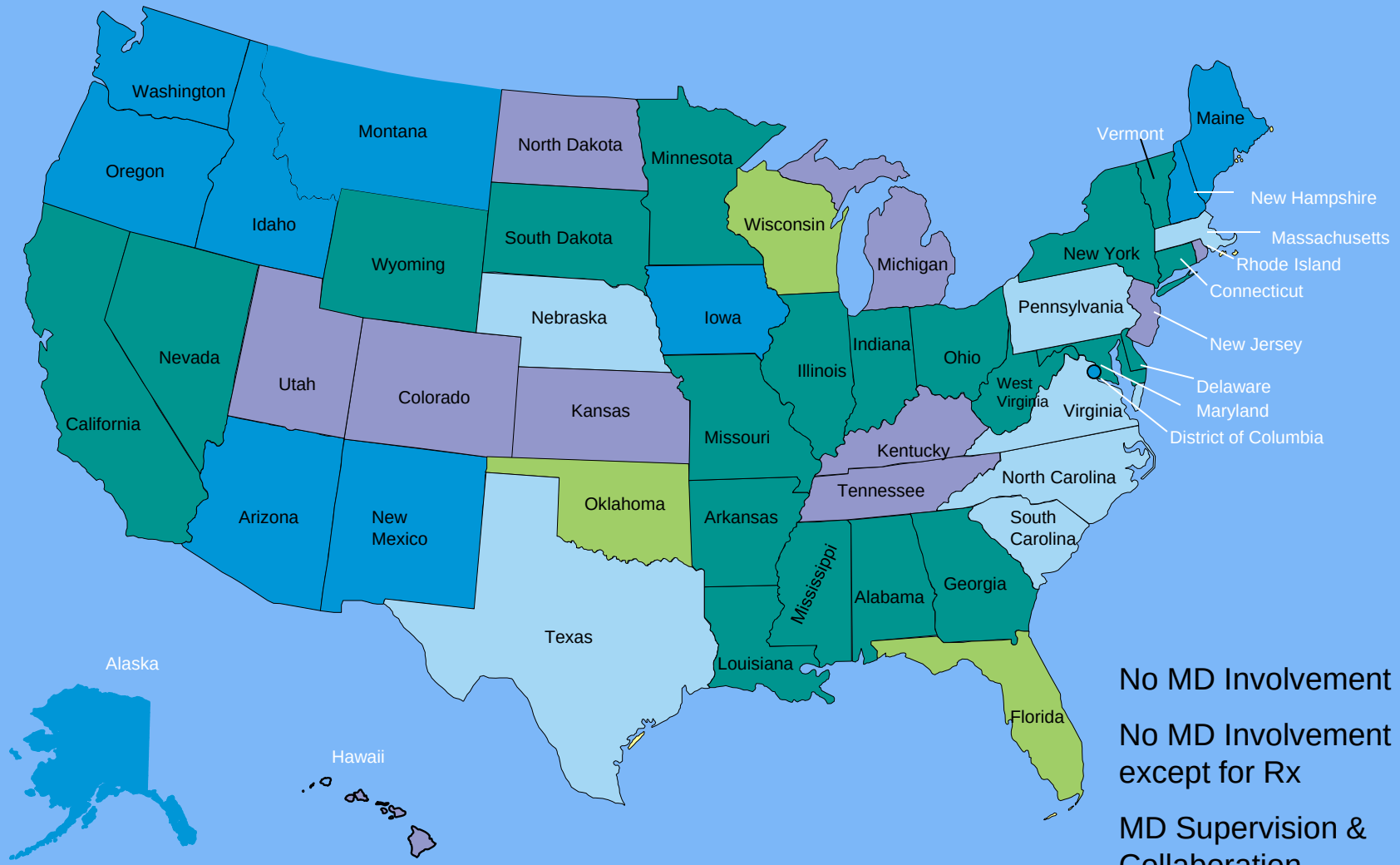
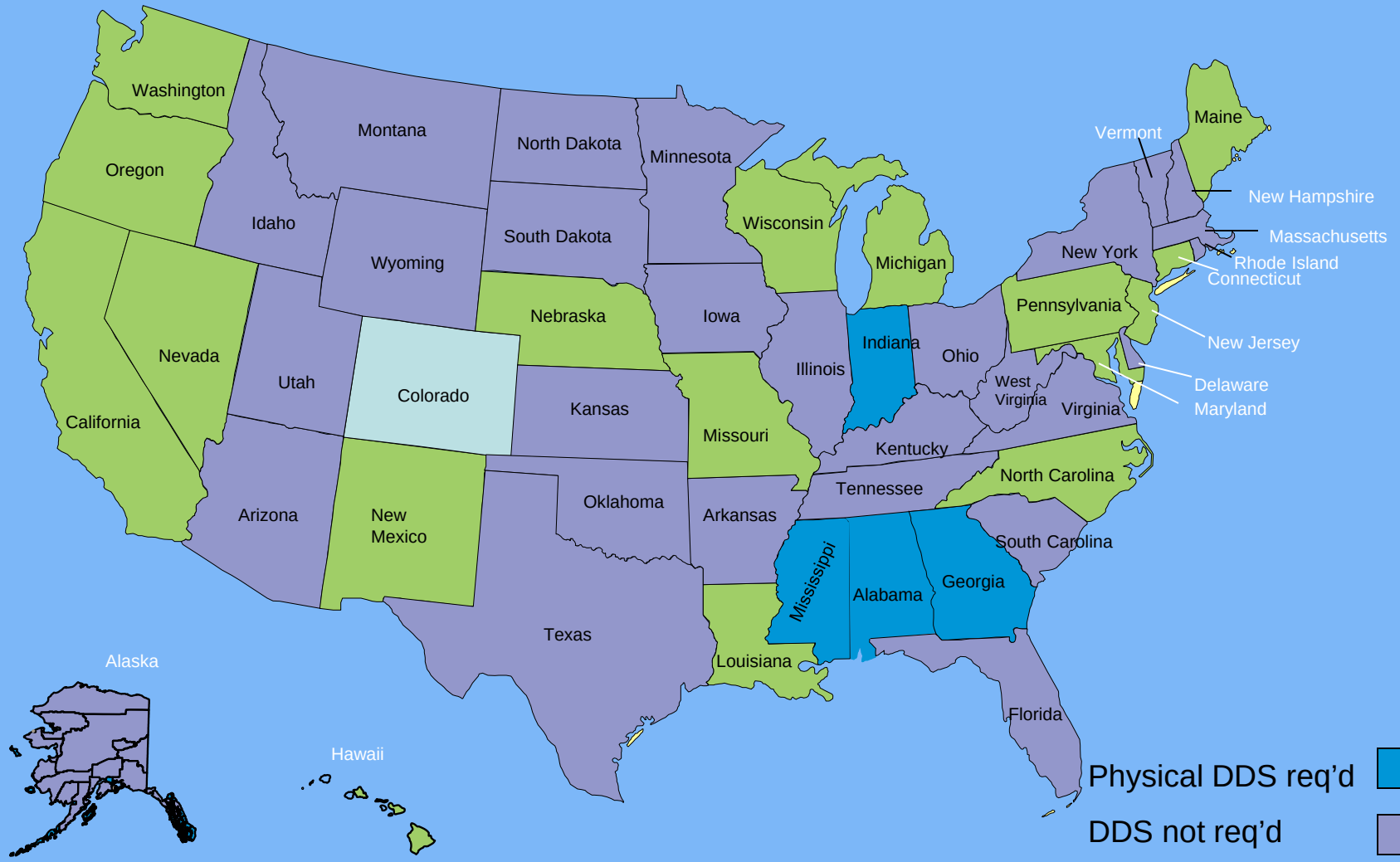
Nurse Practitioner Independence US, 2008



Source: UCSF Center for the Health Professions, 2007-2008

Dental Hygiene Prophylaxis Authority



Data source: American Dental Hygiene Association 2008

Current Pressure Points

Increasing Attention to Issues related to Scopes of Practice/Services: Why Now?

- Federal and state health reform efforts are likely to increase demand for basic health services
- Increasing cost pressures on providers: do more with less
- Growing interest in the use of interdisciplinary teams

Current Pressure Points

Barriers and Facilitators of Changes to Scope of Practice/Services

- Forces for change include:
  - Health workforce shortages
  - Limited access to needed services
  - Emerging technologies
  - Concerns about cost
- Forces of resistance include:
  - Concerns about quality
  - Concerns about cost
  - Turf wars

Current Pressure Points

SOP Rules and Inter-professional Competition

- Podiatrists vs. orthopedists on scope of podiatric services
- Required relationship between NPs and physicians
- Dentists vs. independent practice dental hygienists/dental therapists

OPPORTUNITIES AND CHALLENGES

These opportunities can be challenges given the current legal scope of practice structure and the turf wars that go with it

Exclusive scopes of practice exacerbate interprofessional tensions.

OPPORTUNITIES AND CHALLENGES

Practicing as members of a team

- Team work is known benefit to quality, access, cost
- Lack of knowledge about other professions makes it hard to rely on each other
- Some workers doing too much; others not doing as much as they are trained to do
- Differently trained and authorized professionals can complement each other on patient-centered teams


New models will push for expanded and overlapping scopes of practice

OPPORTUNITIES AND CHALLENGES

Delegation, supervision and collaboration

- Counting on others to practice at the top of their competence and skills means knowing how to delegate
- Supervisory roles and rules can be at odds with scope of practice rules and with education/competence
- Collaboration is expected between peers and professionals. Need to distinguish between collaboration and supervision

OPPORTUNITIES AND CHALLENGES

Interprofessional education and training

- Still in infancy in many places
- Overlapping scopes of practice would assist
- Evaluation of programs needed
- Potential to mitigate turf wars and interpersonal communication challenges

Career ladders and articulation

- Exclusive scopes of practice hinder career laddering
- Stackable competencies could improve career options and soften scope of practice edges

OPPORTUNITIES AND CHALLENGES

Role of organized labor

- Innovative positions and practice models will challenge organized labor to consider role the unions will play in:
  - Advocating for workers to realize some of the costs being saved by employers using new, less expensive workers: wage and benefit raises; education and training; career advancement; promotion
  - Updating scope of practice laws

CASE STUDIES FROM STATES

Medicaid Reform in NY: Workforce Flexibility Workgroup

- **Key Themes: Make Better Use of Available Health Workforce**
  - Remove statutory and regulatory barriers to full scope of practice
  - Allow assistive personnel with training and supervision to assume more responsibilities
  - Support the development of career ladders
  - Offer incentives to providers who agree to work in underserved

CASE STUDIES FROM STATES

Recommended Actions: Some statutory, some regulatory, some neither

- Establish advanced aides, trained and supervised by RNs, to assist consumers with pre-poured medication
- Remove NP requirement for collaborative practice agreement with a physician
- Allow dental hygienists to perform school readiness oral health examinations
- Remove physician supervisory ratio for PAs
- Develop a process and structure for the objective assessment of proposed changes to scopes of practice/services

CASE STUDIES FROM STATES

Many States Are Considering New Oral Health Workforce Strategies to Address Access Issues

- New Hampshire, Maine, Minnesota, Connecticut, Kansas, Vermont
- Workforce Models: expanded function dental hygienists or dental assistants; dental therapists
- Important to understand difference between demand and need

Looking Ahead: The Big Questions

- Will tensions between cost and quality continue?
  - How will emerging models impact staffing configurations?
  - Do new roles translate to more pay?
- Will efforts to increase worker flexibility support the development of career ladders and promote career mobility?
- Should we assess the impacts of new workforce models on outcomes?
- Will tensions between incumbent professions and their emerging roles exacerbate turf wars?
- How do we bridge the gap between protecting status quo and exploring innovation?