

# Health Professions and Practice Regulations in the Interprofessional Perspective: The U.S. Experience

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**International Conference on  
Human Resources for Nursing and Health**

***University of Sao Paulo School of Nursing  
Sao Paulo, Brazil***

October 21, 2014

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# Today's Presentation

- The changing health care delivery system in the U.S.- implications for scope of practice rules
- Issues with state-based health professions regulation in the U.S.
- Strategies to strengthen scope of practice decision-making

# Health Reform Is Changing the Health Care Landscape

- Expand access to basic health care services
- Contain costs
- Improve quality of care

# Health Reform Supports New Models of Service Delivery

- Accountable Care Organizations, Health Homes and Patient-Centered Medical Homes are increasing in number
- Team-based approaches to care are frequently used in these models
- Team composition and roles vary, depending on the patient population
- Teams may include: physicians, nurse practitioners, physician assistants, registered nurses, social workers, licensed practical nurses, medical assistants, and community health workers, among others

# Multidisciplinary Teams Have Positive Impacts on Patient Outcomes

- “The provision of comprehensive health services to patients by multiple health care professionals with a **collective identity** and **shared responsibility** who **work collaboratively** to deliver patient-centered care.”

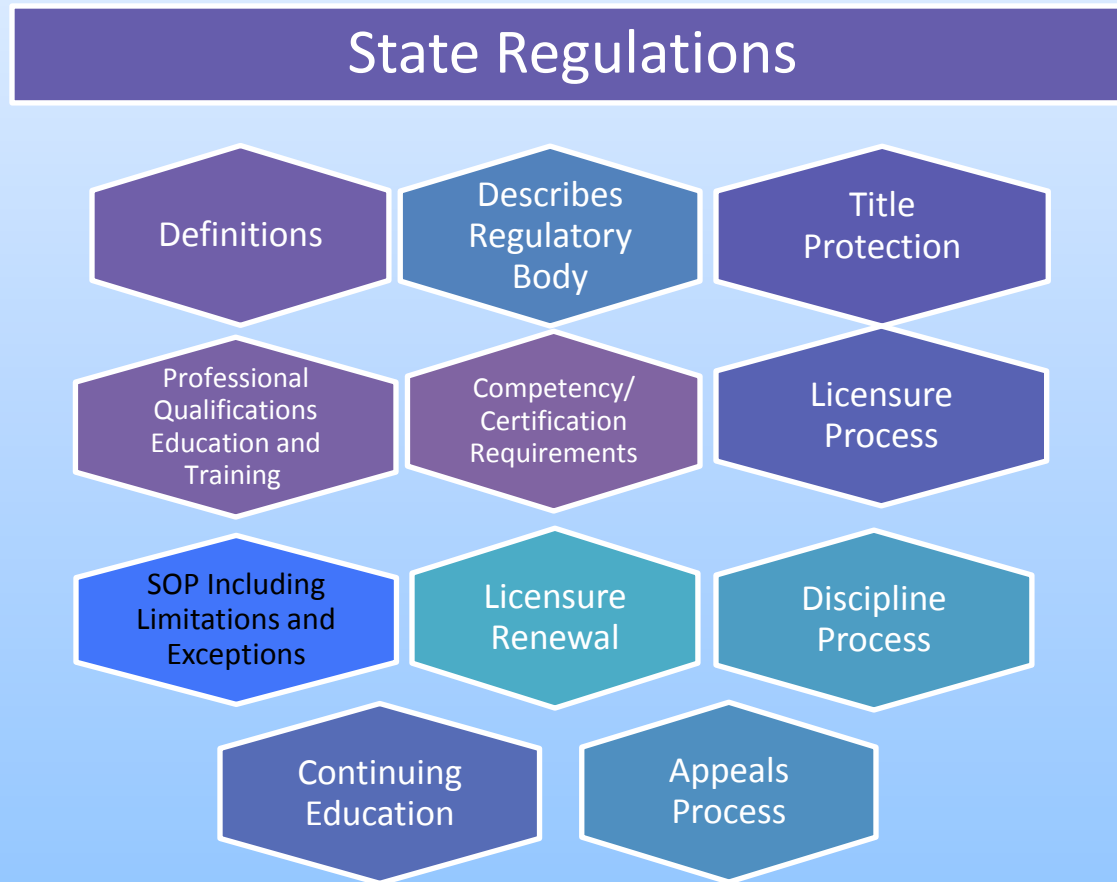
Source: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

- Research suggests health care teams with greater cohesiveness and collaboration are associated with:
  - Higher levels of patient satisfaction
  - Better clinical outcomes
- The most effective and efficient teams demonstrate a substantial amount of scope overlap – i.e., shared responsibilities

# So What's the Problem?

- Maldistribution of primary care practitioners
- Health professions students are not consistently exposed to team-based models of care or trained in emerging functions
- Scope of practice restrictions
  - Health professionals not always allowed to do what they are trained and competent to do
  - Scope overlap needed for team-based care is challenging to achieve

# In the U.S., States Are Primarily Responsible for Regulating Health Professions



# Interest in Scope of Practice Regulation is Increasing

- Drivers of change in scope of practice include:
  - Changing public policy: health reform
  - Lack of access to needed health services
  - Demographics: aging population, growing diversity, racial/ethnic disparities
  - Cost pressures in health care: do more with less
  - Technology: more access to data
  - Consumer demand for alternative providers, e.g., acupuncturists
  - Market forces, e.g., retail clinics



# What is Scope of Practice?

- Professional scope of practice, i.e. professional competence, describes the services that a health professional is trained and competent to perform
- Legal scope of practice, based on state-specific practice acts, define what services a health professional can and cannot provide under what conditions
- Legal scope of practice and professional competence overlap, but amount of overlap varies by state and by profession

# Issues With State Based Health Professions Regulation

- Mismatches between professional competence and state-specific legal scopes of practice
- Lack of uniformity in legal scopes of practice across states for some health professions
- Resistance to allowing scope of practice overlap among health professions
- The process for changing state-specific scope of practice is slow and adversarial

# Mismatch Between Professional Competence and State Specific Legal scopes of Practice

- Health reform programs depend on health professionals practicing to their full level of competence
- State-specific scopes of practice have not kept pace with changes in professional competence
- State laws that fail to acknowledge these changes can constrain a health professional's practice and impact cost, quality and access to care

# State to State SOP Variation: Nurse Practitioners



View the interactive version online:  
[www.bartonassociates.com/np-laws](http://www.bartonassociates.com/np-laws)

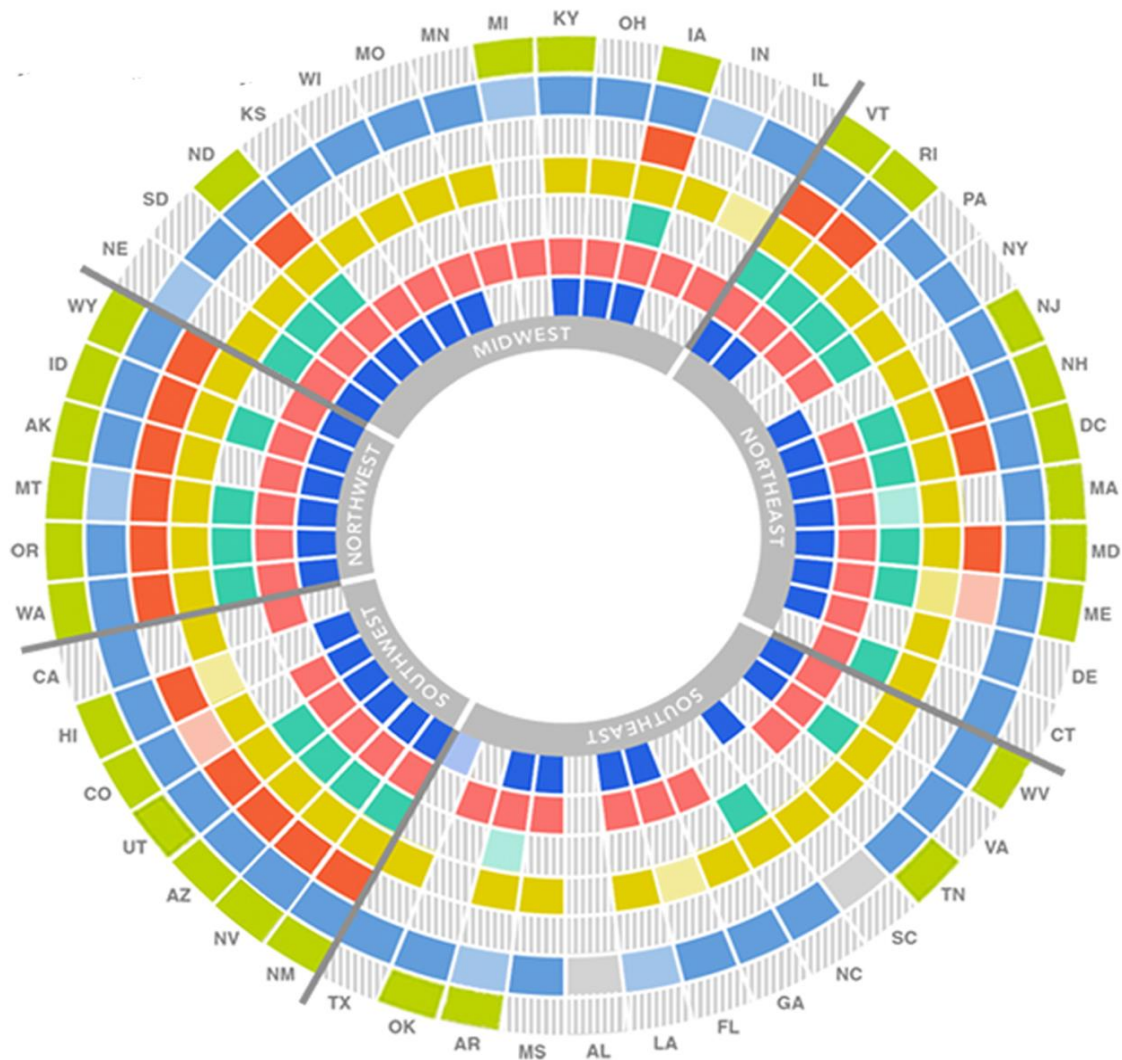
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#### RESOURCES

AANP - [www.aanp.org](http://www.aanp.org)  
 The 2012 Pearson Report - [www.webnponline.com](http://www.webnponline.com)  
 The Nurse Practitioner's 24th Annual Legislative Update - [www.tnpj.com](http://www.tnpj.com)



# State to State SOP Variation: Creates Opportunities for Comparative Effectiveness Research

- Traczynski J, Udalova V. **Nurse practitioner independence, health care utilization, and health outcomes** [Internet]. Madison (WI): University of Wisconsin; 2013 Mar 15 [cited 2013 Oct 9].  
Available from:  
[http://www.lafollette.wisc.edu/research/health\\_economics/Traczynski.pdf](http://www.lafollette.wisc.edu/research/health_economics/Traczynski.pdf)
- Spetz, Joanne, Stephen T. Parente, Robert J. Town, and Dawn Bazarko. **Scope-Of-Practice Laws For Nurse Practitioners Limit Cost Savings That Can Be Achieved In Retail Clinics.** *Health Affairs* 32, no. 11 (2013): 1977-1984.

# Lack of Uniformity in Scope of Practice: Certified Registered Nurse Anesthetists (CRNAs)

- In New York, CRNAs are authorized providers of anesthesia services, but their scope of practice is not defined in state law
  - Are important providers of anesthesia services in rural NY
  - Cannot directly bill the state's public insurance program (Medicaid)
  - Must be supervised by a physician
- In Colorado, CRNAs have a defined scope of practice in state law that allows them to practice more autonomously

# Resistance to Scope Overlap: Pharmacists Providing Immunizations

- Historically, the administration of immunizations were limited to physicians and nurses
- Broadened to include pharmacists
- State laws to allow pharmacists to give immunizations have taken over a decade to enact - from 1994 to 2009

# Emerging Workforce Model: Dental Therapists

- New oral health professional
- Provide basic restorative dental services
- Primarily targeted to underserved populations
- Currently authorized in Alaska and Minnesota
- Early evaluations of the model are promising



# Changes to State Scope of Practice Requirements: Slow and Adversarial

- Can be costly
- Often a turf war between two groups with unequal resources
- Typically incumbent professions overpower emerging professions
- Contributes to animosity between professionals expected to work together, making team-based practice models harder to implement

# Policy Reforms to Strengthen Scope of Practice Decision-making

- Align profession-specific scopes of practice with professional competence for all health professions
  - Adopt model practice acts
- Increase the engagement of consumers in scope of practice decision-making
- Assure regulatory flexibility to accommodate emerging roles and scope overlap

# Policy Reforms to Strengthen Scope of Practice Decision-making

- Use the best available evidence in scope of practice decision-making – based on what is in the best interests of patients
- When evidence is not available, allow time-limited demonstration/pilot programs with comprehensive evaluations
  - California Health Workforce Pilot Projects Program

# Policy Reforms to Strengthen Scope of Practice Decision-making

- Create a state oversight committee to review all proposals to change SOP or create new categories of workers
  - Membership: affected health professions, relevant state agencies, labor union and consumer reps
- Establish a national clearinghouse on scope of practice information and research
  - Up-to-date and reliable information on scope of practice proposals, modifications, demonstrations, innovations, evaluations and model practice acts

Thank You

Questions?