



Welcome to Fireside Chat # 402

June 24, 2014 1:00 –2:00 PM Eastern Time

(Teleconference open for participants at 12:50 ET)

Health Professions Regulation in the US: *What Are the Issues?*

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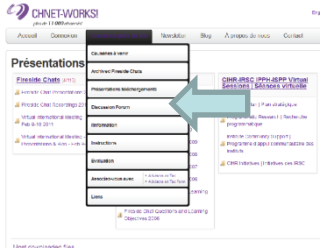
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Population Health Improvement Research Network
Canadian Health Human Resources Network
University of Ottawa

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▪ www.chnet-works.ca

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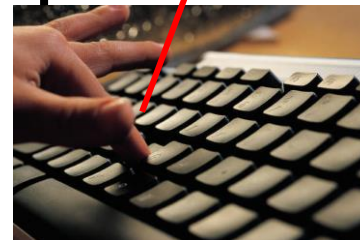
Please introduce yourself!

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- *Group in Attendance?*

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Advisor on Tap:



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University at Albany, State University of New York
School of Public Health*

Jean Moore, DrPH, MSN

Director,

New York Center for Health Workforce Studies,

School of Public Health, SUNY at Albany



- She has over 30 years of experience in health workforce research, program administration, and policy development.
- Her research at the Center focuses on a wide array of health professions as well as health professions education and regulation.

■ <http://chws.albany.edu> n

Today's Presentation

- The changing health care delivery system: 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

- **Federal Reform: ACA**
 - Expand access to basic health care services
 - Contain costs
 - Improve quality of care
- **State Reform: Medicaid**
 - Focus on expanded access, improved quality, lower costs, and better outcomes
- **Private Insurers**
 - Focus on quality, cost, and better outcomes

What Changes With Health Reform?

- Shift in focus for the health care delivery system to primary and preventive care
- Emphasis on effective management of chronic diseases
- Payment reform, moving away from fee-for service and toward managed care arrangements
 - e.g., incentives for keeping people healthy and penalties for poor outcomes, e.g., inappropriate hospital readmissions

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.”

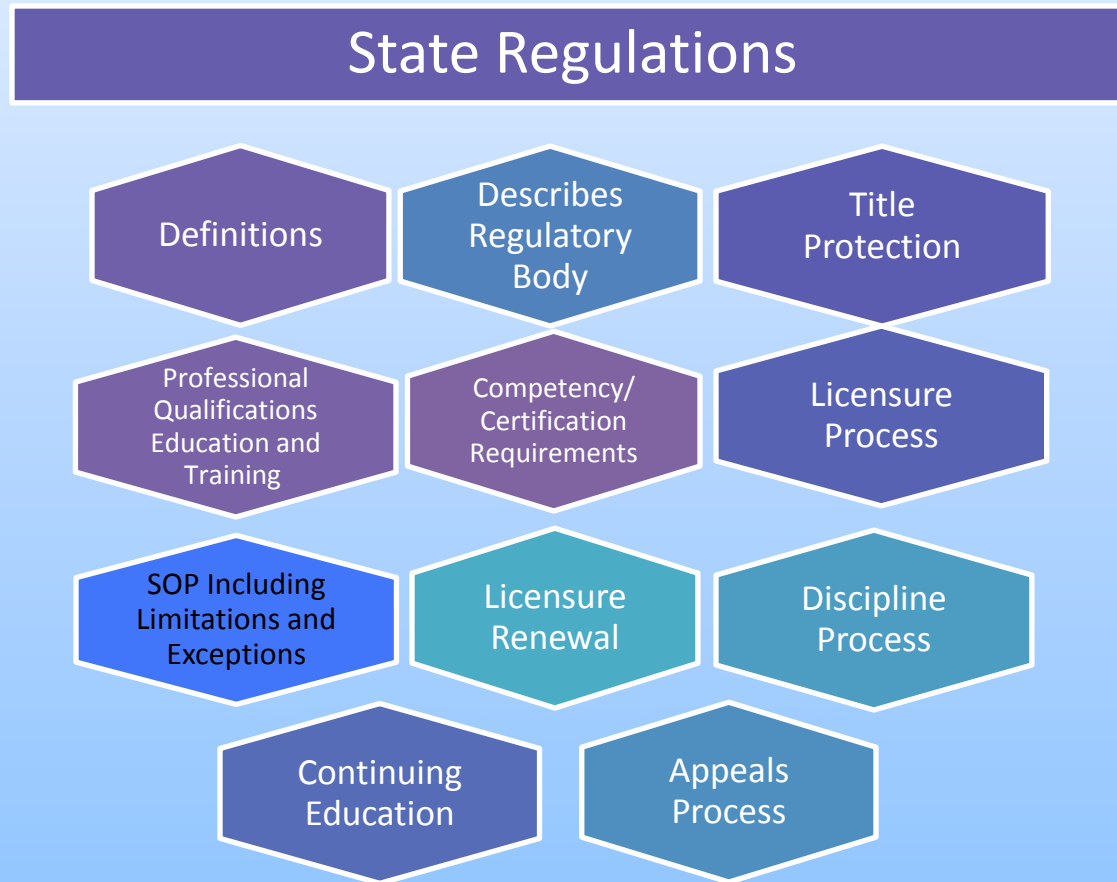
Source: Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.

- 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?

- Shortage/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: focus on population health
 - Lack of access to needed health services
 - Demographics: population aging, growing diversity, racial/ethnic disparities
 - Cost pressures in health care: do more with less
 - Technology: telehealth
 - 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

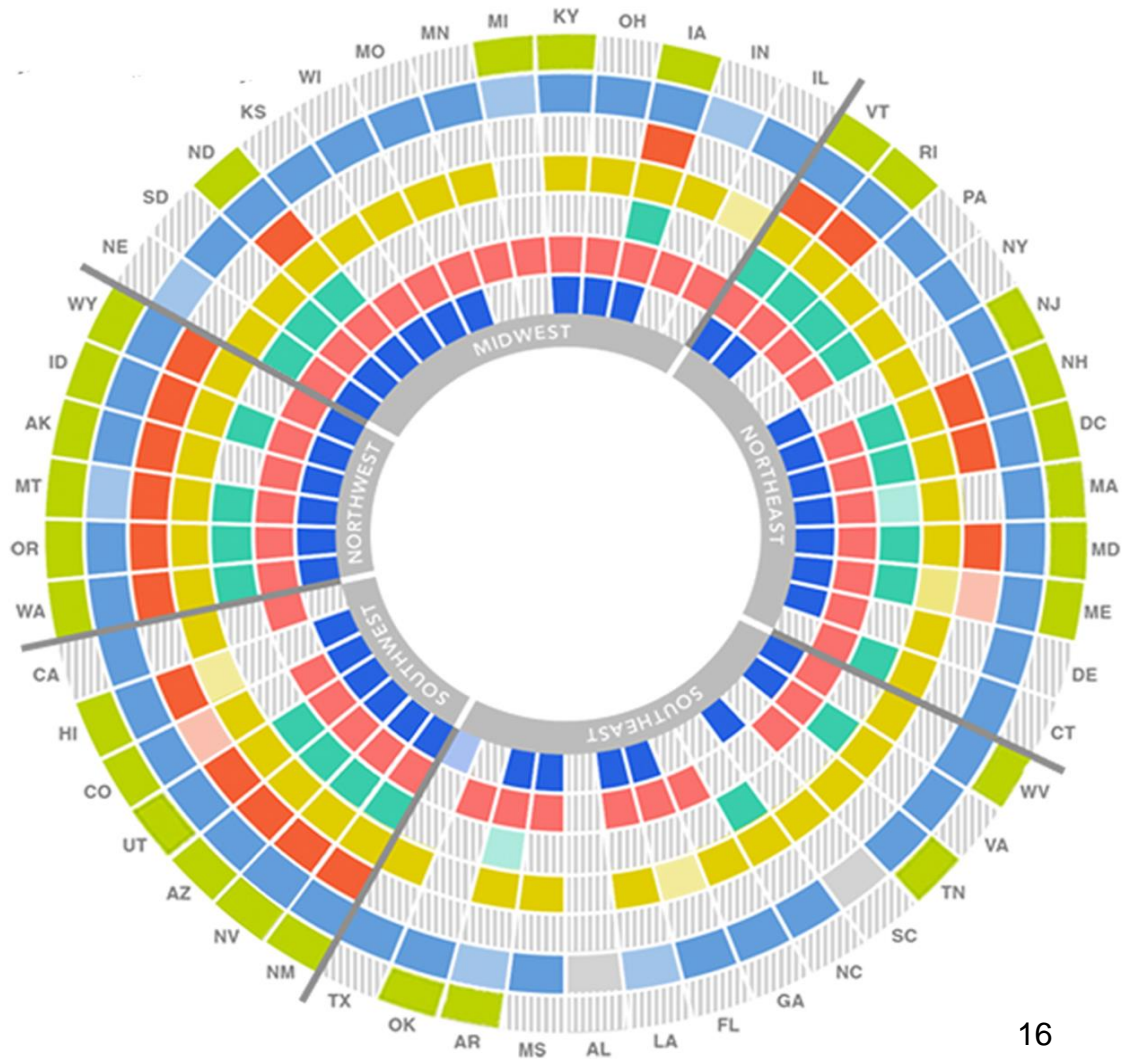
Issues With State Based Health Professions Regulation

- 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 Variation in Practice Laws for Nurse Practitioners



View the interactive version online:
www.bartonassociates.com/np-laws

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DISCLAIMER

This chart is for informational purposes only and is not for the purpose of providing legal advice. You should contact the applicable nursing board or your attorney for specific legal advice.

RESOURCES

AANP - www.aanp.org
 The 2012 Pearson Report - www.webnponline.com
 The Nurse Practitioner's 24th Annual Legislative Update - 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
- 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
 - Dental hygienists in public health practice

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

Which of the SOP policy reforms do you think is most critical?

1. Align legal scope of practice with professional competence
2. Increase consumer engagement in scope of practice decision-making
3. Assure regulatory flexibility to accommodate scope of practice overlap
4. Use the best available evidence in scope of practice decision-making
5. When evidence is not available, allow time-limited demonstration projects
6. Create a state oversight committee to review all scope of practice proposals
7. Establish a national clearinghouse on scope of practice information and research

California's Health Workforce Pilot Project Program



CATHERINE DOWER, JD

HEALTH POLICY AND LAW CONSULTANT

HER RESEARCH AND PUBLICATIONS HAVE FOCUSED ON HEALTH PROFESSIONS' EDUCATION, WORKFORCE SUPPLY AND DISTRIBUTION, AND SUCCESSFUL ADOPTION OF INNOVATIVE PRACTICE MODELS.

SHE HAS CONSIDERABLE EXPERIENCE AND EXPERTISE ON HEALTH PROFESSIONS' LEGAL SCOPES OF PRACTICE AND THE ROLE THAT REGULATION PLAYS IN ADVANCING OR HINDERING THE DELIVERY OF HEALTH CARE.

Outline

HWPP Intro and History

30-year Review Summary

Review Findings

Current Activity

Going Forward

Health Workforce Pilot Projects (HWPP) Summary

HWPP offers an opportunity to safely demonstrate and evaluate new approaches to care delivery before changing laws and regulations.

HWPP demonstrations can:

- Allow health care workers to acquire new skills;
- Develop new health care occupations or accelerate training in existing categories; or
- Teach new roles to providers with no prior training.

The HWPP program has played a role in the passage of pivotal legislation, such as:

- The Nurse Practice Act,
- Dental Practice Act, and
- Emergency Medical Services Act,
- many others...

HWPP Background

Fast-evolving health care delivery system

- Technology and clinical advances
- Payment policies and programs
- New professions

Physician shortage concerns

Some professions not working at top of competence; some professional work not acknowledged by practice acts

California HWPP established 1972

HWPP Administration

Framework: Statute and regulation

Administration: Office of Statewide Health Policy and Development (OSHDP)

Sponsors: project-specific

Funders: project-specific; no HWPP funding

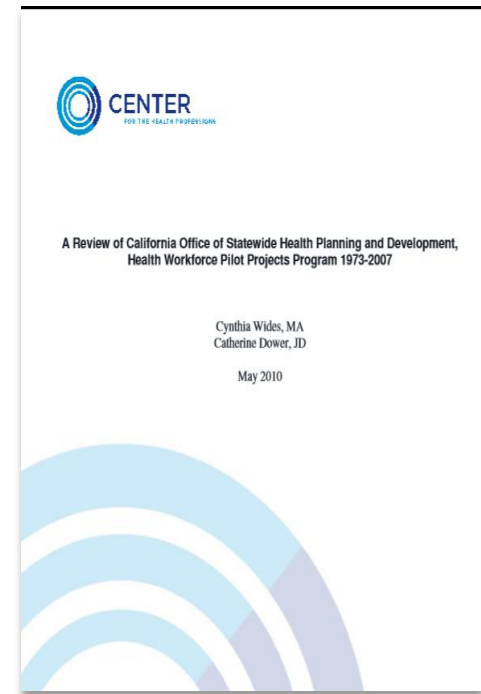
Types of projects

HWPP Review

Between 1973 and 2005, a total of 171 applications were made to HWPP.

121 approved and 115 implemented.

Key findings from three decades follow.



Source: Wides and Dower, UCSF Center for the Health Professions 2010. www.futurehealth.ucsf.edu

HWPP Outcomes

Table 5. Pilot Program Outcomes

Category	Not Approved or Not Run		Approved and Run			Total ¹⁰
	A	B	C	D	E	
Outcome	Withdrawn in review or denied by HWPP	Approved and not activated	Change in law, policy, or regulation	Terminated at the sponsor's request	Terminated for "other" reasons	
Total	50	6	75	19	17	167
	30.00%	3.60%	45.00%	11.37%	10.18%	100.00%

Pilots Resulting in Regulatory Change

Table 8. Pilot Program Outcomes Category C: Pilots Resulting in a Regulatory Change

Regulation or Legislative Change	Number of pilots	% of all apps submitted
Nurse Practice Act (NPA) update of 1975	40	23.40%
Dental Practice Act (DPA) update of 1975	8	4.70%
Certified Nurse Midwives SB 1332 (Beilenson) 1974	3	1.75%
Emergency Services Act SB 125 (Garamendi/Torres) 1980	4	2.30%
PA Drug Dispensing, Section 1399, 541[h], Title 16, California Code of Regulations, 1983	2	1.20%
Pharmacy Drug Dispensing AB 502 (Maddy) 1983	2	1.20%
NP Drug Dispensing 1986 AB 4372 (Isenberg) 1986	7	4.10%
RDHAP, Statutes of 1991, Chapter 753	1	0.60%
Other regulatory change	8	4.6%
Total	75	44%

Findings: Role of HWPP in Policy Change

- More than 65 percent (n=75) of the implemented projects affected policy change.
- Some projects encountered enough opposition from organized unions or powerful political lobbies that actual policy changes came only after years of battle in the politician arena at great financial cost.
- Many pilot projects appear to have been run well with exemplary results for the practitioners and patients in terms of improved access, cost savings, or health outcomes, but these results were not always sufficient to create regulatory change.

Optimal Role of HWPP in Policy Change Process



What Could Go Wrong?



Findings: Role of Sponsor Type

Table 1. Pilot Sponsor Type

Free or Community Clinic	CA State University System	UC System	Community College System	Private Educational Institution	Private Hospital	County Agency/ Public Hospital	Other
9	14	26	11	25	26	48	12
5%	8%	15%	6.5%	14.5%	15%	28%	7%

- UC System and California State University-sponsored projects achieved some type of regulatory or legal change in over 80 percent and 60 percent, respectively, of their pilot applications.
- Community clinics have never achieved a policy change through HWPP

HWPP Outcomes by Sponsor Type

Table 11. Pilot Program Outcomes, By Type of Sponsor

Sponsor Type	Not Approved	Approved and Run			Total ¹²
	Withdrawn in review or denied by HWPP	Change in law, policy, or regulation	Terminated at the sponsor's request	Terminated for "other" reasons	
Free or Community Clinic	5 55.55%	2 22.22%	0 0.00%	2 22.22%	9 100.00%
CA State University System	4 28.57%	9 64.29%	0 0.00%	1 7.14%	14 100.00%
UC System	2 8.33%	20 83.33%	0 0.00%	2 8.33%	24 100.00%
Community College System	3 33.33%	4 44.44%	1 11.11%	1 11.11%	9 100.00%
Private Educational Instit.	8 32.00%	7 28.00%	5 20.00%	5 20.00%	25 100.00%
Private Hospital	7 30.43%	5 21.74%	9 39.13%	2 8.70%	23 100.00%
County Agency/ Public Hospitals	14 31.11%	24 53.33%	3 6.67%	4 8.89%	45 100.00%
Other	7 58.33%	4 33.33%	1 8.33%	0 0.00%	12 100.00%
Total	50 31.06%	75 46.58%	19 11.80%	17 10.56%	161 100.00%

Findings: Role of Funder Type

- Correlation to regulatory outcomes is weaker for funder type than sponsor type;
- While sufficient funding is necessary, funding source may not be critical to success.
- Governmental funders, large granting organizations such as the Kellogg Foundation, and large hospital networks, including the Kaiser Foundation Hospitals, have been successful in their HWPP applications.

Pilot Program Outcomes by Funder Type

Table 13. Pilot Program Outcomes, By Type of Funder

Funder Type	Not Approved	Approved and Run			Total ¹³
	Withdrawn in review or denied by HWPP	Change in law, policy, or regulation	Terminated at the Sponsor's Request	Terminated for "other" reasons	
Federal	3 21.43%	8 57.14%	3 21.43%	0 0.00%	14 100.00%
State	1 20.00%	4 80.00%	0 0.00%	0 0.00%	5 100.00%
County	10 38.47%	14 53.85%	1 3.85%	1 3.85%	26 100.00%
School/Edu Institution	11 28.94%	20 52.63%	3 7.89%	4 10.53%	38 100.00%
Public Hosp	0 0.00%	3 75.00%	0 0.00%	1 25.00%	4 100.00%
Private	16 48.48%	7 21.21%	6 18.18%	4 12.12%	33 100.00%
Trade Association	1 20.00	1 20.00	1 20.00	2 40.00	5 100.00%
Joint	8 22.86%	17 48.57%	5 14.29%	5 14.29%	35 100.00%
Total	50 31.26%	74 46.25%	19 11.88%	17 10.63%	160 100.00%

Findings: Practitioner Type

Nursing professions achieved some type of policy change in more than 60 percent of their pilots.

- Many coordinated efforts demonstrating same objectives at multiple locations.

Other practitioner groups followed the same model with success.

- EMTs
- Dental auxiliaries

Project Outcomes by Practitioner Type

Table 14. Pilot Program Outcomes, By Type of Practitioner

Practitioner Type	Not Approved	Approved and Run			Total
	Withdrawn in Review or Denied by HWPP	Change in law, policy, or regulation	Terminated at the Sponsor's Request	Terminated for "other" reasons	
APRN	9 20.00%	32 71.11%	2 4.44%	2 4.44%	45 100.00%
Registered Nurse	4 26.67%	10 66.67%	1 6.67%	0 0.00%	15 100.00%
LVN	2 20.00%	0 0.00%	7 70.00%	1 10.00%	10 100.00%
Dental Aux	9 39.13%	9 39.13%	2 8.70%	3 13.04%	23 100.00%
DDS	0 0.00%	0 0.00%	3 60.00%	2 40.00%	5 100.00%
PA	0 0.00%	2 66.67%	0 0.00%	1 33.33%	3 100.00%
Pharmacy	3 42.86%	3 42.86%	0 0.00%	1 14.29%	7 100.00%
EMT	4 36.36%	4 36.36%	2 18.18%	1 9.09%	11 100.00%
Various	4 21.05%	11 57.89%	2 10.53%	2 10.53%	19 100.00%
Other	15 65.22%	4 17.39%	0 0.00%	4 17.39%	23 100.00%
Total	50 31.06%	75 46.58%	19 11.80%	17 10.56%	161 100.00%

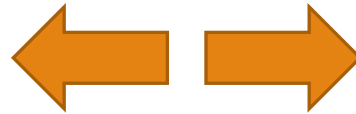
Findings: Site and Administrative Problems

- A number of pilot projects failed due to recruitment or site problems often related to the departure of a key administrator or director
- Support at multiple levels within the sponsor's leadership structure was vital component.
- Length of time from application to approval by HWPP has increased from an average of 9 months through the 1980's to an average of 18 months since 1990.

HWPP Recent Activity

- Access to primary care/pregnancy care by NPs
- Expanding roles of allied dental personnel
- EMS in community settings

Project Tensions



Time



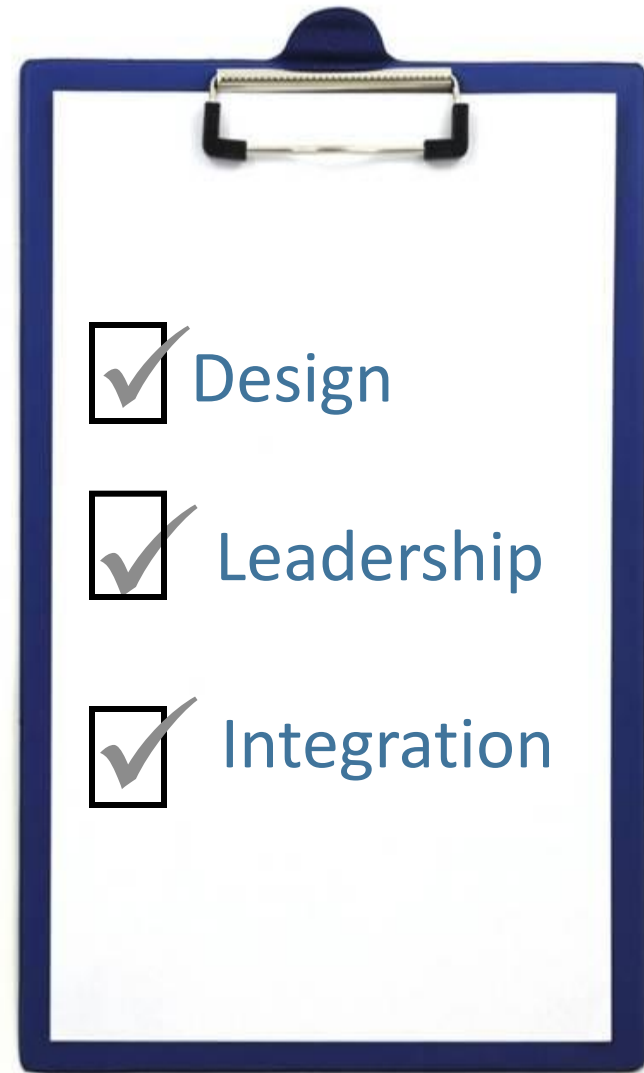
Costs



Interests



Successful projects have three process elements.

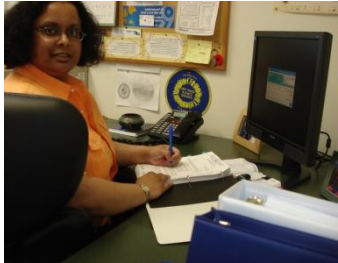




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