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Health Policy & Professional Issues

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Learning Objectives

Upon completion of this review, the course attendee should be able to:

- Explore the history, role and education of the advanced practice registered nurse (APRN).
- Identify the four different classifications of advanced practice registered nurses.
- Describe major documents that guide health policy for the United States.
- Describe key issues and trends in health care delivery and legislation.
- Delineate the major principles of reimbursement, legal issues, and ethics.

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Historical Perspectives of the Role

- Response to physician shortage in 1960, the NP was created to solve the gaps in health care
- 1965: Dr. Loretta Ford and Dr. Henry Silver started the first NP program at the University of Colorado Health Sciences Center
- Clinically-based program to "bring health to people"
- Focused on direct **patient care**, **health, wellness**, **prevention**, and **collegial relationships with physicians**
- Early PNP programs were certificate or continuing education programs

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APRN Consensus Model

- The APRN Consensus Model requirements call for the board of nursing to be the regulatory body that issues licenses and provides oversight of APRNs.
- The requirements further specify that all APRNs will be educated, certified, and licensed in one of four roles and in at least one of six population foci.

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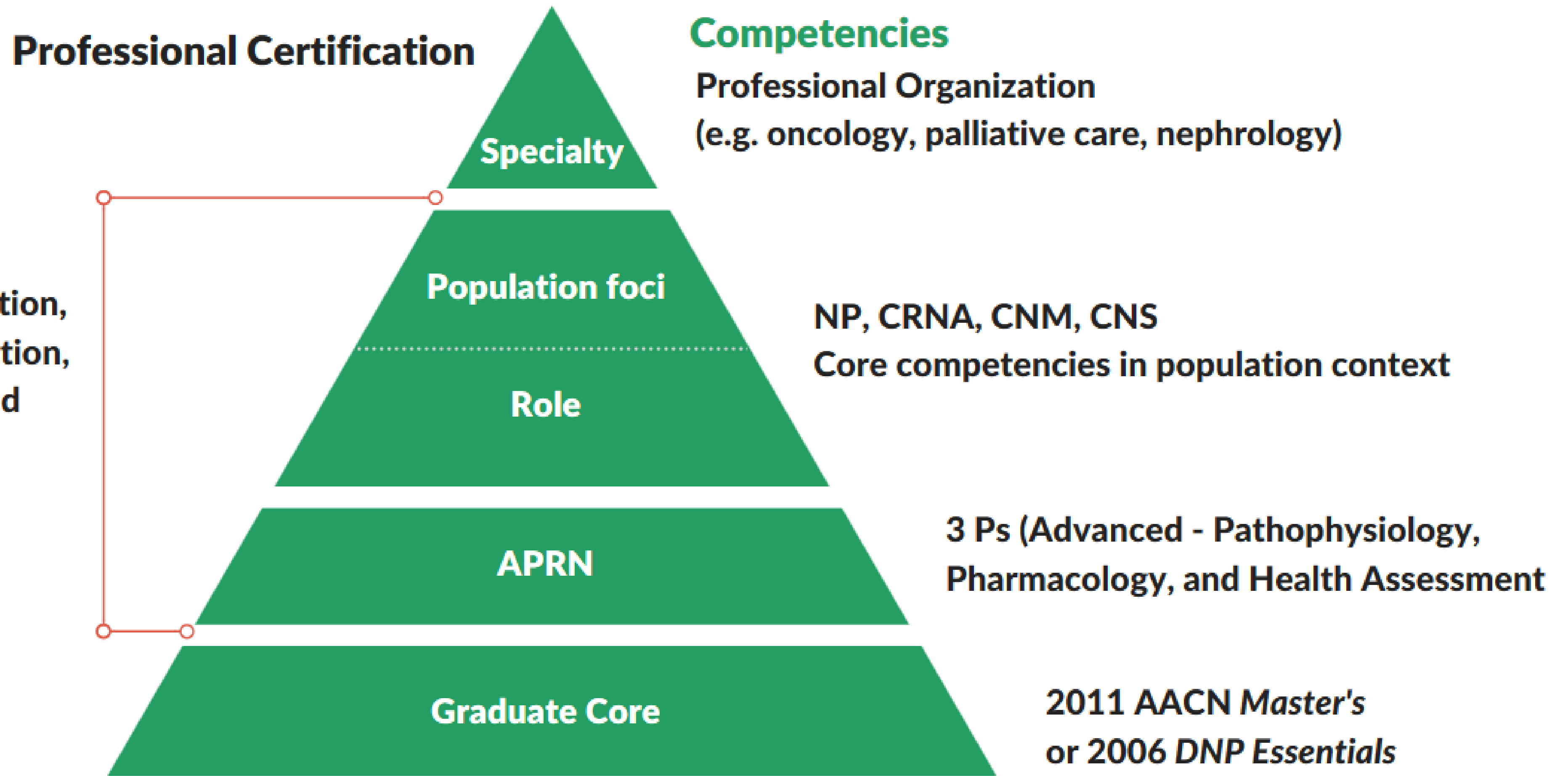
LACE



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Classifications of APRNs

- Certified Nurse Practitioner (CNP)
- Clinical Nurse Specialist (CNS)
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)

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Roles of the APRN

- **Clinician:** provides direct patient care, collecting and analyzing data to appropriately manage care
- **Consultant/Collaborator:** engaged in shared planning and interventions with other health care professionals to attain desired patient goals
- **Educator:** teaches patients, families, peers, and communities about a variety of health care issues
- **Research/ EBP mentor:** Uses knowledge about the research process to appraise evidence and provide evidence-based patient care

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Speaking of EBP

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Why Should NPs Use EBP?

- To promote optimal patient outcomes
- Stimulate innovation in clinical practice
- Promote the value of the nursing profession
- Role of the NP has expanded to include a wider scope of practice

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Barriers to EBP

- Overwhelming evidence and sometimes contradictory findings
- Human factors
  - Lack of knowledge about EBP and skills to conduct EBP
  - Nurses' negative attitude towards research and evidence-based care
  - Nurses' perception that research is only for medicine
  - Patient expectations

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Barriers to EBP (continued)

- Lack of organizational systems or infrastructure to support clinicians using EBP
  - Lack of authority for clinicians
  - Peer emphasis on practicing the way they have always practiced
  - Lack of time during the workday
  - Lack of administrative support
  - Conflicting priorities between unit work and research

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Question

The first nurse practitioner program was started by:

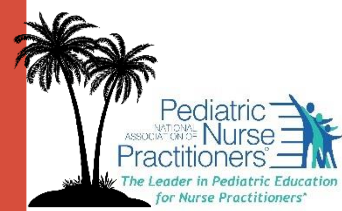
A. Loretta Ford and Robert Hoekelman
B. Henry Silver and Bonnie Bullough
C. Robert Hoekelman and Donna Wong
D. Loretta Ford and Henry Silver

The first nurse practitioner program was started by:

Answer: Loretta Ford and Henry Silver

Documents to Guide Practice

- Healthy People 2000/2010/2020: National Health Promotion and Disease Prevention
- First published by the United States Public Health Service in 1990
- Establishes measurable goals to improve health and quality of life
- Outlines strategies to collect, analyze, interpret, disseminate, and use data about the nation’s health and to plan and implement prevention programs.
- Healthy People 2020 was developed in 2010



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Healthy People 2020

- **Goals:**
  - Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
  - Achieve health equity, eliminate disparities, and improve the health of all groups.
  - Create social and physical environments that promote good health for all.
  - Promote quality of life, healthy development, and healthy behaviors across all life stages.
- **Measures:**
  - General Health Status
  - Health-related Quality of Life & Well-being
  - Determinants of Health
  - Disparities
- Healthy People https://www.healthypeople.gov/

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USPSTF

- First published by the U. S. Preventive Services Task Force in 1989 and has undergone several revisions
- Purpose is to give clinical guidelines for practice and health education
- Guidelines include screening tests, targeted physical exams, immunizations, and health counseling that are recommended as part of routine health evaluation
- https://www.uspreventiveservicestaskforce.org/

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Health Policy & Related Issues

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Health Care Policy/ Legislative Issues

- **State Boards of Nursing**
  - Authority to license
  - Establish a scope of practice for RNs
  - Determine disciplinary actions
- **Two forms of state law:**
  - *Statutes*: defined by the NPA, authorized by state legislature
  - *Regulations*: aka ‘rules and regulations’, made by state agencies under the executive branch of state government
- Know your state practice acts

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Scope of Practice

- Describes professional guidelines and parameters within which nurses in various APRN specialties may practice
- Varies from state to state and role to role
- Nurse practitioners have the authority to diagnose, treat, and prescribe medications without the requirement of physician collaboration or oversight in many states and the District of Columbia
- In the remaining states, there is some form of physician collaboration or supervision required, despite the IOM's recommendations to allow nurses to practice to the full extent of their education and training
- Check AANP or NCSBN websites for current status in states

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Collaboration vs CPA

- Joint communication and decision-making process between healthcare professionals working toward a mutual goal of addressing a patient and family's medical, social, and ethical problems
- Collaboration define by state statute
- Mutually agreed upon relationships

- Required by law in some states
- Document with mutually agreed upon professional language and practice guidelines between APRN and physician
- Should be written broadly to allow for practice variables and new innovations

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- Licensure
- Certification
- Credentialing
- Privileging

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- **Licensure:** Designation made by governmental agency
    - State Board of Nursing
    - Individual has met certain qualifications
    - All APRNs are licensed as RNs
    - APRNs are authorized by the state to practice
- **Certification:**
    - Process by which a **non-governmental agency** that validates that an individual has met certain predetermined standards
    - PNCB (only PNP certifying body for new graduates)
    - Provides quality assurance for the public

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- **Credentialing**:
  - Validation of required:
    - **Education**
    - **Licensure**
    - **Certification**
  - May be carried out by a
    - Governmental agency (BON)
    - Private agency (hospital)
  - Functions
    - Mandate accountability and responsibility for safe practice
    - Assure provision of care by qualified professionals
    - Acknowledge advanced scope of practice
    - Validate compliance with state and federal laws regarding nursing practice

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Privileging

- **Employer** gives permission to perform specific tasks
  - H&Ps
  - Suture
  - Prescribe
  - Write orders
  - Circumcision
  - LPs
- May require certain education, proctoring, documentation, and approval of supervisor
- May be more restrictive than state requirements

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Requirements for APRN Prescribers

- Graduation from approved APRN program
- Licensure and APRN in good standing
- National certification in APRN population focus area
- Recent pharmaco-therapeutics course of at least 3 credit hours (45 contact hours)
- Evidence of collaborative practice agreement
- Ongoing CE hours to maintain prescribing status
- State prescribing number and national Drug Enforcement Administration (DEA) number

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Prescriptive Authority

- State statutes (SBON)
  - Must recognize the APRN
  - Dictate level of prescriptive authority allowed
  - Specify continuing education requirements
  - Prescriptive authority varies by state
    - Physician supervision
    - Practice arrangements
    - Whether controlled substances are included

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Writing Prescriptions Responsibilities

- Know:
- 1. Dose
- 2. Route
  3. Frequency and times of administration
- 4. Duration of therapy
  - Also----State Medicaid formularies
    - Formularies vary and tiered medications
    - Out-of-state prescriptions: May or not take order from NP
- Telephone orders: Not for schedule I or II medications
- Dispensing samples
- Drug substitution; “Do not substitute” and “Dispense as written”

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Question

As a new graduate, you have been hired by a hospital to see endocrine patients in the outpatient clinic. To see these patients while they have been admitted to the hospital you will need to be ________________ and ________________ by the hospital.

A. Licensed
B. Certified
C. Privileged
D. Credentialed

1. A & B
2. B & C
3. C & D
4. A & D

Question

As a new graduate, you have been hired by a hospital to see endocrine patients in the outpatient clinic. To see these patients while they have been admitted to the hospital you will need to be ________________ and ________________ by the hospital.

A. Licensed
B. Certified
C. Privileged
D. Credentialed

Answer: C & D

APRN Reimbursement

- Provider Numbers
- Coding/Billing
- Documentation
- Evaluation/Management

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Provider Numbers

- Drug Enforcement Administration (DEA) number
  - Federally issued and site specific
  - Some states have APRN compact which allows multistate privileges for legend drugs only
- National Provider Identifier (NPI) number
  - Health Insurance Portability and Accountability Act (HIPAA) mandated standardized provider numbers
  - Assigned by National Plan and Provider Enumeration System (NPPES)

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Coding and Billing

- Identify appropriate diagnoses for the patient
- Type of patient encounter (new or established visit)
- What procedures were performed during the patient encounter
- Other reportable billable services i.e., medications administered, diagnostic tests and supplies used to provide care
- Clear and accurate documentation that validate the reported diagnoses and procedural codes

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Medical Coding

- Translation of the original medical record documentation regarding patient diagnoses and procedures into a series of code numbers that describe the information in a standard manner
- International Classification of Diseases (ICD) codes.
- Current Procedural Terminology (CPT) codes.

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Evaluation/Management Documentation

- Most important document in the reimbursement process
- If it was not documented, it was not done
- CMS has specific documentation criteria
- Complete and legible
- Includes the chief complaint, why the patient presents to the office, relevant history, assessment, physical exam, diagnostic testing, plan of care, date and provider identity

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Levels of Patient Encounter

- The higher the level of the office visit the more complex the level of medical decision making.

Five levels of codes to bill for new and established office patients:

- Level 1 visit code is for a nurse visit
- Level 2 is problem focused
- Level 3 expanded problem focused
- Level 4 detailed visit
- Level 5 comprehensive

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History and Reimbursement Decisions

- Level of history
- History: chief complaint
- NP gathers history of present illness (HPI)
- Review of systems (ROS) is performed
- Past family and social history (PFSH)

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History Coding Tool

New	Established	Levels of History	CC	HPI	ROS	PFSH
	99211					
99201	99212	Problem Focused	Required	Brief (1-3)		
99202	99213	Expanded Problem Focused	Required	Brief (1-3 elements)	Problem Pertinent (1 system)	
99203	99214	Detailed	Required	Extended (≥ 4 elements)	Extended (2-9 systems)	Pertinent (1 area)
99204		Comprehensive	Required	Extended (≥ 4 elements)	Complete (≥ 10 systems)	Complete (≥ 2 areas)
99205	99215	Comprehensive	Required	Extended (≥ 4 elements)	Complete (≥ 10 systems)	Complete (≥ 2 areas)

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Physical Examination & Reimbursement Decisions

- **Level 2 problem focused** (brief or perform and document one to five elements identified by a bullet)
- **Level 3 expanded problem** (focused and brief or perform and document at least six elements identified by a bullet)
- **Level 4 detailed** (perform and document at least two elements identified by a bullet from six areas/systems or at least twelve elements identified by a bullet in two or more areas/systems)
- **Level 5 comprehensive** (perform all elements identified by a bullet and document at least two elements identified by a bullet from nine areas/systems)

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E&M of Office/Outpatient Services

New	Established	Levels of History	Level of Examination	Level of Medical Decision Making	Face-to-Face time
	99211	(Nurse Visit)			5 minutes
99201	99212	Problem Focused	Problem Focused	Straight Forward	10 minutes
99202		Expanded Problem Focused	Expanded Problem Focused	Straight Forward	20 minutes
	99213	Expanded Problem Focused	Expanded Problem Focused	Low Complexity	15 minutes
99203		Detailed	Detailed	Low Complexity	30 minutes
	99214	Detailed	Detailed	Moderate Complexity	25 minutes
99204		Comprehensive	Comprehensive	Moderate Complexity	45 minutes
	99215	Comprehensive	Comprehensive	High Complexity	40 minutes
99205		Comprehensive	Comprehensive	High Complexity	60 minutes

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Medical Decision Making Reimbursement

- Level 2 straightforward
- Level 3 low complexity
- Level 4 moderate complexity
- Level 5 high complexity

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Elements of Medical Decision Making

Type of Decision Making	Number of Diagnoses or Management Options	Amount and/or Complexity of Data to be Reviewed	Risk of Significant Complications, Morbidity, and/or Mortality
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

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Reimbursement and Coding Conundrums

- "Incident-to" or indirect billing:
  - NPs bill under the name of their collaborating physician → 100% reimbursement
  - Collaborating physician must be present
  - Physician MUST have seen the patient first for **that** issue and develop the treatment plan
- Shared evaluation and management
  - NP sees patient in hospital and documents visit
  - Physician sees patient later and further documents

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PNP LEGAL ISSUES

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Legal Issues for NPs

Tort law

- Involves legal wrongs committed by one person against another person
- Includes negligence and malpractice
- ***Negligence***: Failure of an individual to do what a reasonable person would do and results in injury to the other person
- ***Liability***: Responsibility of NP for failing to meet standard of care that result in harm
  - Invasion of Privacy
  - Reporting Statutes

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Malpractice:

Failure of a professional to render services with the degree of care, diligence, and precaution that another member of the same profession under similar circumstances would render.

May involve:

- professional misconduct
- unreasonable lack of skill
- illegal/immoral conduct
- other allegations resulting in harm to a patient

•Types of coverage:

- **Occurrence coverage:** covers events that occurs during the policy period without regard to when the injury was discovered and claim was filed
- **Claims-made coverage:** covers only those claims that are filed during the policy period regardless of when they occurred
- Tail insurance: bought at the end of a claims-made policy to extend coverage

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Ethics and the NP

- Ethics: the critical study of standards for judging the rightness or wrongness of conduct; characteristic or distinguishing attitudes and beliefs of an individual or group of people
- Ethical (moral) dilemma: when two or more morally acceptable courses of action are present and selecting one precludes the selection of the other(s)

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Principles of Ethics

- **Autonomy**: promotion of a person's independence and self-determination
- **Beneficence**: duty to help others
- **Nonmaleficence**: duty to avoid inflicting harm
- **Justice**: impartiality and fairness
- **Fidelity**: faithfulness, commitment
- **Utilitarianism**: producing the greatest good for the greatest number
- **Veracity**: truthfulness

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Question

Healthy People 2020 is:

A. A report on the health status of people of the United States in the year of 2010.
B. An international health policy paper.
C. A statement of national health policy goals to help people live socially and economically productive lives.
D. A research analysis of health strategies for the nation.

Healthy People 2020 is:

Answer: A statement of national health policy goals to help people live socially and economically productive lives.

Question

When identifying what to bill a patient the CPT code reflects:

A. What was done
B. Who did it
C. Why it was done
D. When was it done

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When identifying what to bill a patient the CPT code reflects:

Answer: What was done

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Question

What should the NP include when writing a prescription for a narcotic?

A. Drug enforcement agency number (DEA)
B. Patient social security number
C. Patient medical record number
D. Patient telephone number

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What should the NP include when writing a prescription for a narcotic?

Answer: Drug enforcement agency number (DEA)

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Question

As a PNP you are running for the position of representative. At a town hall meeting you are educating stakeholders about APRN requirements and describes LACE as:

A. Licensure, Accreditation, Certification, Education
B. Licensure, Authorization, Certification, Education
C. Licensure, Authorization, Collaboration, Education
D. Licensure, Approval, Certification, Education

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As a PNP you are running for the position of representative. At a town hall meeting you are educating stakeholders about APRN requirements and describes LACE as:

Answer: Licensure, Accreditation, Certification, Education

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