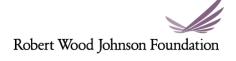
FUTURE OF NURSING™







Increasing Access to Care: The APRN Consensus Model 2008 to 2015

January 4, 2015 Maureen Cahill, MSN, APN-CNS, AOCNS Andrea Brassard, PhD, FNP-BC, FAANP

Today's Webinar





Andrea Brassard, PhD, FNP-BC, FAANP Senior Strategic Policy Advisor Center to Champion Nursing in America

- Overview of National Council of State Boards of Nursing (NCSBN) Model Nursing Practice Act.
- Learn about the progress states have made in adopting uniform regulation of APRNs
- Discuss factors driving and preventing legislative action.

Today's Webinar



Maureen Cahill, MSN, APN-CNS, AOCNS

Associate, Outreach Services

Lead, APRN Campaign for Consensus
National Council of State Boards of Nursing
(NCBSN)

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APRN Consensus THEN, 2008

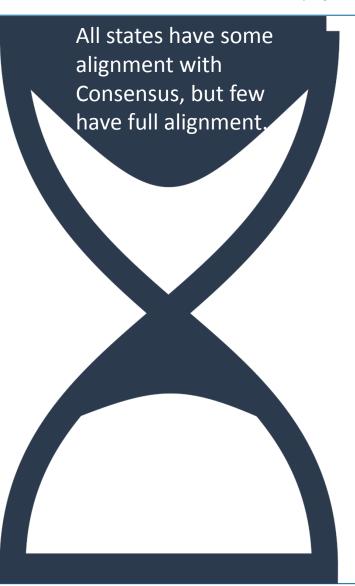
Education programs were not fully aligned

Certification exams had not yet all converted to role and population

Regulatory variation among states was great

Hiring practices were not aligned with education and certification

Post graduate certificate programs were not accredited



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APRN Consensus NOW, 2015

The IOM Future of Nursing Report recommended "remove barriers to APRNs."

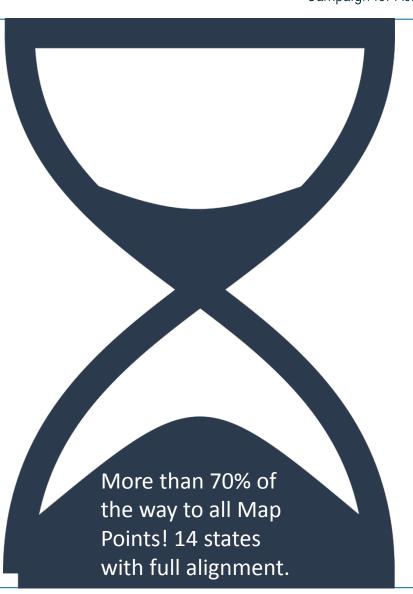
The FTC has said "do not impose barriers to APRNs without demonstrable evidence of a safety concern."

The ACA has expanded insurance coverage.

Access to care and public health outcomes are problematic in the U.S. compared to other developed nations.

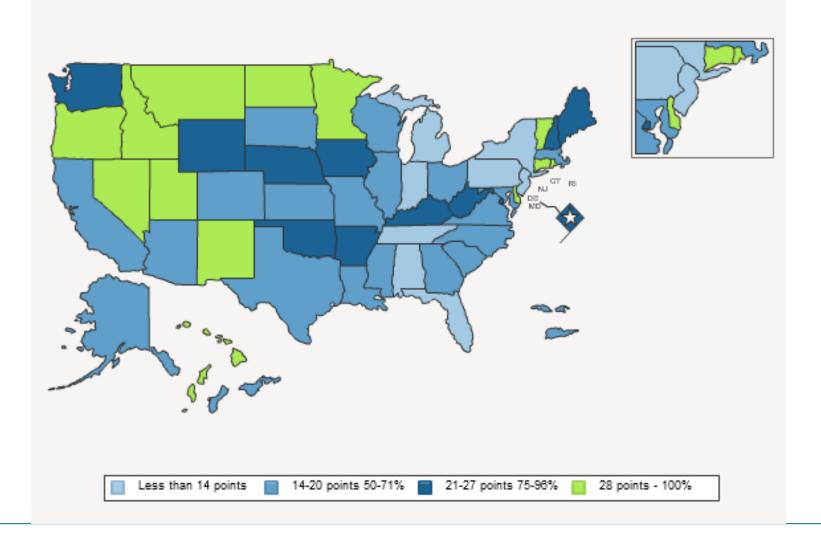
Care in the U.S. remains the most expensive in the world.

APRN outcomes are comparable or better in studies comparing primary care outcomes.





Consensus Model Implementation Status





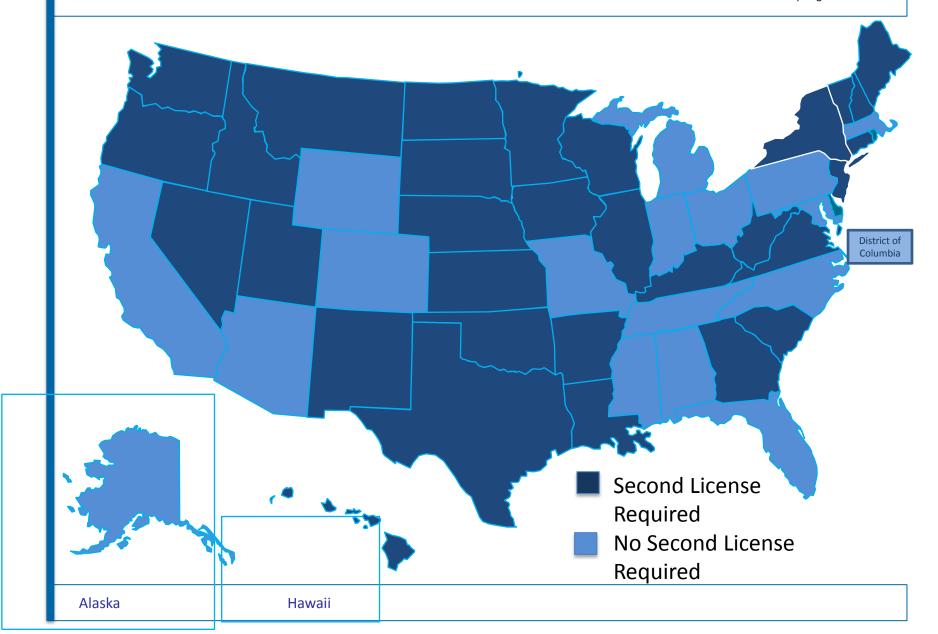
Major Components of Consensus Model Scoring Grid

Board	APRN Title	Roles	License	Education	Certification	Independent Practice (One Point Per APRN Role)	Independent Prescribing (One point per APRN Role)
Hawaii 28	4	4	4	4	4	4	4

New Map Points	2011	2012	2013	2014	2015			
Title	KS, OK	ID, WV	AR, MD,* NV, RI	SD	DE, OR			
Roles	OK, VT	AZ (CRNA), MD, WV	FL* (CNS), NY (CNS)*	AK (CNS)* RI (CNS, CNM)	AL (CNS), AZ (CNS)*, DE, PA (CNM)*			
Licensure	KS, OK	ID, WV	HI, NV	AS,IA, SD (CRNA)				
Education	VT	wv		AS, RI				
Certification	KS, NV, OK, VT	WV	AR	AS				
Practice autonomy	IL*	MA, WA	OR (CRNA), NV	AK (CNS, CRNA)*, AS (CNM, CNP)*, CT, MN, RI (CNS)	DE, MD (CNM, CNP), NE (CNP)			
I SUPPORT APRN CONSENSUS	HI, ND	OR (CRNA), ID, MA, ND, OH	OR (CRNA), NV, CNM), ND	AK (CNS, CRNA)*, AS (CNM, CNP)*, CT, MN, KY(legend) RI (CNS)	DE, NE (CNP)			

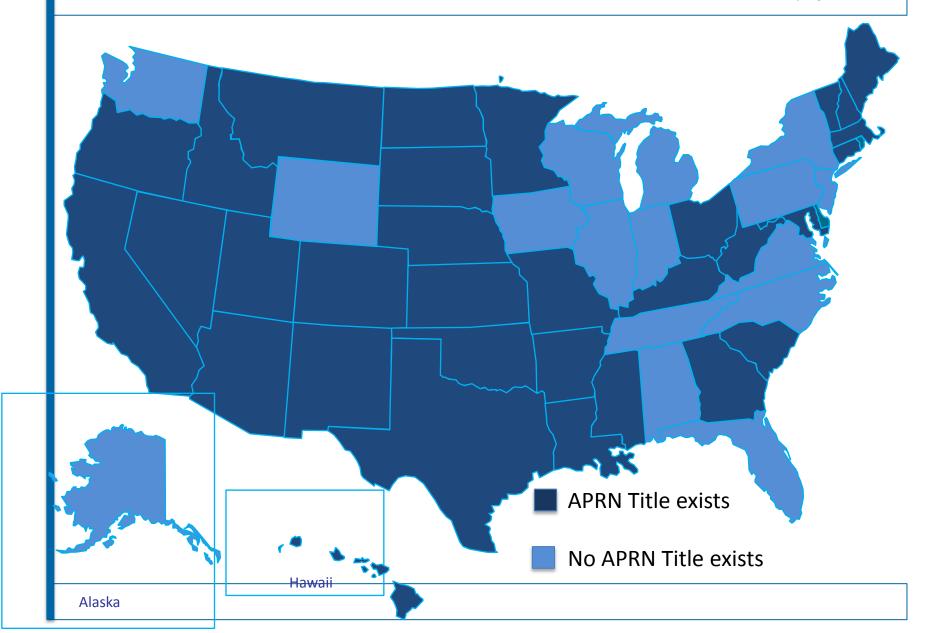
Second license is needed:

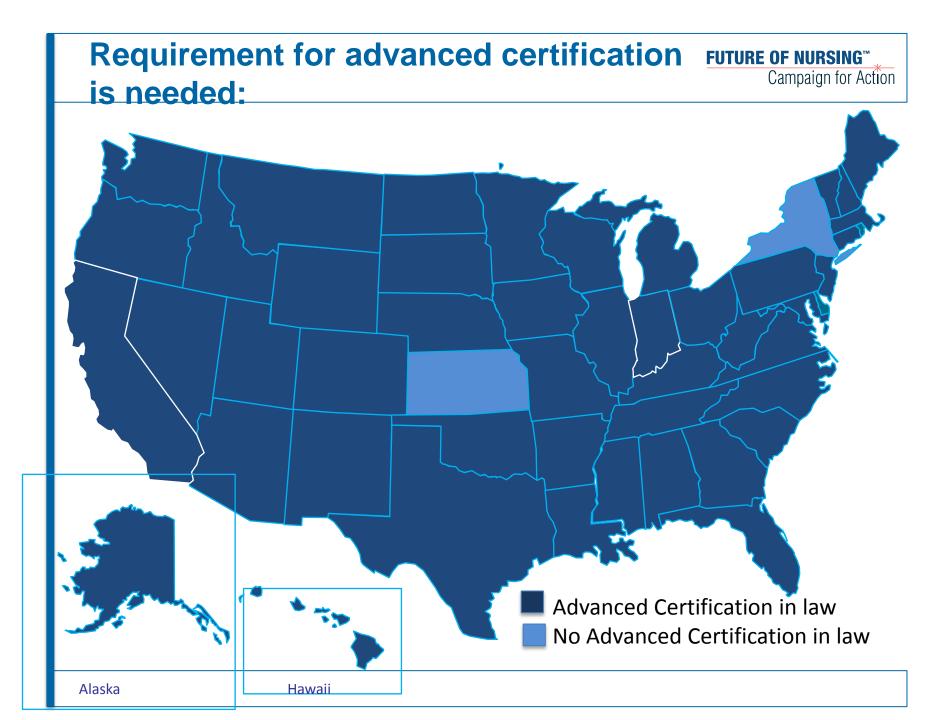
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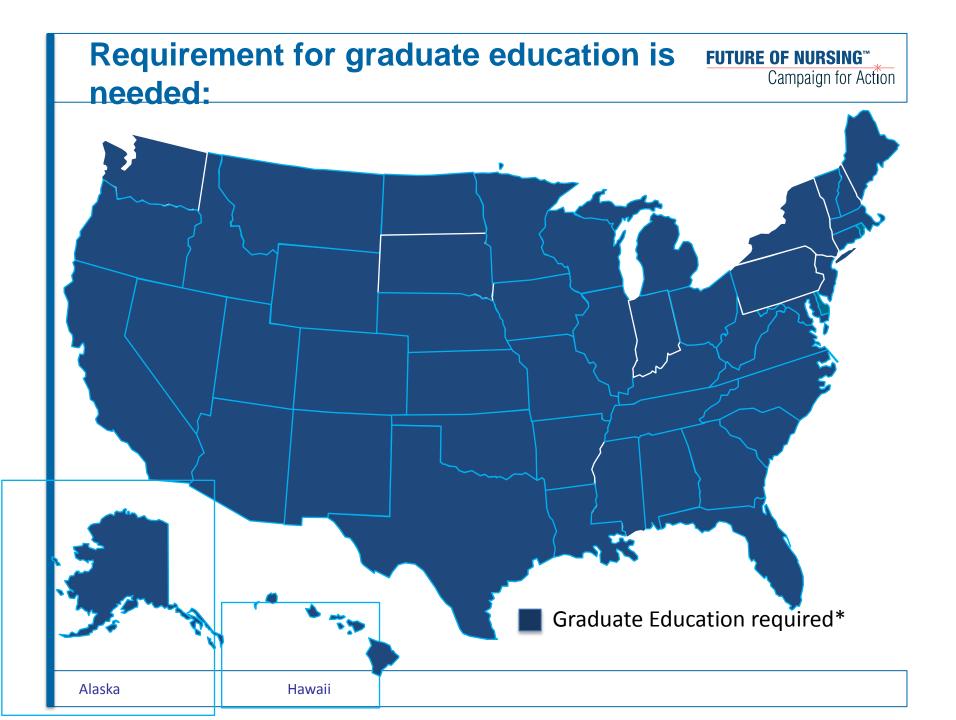


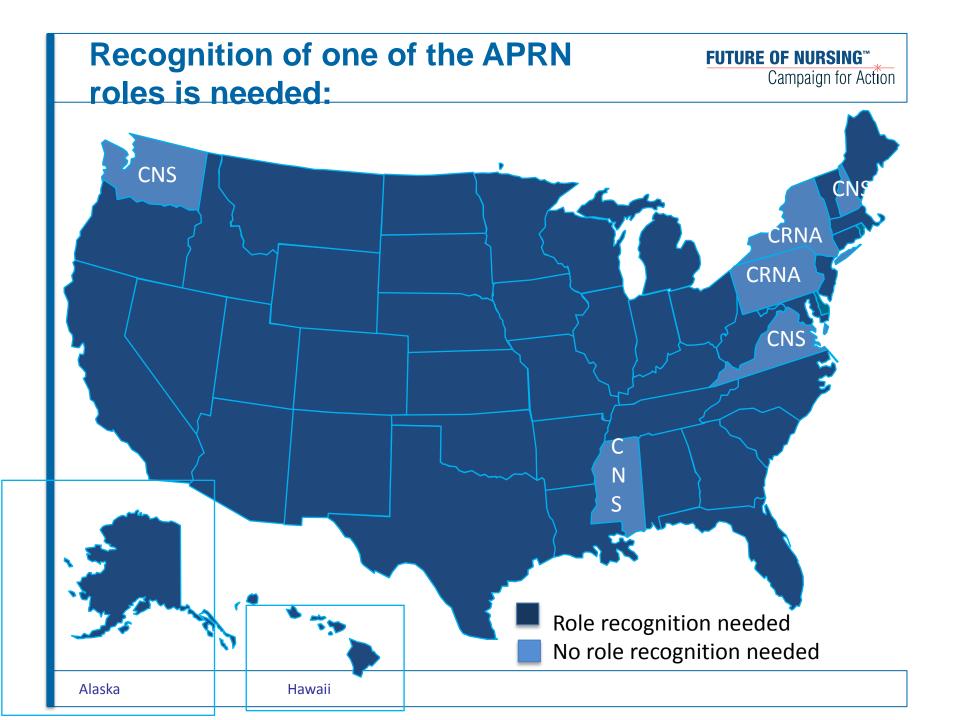
APRN Title is needed:





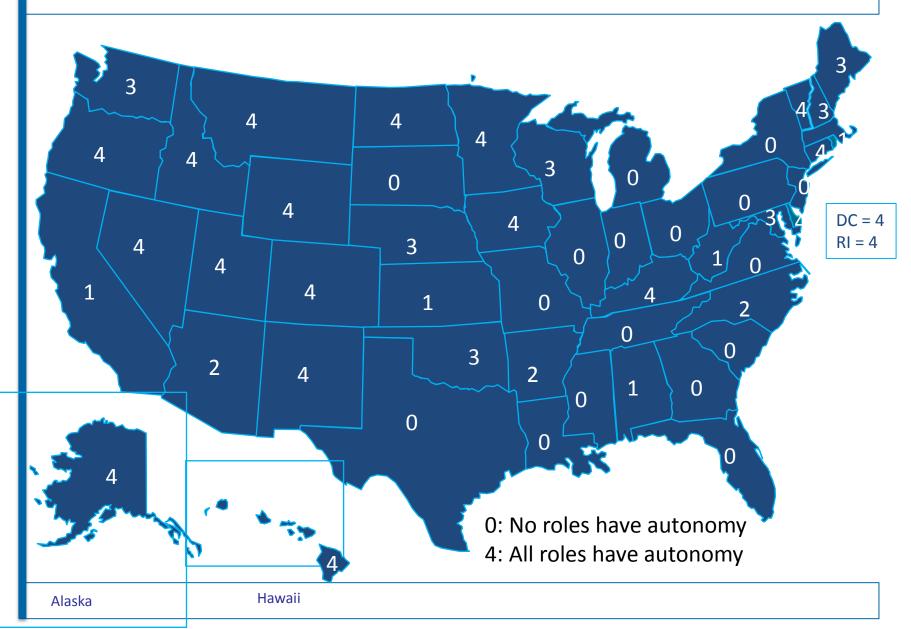






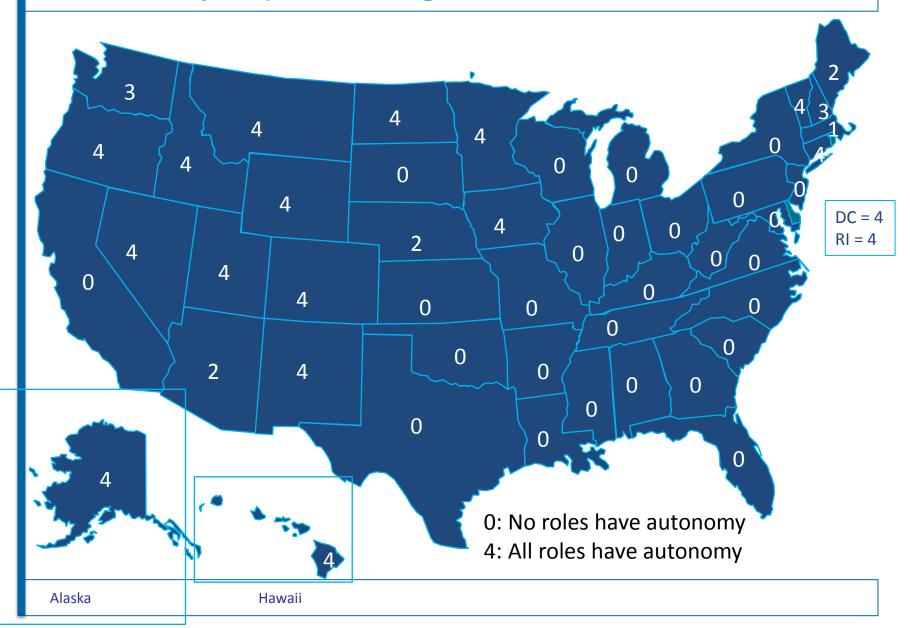
Autonomy in practice for all 4 roles





Autonomy in prescribing is needed:





APRN Consensus, what will drive change?



- Telehealth
- Rural versus Urban Markets
- Reimbursement
- Medical Homes
- Physicians

- The Triple Aim
- Patient preference and demand
- Self Care
- Community Care
- Innovations

APRN Consensus



"Comparable Outcomes" "More Education" "Access to Care" "Required Collaboration" "Evidence Based" "Unsafe prescribing" "Common Core Preparation" "Outside of scope" "Telemedicine" "Safe Prescribing within Scope" Physician led Autonomous LACE/APRNs/FTC/AARP **Patient** ASA/AMA/Med Organized acceptance Societies opposition State Legislators It is not over yet....

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All APRN Role Certification Exams and Programs are

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 All testing is based on the APRN role and population and measures entry level knowledge and skills

Accredited

- Exams are based on role competencies and current practice in the APRN role and population
- Role studies are conducted every 3-5 years
- Subject matter experts develop test questions
- Exams must be psychometrically sound and legally defensible.



ICE created the National Commission for Certifying Agencies (NCCA) in 1987.

The NCCA's Standards for the Accreditation of Certification Programs
were the first standards developed by the credentialing industry for professional certification programs.
The NCCA Standards were developed to help ensure the health, welfare, and safety of the public.
They highlight the essential elements of a high-quality program.





APRN Educational Preparation

APRN CORE EDUCATION – all education programs are accredited and follow a common preparation to all roles

Registered Nursing Base

Masters or Doctoral Essentials Curriculum

Advanced courses in:

pharmacology (preparing to prescribe)

assessment, and physiology (preparing to diagnose and treat)

Role Preparation – specific role preparation and clinical hours, curriculum based

Nurse Practitioner

Acute Care

• Primary Care

Clinical Nurse Specialist

Certified Nurse Midwife

Certified Registered Nurse Anesthetist

Populations – specific preparation in one or more populations

Family Across the Lifespan

Women's Health and Gender Specific

Pediatric

Neonatal

Psychiatric Mental Health

Adult and Gerontology

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 $R_{egistered} \ R_{egistered} \ N_{urse} \ A_{nesthetist}$





Certified Nurse Practitioner Certified Nurse Midwife



 $S_{egin{subarray}{c} Clinical\ N_{urse} \ \end{array}}$

APRNs ...

our full services your best health

whatever state you're in.



Press *1 on your telephone key pad to ask a question OR
Use the "chat" feature to send "everyone" a question.

You can find the recording and additional resources by going to: www.campaignforaction.org/webinars.

Campaign Resources



Visit us on the web at www.campaignforaction.org

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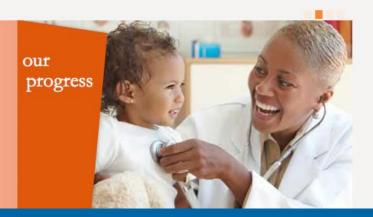
involved

evidence

community

the challenge

Transforming Health Care for the 21st Century





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