New Jersey's Physicians and Nurses PERFECT TOGETHER!

A White Paper on Independent Practice of Advance Practice Nurses in New Jersey
Opposition to S-1961 and A-854

SUMMARY

This legislation would allow an advanced practice nurse ("APN") to provide health care services and prescribe medications to patients without physician collaboration or a written joint protocol with a collaborating physician. This bill would also allow an APN to become a "collaborating provider" for a "new" APN (with less than 24 months and 2,400 hours of practice). What does this mean: APNs, experienced or new, could provide care to patients in any setting, private practice or in a facility, without any connection to or collaboration with a licensed physician.

What is an Advanced Practice Nurse?

An APN can be a nurse practitioner, nurse anesthetist, nurse-midwife, and clinical nurse specialist. A typical APN track includes a 4 year bachelor's degree in nursing, a 2 year masters' degree in nursing – *for a total of 6 years of education, and a graduate level course in pharmacology,* if not included in their masters'. While the majority of NJ's APNs hold a masters' degree, in 2008 many nurse anesthetists were grandfathered by the NJ Board of Nursing to achieve APN licensure without an advanced degree, this bill would also apply to this group of APNs.

APNs can specialize and collaborate with any specialty of physician. According to the American Academy of Nurse Practitioners, there are 4,000 licensed APNs practicing in 17 specialties in New Jersey from pediatrics to oncology.

Educating and Training APNs and Physicians

Physicians and APNs are simply not interchangeable. The level and type of education and the clinical training experiences significantly differ between the professions. A licensed physician in NJ typically has 11-12 years of medical education, residency and clinical training. For example, to be a board eligible family medicine physician, one must complete approximately 14,600 hours of supervised direct clinical training. In contrast, the requirement for clinical hours in a masters' level advance practice nursing program is typically 500 hours. In practice this means that physicians have a greater body of medical knowledge and experience on which to draw when diagnosing, differentiating and treating illness.

New Jersey's Current APN Scope of Practice

In New Jersey APNs are currently required to work in "collaboration" with a licensed physician. Collaboration is the ongoing process by which an APN and a physician engage in practice, consistent with agreed upon parameters. APNs must have a written joint protocol with their collaborating physician in order to prescribe medications and devices. An APNs ability to write prescriptions was a "legislative privilege" and therefore some protections, including the joint protocol with a physician, were put in place. Joint protocols can be as expansive or narrow as the parties agree; and typically is very personal to the experience of the APN and their working relationship with the collaborating physician. There are also NJDHSS regulations addressing the time period required for the collaborating physician's review of a patient's' chart and records when seen by an APN. All of these safeguards will go away under this legislative proposal.

Other State's APN Practice Requirements

According to the American Academy of Nurse Practitioners, 22 states allow APNs to practice completely independent of any physician involvement. These states tend to be more rural states (Alaska, Oregon, Washington, Idaho, Montana, North Dakota, Wyoming, Arizona, New Mexico, Iowa, Hawaii, and Colorado) with the only Northeastern states being Vermont, New Hampshire, Maine and Rhode Island. None of New Jersey's neighboring states or states similarly situated geographically or demographically permit the independent practice of APNs.

What the NJSNA says about an APNs Collaborative Practice Requirements?

According to the document: *Helping Hands: Guidelines for the NJ Advanced Practice Nurse*, developed by the Forum of Nurses in Advanced Practice of the New Jersey State Nurses Association and posted on their website, "When APNs and Physicians work together, their combined skills and backgrounds are complimentary and enhance care. Accessibility, cost effectiveness and improved quality of care are demonstrated by research to be the strong positive outcomes of MD/APN collaborative efforts."

And…NJ physicians agree: It's about the Patient – NOT protecting a profession

Physicians truly agree and the evidence shows that coordinated, integrated care by a team of well-trained health care professionals working together provide better outcomes for patients and minimize costs. Efforts to give any health care provider greater independence detracts from the team approach that has been proven to work and is being encouraged by public and private insurers nationally.

This IS about the patients,

not a turf war.

There will always be enough patients, but shouldn't they all have the benefit of receiving a full scope of health care services from the best educated and trained health care professional and his/her health care team?

Practice Silos – the way of the past

New Jersey's physicians regard nurses and APNs as key members of the health care delivery team. As a result, physicians also need APNs to function to the fullest degree of their education, preparation and skill. However, it is the physician community's belief that no health care provider, including a physician, should practice in a silo. This legislation would further encourage the fragmentation of New Jersey's health

care delivery system. New Jersey should continue its path forward – not backward and maintain the state's requirements that APNs practice in collaboration with physicians.

New Jersey is leading the way in team-based health care delivery

The team-based model of care is recognized nationally by the Affordable Care Act ("ACA") and CMS as a physician-led team of health care professionals, which may include registered nurses, advanced practice nurses, physician assistants, nurse care coordinators, social workers, nutritionists and diabetes educators all practicing in concert for the best possible outcomes for their patients.

New Jersey is a national leader in primary care physician practice transformation and was one of seven regions recognized and selected by CMS for program authorized by the ACA for the implementation of team-based care – Patient Centered Medical Homes. Medicare, Medicaid, and private insurers are all exploring incentives to encourage physician practices to transform their practices to move in the direction of a more collaborative health care delivery system. The changes proposed by this legislation run counter to what is nationally accepted as working best for patients – team-based health care delivery.

Federal Government's view on access to care and independent APNs

As another incentive to team based care, the CMS regulations implementing the ACA's Medicaid payment parity rules (where providers receive an enhanced payment for primary care services to Medicaid patients in 2013-2014) specifically state that an Advanced Practice Nurse will not receive these enhanced parity payments UNLESS they are working under supervision of a physician. Since the purpose of this provision of the ACA was to encourage more primary care providers to accept Medicaid in anticipation of the increase of Medicaid enrollees, it is the federal government's belief that this access need should be met by a team-based health care delivery team.

This is NOT about "health care access to patients" or Primary Care Physician Shortages

Even in the states where APNs practice independently, they simply tend to set up practices where other providers already practice and do not locate in medically underserved areas and rural areas as it is not financially viable with the current payment models for primary care and other health services to do so.

The APN studies cited by the NJSNA and NJHQI will have you believe that APNs working independently provide equal to or higher quality care than physicians for you to comfortably solve the access problem or primary care physician shortage problem in New Jersey with independent APNs. However, many of these studies reflect APNs based in clinics, private practice, or private and government facilities, where there is collaboration or a physician is ultimately involved in the health care plan of the patient. Ultimately, New Jersey's physicians will agree that APNs—when working within their scope of practice and with a health care team—provide safe, consistent care to their patients.

Unemployment is also not a problem for APNs in New Jersey. Like physicians and physician assistants, APNs are seeing a full-load of patients right now working in well-established collaborative relationships and physician practices, clinics, urgent care centers, ERs and other facilities. In fact, it is our belief and those expressed to us by the NJSNA that the large majority of APNs will likely remain exactly where they are - in a collaborative team based relationship with a physician practice or clinic. This legislation simply has nothing to do with access to health care.

This is NOT about "coughs and colds"

While APNs are certainly capable of providing certain elements of primary care services to patients, primary care is NOT just "coughs and colds." APNs are authorized to manage preventive care services, and diagnose and manage deviations from wellness and long-term illnesses, consistent with the needs of the patient and within the scope of practice of the APN. Even with recent expansions of APNs scope whether in diagnosing, treating and prescribing, these provisions were all conditioned on physician involvement through collaboration and joint protocols for prescribing to patients.

This IS about public and private insurer's payment policies and hospital privileges for APNs

APNs want parity with physicians as it relates to insurance payments, empaneling and privileges with hospitals. They believe independent practice in NJ will influence changes to these policies. Currently, APNs can obtain payment from Medicare and NJ Medicaid directly. Medicare and NJ Medicaid both pay for approved services at 85% of the rate paid to the physician for similar service. With respect to Medicare, if the APN can demonstrate that a physician physically was present and was directly involved in any care billed, the APNs can submit and be paid at 100% of the physician rate from Medicare.

An increasing number of third party payers do credential APNs as providers of patient care. Most HMOs who do not directly credential APNs as providers, will still allow the APN to bill for services under the collaborating physician's provider number. These HMOs require that the physician be "directly" involved in some level of care if the APN plans to seek reimbursement under the physician's number. In NJ, some hospitals allow APNs to admit, visit and discharge patients while others grant APNs only visitation rights.

This IS about a terminology

Some APNs want to be on equal footing professionally with physicians and to partner with them informally rather than require collaboration and joint protocols for their licensing. In terms of team-based health care delivery, as described throughout this white paper, some APNs do not agree with the concept of a "physician"-led team and want to lead the team with or without a physician involved.

And in the end . . . . Are APNs already practicing independently in New Jersey?

We have heard about current and existing independent APN practices in NJ with "absent" collaborating physicians. These practices are not fully complying with the state's requirements and intent of collaboration. When the APN and collaborating physician are in full compliance with state's requirements, whether practicing at the same location or not, there is a defined and real professional relationship between the collaborating physician and the APN – all for the safety and benefit of the patients.

For instance, the NJSNA has offered that APNs with existing independent practices in NJ, of which admittedly there are few, cannot find collaborating physicians when their existing collaborating physician retires or leaves the state. It is our belief that the terms of collaboration or the joint protocol being sought by the APN simply may not be agreeable to the perspective collaborating physician, especially where the APN had an "absent" collaborating physician previously and wishes to continue practicing in that manner.

"When APNs and Physicians work together, their combined skills and backgrounds are complimentary and enhance care. Accessibility, cost effectiveness and improved quality of care are demonstrated by research to be the strong positive outcomes of MD/APN collaborative efforts."

***** *Helping Hands: Guidelines for the NJ Advanced Practice Nurse*, developed by the Forum of Nurses in Advanced Practice of the New Jersey State Nurses Association and posted on the NJSNA website. (January 2013)

CONCLUSION

New Jersey's physician community has a long-standing and mutually respectful relationship with nurses and advance practice nurses. This legislation is not going to improve patient access to health care in New Jersey and will take New Jersey a step backwards from high quality, coordinated and team-based health care.

MSNJ Medical Society of New Jersey Est. 1766

NJAFP New Jersey Academy of Family Physicians

New Jersey State Society of Anesthesiologists, Inc. Incorporated 1951 Vigilanos

The New Jersey Academy of Ophthalmology New Jersey Eye MDs

the New Jersey Orthopaedic Society 1948

NJAOPS New Jersey Association of Osteopathic Physicians and Surgeons

American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN™ New Jersey Chapter

NJSPS New Jersey Society of Plastic Surgeons