

*Giving Nurses Voice in Shaping Evidence-Based Health Policy:  
Lessons Learned From the Front Lines*

## Advancing Advanced Practice Nurses in Illinois: Challenges in the Land of the American Medical Association

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COLLEGE  
OF NURSING

65 years  
1951-2016



OF EDUCATING  
NURSE LEADERS

# Faculty Disclosure

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- ▶ No known or potentially perceived conflicts of interest
- ▶ No known sponsorship or commercial support has been received regarding the information to be presented



# Goals of Session

## **Mission:**

**To outline the steps in achieving health policy reform through engaging each nurse individually and the profession at large in making nursing's collective voice a respected and sought out force in shaping health and social policy**



## **Presentation Goals**

- ▶ Understand the potential impact of what a change in APN scope would entail in terms of developing a team approach to health care delivery that emphasizes cost, quality and access improvements
- ▶ Appreciate the arguments for and against such a move to have APN's practice independently
- ▶ Join in the opportunity imitated by the US Department of Veterans Affairs to post a request for comment regarding a change in rules that would expand APN scope across Veterans Health Administration
- ▶ Participate in strategies designed to educate nurses, interdisciplinary partners and consumers on the value of having APN's practice to full scope and customize the message for each interest group
- ▶ Leverage the educational investments in all levels of nursing practice to practice at full scope

# Presentation Objectives

## Action Steps to Influence Policy

- ▶ Describe the essential steps involved in framing a political argument utilizing evidence and employing key partners in moving an issue through the political process.
- ▶ Understand the key elements involved in communicating an issue to an audience of influencers
- ▶ Describe the contributions of individual nurses and nurse groups in building essential partnerships both internally and externally to contribute to shaping health policy



# Introduction

*There is nothing more difficult to take in hand,  
more perilous to conduct, or more uncertain in  
its success, than to take the lead in the  
introduction of a new order of things.*

Niccolo Machiavelli

<http://www.brainyquote.com/quotes/quotes/n/niccolomac131418.html>

# The Complexity of Change in the Hierarchical World of Health Care

"The essence of leadership is having the ability to alter what people think is possible, convince them that effort would be worth it and show them how it was their idea all along."

*Teri Fontenot, president and CEO of Baton Rouge, La.-based Woman's Hospital*



# Definition of Terms and Types of Nursing Practice

- ▶ **APNs:** defined as a nurse practitioner with a graduate nursing degree and are trained in a broad range of services
  - ▶ **Nurse Practitioners (NP):** work as primary or specialty care providers, diagnosing and treating variety of illnesses
  - ▶ **Certified Nurse Midwives (CNM):** women's health services, including family planning, gynecological exams, prenatal care, labor and delivery, and newborn care
  - ▶ **Certified Registered Nurse Anesthetist (CRNA):** work primarily in hospitals and health care institutions to provide care and advice related to the delivery of anesthesia before, during, and after surgical, diagnostic, therapeutic and obstetrical procedures
  - ▶ **Certified Nurse Specialist (CNS):** provide patient care and expert advice in one of several nursing practice specialties related to setting, population, type of care, disease or medical subspecialty, or other types of medical problems.



(Citizen Advocacy Center, 2010)

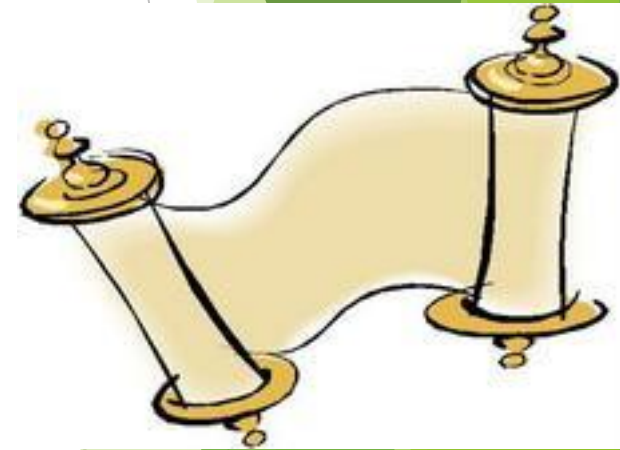
[https://www.ncsbn.org/APRNS\\_Scope\\_of\\_Practice\\_FAQs\\_for\\_Consumers.pdf](https://www.ncsbn.org/APRNS_Scope_of_Practice_FAQs_for_Consumers.pdf)

# Key Policy-Educational-Practice Changes

## Foundational Elements

### Setting the Stage for APN Advocacy

- ▶ Workforce Development-DNP movement AACN 2004
- ▶ Professional Evolution via Broad Partnerships and the Development of Policy Positions-IOM Study Future of Nursing. October, 2010
- ▶ Broad Policy Shifts in Financing Health Care-Passage of the ACA. March, 2010
- ▶ Workforce Shortages - Planning for the Future given current MD shortages
- ▶ Care Delivery Models-Patient Centered, Interdisciplinary Team Approaches. 2009
- ▶ Legal constraints on practice-Federal Trade Commission Report, 2014
- ▶ Underserved populations, population health, health care disparities. Intense emphasis given reforms and inclusion of vulnerable populations treated in systems, such as hospitals, that have shifted from revenue centers to cost centers





# Nursing Taking the Lead~ Trends in Nursing Education

The 2004 DNP position statement calls for a transformational change in the education required for professional nurses who will practice at the most advanced level of nursing. The recommendation that nurses practicing at the highest level should receive doctoral level preparation emerged from multiple factors including the expansion of scientific knowledge required *for safe nursing practice* and growing concerns regarding the quality of patient care delivery and outcomes. Practice demands associated with an increasingly complex health care system created a mandate for reassessing the education for clinical practice for all health professionals, including nurses

<http://www.aacn.nche.edu/dnp/Essentials.pdf>



# Setting the Stage ~Strategic Leadership Institute of Medicine Study on *The Future of Nursing* October, 2010

In 2008, The Robert Wood Johnson Foundation (RWJF) and the IOM launched a two-year initiative to respond to the need to assess and transform the nursing profession

## Key Messages

- ▶ Nurses should practice to the full extent of their education and training.
- ▶ Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- ▶ Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- ▶ Effective workforce planning and policy making require better data collection and information infrastructure.

<http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>



# Passage of the Accountable Care Act March, 2010

## Goals of the Act

- ▶ Quality, Affordable Health Care for all Americans
- ▶ Role of Public Programs-Eligibility for Medicaid was expanded. Two years into the change, Supreme Court ruled that states could voluntarily participate.
- ▶ Improving quality and efficiency of care delivery. Reimbursement on basis of quality outcomes
- ▶ Prevention of chronic disease and improving health
- ▶ Health Care workforce. Emphasis on primary care



Affordable Care Act

# Passage of the **Accountable Care Act** March, 2010

## Goals of the Act

- ▶ Transparency and Program Integrity. New tools to combat fraud and abuse in public and private programs
- ▶ Improving access to innovative therapies
- ▶ Community living assistance services and support. Repealed in 2013 due to costs.
- ▶ Revenue provisions; How to pay for the costs of care
- ▶ Strengthening quality affordable health care for all Americans. Pilot programs for health care improvement.



# Deepening our Understanding of the Resistance to Practice Equality

## Lessons Learned from the Federal Trade Commission Report (2014)

- ▶ Report Title:
  - ▶ *Policy Perspectives: Competition and Regulation of Advanced Practice Nurses*
- ▶ Highlights:
  - ▶ The Federal Trade Commission emphasizes by limiting Advanced Practices Nurses in their scope of practice, it will limit the range of services provided which will reduce competition that benefits consumers. It is essential for legislators to reduce the barriers, evaluate the proposals in APN scope of practice, and to further promote competition in the health care.
- ▶ How Can we Use this Information?
  - ▶ This information is essential in achieving access to healthcare as it will provide greater resources to consumers, and create quality, cost-effective healthcare options as promoted by Obama Care and the IOM goals.



<https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolicypaper.pdf>

# The Catalyst for Change-Broad Policy Shifts Implementing Health Care Reform United States-Accountable Care Act 2010



## Do We Have the Workforce to Manage the Influx of Covered Lives?

### Key Findings-RAND Corporation Study-2015

Since the Affordable Care Act's major provisions took effect, there has been an estimated net increase of 16.9 million people with health insurance.

- ▶ 22.8 million people became newly insured.
- ▶ 5.9 million people lost coverage.
- ▶ The number of uninsured Americans fell from 42.7 million to 25.8 million.

# Opportunities for Professional Evolution in Times of Change



In an Ocean of Change, Workforce Development to Attain the Capacity to Deliver Primary Care has become a key Nursing Community area of interest.

The stars are aligning to Leverage Health Care Reform for APN's to Play a Major Role in Primary Care Delivery to Increase **Access** to **Quality** Care at an Affordable **Cost**

# Primary Care Education Trends



- ▶ **Doctor of Nursing Practice Programs:** The movement to the DNP continued to accelerate in 2014 with 269 schools now offering the practice doctorate (up from 247 programs in 2013). Last year, enrollment in these programs grew by 26.2%, with 18,352 students enrolled in DNP programs nationwide

<http://www.aacn.nche.edu/news/articles/2015/enrollment#Findings>

- ▶ **There are more than 222,000 nurse practitioners (NPs) licensed in the U.S. <sup>1</sup>**  
Practice in primary care-90.8%.

<https://www.aanp.org/all-about-nps/np-fact-sheet>

- ▶ **In 2010, there were approximately 209,000 practicing primary care physicians in the U.S., according to research commissioned by the Agency for Healthcare Research and Quality.**

<http://www.ahrq.gov/research/findings/factsheets/primary/pcwork1/index.html>



# Quality of Care

## Value Proposition of APN Practice

- ▶ APNs are more than physician extenders or substitutes. They offer care continuum from health promotion and disease prevention to early diagnosis to prevent or limit disability. APNs integrate the skills from several disciplines, including social work, nutrition and physical therapy.
- ▶ APN practice is defined by state legislation, not at the federal level. Statutory and administrative revisions are necessary to define scope of practice as APNs acquire new skills and increased education.
- ▶ APNs have competencies for mild to moderate complexity in patients that have knowledge to refer patients with complex problems to physicians. Vice versa physicians refer patients who need services such as medication counseling, case management, and development screening to APNs.

(IOM, 2011)

<http://www.ncbi.nlm.nih.gov/books/NBK209871/>

# Lessons Learned Regarding How APN's will provide more Access to Care

- ▶ According to the Campaign for Nursing, APN will provide access to care by
  - ▶ Providing key primary care services
  - ▶ Preventive care and chronic disease management
  - ▶ Education within community health centers
  - ▶ Provide care in wide range of settings including Rural areas, communities and increase access to Medicaid patients.



(Campaign for Action, 2016).

# Framing the Arguments to Advance APN's

- ▶ The Association of Medical Colleges projects the U.S. will be short 63,000 primary-care physicians this year. It is believed that passage a bill like HB 421 would help to fill that shortage with master's-level trained professionals who are nationally certified in their respective fields.
- ▶ Using the services of an APN when and where appropriate can also reduce the cost average cost of medical care.
- ▶ Under current law, APNs are required to have all of their work double-checked and approved by an M.D., which limits their ability to diagnose and treat patients, in addition to increasing costs.



# Deepening our understanding of the Resistance

## Modernize Regulations to Increase Access to Care as priority to nursing initiatives:

- ▶ Study the states that have successfully passed regulations for independent practice of APNS to include removing mandates to have supervision by a physician and permit APRN to fully prescribe to all patients.
- ▶ Remove multiple regulatory bodies to oversee APRN practice. A state's Board of Nursing should be the sole regulatory authority of all registered nurses—including APRNs.
- ▶ Importance is to remove barriers to APRN practice that limit Americans access to the high quality, cost effective primary care they deserve.



# Deepening our Understanding of the Resistance—Lessons Learned from Successful Legislation

- ▶ States that have been successful in implementing change to allow APRN as independent practitioners have used different tactics such as:
  - ▶ Have transitional periods, minimum hour requirements, or years of practice before achieving full practice authority. Has varying requirements per state.
  - ▶ Physician involvement during transitional period in a collaborative effort to achieve safety and quality of care.
  - ▶ States vary greatly in which APRN roles are approved, not all positions of CNM, CRNA, APN, CNS are approved to practice independently
  - ▶ Differentiation between practice authority and prescription authority
    - ▶ Practice authority is for independent practice and scope of practice
    - ▶ Prescription authority is independence in prescribing medications and its independence

(Phillips, 2016)

<http://canpweb.org/canp/assets/File/2016%20Conference/Presentations/Trends%20In%20APRN%20Practice%20Authority%20-%20Phillips.pdf>

# FULL PRACTICE AUTHORITY: consistent with the model the IOM recommends which include prescription authority

- ▶ Alaska
- ▶ Arizona
- ▶ Colorado
- ▶ Connecticut
- ▶ District of Columbia
- ▶ Hawaii
- ▶ Idaho
- ▶ Iowa
- ▶ Maine
- ▶ Maryland
- ▶ Minnesota
- ▶ Montana
- ▶ Nebraska
- ▶ Nevada
- ▶ New Hampshire
- ▶ New Mexico
- ▶ North Dakota
- ▶ Oregon
- ▶ Rhode Island
- ▶ Vermont
- ▶ Washington
- ▶ Wyoming



# National Trends: Full Practice Authority

Number of APRN Roles:	States Full Practice Authority Upon LICENSURE
4 Roles	Arkansas, D.C., Hawaii, Idaho, Iowa, Montana, New Mexico, North Dakota, Oregon, Wyoming
3 Roles	New Hampshire, Rhode Island, Washington
2 Roles	Arizona
1 Role	Connecticut, Maryland, Massachusetts, Minnesota, Nebraska, Utah

(Phillips, 2016)

<http://canpweb.org/canp/assets/File/2016%20Conference/Presentations/Trends%20In%20APRN%20Practice%20Authority%20-%20Phillips.pdf>

# National Trends: Full Practice Authority Transitional Legislation Post Licensure

State	Year Passed	Requirement	Oversight
Nebraska	2015	2,000 hours Certified Nurse Practitioner	Transition to practice with supervising provider in same specialty (DO, MD, NP)
Maine	1995/2007	24 months Certified Nurse Practitioner	MD/CNP supervised practice
Colorado	2010/2015	1,000 hours all roles	Prescription mentorship with MD or APRN
Vermont	2011	24 months \$ 2,400 hours 4 roles	Collaborate with APRN or MD
Nevada	2013	2 years or 2,000 hours Certified Nurse Practice, Certified Nurse Specialist, Certified Nurse Midwife	Collaborate MD approved protocols and CS II prescriptions



# National Trends that Need Attention

States with **REDUCED PRACTICE AUTHORITY**: limits setting or scope of practice for APRN:

- ▶ Alabama, Arkansas, Delaware, Illinois, Indiana, Kansas, Kentucky, Louisiana, Mississippi, New Jersey, New York, Ohio, Pennsylvania, South Dakota, Utah, West Virginia, and Wisconsin

States with **RESTRICTED PRACTICE AUTHORITY**: state requires supervision, delegation, team management in order for the APRN to provide care:

- ▶ California, Florida, Georgia, Massachusetts, Michigan, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia

AAPN, 2016

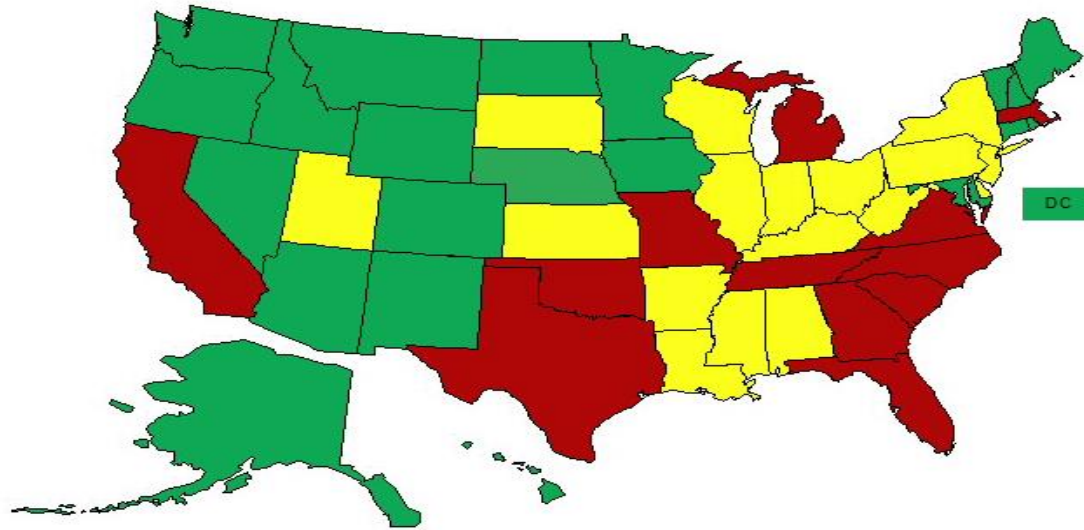
<https://www.aanp.org/legislation-regulation/state-legislation/state-practice-environment/66-legislation-regulation/state-practice-environment/1380-state-practice-by-type>

# State Regulatory Map APN Practice



*The Voice of the Nurse Practitioner<sup>®</sup>*

## Nurse Practitioner State Practice Environment



- Full Practice**  
State practice and licensure law provides for all nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribing medications—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing.
- Reduced Practice**  
State practice and licensure law reduces the ability of nurse practitioners to engage in at least one element of NP practice. State law requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care or limits the setting or scope of one or more elements of NP practice.
- Restricted Practice**  
State practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State requires supervision, delegation, or team-management by an outside health discipline in order for the NP to provide patient care.

# Highlights of Illinois House Bill 421 (2015)

- ▶ Illinois legislators are being asked to support a bill that would give nurse practitioners and other non-physician health-care providers more freedom to practice.
- ▶ House Bill 421 amends the Nurse Practice Act, allowing advanced practical nurses to practice without formal oversight by a physician.
- ▶ Nurses designated APNs are nurse practitioners, clinical nurse specialists, nurse-anesthetists, or nurse-midwives, and are often primary-care providers.
- ▶ Under current law, APNs work under a collaborative agreement with a licensed physician. The APN performs the services they are trained and nationally certified to perform, but only under the oversight of a licensed physician. The bill would allow APNs to practice without that oversight.



*The doctors are fighting a losing battle, said Uwe E. Reinhardt, a health economist at Princeton University. “The nurses are like insurgents. They are occasionally beaten back but they’ll win in the long run. They have economics and common sense on their side.”*

<http://www.nytimes.com/2015/05/26/health/rural-nebraska-offers-stark-view-of-nursing-autonomy-debate.html>

# Opposition:

## Illinois State Medical Society



Illinois State Medical Society are strongly opposed to HB 421, a bill that would allow advanced practice nurses to provide the same level of care, completely independent from any physician collaboration, as anesthesiologists, pain management physicians, family physicians, pediatricians, obstetricians, and other specialists without requiring equivalent education and training standards that physicians are required by law to complete.

- ▶ Advanced practice nurses (APNS) are not physicians. The differences in education and training between a physician and APN are significant. Education and training requirements exist for a reason, to ensure that the patient is properly treated.

# Illinois State Medical Society



## POSITION PAPER IN OPPOSITION OF HB 421

- ▶ Physicians have seven or more years of post-graduate education and more than 10,000 hours of clinical experience. Most APNs have just two to three years post-graduate training and less clinical experience than is obtained in the first year of a required two-year medical residency that physicians must complete before they are allowed to independently practice.
- ▶ Allowing non-physician practitioners to expand their scope of practice through legislation rather than through education and training is not good public policy for improving access to quality care.
- ▶ Under their bill, APNs would be able to provide the same services, with the exception of surgery, as physicians. Their bill would grant them full prescriptive authority, including schedule II drugs like opioids, and further allow them to provide anesthesia services, obstetrical care, and chronic and severe disease management, all independent of physician collaboration. This is not in the best interest of patients, particularly those who suffer from multiple medical conditions or require specialty care.

# Illinois State Medical Society



- ▶ APNs would have you believe that they can fill a health care void in areas that suffer from physician shortages. This is not true.
- ▶ Research shows that in states where nurses practice independently, physicians and nurses continue to work in the same areas.
- ▶ Allowing the independent practice of APNs will not help solve the problem of health professional shortages in underserved areas.
- ▶ Illinois is experiencing a shortage of both physicians and APNs for a number of reasons, including the dismal and untimely reimbursement rates under its Medicaid system, extreme delays in payments owed to them under the state's employee health system, lack of financial incentives offered to practice in underserved and rural areas, and lack of meaningful medical liability reform.

Illinois physicians are committed to ensuring that care is centered on each patient's needs and that each patient receives high-quality, cost effective care by a well-trained team of professionals led by a physician.

**Please vote no on efforts to weaken standards which exist to protect patient safety and to oppose HB 421 that allows independent practice for APNs.**

# The Web of Influence-Follow the Money..

## Role of Insurers in Setting Reimbursement Policies



- ▶ Many NPs report that payer policies have a significant impact on their ability to practice to the fullest extent of their licensure and training ([Yee, Boukus, Cross, & Samuel 2011](#)).
- ▶ Payer policies are often linked to state practice regulations and licensure. Restrictive scope-of-practice may lead to stricter payer policies limiting NPs ability to practice independently.
- ▶ They are essentially forced to be in practice as employees of physician practice, hospitals or other entities ([Yee et al., 2013](#)).
- ▶ Commercial health plan payment policies may vary and often don't recognize NPs as primary care providers. In addition, these payers may be resistant to credentialing or directly paying NPs for services they provide. In some practices,



# Insurance Driven Policy “work arounds”

- ▶ In some practices, NPs have to bill ‘incident-to’ a physician's services which means the billing for care delivery is under the physician's name.
- ▶ The Centers for Medicare & Medicaid Services (CMS) state that billing incident-to require that the physician establishes the initial plan of care and the nurse practitioner performs follow up care with the physician on site. Once again this type of practice may limit practice sites to only those associated with physicians.
- ▶ Even in states where NPs have full practice authority, some public and private payers impede NPs from practicing independent of a physician by not paying directly or reimbursing at a lower rate ([Yee et al., 2013](#)).

<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-19-2014/No2-May-2014/Barriers-to-NP-Practice.html>



# Lessons Learned from Interdisciplinary Partners

- ▶ *Because one of the greatest barriers to nurses' capacity to transform the health care system is the patchwork of state regulations, the committee finds that the federal government is particularly well situated to enact effective reform of the practice of APRNs by disseminating best practices from across the country and creating incentives for their adoption.*



Jack Rowe-committee member, IOM report. Future of Nursing

# VA's Proposed Rule Change

- ▶ The Department of Veterans Affairs (VA) is proposing to amend its medical regulations to permit full practice authority of all VA advanced practice registered nurses (APRNs) when they are acting within the scope of their VA employment.
- ▶ This rulemaking would increase veterans' access to VA health care by expanding the pool of qualified health care professionals who are authorized to provide primary health care and other related health care services to the full extent of their education, training, and certification, without the clinical supervision of physicians.
- ▶ This rule would permit VA to use its health care resources more effectively and in a manner that is consistent with the role of APRNs in the non-VA health care sector, while maintaining the patient-centered, safe, high-quality health care that veterans receive from VA.



**VA**

U.S. Department  
of Veterans Affairs

# VA's Proposed Rule Change continued

- ▶ The proposed rulemaking would establish additional professional qualifications an individual must possess to be appointed as an APRN within VA.
- ▶ The proposed rulemaking would subdivide APRN's into four separate categories that include certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, and certified nurse-midwife.
- ▶ The proposed rulemaking would also provide the criteria under which VA may grant full practice authority to an APRN, and define the scope of full practice authority for each category of APRN. VA intends that the services to be provided by an APRN in one of the four APRN roles would be consistent with the nursing profession's standards of practice for such roles.



**VA**

U.S. Department  
of Veterans Affairs

# There is Still Time to Give Voice to this Issue

- ▶ Comments must be received by VA on or before July 25, 2016.
- ▶ <https://www.regulations.gov/comment?D=VA-2016-VHA-0011-0001>



**VA**

U.S. Department  
of Veterans Affairs

# American Medical Association

- ▶ Does not see “nurses as equals”

## AMA Statement on VA Proposed Rule on Advanced Practice Nurses

"The American Medical Association (AMA) is disappointed by the Department of Veterans Affairs' (VA) unprecedented proposal to allow advanced practice nurses (APRN) within the VA to practice independently of a physician's clinical oversight, regardless of individual state law.

"While the AMA supports the VA in addressing the challenges that exist within the VA health system, we believe that providing physician-led, patient-centered, team-based patient care is the best approach to improving quality care for our country's veterans. We feel this proposal will significantly undermine the delivery of care within the VA. With over 10,000 hours of education and training, physicians bring tremendous value to the health care team. All patients deserve access to physician expertise, whether for primary care, chronic health management, anesthesia, or pain medicine.



# AMA Statement on VA Proposed Rule on Advanced Practice Nurses continued

"There are many examples from across the nation demonstrating that physician-led team-based care results in improved access to high-quality, cost-effective health care. From patient-centered medical homes to some of the nation's largest health care systems, physician-led interprofessional team-based health care has proven to be a successful model in the delivery of health care. The nation's top health care systems rely on physician-led teams to achieve improved care and patient health, while reducing costs. We expect the same for our country's veterans, and look to these systems as evidence that physician-led, team-based models of care are the future of American health care.

"The AMA urges the VA to maintain the physician-led model within the VA health system to ensure greater integration and coordination of care for veterans and improve health outcomes."

Statement attributable to:

[Stephen R. Permut, MD, JD](#)

Board Chair, American Medical Association May 25, 2016



# USA Today news article-readership:4,139,380

## *VA nurses aren't equipped to act like doctors*

- ▶ *But if nurses want to step into the roles of doctors, we need a medical conversion pathway for them to secure equivalent training. Established medical schools could provide a truncated course of study that meets the same standards for medical training and licensure required of doctors. For APRNs already in practice, a potential pathway could be an accelerated two-year medical school degree, followed by a traditional medical residency. For those currently enrolled in an APRN program, affiliated medical schools may consider an integrated program*





# Strategies Used to Build Partnerships

## How Can We Win This Battle?

The nursing community organized a campaign that involved multiple strategies across the state.

- ▶ Key to these efforts are the following considerations:
  - ▶ (1) framing the issue and providing the evidence to substantiate the claim,
  - ▶ (2) communicating the issue in a concise and compelling manner,
  - ▶ (3) capturing the attention of influencers,
  - ▶ (4) Providing “hands-on” experiences that tell the story,
  - ▶ (5) offering options that draw the target power brokers into the discussion to take it to the next level.



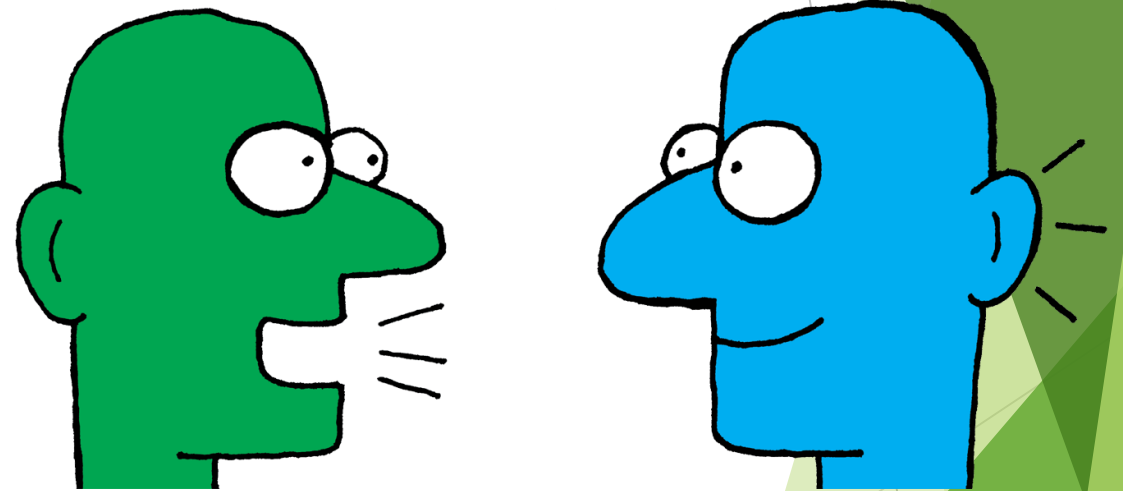
# Step I. Framing the Issue and providing the evidence to substantiate the claim,

- ▶ Facts Sheets
- ▶ Editorials
- ▶ Position papers
- ▶ Speaking Engagements



## Step II. Communicating the issue in a concise and compelling manner

- ▶ Utilizing research findings
- ▶ Case Studies
- ▶ One on One Discussions



# Step III. Capturing the attention of influencers

APN Forum

## Dependent vs. Independent

### A Dialogue with Insurers to Unleash APN Talent for Addressing the Primary Care Needs of Citizen in Illinois

Date: April 22, 2016  
Time: 12:30PM-3:30PM  
UIC College of Nursing  
845 S. Damen Ave.  
Chicago, IL 60612  
3<sup>rd</sup> Floor Event Center



# Building an Advocacy Team

## Role of APN's, Nurses, and Non-Nurse Administrative and Interdisciplinary Partners

- ▶ AGENDA
- ▶ 12:00 p.m. Lunch
- ▶ 1:00 p.m. Introductions and Welcome  
**Nancy M. Valentine, RN, PhD, MPH, FAAN, FNAP**
- ▶ 1:15 p.m. SNAPSHOT of APNs in Illinois & Brief summary of HCTF Report findings  
**Kathleen R. Delaney PhD, PMH-NP**
- ▶ 1:30 p.m. Insurance Perspective - Current State of Operations  
Panel -  
**Kevin Dorsey, University of Illinois Hospital & Health Sciences System**  
**Concetta Zak - Community Care Alliance of Illinois**  
**Elliot Richardson - Small Business Advisory Council**  
**Mimi Fairley, Land of Lincoln Health**
- ▶ 2:30 p.m. Dialogue From the Front Lines
- ▶ 2:50 p.m. Value Proposition of Advanced Practice Nurses  
**Trish Anen, RN, MBA, NEA-BC**
- ▶ 3:10 p.m. Road Map to the Future - building better teams
- ▶ 4:00 p.m. Adjourn

# Step IV. Providing “hands-on” experiences that tell the story

- ▶ Bringing legislators to the nurse led clinics
- ▶ Representative Jim Durkin (R) 82nd District House Republican Leader



# Step V. Offering options that draw the target power brokers into the discussion to take it to the next level.

Illinois State Representative Art Turner. 9<sup>th</sup> District. Assistant Majority Leader



# Engaging Legislators





# Post Legislative Analysis of HB 421

WCA is less onerous but will still be required for those working outside a hospital, hospital affiliate or ASTC \*see below

- ▶ Eliminates the specified list of services APNs can provide in the NPA and the 27 other laws that specify, “as delegated in the WCA”
- ▶ Eliminates the requirement for joint approval of orders or guidelines
- ▶ Eliminates the required monthly collaboration meetings
- ▶ Eliminates the requirement for details about notice of termination
- ▶ APNs who loses their collaborator may continue to practice for 90 days without a WCA.
- ▶ \*CNP, CNS and CNM may provide care to Medicaid patients without a written collaborative agreement, if agreed to by HFS.
- ▶ FOR NP, NM, and CNS in Hospital Affiliates\*
- ▶ will be able to prescribe if privileged to do so. - Language used to say only “order” which is why those working in hospital affiliated clinics still needed a WCA.
- ▶ For those privileged to write for schedule II you will not have to seek approval for refill but will have to discuss the condition of any patients for who a controlled substance is prescribed monthly with the appropriate physician committee of the hospital affiliate or its physician designee
- ▶ \*CRNA practice stays “status quo” so CRNA's may prescribe in a hospital affiliate but will still be required to have a WCA to do so.

# What is on the Horizon?

- ▶ Engaging the Nursing Community
- ▶ Framing the arguments
- ▶ Campaign among special interest groups—i.e. veterans
- ▶ Engaging the Consumer in understanding the value of NP's and all advanced practice nurse roles

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