

Scope of Practice and the Future of Team Based Care

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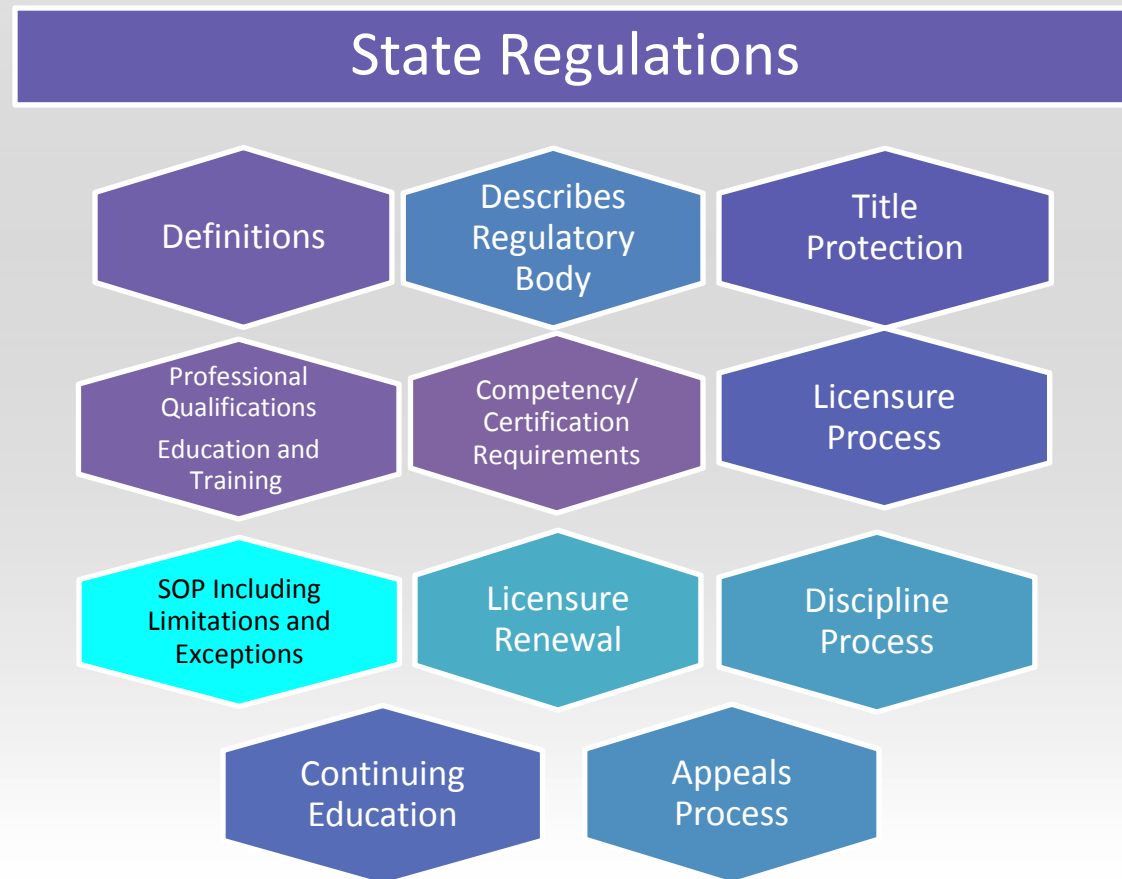
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What is Scope of Practice (SOP)?

- Based in state licensing laws and rules
- Sets legal framework for service delivery by a specific health profession in a state
 - Defines parameters of practice for a profession
 - Limits practice to people who successfully complete specified education and/or training
 - Restricts use of title and/or credential to license holders in the profession
- Designed to provide consumer protection

SOP Is Just One Aspect of Health Professional Regulation in a State



There is Wide Variation in SOP Rules Between States

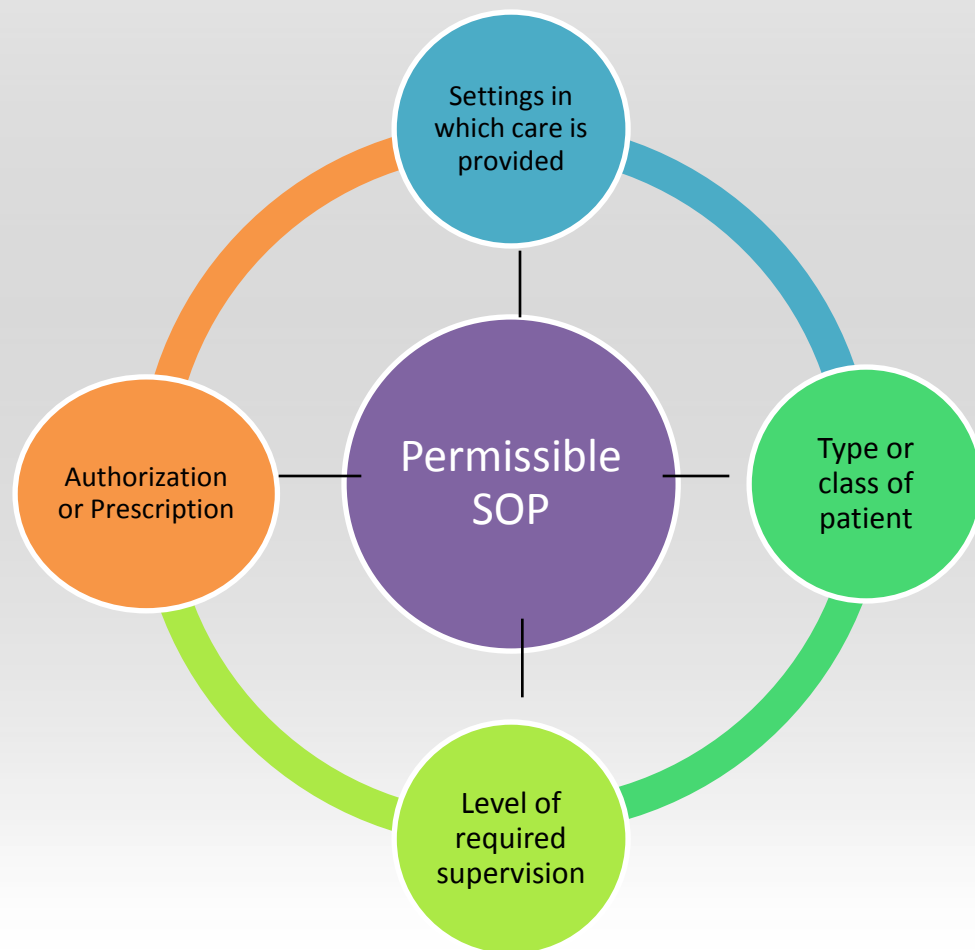
- Medical physicists are only licensed in Florida, Texas, New York, and Hawaii
- Clinical psychologists have prescriptive authority in New Mexico, Louisiana, and Oregon
- About half of states license nuclear medical technologists

There is Wide Variation in SOP Rules Within States

- Paramedics in San Francisco are allowed to monitor and adjust potassium IV solutions, while paramedics in Sacramento cannot
- Requirements for dental hygienists in Missouri to place dental sealants varies by setting and insurance status
- The supervisory plan required for PAs in Ohio depends on practice setting

Variation in In-State SOP May Depend on a Number of Factors

- Setting, type of patient, required professional oversight, and prior authorization contributes to in-state SOP variation



In Some Instances, Federal Rules Supersede State Rules for Some Health Professions

- Under the federal Mammography Quality Standards Act (MQSA) medical physicists who certify mammography equipment must meet certain training and experience standards
- Dialysis technicians must be certified within 18 months of initial employment in a dialysis center
- Health professionals employed by federal agencies and facilities fall under federal rules

Substantial Inconsistencies in SOP

- Interpreted broadly for some professions, narrowly for others
- Defined in state statute or regulations for some professions (e.g. pharmacists, physical therapists),
- Sometimes not well-defined
 - SOP for auxiliary personnel is allowed under delegation authority of other health professionals
- Not all states have SOP rules for all health professions
- These variations have implications for cost, quality and access to health care services

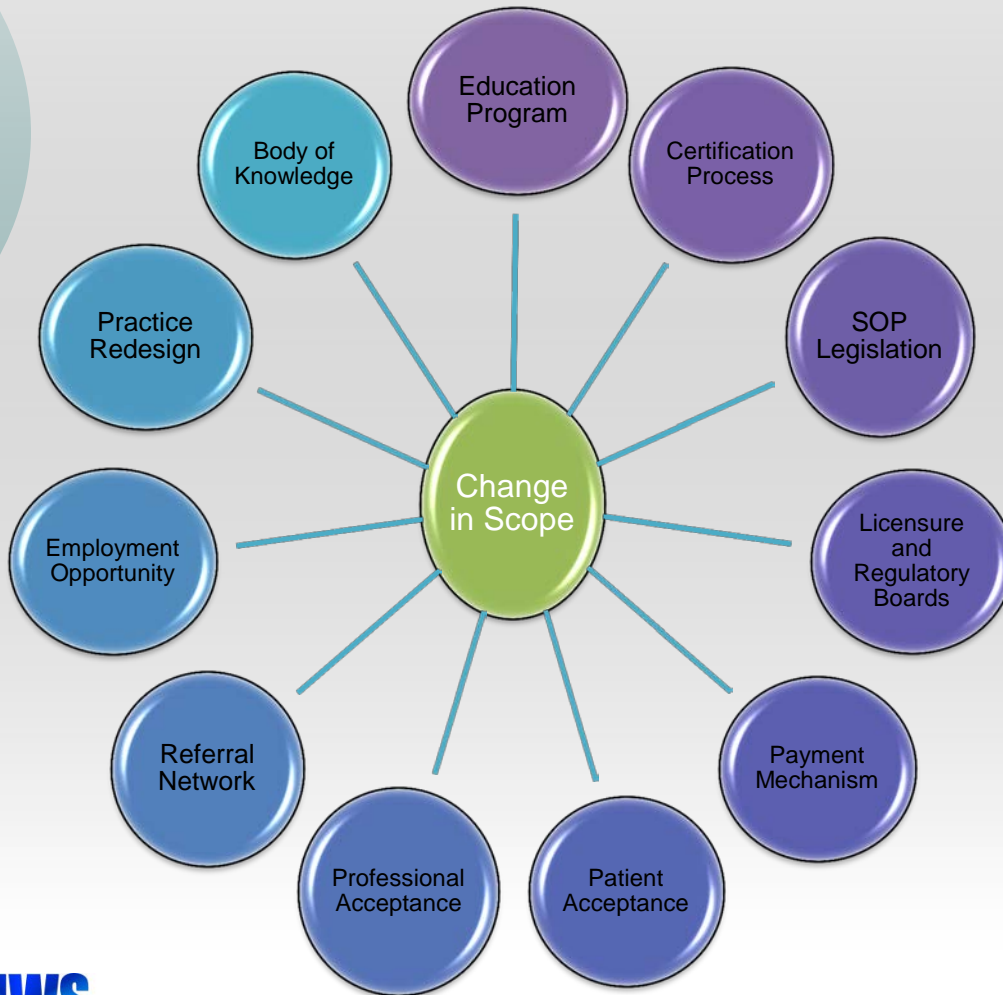
Changing SOP: Barriers and Facilitators

- Restrictive SOP rules can create a mismatch between what health professional are trained to do compared to what they can legally do
- SOP rules have evolved considerably for many professions over the last decade (e.g. prescriptive authority for physician assistants and nurse practitioners)
- Forces for change include:
 - Health workforce shortages
 - Limited access to needed services
 - Emerging technologies
 - Concerns about cost
- Forces of resistance include:
 - Concerns about quality
 - Concerns about cost
 - Turf issues

SOP Rules and Inter-professional Competition

- Podiatrists vs. orthopedists about whether podiatrists should treat ankles or connective tissues of the foot
- Physical therapists vs. athletic trainers about whether athletic trainers can provide manual therapy techniques without the supervision of a physical therapist
- RNs vs. radiologic technologists on whether radiologic technologists can safely inject contrast agents during imaging studies

Change in SOP: What Is Needed?



- Evolutionary, not revolutionary
- There are many pieces that need to be in place to effect SOP change
- There are many stakeholders involved in implementing this change

Steps in the Process of Changing SOP: Prescriptive Authority of NPs and PAs

- Prescribing privileges for NPs and PAs required:
 - Regulatory/ statutory change
 - Didactic education in pharmacy and pharmacokinetics
 - Certification process/ competency testing
 - General acceptance of NP and PA prescriptive authority
 - Changes in hospital agreements related to responsibility for standing medical orders
 - Federal permission/ DEA numbers
 - Reimbursement for pharmacies relied on the acceptance of insurance companies of NP or PA as legitimate prescribers
- Often a lag between passage of a SOP change and actual implementation of the change

Team-Based Care and SOP

- Increasing use of teams in health care delivery
- Patient-centered medical homes typically use interdisciplinary teams in the provision of health care services
- Care is coordinated among multiple providers and transitions
- Team configurations vary depending on patient needs
- Team members actively communicate and collaborate with each in the delivery of care
- Greater team cohesiveness is associated with better clinical outcome measures

SOP Effects on Team-Based Care

- Efficiency is a priority
- Team members are encouraged to work to their full SOP
- Task sharing and role overlap is common in team-based care
- Role overlap can sometimes mean SOP overlap
 - Physicians-NPs-PAs
 - CDEs-other members of the DSME team
- Overly restrictive SOPs more likely to be recognized

Certified Diabetes Educators (CDEs) and Team Based Diabetes Self-Management Education Services (DSME)

- Team based chronic disease management models typically include a focus on patient self management
- DSME helps people with or at risk for diabetes manage their disease and prevent complications
- CDEs often lead DSME chronic disease management teams
- Team members include:
 - Dietitians
 - Registered nurses
 - Community health workers

CDEs and SOP Overlap

- CDEs are drawn from a variety of health professions: RNs, registered dietitians, NPs, PAs, pharmacists, etc.
- CDE requirements
 - two years of experience in their health profession
 - 1,000 hours of practical experience providing DSME
 - pass a certification exam
- CDEs have broad based knowledge of diabetes but are limited to some extent by their professional SOP
 - RN CDEs can counsel broadly on nutrition but refer to a dietitian on their team for detailed dietary planning
- The interdisciplinary approach to DSME supports team collaboration with some overlap in professional SOPs

Restrictive SOP for Medical Assistants

- Medical assistants typically work in ambulatory health care settings
- Not licensed in NY, but fall under delegation authority of licensed health professionals
- Medical assistant are considered valuable members of teams in patient-centered medical homes
- Ambulatory health care providers have expressed interest in expanding the list of approved tasks for medical assistants in NY

Planning for the Future: State Strategies

- “Sunrise” reporting requirements
 - Used by policymakers to systematically assess SOP proposals
- Scope of practice review committees
 - Assess SOP changes based on objective criteria
 - Composition of committees vary by state, but not limited to the health professions affected by the proposal
 - Offer recommendations to legislature

Planning for the Future: National Strategies

- Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy Bill
 - Would provide a uniform standard for education and certification for health care professionals who administer ionizing and non-ionizing radiation
- A number of health professions have developed 'model practice acts' that include national uniform SOPs to guide state legislatures
- The Nurse Licensure Compact standardizes licensure requirements for RNs and LPNs across states
 - Allows license portability
 - Practice is subject to the laws and regulations that govern professional practice in each state

Closing Thoughts

- Emerging models of care emphasize team based approaches
- The success of these models requires a commitment to team-based education and training
- There will be a greater need for regulatory flexibility related to SOP
- It is critical to develop impact measures of SOP changes on
 - Cost
 - Quality
 - Access