Scope of Practice and the Future of Team Based Care

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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

State Regulations

- Definitions
- Describes Regulatory Body
- Title Protection
- Professional Qualifications
- Competency/Certification Requirements
- Licensure Process
- Education and Training
- SOP Including Limitations and Exceptions
- Licensure Renewal
- Discipline Process
- Continuing Education
- Appeals Process

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 professionals 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