



### **Scope of Practice for Nurse Practitioners and Physician Assistants – Expanding to Meet Consumer Demand: Risks and Benefits**

Advanced Practice Registered Nurses include the following titles: Nurse Practitioner, Clinical Specialist, Nurse Midwife, and Nurse Anesthetist

#### **Nurse Practitioner (NP)**

The NP usually starts as a Registered Nurse. The pursuit of education as an NP, however, requires a minimum of Master's degree. The goal is to have requirements for a Doctoral degree as the minimum educational preparation. NPs have advanced classroom and clinical training beyond their initial professional registered nurse preparation. National certification is required for licensure with the two most common certifications: Adult/geriatric/family. Specialty certification is also available in many specialty fields.

NPs practice under the rules and regulations of the state in which they are licensed: Board of Nursing within a defined scope of practice. Practice must be consistent with education and experience. Currently, NPs hold prescriptive privilege in all 50 states and D.C. and hold controlled substances prescribing privileges in 49 states.

NPs are also licensed to prescribe devices, adjunct health/medical services, durable medical goods, and other equipment and supplies, diagnostic tests, physical therapy and other specialty services. Some states require collaborative arrangement with physician while others permit independent practice.

#### **Physician Assistant (PA)**

PAs are educated at either Bachelor or Master's degree level, with Master's degree becoming the expected standard. National certification is required and is a generalist certification – there is no specific specialty certification offered or required.

PAs work under the supervision of a physician (MD/DO) and their scope of practice must be consistent with supervising physician's scope of practice. Physicians may delegate scope to physician assistants. PAs also may apply for supervised prescribing, as regulated by the state and by the physician supervisor.

The PA practice is regulated by each state's Board of Medicine with collaboration with PA Council and requires written supervising letter to Board of Medicine. The definition of supervision should convey the idea that direction of the medical practice of the physician assistant is provided and assured by supervising physicians.

PA practice does not require the physical presence of a supervising physician at the place where services are rendered. The PA and a supervising physician are or can be in contact with each other by telecommunication.

### **Quality & Cost**

Researchers have found that patients of both groups had comparable health outcomes. NPs were found to outperform MDs in measures of consultation time, patient follow-up, and patient satisfaction (Naylor and Kurtzman 2010). Research shows no difference between care outcomes provided by NPs, PAs, physicians and no difference in patient satisfaction with care provided by NPs, PAs, or physicians.

Comparing the cost of primary care when delivered by NPs and physician assistants (PAs) to care provided by MDs, researchers found that, in studies where NPs and PAs assumed care roles previously occupied by MDs. "Substitution of visits to physicians by visits to NPs and PAs achieved savings in the first year of implementation" (Naylor and Kurtzman 2010).

Practices can add NPs/PAs in order to increase volume of practice, increase revenue, increase profit.

### **The Future**

It is expected that not only NP prescribing, but also the broader NP/PA scope of practice, will be changing. Many states are considering changes to existing laws that regulate scope of practice for NPs, including independent prescribing privileges. PAs also strive to require less supervision and more autonomy. Anticipated changes in PA prescribing laws among the states include the independent authority to prescribe, restrictions on prescribing controlled substances, or the necessity for collaboration with an attending physician.

### **Resources**

American Academy of Nurse Practitioners – Facts about Nurse Practitioners

American Academy of Physician Assistants - 2008 Census National Report

American Board of Medical Specialties – ABMS Maintenance of Certification

American Medical Association - Physician Education, Licensure and Certification

American Nurses Association - *More About RNs and Advanced Practice RNs*

American Nurses Credentialing Center – Renewal Requirements and Nurse Practitioner Specialty Certification

American Osteopathic Association – DO FAQ

National Association of Physician Assistants - *PA FAQ*

## **Understanding Professional Liability Exposures: Advanced Practice Providers**

### **I. Delineate key changes in the healthcare environment**

#### **Advanced Practice Providers: Some Basics**

Over the years, the healthcare industry has undergone significant transformation. However, history has borne out that the movement toward universal healthcare and national health insurance has gained unprecedented momentum in the effort to provide safe, quality healthcare and pursue the goal of cost containment. By 2015, an estimated physician shortfall of 63,000 providers will treat an aging population, experiencing surging levels of chronic illness. There is also an increasing concern about continuity of care due to greater patient acuity, shorter stays and changing reimbursement policies.

#### **Prospects for Advanced Practice providers**

For economical and operational reasons, the employment and advanced practice providers continues to expand in every healthcare setting. Increasing patient care duties, once held out for only physicians, such as daily rounds and admissions are being delegated to advanced practice providers. These patient care duties are delegated so that physicians may focus on higher risk interventions and procedures in order to enhance care and reduce costs. (Frellick, M., "The Practitioner Will See You Now." *Hospitals & Health Networks*®, July 2011.)

#### **Advanced Practice Practitioner and Patient Safety**

Advanced practice healthcare providers are rapidly becoming the cornerstone in every healthcare setting. Effective utilization of advanced practice healthcare providers combines two of the major elements of healthcare reform, resulting in fewer preventable complications and readmissions. Enhanced risk management awareness and practice are critical to safety and quality.

### **II. Examine metrics from CNA closed claim databases**

#### **Major Areas of Risk for Advanced Practice Providers**

According to the *Nurse Practitioner 2012 Liability Update CNA/NSO – 10/2012*, the types of allegations comprised the majority of the nurse practitioner closed claims included, *diagnosis, treatment and medication*.

Diagnosis-related allegations often involved failure to diagnose or delayed diagnosis of infection/abscess/sepsis or cancer. The most common claim causes were failure to order appropriate tests, obtain necessary consultations and address diagnostic test results.

Treatment-related allegations typically involved the failure to timely or properly establish and/or order appropriate treatment and/or improper technique or negligent performance of a treatment or a test.

Medication-related allegations typically involved failure to recognize a known contraindication and/or known adverse interaction among ordered medications, improper prescribing/management of an anticoagulant and/or improper or untimely management of a medical patient or complication.

### **Claim Metrics: Nurse Practitioner and Physician Assistant**

CNA offers professional liability coverage to approximately 28,000 nurse practitioners nationwide in a variety of practice specialties. Approximately 63 percent of the CNA insureds work in areas of family practice, adult/geriatric and gynecology.

Physician Assistant professional liability coverage is a new and growing book of business within CNA. The majority of the Physician Assistants insured with professional liability coverage through CNA are also in family or adult practice.

### **Create Awareness of Professional Liability Trends for Nurse Practitioners and Physicians Assistants through Selected Claim Scenarios**

#### **I. Increasing trends of professional liability within the role of nurse practitioners and physician assistants**

##### **“Culpability Creep” Paralleling the “Scope Creep” Trend**

While most nurse practitioners and physician assistants work safely in various healthcare settings, “culpability and scope creeping” have become popular complaints filed against advanced care providers. These complaints are largely based on claims that advanced care providers are working independently or without assistance from collaborating physicians in areas outside their state and/or facility scope of practice and/or area of expertise.

##### **Grey Areas Trends**

Malpractice claims involving and against nurse practitioners and physician assistants are increasing as their roles and responsibilities in the healthcare arena grow. These increasing malpractice trends parallel would what have been inclusive to only prior traditional physician

standard of care issues and create a grey area of not only responsibility of patient care, but also liability.

### **Falling on the Sword Trends**

While taking on more of a primary care provider role, nurse practitioners and physician assistants are being allowed and/or directed to take the blame for unanticipated medical errors or problems/complications arising from unsatisfied patients. These directives of “falling on the sword” have a negative impact on patient safety and satisfaction as well as allow unsafe healthcare practices to continue with little or no modification in the primary care provider’s practices.