

Res. A-02-19

TITLE: Ensuring Quality and Safe Care by All Primary Care Providers

Introduced by: Brent Sugimoto, MD, MPH, FAAFP

Endorsements: East Bay Chapter of the CAFP

WHEREAS, Family Physicians are uniquely qualified to influence the discussion on the shape and place of primary care in our health care system, and

WHEREAS, the shortage of primary care physicians, expected to reach 50,000 by 2030, is a growing concern for the health of our nation, and

WHEREAS, the position of the American Academy of Family Physicians (AAFP) is “that the nurse practitioner should only function in an integrated practice arrangement under the direction and responsible supervision of a practicing, licensed physician,” and

WHEREAS, the Federal Trade Commission views nurse practitioner scope of practice laws as limiting the supply of primary care, and as such, is already promoting reform of scope of practice laws to allow independent practice of nurse practitioners, and

WHEREAS, nurse practitioners may already practice independently in 22 states, the District of Columbia, and the Veterans’ Affairs Health System, despite undergoing just 1,500 hours of training, compared to the 16,000 hours required of Family Physicians, and

WHEREAS, the number of states allowing independent scope of practice of nurse practitioners is likely to increase regardless of AAFP opposition, and

WHEREAS, Family Physicians can provide critical input and legislative advocacy on adequate training of all primary care providers—including nurse practitioners—for the health and safety of the public, and

WHEREAS, the AAFP’s current policy on nurse practitioner scope of practice stymies the Academy’s participation in discussions of safe and adequate training of the increasingly independent nurse practitioner workforce, therefore be it further

RESOLVED: That the AAFP policy on nurse practitioners supports independent practice when nurse practitioners are trained under a standard that allows the demonstration of the competencies necessary for the safe delivery of quality primary care.

Speaker’s Note:

AAFP policy on independent practice of NPs (<https://www.aafp.org/about/policies/all/nurse-practitioners.html>) currently reads:

The nurse practitioner should not function as an independent health practitioner. The AAFP position is that the nurse practitioner should only function in an integrated practice arrangement under the direction and responsible supervision of a practicing, licensed physician. In no instance may duties be delegated to a nurse practitioner for which the supervising physician does not have the appropriate training, experience and demonstrated competence.

The AAFP position is that the training programs preparing nurse practitioners, like the training for all other health care providers, should be constantly monitored to assure the quality of training provided and that the number of graduates reflects demonstrated needs.

AAFP policy on team-based practice (<https://www.aafp.org/about/policies/all/teambased-care.html>) currently reads:

The AAFP encourages health professionals to work together as multidisciplinary, integrated teams in the best interest of patients. Patients are best served when their care is provided by an integrated practice care team led by a physician.

The medical home represents an example of an integrated practice arrangement in which a licensed physician (MD/DO) works with other health care personnel to manage the care of an individual patient and a population of patients using a multidisciplinary, collaborative approach to health care. The arrangement should support an interdependent, team-based approach to comprehensive care delivery. It should address patient needs for high-value, accessible health care and be supported by enhanced communication and processes that empower non-physician staff to effectively utilize the skills, training and abilities of each team member to the full extent of their professional capacity.

The central goal of team-based care is to provide the most effective, efficient, and accessible evidence-based care to the patient. Patient-oriented outcome measures and patient experience should be central in assessing the quality of care delivered by the team. (1996 COD) (2017 COD)

CAFP policy on independent practice reads:

CAFP recognizes nurse practitioners, certified nurse midwives and physician assistants as health care providers. NPs, CNMs and PAs work collaboratively with, and under the supervision of, physicians in providing quality health care. CAFP opposes independent practice of NPs, CNMs and PAs. 5/93 BoD

Therefore, passing this resolution as currently worded requires CAFP to update its policy on the independent practice of NPs in a way that contrasts with the national standard set out by AAFP. Furthermore, it requires CAFP to advocate for a significant change in AAFP policy pertaining to both independent practice of NPs and team-based care.

Fiscal Note:

The resource implications of passage of this resolution could be considerable, potential resulting in significant staff costs. These costs include but are not limited to:

- Researching and developing new policy in favor of independent practice of NPs under specific conditions, including a review of legislation as it exists in other states.
- Referring for consideration by CAFP Committees, including the Legislative Affairs Committee and Medical Practice Affairs Committee, new draft CAFP policy in support of independent practice.
- Putting forward resolutions to the AAFP to amend its policies on independent practice of NPs and team-based care.
- Leveraging these new policies, if passed, to develop and communicate positions on quality requirements for NPs.

SUBMITTED BY THE AUTHOR

1. **PROBLEM STATEMENT: What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFP policy or change of policy, what issue does it seek to address?**

This resolution would allow the AAFP/CAFP to engage in discussions and debate of the conditions under which nurse practitioners can practice independently, which is prohibited under a policy that opposes independent scope of practice for nurse practitioners.

1. **PROBLEM UNIVERSE: Approximately how many CAFP members or members' patients are affected by this problem or proposed policy?**

All members and all patients

2. **WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY, i.e., what action do you wish CAFP to take?**

For the CAFP to move from a defensive to a proactive stance on scope of practice for Advance Practice Registered Nurses (APRN) such as nurse practitioners.

3. **WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY?**

Advance Practice Registered Nurses such as NP's are becoming increasingly successful in gaining independent practice in primary care with a goal of nationwide independent scope, yet training is inadequate to the develop the competencies needed for safe and quality primary care. As CAFP and AAFP oppose independent practice, they cannot influence a discussion that unchecked, will dilute the value of primary care to the American public.

4. **PLEASE PROVIDE CITATIONS to support the existence of the problem and your proposed solution.**

References:

- Federal Trade Commission (2014). Competition and the Regulation of Advanced Practice Nurses.
- "State Practice Environment". American Association of Nurse Practitioners. <https://www.aanp.org/advocacy/state/state-practice-environment>. Accessed December 15, 2018.
- Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. Education and Training: Family Physicians versus Nurse Practitioners. AAFP. <https://www.aafp.org/dam/AAFP/documents/advocacy/workforce/scope/FPvsNP.pdf>. Accessed