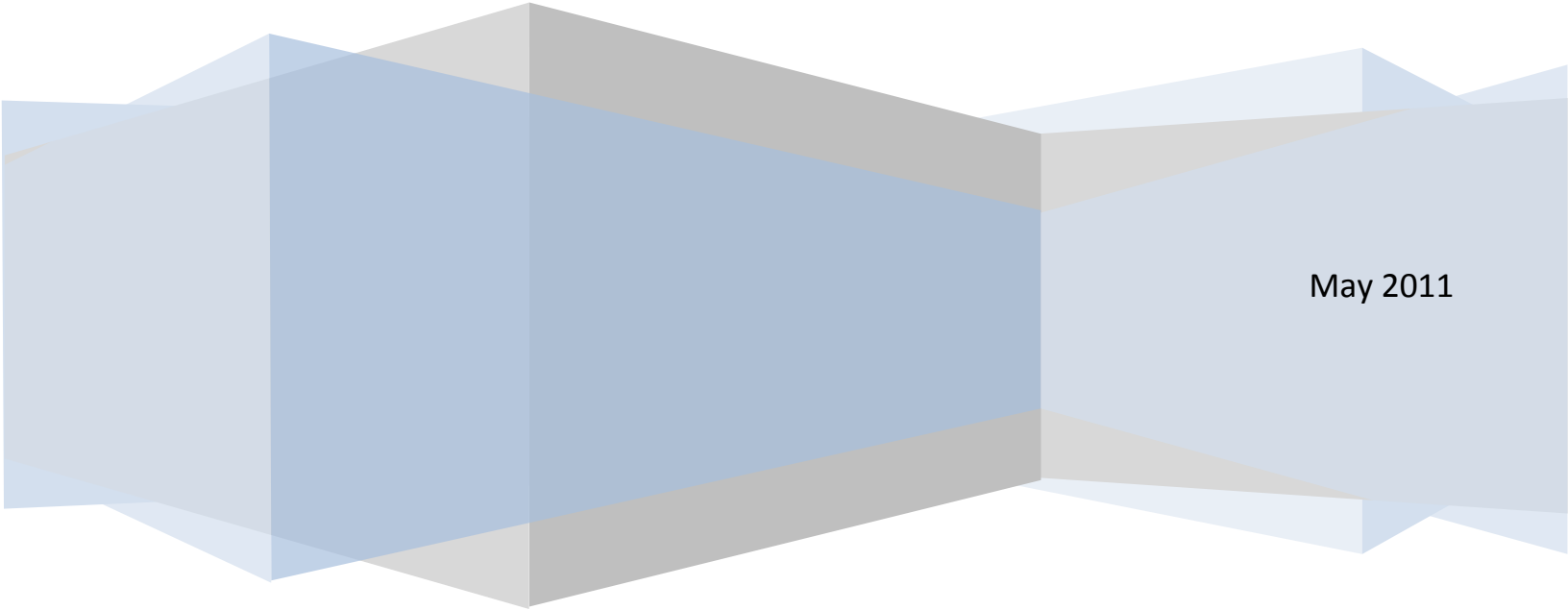


REPORT ON THE CITIZEN ADVOCACY CENTER'S (CAC) SCOPE OF PRACTICE (SOP) INITIATIVE – NOVEMBER 1, 2010 THROUGH APRIL 30, 2011

by

David A. Swankin, Esq.
President and CEO
Citizen Advocacy Center

Rebecca LeBuhn
Board Chair
Citizen Advocacy Center



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I. Introduction

Scope of practice has been on CAC's radar screen for many years. We have addressed the subject at numerous annual meetings, and regularly report in CAC News & Views on the legislative and regulatory initiatives taking place in various states, and the turf battles that inevitably ensue. Depending on their content, scope of practice legislation and policy decisions can either foster or inhibit the reorganization of our healthcare system to improve access, quality, and choice while reducing cost.

Legislators are asked to write laws and resolve conflicts over scope. Licensing boards are often asked to write the rules and regulations that implement legislation. Educators are expected to prepare practitioners to practice within their scopes. Professional associations often advocate to either expand their scope or to restrict the scope of other professions they feel are intruding on their turf. Consumers and consumer organizations, until now, have been quiet on this subject. It is esoteric and not well-understood, but we hope that CAC will succeed in making the public and consumer organizations more aware of the implications of scope of practice for the care that they receive, and in getting them involved in influencing decisions about scope of practice changes.

II. CAC's SoP Initiative

Why does CAC consider this a priority, and why have we become involved? Healthcare reform is bringing more insured individuals into the marketplace. The aging of baby boomers will result in more demand for healthcare services. The primary care workforce is already over-taxed. For these reasons, it is imperative that practitioners be authorized to practice to the full extent of their training and skills.

It also means it is more important than ever to re-examine the process by which we make scope of practice decisions. Does it make sense for decisions to be made by legislators who probably aren't conversant with the issues and arguments, and who are therefore susceptible to being influenced by lobbyists for one profession or another? Does it make sense to be making scope of practice decisions fifty-one times over when any given profession's education and preparation doesn't vary from one legal jurisdiction to another?

CAC is not the only organization that advocates for scope of practice reform. Others include the Pew Health Professions Commission, the Institute of Medicine, the World Health Organization, the Association of Academic Health Centers, regulatory board associations, and many others. Still, we are the only consumer or public interest organization that has taken this on as a major priority.

An additional reason we consider this a priority is because there has been such push back by the AMA's Scope of Practice Partnership (SOPP) against virtually any change in the status quo. We believe this makes it all the more urgent that members of the public weigh in on scope of practice decision-making at the state levels.

We developed the following mission statement:

To provide independent, third-party economically disinterested input into processes and criteria for removing unjustifiable scope of practice restrictions.

In our presentations, we often use the following plain English definition of the term Scope of Practice:

Who can do what to whom, in what settings, and under what conditions.

We devoted a significant amount of time when the SoP initiative began to developing a strategic plan. We benefited from the input we received at a planning meeting we convened in San Francisco, California in May, 2010. The strategic plan calls for (1) materials development; (2) outreach; (3) assistance to state community/consumer advocate organizations when they get involved in specific SoP legislative and regulatory activities, and; (4) developing and implementing a strategy for creating more evidence-based institutional processes for scope of practice decision-making. More on each of these elements follows.

III. Publications

Since the purpose of our initiative is to encourage consumers and consumer organizations to become active participants in scope of practice legislative and regulatory issues, we recognized the need to prepare a wide variety of background materials to educate our target audience. We decided we had to start at ground zero, because even the term “scope of practice” rings hollow with the public. All of our published materials are designed to encourage community and consumer advocacy organizations to become involved.

We began by developing comprehensive materials, including a white paper analyzing policy issues surrounding SoP and a Tool Kit where consumer advocacy groups and others can find practical guidance for becoming involved. The Tool Kit explains the impact of scope of practice determinations on access to, and the cost, and quality of healthcare services, especially for rural and underserved populations. The Tool Kit emphasizes that scope of practice concerns affect a multitude of professions and provides an overview of common scope of practice disputes. A chapter describes how the states have addressed scope of practice decision-making, featuring some states that have attempted to insulate these decisions from political influences. After identifying likely supporters and opponents of changes in scope of practice, the Tool Kit offers advice for how to approach the media and policy makers. This includes a sample op-ed piece, and an appendix entitled, “Questions Consumers, Community Groups, and Legislators Should Ask about Scope of Practice.”

A shorter paper, entitled “Why Consumers need to be involved in SoP Reform – Points to Consider,” is intended to stimulate the interest of individual consumers and consumer advocacy organizations and inspire them to delve into the more comprehensive materials.

We have also prepared a series of short Frequently Asked Questions (FAQs) documents that provide basic information about specific professions where restrictive scopes are an issue, including (so far) Advanced Practice Registered Nurses, Dental Hygienists, Pharmacists, Physical Therapists, Podiatrists, and Psychologists. Each FAQ follows a standard format:

What does the profession do? How is it regulated? What are its SoP issues? How are the professionals trained? What evidence is there to demonstrate that their scope could safely be expanded? In what states has it already been expanded? How and with whom do the members of the profession collaborate?

All of our SoP publications can be downloaded from <http://www.cacenter.org/cac/SOP>:

Proceedings from the Scope of Practice sessions at CAC's annual meeting held on Thursday and Friday, November 11 - 12, 2010, in Washington, DC.

Reforming Scopes of Practice - White Paper - July, 2010

Reforming Scopes of Practice - Tool Kit - August, 2010

Reforming Scopes of Practice - Building a Better Mousetrap - July, 2010

Why Consumers need to be involved in SoP Reform - Points to Consider - August, 2010

SoP FAQs for Consumers - Advanced Practice Registered Nurses - September, 2010

SoP FAQs for Consumers - Dental Hygienists - October, 2010

SoP FAQs for Consumers - Pharmacists - December, 2010

SoP FAQs for Consumers - Physical Therapists - July, 2010

DRAFT - SoP FAQs for Consumers - Podiatrists- January, 2011 - DRAFT

SoP FAQs for Consumers - Psychologists - August, 2010

IV. Outreach

A) Webinars

On October 6, 2010, CAC presented a webinar on Scope of Practice issues. Presenters were Barbara Safriet, a CAC board member and Professor at Lewis and Clark Law School, and Catherine Dower, Associate Director for Research at the UCSF Center for the Health Professions. The well-attended webinar was described as follows:

State Licensing laws define the permissible scope of practice for health care professionals. They specify who can do what to whom, in what settings, and under what conditions. The stated purpose of SoP laws and rules is to ensure consumers that health care workers practice only in the areas for which they are properly trained. However, as a number of prestigious expert groups have reported, SoP laws and rules too often protect the economic interests of health care professionals by unjustifiably preventing other types of health care professionals from providing competent, affordable, and accessible care. In many cases, proposals to expand SoP laws and rules become turf battles, pitting those who would expand SoP against those who resist such changes. As the Pew Health Professions Commission stated over a decade ago:

The varying objectives and levels of specificity found in different professions' scopes of practice are more than frustrating; they have encouraged a system that treats practice acts as rewards for the professions rather than a rational mechanism for cost-effective, high quality and accessible service delivery by competent practitioners... States should explore pathways to allow all professionals to provide services to the full extent of their current knowledge, training, experience, and skills.

This CAC webinar featured two individuals who wrote the Pew Health Commission's reports, and who have remained deeply involved in monitoring SoP developments. They described new proposals for a better way to fairly resolve SoP disputes.

Note: An audio recording and PowerPoint presentation for this webinar are available for \$45.00 for CAC members and \$65.00 for non-members. Please contact us at 202-462-1174 or cac@cacenter.org for more information.

B) Presentations at Conferences

The following presentations have been made by CAC President and CEO, and CAC Board Chair:

- David Swankin, CAC President and CEO, presented at the Annual Meeting of the Association of Regulatory Boards of Optometry (ARBO) in June 2010.
- Rebecca LeBuhn, CAC Board Chair, presented at the Annual Meeting of the Federation of State Boards of Physical Therapy (FSBPT), October, 2010.
- David Swankin, CAC President and CEO, presented at the National Council of State Boards of Nursing (NCSBN) Special Meeting on Advanced Practice Registered Nursing (APRN), January 2011.
- David Swankin, CAC President and CEO, presented at the Commission on Goals, American Society of Health-Systems Pharmacists (ASHP), March 2011.
- Rebecca LeBuhn, CAC Board Chair, presented at the Annual Meeting of the Association of State and Provincial Psychology Boards (ASPPB) in April 2011.

An entire day was devoted to SoP issues at the CAC annual meeting in Washington, DC, November 2010. Presenters included:

- Angelina Barnes, Executive Director, Minnesota Board of Psychology
- Catherine Dower, Associate Director (Research), Center for the Health Professions, University of California at San Francisco

- E. Dargan Ervin, President, Federation of State Boards of Physical Therapy
- Polly Johnson, President and CEO, Foundation for Nursing Excellence
- Henri Manasse, Executive Vice-President/CEO, American Society of Health-System Pharmacists
- Gregory Moore, Past President, West Virginia Board of Optometry
- Barbara Safriet, Visiting Professor of Health Law, Lewis and Clark Law School, Portland, Oregon
- Lisa Summers, Senior Policy Fellow, American Nurses Association, representing the Coalition for Patients' Rights (CPR)

Several presentations are already scheduled for the remainder of 2011, including a presentation by Rebecca LeBuhn at the National Council of State Boards of Nursing's Consumer Conference in June 2011 and a presentation by Lisa Summers (ANA) and David Swankin at the CLEAR Annual Meeting in September 2011.

C) Outreach to Citizen / Community / Patient Groups / Professional Associations

In the process of attempting to mobilize the public, we have been fortunate to be able to work with other organizations. These organizations include AARP, the Federation of State Boards of Physical Therapy, and the National Council of State Boards of Nursing, each of which has given CAC much-appreciated financial support to help get the initiative off the ground. We are also working with the Coalition for Patient Rights and the Center for the Health Professions at UCSF, as well as with a number of professional associations representing pharmacists, optometrists, nurses, respiratory therapists, and others.

Other organizations we have contacted and hope to collaborate with include the National Partnership for Women and Families, the Nurse Practitioner Association of DC, the California Health Workforce Alliance, the American Association of Critical Care Nurses, the University of Wisconsin Population Health Institute, the Association of Academic Health Centers, and the George Washington University National Health Policy Forum. We hope these organizations can help us develop and perfect materials, and also help inform the public, the media, and legislators.

In all of our contacts with health professional associations, consumer and community groups, and others, we emphasize that SoP reform is and hopefully will remain a non-partisan issue. We point out that if this becomes associated with a particular political party or ideology, it could interfere with the chances of constructive change. We are fortunate that organizations on all points of the ideological spectrum have expressed support for the need to use healthcare professionals to the full extent of their training, abilities, and experience. These include the CATO Institute on the right and the Brookings Institution toward the left.

A high priority for the spring of 2011 is to formalize connections with both consumer advocacy organizations and patient groups. We will meet with the leadership of the National Health Council, an umbrella group that brings together more than 70 diverse stakeholders to work for healthcare that meets the personal needs and goals of people with chronic diseases and disabilities.

We also plan to formalize relationships with many of the Washington, DC-based and state-based consumer advocacy organizations that are active in health care reform issues, recognizing that most have not yet become involved in SoP issues.

D) Working with state groups on specific SoP legislative and regulatory SoP reform issues

We are beginning the process of CAC direct involvement on specific SoP reform issues in several states. CAC's role is as a catalyst, where we offer our assistance and support to state-based community, consumer advocacy, and other organizations involved in health care reform. Our first successful venture took place during the winter of 2011 in Colorado. A Sunset Review process was underway in Colorado dealing with direct entry midwives. The Department of Regulatory Affairs (DORA) studied the professions that were up for sunset review and prepared a report with recommendations prior to public hearings.

We joined forces with a Denver-based community organization, Delivering Natural Care for Families, in a legislative initiative to broaden the scope of practice for direct entry midwives. That effort, still ongoing, was successful in achieving passage of the legislation in the State Senate by a 32 – 3 margin with 19 co-sponsors. This is an excellent example of how citizen involvement can make a difference.

We are gearing up to promote consumer group involvement in a number of states to implement the SoP reform recommendations for advance practice registered nurses contained in the 2010 Institute of Medicine Report “The Future of Nursing.”

E) Creating a Better System for Addressing SoP Issues

One of the reports we wrote and posted on our website is entitled “Building a Better Mousetrap.” In it, we sketch out a proposal that picks up where the Pew Health Professions Commission left off. The Pew Commission recommended that it doesn’t make any sense to make scope decisions fifty-one times. If a particular professional is qualified by experience and ability to perform certain tasks safely, that should be the deciding factor.

Some states are experimenting with innovative processes for approaching scope of practice decision-making. This may be where the action is for the foreseeable future, and we encourage state-level experimentation. Our publication takes a longer view, and recommends developing a prestigious national entity to make broad recommendations about scope of practice. The paper describes a possible structure for such a national mechanism. It wouldn’t remove power from the states, but would present a national model for the states to consider and hopefully buy into.

CAC plans to convene a meeting later in 2011 to see if we can build a broadly-based consensus in support of moving forward with this idea, recognizing that there is a shortage of funding available from either the federal or state governments.