Expanding Scope of Practice

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Objectives

- Deliver insights about scope of practice expansion trends, key drivers and affected healthcare professionals
- Explain the benefits and implications related to scope of practice expansion
- Describe scope of practice expansion claim trends and observations

Industry drivers contributing to scope of practice expansion

Rising Costs and Industry Consolidation

- **Healthcare systems consolidating** and **prioritizing cost efficiency**
- **Decreasing insurance reimbursement rates, rising costs and medical inflation**

Evolving Models of Care

- **Closure of smaller hospitals**
- **Growing number of urgent care facilities**
- **Access to care is expanding** in primary care practices and urgent care clinics
- New **models such as Personalized Care, Predictive Care and Value-Based Care (VBC)** continue to gain traction
- Expansion of **home-based care** with new care models: **Hospital-at-home, Skilled home-based care, Companion home-based care, Licensed individual/family member care**

Healthcare Staffing Trends

- **Staffing shortages and use of temporary labor most pronounced among** Physicians, Nurses, Health Aides, Midwives, Senior Living staff
- **Burnout and turnover** continues to affect all medical staff levels
- The National Center for Health Workforce (NCHWA) projects **a shortage of 139,940 full-time equivalent physicians by 2036**

Role of Technology

- **Telehealth-only practices continue to emerge**
- Greater **shift to virtual care and remote patient care**
- **Increased usage of Machine Learning (ML), Artificial Intelligence (AI), Internet of Things (IoT), wearable devices and robotics**

Aging Population

- According to the U.S. Census bureau, **by 2030, all baby boomers will be over age 65**
- Limited number of geriatricians leads to **other healthcare professionals taking on expanded roles in managing the health of elderly patients**

Key solutions to improve access to care and reduce costs

- Ongoing shift from reactive to proactive (preventative) healthcare
- Transition of care to less expensive settings (outpatient clinics and home care)
- Utilization of technology (remote patient monitoring, virtual care and telehealth)
- Establishment of value-based care models where reimbursement is based upon predetermined quality outcomes rather than fee-for-service
- State-specific legislative changes to expand the scope of practice for impacted healthcare professionals

Recent AMA* survey data reveal that scope of practice tops the list of 2024 legislative priorities for medical association professionals, with 86% ranking it at the top of their legislative priority list.

*American Medical Association
Source: CNA analysis, https://www.ama-assn.org/practice-management/scope-practice/they-re-back-wide-array-scope-creep-bills-proposed-2024

Key healthcare professionals with expanding scope (1/2)

Healthcare Professional	Detail / Examples
Nurse Practitioners (NPs)	• Notable expansion of NP practices into **diagnostic and treatment** services over past years • Depending upon state practice environment, NPs are required to work under a physician's supervision or in collaboration with a physician, or **allowed to practice independently** • NPs have **full practice authority** (no supervision from a physician) in 27* states **to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments, including prescribe medications**
Physician Assistants (PAs)	• **State-specific policies** regulate** the following **PA practice parameters**, among others: supervision requirements, prescriptive authority, practice authority or the relationship a PA must have with a physician or other healthcare provider, proximity requirements of supervising physician, chart co-signatures, number of PAs a physician may supervise • For states with more permissive laws, the **scope of practice is determined at the practice site and is based upon the education, training and competency of the PA and the patient/client population**
Dental Hygienists	• 49 states permit dental hygienists to **administer local anesthesia** (the level of education/certification needed varies by state) • Dental hygienists are **gaining prescriptive authority** (CO, ME, MN, MT, NE, NM, OR, VT) and expanding their scope into **dental hygiene diagnosis** (CO, OR) in certain states

*As of October 2023, in addition to Washington DC, GU and MP
**For example, ND, WY and UT have eliminated the legal requirement for a specific relationship between a PA and a physician or any other healthcare provider.
Source: various public sources, https://www.ama-assn.org/practice-management/scope-practice/they-re-back-wide-array-scope-creep-bills-proposed-2024, Single-Page-Layout-Final-2019.pdf (oralhealthworkforce.org)

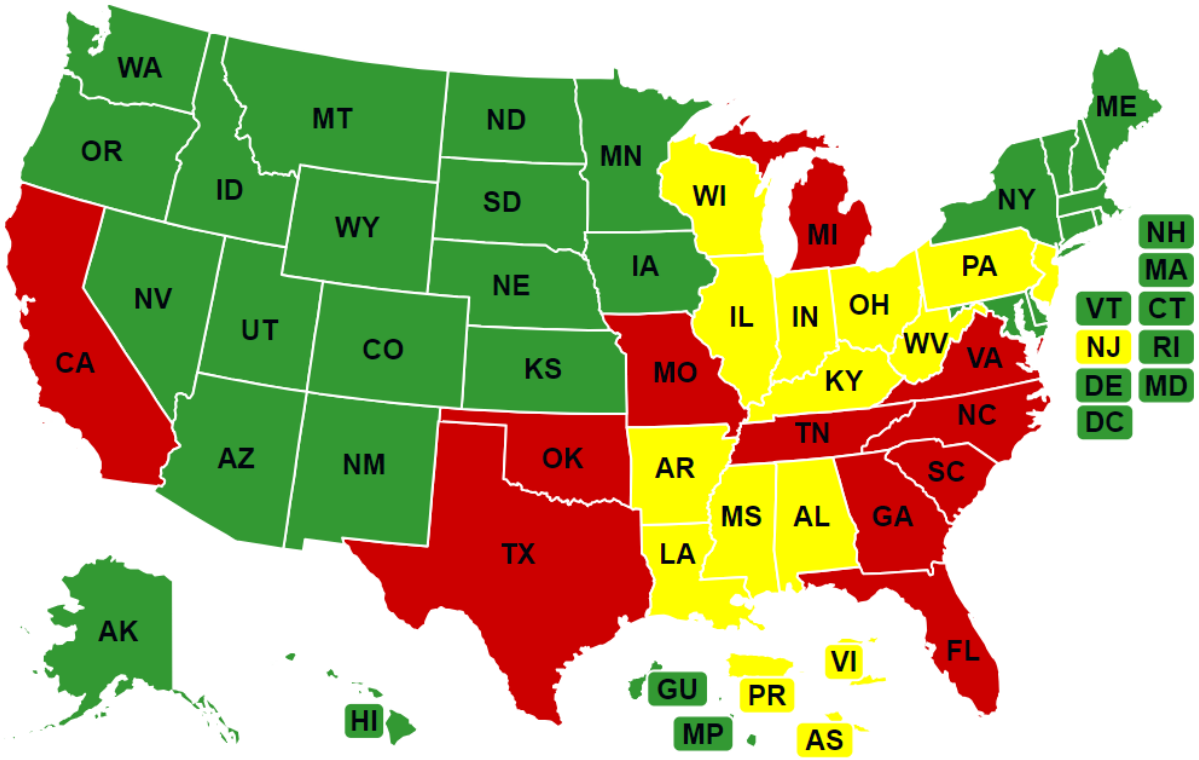
Key healthcare professionals with expanding scope (2/2)

Healthcare Professional	Detail / Examples
Pharmacists	• Pharmacists continue to **expand their role in clinical services (e.g. immunizations and vaccination administration, increased prescribing authority, medication management) and patient care (particularly in community and hospital settings)** – Example: pharmacists have prescribing authority in CA to furnish hormonal contraceptives, nicotine replacement therapy, and travel medications • Pharmacy technicians' scope is expanding (e.g. "tele-pharmacy" concept)
Physical Therapists (PT)	• All 50 states, the District of Columbia, and the U.S. Virgin Islands permit Physical Therapists (PTs) to **provide evaluation and treatment services without a referral from another healthcare professional** • In certain states, PTs are expanding scope to **order imaging studies**
Clinical Psychologists	• Clinical Phycologists are permitted to **prescribe certain medication used in the treatment of mental disorders**, after receiving training (currently can prescribe in IA, ID, IL, LA, NM)

*Certain limitation exist by state, depending on PT service requested

Source: various public sources, https://www.ama-assn.org/practice-management/scope-practice/they-re-back-wide-array-scope-creep-bills-proposed-2024, SureScripts Data Brief – "Clinician Perspectives & Prescribing Patterns Reveal Opportunities for Care Team Evolution"

Nurse Practitioner (NP) state practice environment



Full Practice

State practice and licensure laws permit all NPs to evaluate patients; diagnose; order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing. **This is the model recommended by the National Academy of Medicine, formerly called the Institute of Medicine, and the National Council of State Boards of Nursing.**

Reduced Practice

State practice and licensure laws reduce the ability of NPs to engage in at least one element of NP practice. State law requires a career-long regulated collaborative agreement with another health provider for the NP to provide patient care, or it limits the setting of one or more elements of NP practice.

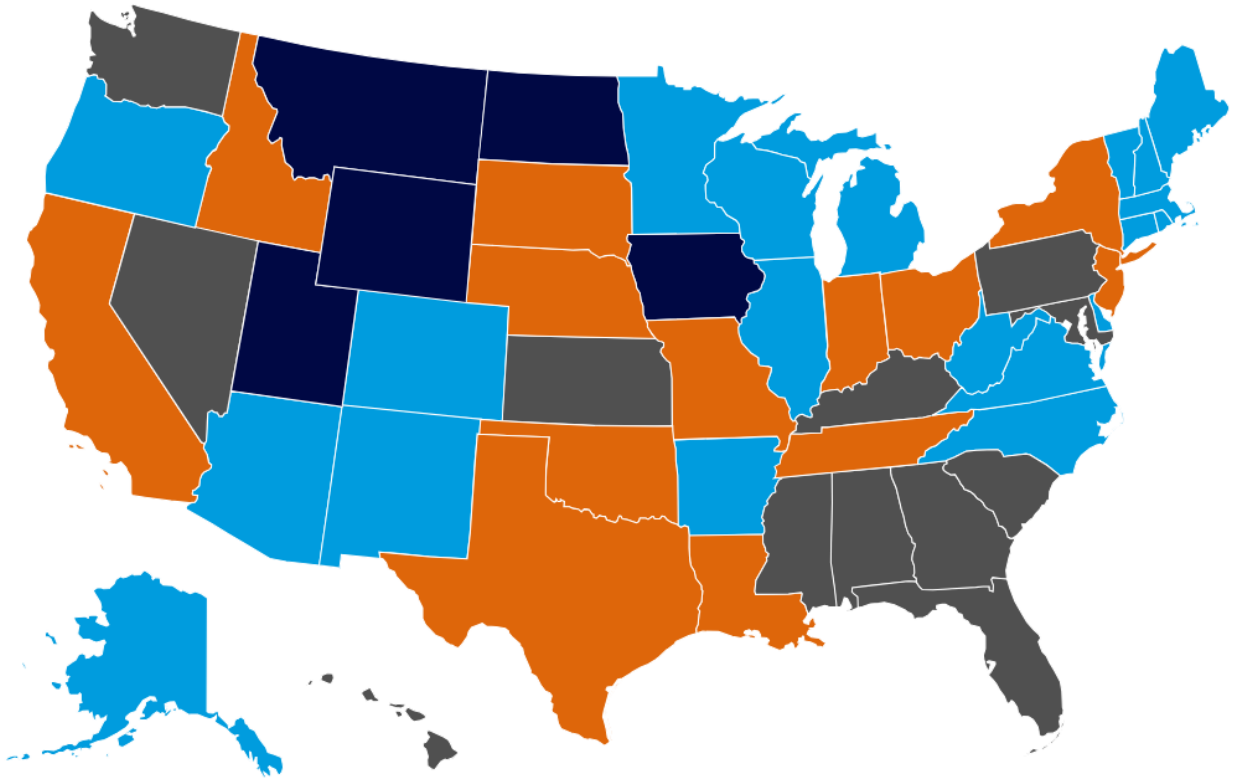
Restricted Practice

State practice and licensure laws restrict the ability of NPs to engage in at least one element of NP practice. State law requires career-long supervision, delegation or team management by another health provider for the NP to provide patient care.

Scope of practice for NPs is state-specific and varies widely depending on state legislation.

Source: https://www.aanp.org/advocacy/state/state-practice-environment

Physician Assistant (PA) state practice environment



Optimal: PAs can practice to the full extent of their medical education, training, and expertise. PAs continue to collaborate, consult, and/or refer to the appropriate members(s) of the healthcare team as indicated by the patient's condition, the PAs competencies, and the standards of care. The healthcare team, and/or their employer, may establish guidelines for collaboration, consultation, and/or referral beyond state laws and regulations.

Advanced: PAs practice to the full extent of their medical education, training, and experience, but **must comply with additional administrative requirements as mandated in state law and/or regulation.**

Moderate: State law and/or regulation requires **additional administrative burdens that impact the practice environment.** The PA and the healthcare team are limited in flexibility due to these administrative burdens.

Reduced: State law and/or regulation **restrict the healthcare team and PAs ability to practice in at least one element of PA practice.** Consists of outdated practice models of limited delegated authority and/or restrictive supervision requirements.

PAs are nationally certified, state-licensed advanced practice providers. Scope of practice varies greatly by state - PAs may be regulated by a PA Board or a state medical board.

Source: As of May 2024, https://www.aapa.org/advocacy-central/state-advocacy/state-maps/pa-state-practice-environment

Patients and Healthcare Providers: Benefits and implications of expanding scope of practice

Benefits

- Increase **access to healthcare**
- Improve **convenience of receiving urgent care**
- **Decrease wait time** to receive care
- Allow for **quicker diagnosis** and **patient turnaround**
- Reduce current **healthcare staff shortage**

Implications

- Increased monitoring for **quality of care provided** under expanded scope of practice
- **Increased medical liability** due to expanded scope, resulting from higher risk responsibilities and care services
- **Changing insurance and Medical Professional Liability coverage needs**, resulting from scope of practice expansion

Source: CNA analysis

Medical Professional Liability Insurance: Implications of expanding scope of practice

- **Revised coverage needs:** Need to ensure that NPs, PAs, and other non-physician providers are adequately covered for the expanded scope of services they are authorized to provide
- **Underwriting applications:** Additional questions in underwriting applications are required to determine scope of practice specifics and boundaries
- **Underwriting evaluation:** Increased attention to type of care and services offered by provider to ensure adequate qualifications, certifications, licensing and adherence to state-specific regulation
- **Additional training:** Educate Underwriters, Claims and Risk Control professionals on expanding scope of practice industry trend, associated risks and required controls
- **Risk Control:** Provide industry guidance on traditional risks, emerging trends and practices to prevent and mitigate exposures arising from scope of practice expansion
- **Risk Transfer:** Scrutinize contractual agreements, as they may affect liability and insurance requirements for independent contractor NPs/PAs. NPs and PAs often are not covered by employer's professional liability insurance policy (in such cases NPs or PAs need to obtain their own policies)
- **Claims:** Continue to closely monitor related claims and take preventive actions to adjust underwriting procedures. Increase in claim costs is outpacing general economic inflation. Bodily injury claims at heightened risk of higher jury verdict awards due to social Inflation. With more practices gaining independency, the claim value is often no longer shared/apportioned between the advanced practice providers and the supervising physicians

Source: CNA analysis

Related claim trends and observations

Industry claim data are more robust for NPs than for PAs.

Nurse Practitioners (NP)

As NPs have expanded their scope of authority, claim frequency and severity have increased:

- Number of settlement payments reported to NPDB* has **doubled** in last 20 years
- **NPs increasingly likely to be the primary target in litigation.** Typically providing direct/primary service, rather than service ancillary to another provider
- Allegations with increased potential exposures can include **failure to diagnose/treat cancer, cardiac emergencies, neurological complications or infections, and mismanagement of medications**

Physician Assistants (PAs)

Far fewer claims for PAs:

- PAs less likely than NPs to be the primary target in litigation, although this could change with ongoing scope of practice expansions
- Claims often arise in surgical or post-surgical settings and emergency departments, but typically with physician engagement

*National Practitioner Data Bank

Source: CNA analysis

Examples of claims arising from scope of practice expansion

Diagnosing/treating cardiac emergency. A patient presented to a family practice with complaints of chest and muscle pain, noting increased physical exertion the previous day. An NP, the only diagnostic provider to see the patient during the visit, diagnosed the patient with chondrocostal injunction syndrome and prescribed prednisone and Tramadol. The patient suffered cardiac arrest and died later that day.

Recognizing cancer risk. A patient treating with a family practice NP in a Primary Care Provider capacity experienced increasing PSA levels over a number of years. The patient alleged the NP failed to order additional blood work or refer to a specialist for additional work up, resulting in a multi-year delay in diagnosing and treating prostate cancer.

Infection control. A patient treating with a family practice NP in a Primary Care Provider capacity presented with a small foot wound that over a two-month period of treatment with the NP developed into osteomyelitis, leading to a below the knee amputation. Allegations included that the NP failed to recognize the increasing severity of the infection, failed to treat with appropriate antibiotics, and failed to refer to a higher level of care once the infection surpassed the NP's scope of expertise.

Source: CNA analysis, various public sources referenced

Examples of claims arising from scope of practice expansion

Prescribing/Managing Medications

- A patient treating with an NP for psychiatric care developed a permanent neurological disorder (tardive dyskinesia) based on allegedly improper and insufficiently explained medication changes by the NP over a short period of time.
- A patient developed Stevens Johnson Syndrome after taking medication prescribed by an NP. Allegations included that the medication and dosage were contraindicated due to the patient's medical history and that the NP failed to recognize the adverse reaction in time to avoid permanent injury.
- A patient treating with an NP for psychiatric care overdosed and died after taking benzodiazepines prescribed by the NP at the same time the patient was taking opioids prescribed by an unrelated pain management specialist. Allegations included that the providers failed to coordinate care and that the NP should have recognized the possibility of an adverse drug interaction.

Performing surgical procedure. A patient suffered uterine perforation during a pregnancy termination procedure performed by an NP. Allegations included that the NP selected an inappropriate anesthetic and failed to obtain informed consent for the procedure to be performed by an NP instead of a physician.

Providing care with expired Practice Permit. NP was practicing under Temporary Advanced Practice Permit, and continued to assess, diagnose, treat, and prescribe medications to patients after their Temporary Advanced Practice Permit expired.

Source: CNA analysis, various public sources referenced

Questions?

References

- https://www.aanp.org/advocacy/state/state-practice-environment
- https://www.aapa.org/advocacy-central/state-advocacy/state-maps/pa-state-practice-environment
- https://www.ama-assn.org/practice-management/scope-practice/they-re-back-wide-array-scope-creep-bills-proposed-2024
- National Practitioner Data Bank
- Single-Page-Layout-Final-2019.pdf (oralhealthworkforce.org)
- SureScripts Data Brief – “Clinician Perspectives & Prescribing Patterns Reveal Opportunities for Care Team Evolution”
- Various CNA databases