Nurse Practitioners in Behavioral Healthcare Settings Across the Lifespan

County of San Diego Behavioral Health Services

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COUNTY OF SAN DIEGO
Health and Human Services Agency

LIVE WELL SAN DIEGO

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Future State: Leveraging AB890 to Broaden Care to Underserved Populations

"Historically, NP practice in California was structured around physician supervision, a model reinforced by statutes, regulations, payer policies, clinical agency operations, interprofessional team structures, health care finance, employment, and public and policymaker understanding. These practice restrictions presented challenges for health care employers, professionals, and settings, including safety-net institutions, despite the absence of research demonstrating that physician supervision increases safety or quality of care. Research has suggested that the removal of restrictions on NP practice would have tremendous benefits to the workforce, improving access to care and reducing costs without compromising quality."

CHCF Issue Brief "Accelerating Impact: How to Support Nurse Practitioners in Expanding Access to Care" by HealthImpact UCSF November 2022

Executive Summary

1. Providers in the County of San Diego Behavioral Health Services (BHS) system of care can now include 103 PMHNPs (i.e., AB890) **and** PMHNPs working under standardized procedures with collaborating physician, in behavioral health settings *across the life span*. For PMHNPs working in youth settings, *additional experience and/or training is needed*.
    a. For fully licensed PMHNPs who have graduated from the child fellowship, the County supports in-scope practice as authorized & defined **by the relevant statutory framework** (either 103 PMHNP or under standardized procedures).
2. For fully licensed early career PMHNPs (more than one year but less than 3 years full time experience or 4600 hours) working on "transition into practice" experience (whether in pursuit of 103 PMHNP status or continuing under standardized procedures with collaborating physician) the County supports in-scope practice with '**sliding-scale'** physician collaboration and oversight based upon experience and setting.
    a. For PMHNPs working with youth, who have not graduated from the child fellowship but who have at least 3 years of full-time experience, it is recommended that 40% of "transition to practice" (1840 hours) be in youth settings to qualify for in-scope practice as referenced above.
        i. For PMHNPs working with youth with less than 1840 hours worked in youth settings, in-scope practice will be supported along with **'sliding-scale'** physician collaboration and oversight, commensurate with the practitioner's educational/experience status and consistent with safe practice.

Executive Summary

3. For newly licensed PMHNPs, with less than one year of full-time practice, the County supports authorized services under standardized procedures, with a recommendation of **augmented** ‘sliding-scale’ physician collaboration, including direct assessment/involvement in care when appropriate.
    a. For the newly licensed PMHNP working in a youth setting (for example, while obtaining “transition to practice” experience), the County supports child/adolescent psychiatrist involvement starting with the initial assessment along with periodic clinical checks, which include eyes on clinical interactions with the client, routine collaboration with the PMHNP and chart review.

Current State: Nurse Practitioners in California

Standardized Procedures are authorized in the Business and Profession Code, Nursing Practice Act (NPA) Section 2725 and further clarified in California Code of Regulation (CCR 1480). Standardized procedures are the legal mechanism for registered nurses, nurse practitioners to perform functions which would otherwise be considered the practice of medicine. Standardized procedures must be developed collaboratively by nursing, medicine, and administration in the organized health care system where they will be utilized. Because of this interdisciplinary collaboration for the development and approval, there is accountability on several levels for the activities to be performed by the registered nurse, nurse practitioner.

Current State: Nurse Practitioners in California

The organized health care system including clinics, physician's offices (inclusive of sites listed above) must develop standardized procedures permitting registered nurse, nurse practitioner to perform standardized procedure functions. A registered nurse, nurse practitioner may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedure; and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform the functions.

Current State: Nurse Practitioners in California

Standardized Procedure Guidelines. The Board of Registered Nursing and the Medical Board of California jointly promulgated the following guidelines. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) section 1474; Medical Board of California, Title 16, CCR Section 1379.) (a) (b)

Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof. Each standardized procedure shall:

1. Be in writing, dated and signed by the organized health care system personnel authorized to approve it.
2. Specify which standardized procedure functions registered nurses may perform and under what circumstances.
3. State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.
4. Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

Current State: Nurse Practitioners in California

5. Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
6. Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
7. Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the physician.
8. Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
9. State the limitations on settings, if any, in which standardized procedure functions may be performed.
10. Specify patient record-keeping requirements.
11. Provide for a method of periodic review of the standardized procedures.

Current State: Nurse Practitioners in California

An additional safeguard for the consumer is provided by steps four and five of the guidelines which, together, form a requirement that the nurse be currently capable to perform the procedure. If a RN or NP undertakes a procedure without the competence to do so, such an act may constitute gross negligence and be subject to discipline by the Board of Registered Nursing.

Current State: Nurse Practitioners in California

Physician consultation is to be obtained as specified in the individual protocols and under the following circumstances:

1. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.
2. Acute decompensation of patient situation.
3. Problem which is not resolving as anticipated.
4. History, physical, or lab findings inconsistent with the clinical picture.
5. Upon request of patient, nurse, or supervising physician.

Future state: Leveraging AB890 to Broaden Care to Underserved Populations

- California's Assembly Bill 890 (AB 890), chaptered in 2020, allows nurse practitioners (NPs) who meet certain criteria the authority to practice without physician supervision under the NPs' own licenses.
- AB 890 provides an opportunity for NP, clinic, and health system leaders to reevaluate how they deploy NPs working within institutions
- AB 890 presents opportunities to increase access to health care for Californians, especially those served in the safety net and those who live in safety net and underserved areas.

AB 890 (Chaptered 2020; Effective January 2023)

Creation of two new categories of Nurse Practitioners (NP):

- **103 NP – (Business and Profession Code Section 2837.103)**
  - NP works in a group setting with at least one physician and surgeon within the population focus of their National Certification
  - Must meet the following criteria:
    - Certified as a NP by the CA Board of Registered Nursing
    - Holds a National Certification in a recognized population focus by an accredited national certifying body
    - Completed a transition to practice within the category of the National Certification in CA of a minimum of 3 full-time equivalent years of practice or 4600 hours within 5 years of the date of their application
    - *Psychiatric – Mental Health across the life span* is one of the six NP categories outlined in 16 CCR 1481(a)

AB 890 (Chaptered 2020; Effective January 2023) continued

Creation of two new categories of Nurse Practitioners (NP):

- **104 NP – (Business and Professions Code Section 2837.104)**
  - NP may work independently within the population focus of their National Certification.
  - Generally, does not apply at this time (but may apply in the future)

Effective January 1, 2023, NPs are authorized to perform those functions *without standardized procedures** outside of specified settings or organizations in accordance with specified conditions and requirements if the nurse practitioner holds an active certification issued by the board.

*See Statutory Guidelines on following slides

103 Nurse Practitioner

In health care agencies that have governing bodies, the following apply:

- A nurse practitioner shall adhere to all applicable bylaws.
- A nurse practitioner shall be eligible to serve on medical staff and hospital committees.
- A nurse practitioner shall be eligible to attend meetings of the department to which the nurse practitioner is assigned.

A nurse practitioner who meets the requirements may perform the following functions without standardized procedures in accordance with their education and training:

- Conduct an advanced assessment.
- Order, perform, and interpret diagnostic procedures.
- For radiologic procedures, a nurse practitioner can order diagnostic procedures and utilize the findings or results in treating the patient. A nurse practitioner may perform or interpret clinical laboratory procedures that they are permitted to perform under Section 1206 and under the federal Clinical Laboratory Improvement Act (CLIA).
- Establish primary and differential diagnoses.
- Prescribe, order, administer, dispense, procure, and furnish therapeutic measures, including, but not limited to, the following:
    - Diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources.
    - Prescribe, administer, dispense, and furnish pharmacological agents, including over-the-counter, legend, and controlled substances.
    - Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions.

Statutory Guidelines (applies to 103 & 104 practice)

The nurse practitioner shall consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom health care is provided. **Physician consultation shall be obtained as specified in the individual protocols and under the following circumstances:**

- Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.
- Acute decompensation of patient situation.
- Problem which is not resolving as anticipated.
- History, physical, or lab findings inconsistent with the clinical perspective.
- Upon request of patient.

Statutory Guidelines (applies to 103 & 104 practice)

The nurse practitioner shall establish a plan for referral of complex medical cases and emergencies to a physician and surgeon or other appropriate healing arts providers. The nurse practitioner shall have an identified referral plan specific to the practice area, that includes specific referral criteria. The referral plan shall address the following:

- Whenever situations arise which go beyond the competence, scope of practice, or experience of the nurse practitioner.
- Whenever patient conditions fail to respond to the management plan as anticipated.
- Any patient with acute decomposition or rare condition.
- Any patient conditions that do not fit the commonly accepted diagnostic pattern for a disease or disorder.
- All emergency situations after initial stabilizing care has been started.

Click Here to View CA Board of Nursing AB890 website

Transition to Practice

What is a transition to practice?

- According to BPC Section 2837.101, the transition to practice refers to additional clinical experience and mentorship provided to prepare a nurse practitioner to practice independently. This includes, but is not limited to, managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism, and business management of a practice.

What criteria must the transition to practice experience meet?

- According to BPC Section 2837.103(a)(1), the transition to practice requirement is defined as 4600 hours or three full-time equivalent years of clinical practice experience and mentorship that are:
  - Completed in California.
  - Completed within five years prior to the date the applicant applies for certification as a 103 NP.
  - Completed after certification by the Board of Registered Nursing as a NP.
  - Completed in direct patient care in the role of a NP in the category listed in 16 CCR Section 1481(a) in which the applicant seeks certification as a 103 NP.

Functional Role

A nurse practitioner who meets the requirements may perform the following functions without standardized procedures in accordance with their education and training:

- Conduct an advanced assessment.
- Order, perform, and interpret diagnostic procedures.
- For radiologic procedures, a nurse practitioner can order diagnostic procedures and utilize the findings or results in treating the patient. A nurse practitioner may perform or interpret clinical laboratory procedures that they are permitted to perform under Section 1206 and under the federal Clinical Laboratory Improvement Act (CLIA).
- Establish primary and differential diagnoses.
- Prescribe, order, administer, dispense, procure, and furnish therapeutic measures, including, but not limited to, the following:
    - Diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources.
    - Prescribe, administer, dispense, and furnish pharmacological agents, including over-the-counter, legend, and controlled substances.
    - Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions.

Tools and Techniques

At the time of hiring and continuing through credentialing & onboarding, the hiring legal entity will factor training & experience into the PMHNP's anticipated role and create a tailored collaborative environment.

I. **Define provider role, scope & clinical setting**:

II. **Determine post-graduate experience:**

A. Less than one full time year of clinical experience (1530 hours or less)

B. 1-3 years post graduate experience (1531-4600 hours)

C. Greater than 4600 hours of post graduate clinical experience

D. Focused experience: % of experience acquired in focus

E. Completion of post graduate fellowship

III. **Verification of post-graduate experience:**

A. Verification of employment
B. Case logs
C. Letters of reference
D. Medical/clinical directorial attestations

Tools and Techniques

Creating a collaborative environment:

Standardized procedures

a. Adheres to all eleven steps of the Standardized Procedure Guidelines as specified in Title 16, CCR Section 1474.
b. All Standardized Procedures are to be kept electronically in a central file by CBO and/or it's legal entity. Copies should be retained at each clinic employing one or more PMHNPs. This should include approval sheets dated and signed by the clinic Medical Director, Supervising Physician(s), and PMHNP(s) covered by the Standardized Procedures.
c. All Standardized Procedures are to be reviewed periodically at a minimum of every three years by PMHNPs, clinic Medical Directors and designated Supervising Physicians.

Collaborative agreements – CBOs and/or legal entities will be asked to submit a copy of the PMHNP/Physician collaborative agreement at the time of credentialing.

Quality assurance

a. Chart review
b. Peer review (FPPE/OPPE)
c. Continuing education
d. Provider based statistics & reports

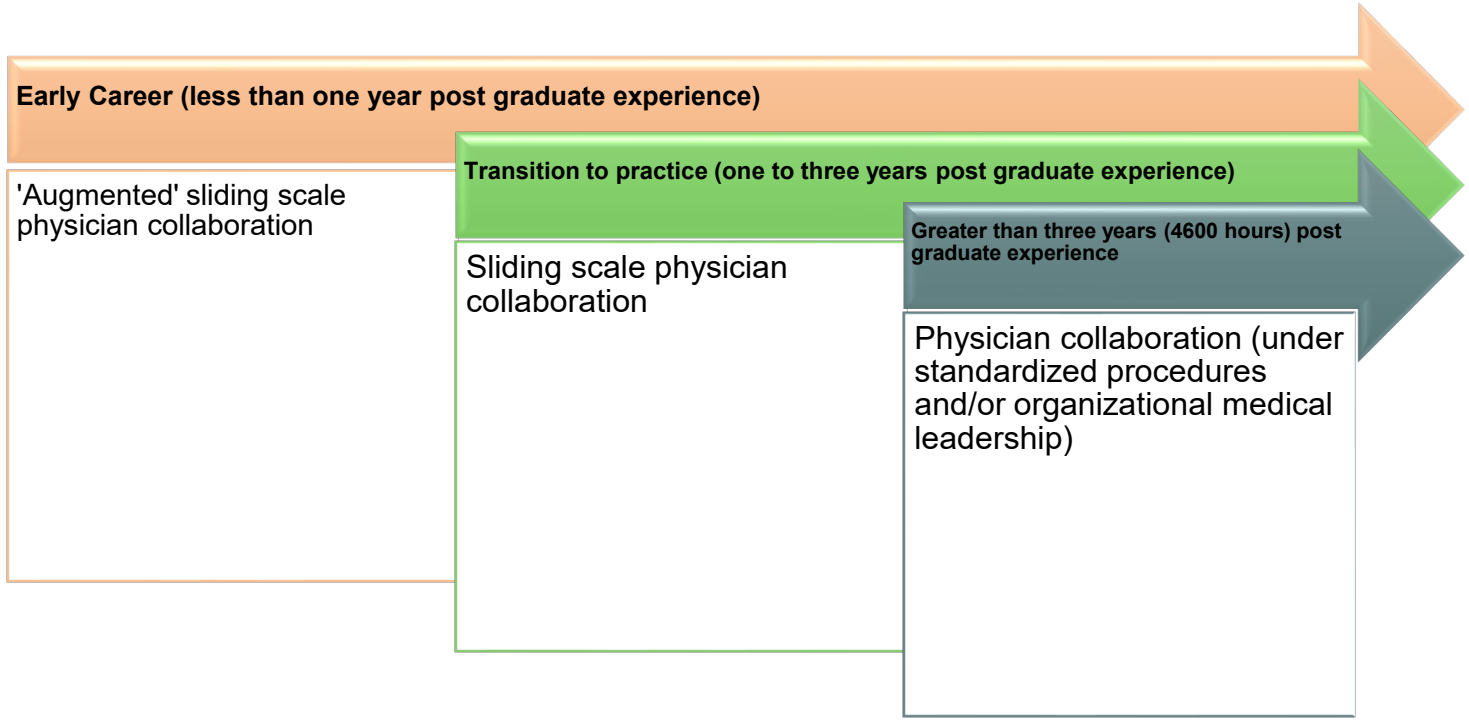
‘Sliding Scale’ Physician Collaboration

Creating a collaborative environment:

Sliding scale’ physician collaboration includes (but is not limited to):

a. Direct clinical interaction with the client
b. Just in time consultation for complex cases
c. Regular meetings with PMHNP to discuss panel/cases
d. Chart review
e. Proctorship
f. Referrals to physician as statutorily required

Illustration 1

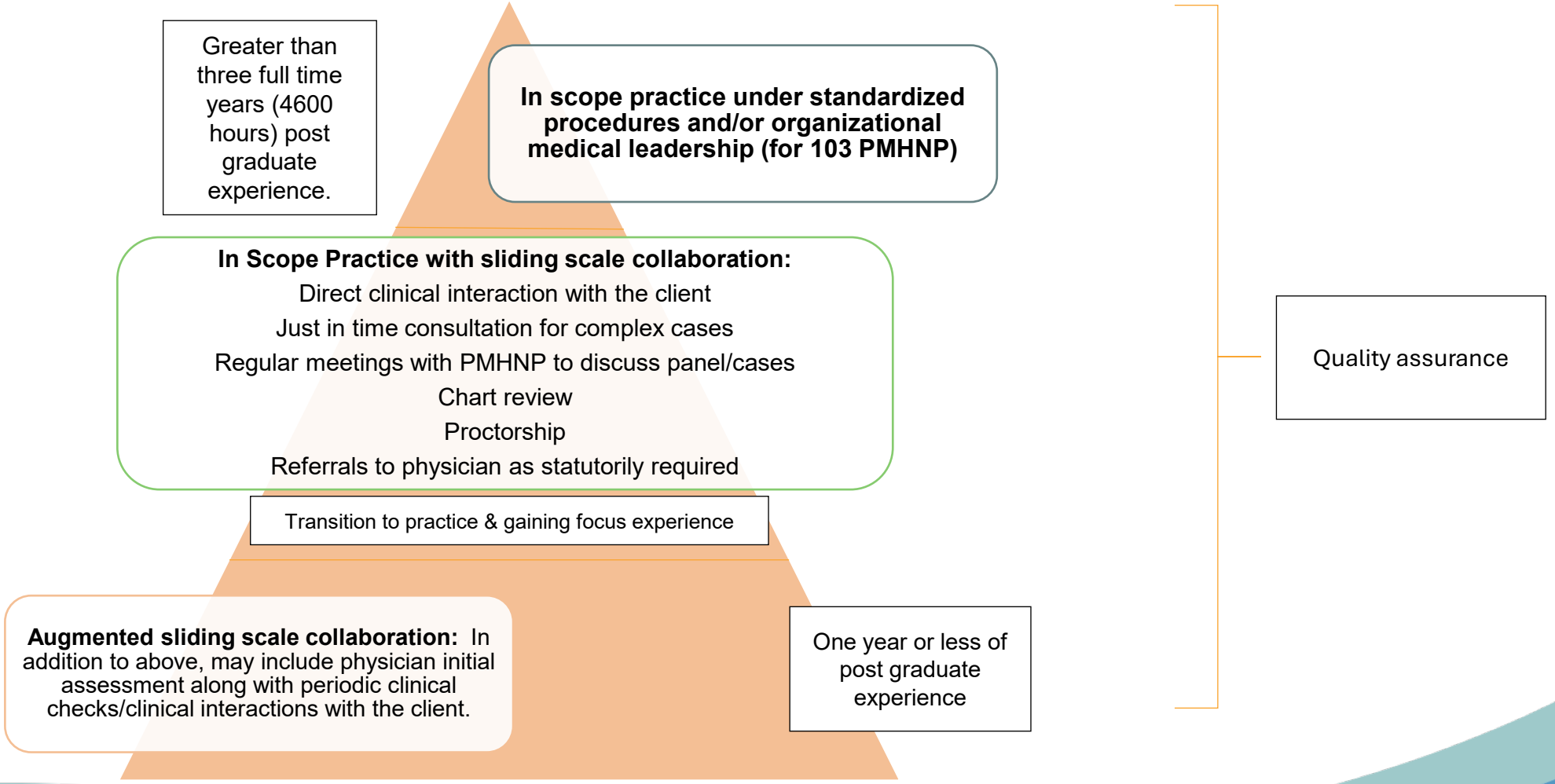


Determining Level and Type of Oversight

Analysis

1. Confirm licensure/certification & determine population focus (primarily PMHNPs)
2. Determine level of experience (A, B, C ,D, E)
3. Match population focus & level of experience with anticipated practice setting
4. Determine parameters of practice (A. Collaborating MD/Standardized Procedures vs. B. 103 PMHNP/organizational medical director)
5. Determine scope of practice and level of 'sliding-scale' physician collaboration/oversight
    a. In-scope practice under organizational policy (for fully licensed & experienced 103 PMHNP)
    b. In-scope practice under standardized procedures (for fully licensed & experienced non-103 PMHNP)
    c. Sliding-scale physician collaboration (for PMHNPs with less than 3 years full time experience)
    d. Augmented sliding-scale physician collaboration (for less than 1 year of post graduate practice, or for child adolescent with less than required experience).

Illustration 2



Contracted Provider Responsibilities If moving to 103 NP Path

Child/Youth population experience must include:

- **Must have PMHNP Credentials**
- Collaborative Agreement with BE/BC child-adolescent psychiatrist
- Confirmation of applicable Child/Youth SMI population experience (see above/below)
- **Best practice: One Year of Child/Adolescent Fellowship** or **14 months** or **1840 hours** of previous child/adolescent experience
  - This includes, but is not limited to, managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism, and business management of a practice
- Peer Reference Letters (Peer & Licensed Supervisor)
  - Attest to 40% of services rendered for specific population
- Ongoing -CEUs at 2-year renewal (30 CEUs required)
  - 12 CEUs in Child/Youth Topics (40% rationale)
  - Vetting through Medical Director and/or Physician Collaborator

Compliance

- Internal to legal entities, with attestation to core standards/tenets
- Factored into credentialing and monitored by Optum/HCO
- Verification of vetting processes & experience levels may be requested under certain circumstances

Summary

- Forward facing (with few exceptions, does not impact already serving NPs)
- While allowing for current state (e.g., standardized procedures, collaborating physician), leverages AB 890 to build new infrastructure for broadening PMHNP across the lifespan
- Statutory similarities offering broader opportunities for independent practice
- Provides transition into practice guidelines
- Defines “specialty cohorts” (such as child adolescent, forensics, treatment resistant).
  - Leading edge of AB 890 infrastructure and quality assurance
  - Other requirements (i.e., continued role of physician collaboration)

Summary

- Guidelines re: “transition into practice” attested to by hiring legal entities and incorporated into Optum credentialing and process
- Compliance is largely attestation based, though legal entities may be asked to verify core compliance in certain situations
- Iterative
- Opportunity for exceptions

Discussion