

MODEL FOR MEETING THE MENTAL HEALTH NEEDS OF NC: PMHNP

Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC
Associate Professor &
Coordinator of the PMHNP Program
University of North Carolina at Chapel Hill
School of Nursing

History of the role: PMHNP

- Psychiatric Advanced Practice Registered Nurses since 1950
 - Called “Clinical Nurse Specialists”
- Evolved to Psychiatric Mental Health Nurse Practitioner (PMHNP)
- First Board Certification exam in 2000

What is a PMHNP?

- The psychiatric-mental health nurse practitioner is an advanced practice registered nurse who is board certified to assess and manage:
 - Individuals, families, or populations across the life span
 - Who are at risk for developing and/or have a diagnosis of psychiatric disorders or mental health problems.
 - Prepared at the graduate level (Masters or Doctorate)

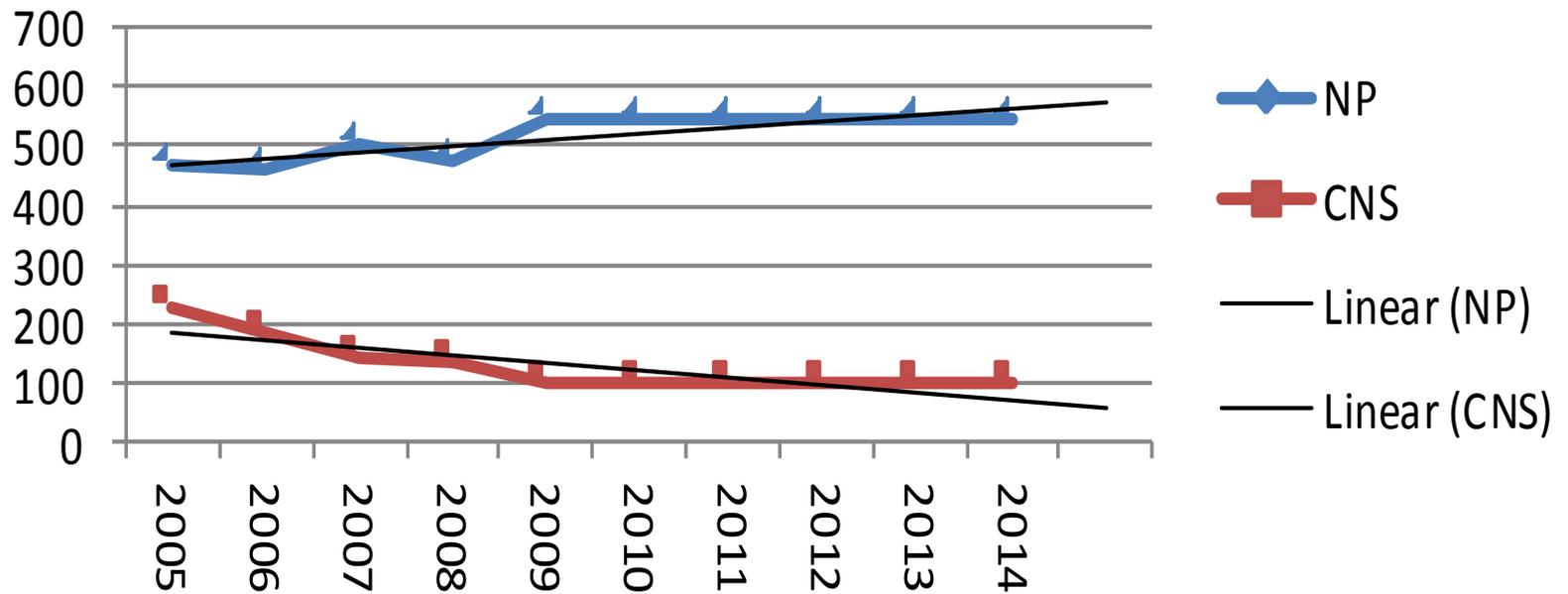
Schools of nursing offering PMHNP

- 100 programs across the USA
- UNC-Chapel Hill was ranked 4th in the nation last week

Graduate Education includes theory and clinical courses:

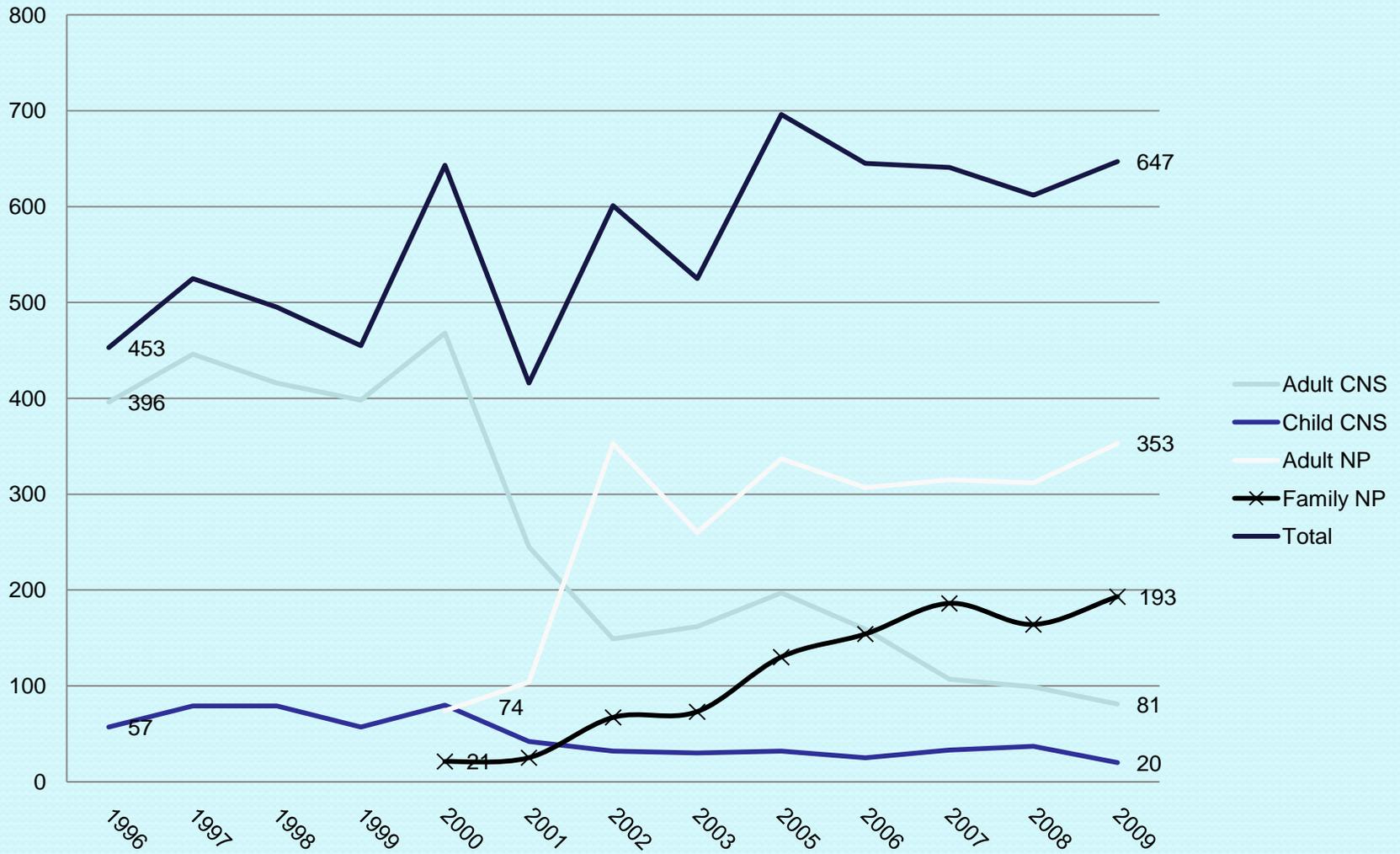
- Advanced physical assessment & management of mental health problems
- Advanced diagnostic assessment, differential diagnosis & clinical reasoning
- Advanced Pathophysiology & Pharmacology
- Psychopharmacology
- Psychotherapy theory and clinical (assessment, individual, family, group, play therapy)
- Management of complex problems in mental health

Psych MH New Certificates

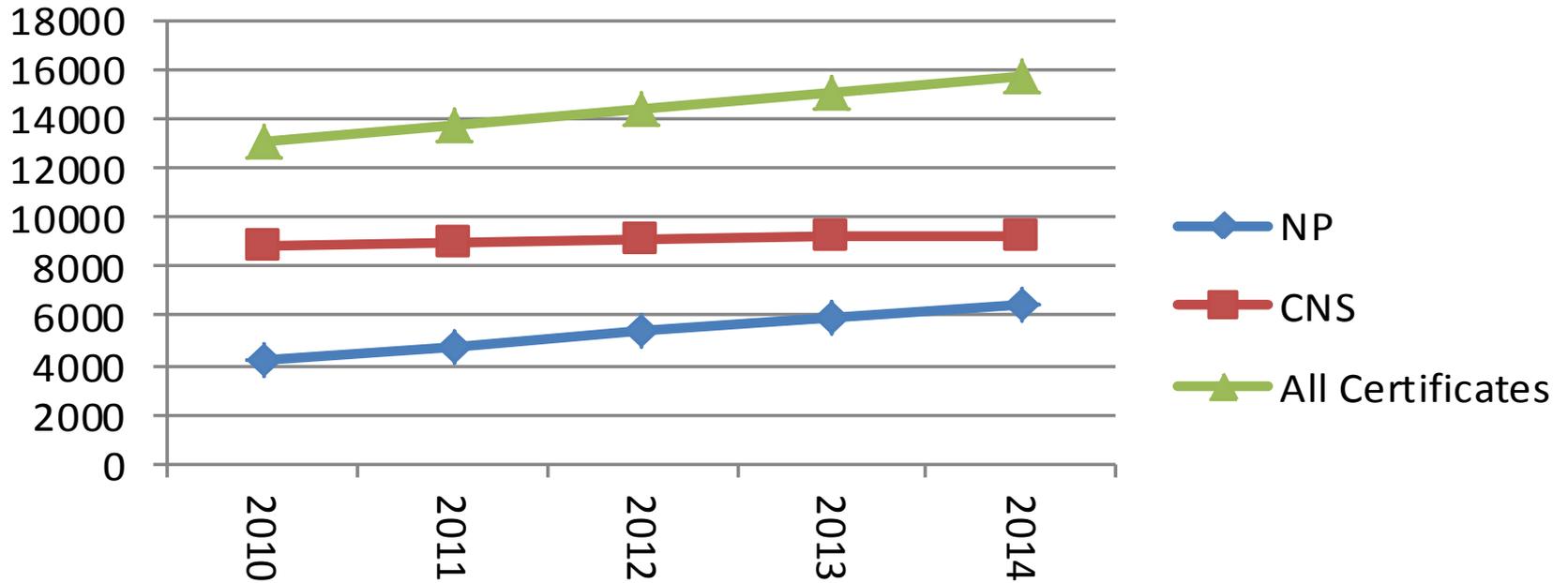


PMH ANCC CERTIFICATION TRENDS

GRADUATES PASSING ANCC
CERTIFICATION FOR THE FIRST TIME



Psych MH All Certificates



Shortages in Mental Health Workforce Nationally

- **75% of U.S. counties have a severe shortage of prescribers** (Thomas, KC, Ellis, AR, Konrad, TR, Holzer, CE & Morrissey, JP, 2009)
- **Rural, low-income counties have the fewest mental health professionals per capita** (Ellis, AR, Konrad, TR, Thomas, KC & Morrissey, JP, 2009)
- **Mental health prescribers are currently represented by an estimated 32,000 psychiatrists and 8,000 advanced practice nurses** (Freedman, R, 2009)

Shortage of psychiatrists in NC

- There is a disproportionate number of psychiatrists across North Carolina and the potential for an emerging shortage due to the state's rapid population growth.
- A critical shortage of child psychiatrists.
- Many counties facing a psychiatrist shortage also have a shortage of primary care providers—
- This then influences the access to care for patients with mental disorders.
 - Fraher, E, Swartz, M & Gaul, K (2006) The Supply and Distribution of Psychiatrists in North Carolina: Pressing Issues in the Context of Mental Health Reform

Meeting the needs of the underserved in North Carolina: PMHNP model

- HRSA AEN Funded Grant 2004-present
 - Overall program coined “Psych NP-NC”
 - Targets minority and disadvantaged students in rural and remote counties (N=67 as of 2011)
 - Provides laptops, printers, tutors—all to support success
 - State scholarship=service payback to state agencies
- NC AHEC Funded educational mobility grant 2005-present
 - Targets health professional shortage areas (HPSA) and partners with AHEC regions to identify potential students, preceptors, clinical sites and employers
 - Targets employers (i.e. LME) to match students with them

Psych NP-NC

- **Objective 1** *Enroll twenty students per year (total 60 over the three years) of which at least 60% (12 students per year) will come from minority and/or disadvantaged backgrounds and/or reside in medically underserved areas (HPSA-MUA) with targeted recruitment from the additional 37 counties that are located in the rural and remote regions of southeastern North Carolina (BHPr Goals 1-3).*
- **Objective 2** *Develop program content to increase focus on the complexity of patient needs across the lifespan (childhood through late life) that are now being seen in greater numbers in the rural and remote areas of NC (BHPr Goals 1-4).*
- **Objective 3** *Strengthen the ongoing program curriculum to ensure continued cultural/clinical competence of the students in the overall program and to make certain that the Psych NP-NC program content meets the needs of patients in the NC mental health system (BHPr Goals 1-4).*
- **Objective 4** *Develop sustainable linkages to the rural and remote areas of NC through the NC AHEC and the NC Division MH/DD/SAS, thereby increasing the capacity of these communities to create additional PMH NP positions, identify and recruit potential students; utilize the PMH-NP as a provider of essential mental health services and provide additional support, education and consultation to the rural and remote communities (HP 2010) (BHPr Goals 2 and 4).*

Increasing the PMHNP workforce in North Carolina

- From 2000-2005, there were less than **10** PMHNPs in NC
- Increased to **55** in **2009**
- **As of 2011**
 - UNC-CH SON has graduated over **75** PMHNPs, many of who now work in rural counties.



But there are still barriers...

Survey of a sample of convenience: NC PMHNPs in 2011

- 50% responded to the survey sent via email over the past 3 weeks
- All participants were PMHNPs certified by ANCC and work in NC
- All of the PMHNPs work with psychiatrists in their setting

Survey

- 63% of the PMHNPs reported that their work settings have psychiatrists that prescribe and complete diagnostic evaluations only (do not provide psychotherapy)
- 42% of the PMHNPs reported that they experienced restrictions that interfered with their ability to practice to their full scope.
-

What do you see as barriers to being able to practice to your full scope of practice?

- “We are only able to do what the physician feels comfortable with... (because of collaborative practice and lack of education about what I can do)”
- “Not allowed to do diagnostic evaluations (due to insurance limitations)”
- “Not allowed to do psychotherapy (service goes to therapists instead of streaming therapy and meds as one service---i.e. 90805)”
- “Huge number of patients to be seen...”

What do you see as barriers to being able to practice to your full scope of practice?

- “Due to state requirements, only an MD completes the initial evaluation since an MD signature is required to implement services. Therefore, due to the shortage of MD's at my site patients are often waiting over 2 months before they can receive services”
- “MDs having to sign (notes) for reimbursement issues”
- “Preferential scheduling of intakes to MDs”
- “Productively and pressure to do numbers and leave the psychotherapy to therapists other than NP's”

What do you see as barriers to being able to practice to your full scope of practice?

- “Lack of full reimbursement by insurance companies (i.e. NC State BC/BS does not recognize NPs)”
- “Recommendations are made to Attending Physicians who may or may not agree or value the service”
- “Working in 3 different locations in the course of a single day--- difficult to spend extra time with clients when needed without impacting operations of the environments”
- “Lack of acknowledgement by MD's in community PC.... they address psychiatrist and not me at times (which then takes time away from psychiatrist)”

What do you see as barriers to being able to practice to your full scope of practice?

- “Not permitted to prescribe controlled substances (even though I have my own DEA number & malpractice insurance)”
- “Not permitted to do psychotherapy or group therapy”
- “I can't practice like I was trained or as I want - which would include seeing Medicaid and IPRS (county money) clients.”
- “If I work for a practice that accepts Medicaid/IPRS funding, I am NOT allowed to do psychotherapy only med management”

What do you see as barriers to being able to practice to your full scope of practice?

- “Insurance (private pay, Medicaid and Medicare) not paying for services—(too many denials due to errors in billing or reimbursement)”
- “Difficult to become credentialed”
- “Difficult getting on panels—lack of access to care”
- “Difficulty getting even contracted insurance to pay what they owe”
- “Insurance limits on services they will cover”
- “LME controlling Medicaid and treatment services”

Barriers

- “Inability to bill 99214 on Medicaid patients unless incident to and the psychiatrist is on site”
- “There is a great need for more PMHNPs in this facility specifically & in this area of the state. In rural Eastern NC, the number of psychiatric providers is severely limited”
- “It is an Emergency situation”
- “NPs are not employable without collaborating with a physician”
- “MDs do not want to take on an NP because of the fact that their malpractice insurance goes up”

Barriers

- “Legislation, specifically requirements that only an MD can sign or authorize certain services”
- “Restrictions of MD oversight, requirement for them to be at the practice site”
- “Hospital administration is not "totally" open to the idea of NP's or PA's”
- “The Involuntary commitment law needs to be changed to allow PMHNP's to perform 1st evaluations on clients for involuntary commitment”

Are changes needed?

- 94.4% of those PMHNPs surveyed believed that changes to statutes, licensure, or scope of practice acts are needed in order to prepare for HEALTH CARE REFORM
- 5.6% were not sure

The impact of Insurance Practices

- 90% believed that there are insurance practices that impede their ability to provide care
- 10% did not know

Summary of barriers

- Must have collaborating MD to prescribe and bill under to get paid
- Must have MD in practice for incident 2 billing
- Must have incorporated business for billing
- Difficult to gain access to insurance panels (such as BC/BS NC; Medicare; Medicaid; Medcost)
- Credentialing process is difficult and often takes 3-6 months to get approval
- Many agencies are trying to make a profit and therefore limit length of services

PMHNPs can impact on Healthy People 2020 indicators by limiting the current barriers:

- Proportion of the population with **access to health care services**
- Proportion of the population engaged in healthy behaviors
- Prevalence and mortality of chronic disease
- Proportion of the population experiencing **positive mental health**
- Proportion of the population engaged in **substance abuse**
- Proportion of the population receiving **quality health care services**