

**Health Reform: Health Professional Workforce Workgroup**  
**Tuesday, March 22, 2011**  
**North Carolina Institute of Medicine, Morrisville**  
**9:00am-12:00pm**  
**Meeting Summary**

**Attendees:**

*Workgroup and Steering Committee Members:* Tom Bacon (co-chair), John Price (co-chair), Renee Batts, Danielle Breslin, Joseph Crocker, Paul Cunningham, Regina Dickens, Erin Fraher, Catherine Gilliss, Greg Griggs, James Hupp, Polly Johnson, James McDeavitt, John Perry, Glenn Potter, Tom Ricketts, Margaret Sauer, Dennis Sherrod, Sandra Spillman, Marvin Swartz, Stephen Thomas, Brian Toomey, Helen Wolstenhome

*NCIOM Staff:* Thalia Fuller, Sharon Schiro, Rachel Williams, Berkeley Yorkery

*Other Interested Persons:* Janet Baradell, Jessica Carpenter, Alisa Debnam, Anne Derouin, Art Eccleston, Katie Eyes, Katie Gaul, Tina Gordon, Charity Gurganus, Sara Hagen, Amy Howard, Ann Marie Jones, Eileen Kuger, Bobby Lowery, Victoria McGee, Catherine Moore, Cindy Morgan, Erin Randall, Chris Skowronek, Victoria Soltis-Jarrett, Karen Stallings, Deborah Varnam

**Welcome and Introductions**

*Thomas J. Bacon, DrPH, Director, NC AHEC Program*

*John Price, MPA, Director, NC Office of Rural Health and Community Care*

Mr. Price welcomed everyone to the meeting.

**Overview of the Institute of Medicine Future of Nursing Report**

*Polly Johnson, RN, MSN, FAAN, President and CEO, Foundation for Nursing Excellence*

This report was a joint initiative between the Robert Wood Johnson Foundation and the Institute of Medicine of the National Academies (IOM) to look at status of nursing and how to transform nursing to meet the national healthcare reform agenda. Nurses make up the largest group of health professionals, which makes their role in health care reform vital.

An 18-member committee conducted hearings around the country to talk about future goals of education, practice and initiatives. Eight evidence-based recommendations resulted from this effort and serve as a blueprint for action. Four key messages are represented in the recommendations: nurses should practice to the full extent of their education, nurses should achieve higher levels of education, nurses should become full partners with other providers, and there should be effective workforce planning and policy making. The eight recommendations

are to remove scope of practice barriers, expand opportunities for nurses to lead and diffuse collaborative improvement efforts, implement nurse residency programs, increase proportion of nurses with baccalaureate degrees to 80% by 2020, double number of nurses with a doctorate degree by 2020, ensure nurses engage in lifelong learning, prepare and enable nurses to lead change to advance health, and build an infrastructure for the collection and analysis of interprofessional health care workforce data.

The Robert Wood Johnson Foundation's call to action is for individual states to look at these recommendations and decide what needs to be done. This call to action has created opportunity for states to come together to be part of regional coalitions. North Carolina is working on developing the beginnings of an action plan.

The full report can be found on the IOM's web site: [www.iom.edu/nursing](http://www.iom.edu/nursing).

### **Nursing Perspective: Existing Barriers/Challenges to Meeting the Primary Care Needs of North Carolina**

*Deborah C. Varnam, MSN, FNP-BC, FAANP, AANP NC Representative, NCNA Coastal Region Liaison, Varnam Family Wellness Center, PLLC*

Ms. Varnam began The Varnam Family Wellness Center to provide cradle-to-grave primary health care in a small town of North Carolina. The center serves at least 4,500 patients. The practice includes three NPs, one RN, two LPNs, and three receptionists. The center does not provide in hospital care; however there are two hospitals in the county that work with the center to provide services. The center contracts with a physician to be a supervisor. The physician is a contract employee of the office who receives a monthly stipend and comes to the office to discuss clinical problems and document them as statute requires.

Barriers to NPs providing care include limited access to capital funding, limited resources for staff benefits (including a lack of options for malpractice insurance in North Carolina available to NPs), and statute administrative barriers (such as the lack of ability to sign death certificates, handicap placards, the Vaccines for Children program's vaccine agreement, or medical exemption forms). The biggest barriers Ms. Varnam feels hinders provision of care are the required physician supervisory arrangement and insurance company policies on credentialing and contracting with NPs.

To overcome barriers, Ms. Varnam would like to see more insurers contracting with NPs and NP curriculums increasing education on business topics.

Selected questions and comments:

- Q: What proportion of people in the community does your practice serve? A: Most other practices in town are only one or two providers. We are one of the largest practices in town.
- Q: Are you seeing an increase in the proportion of Medicaid patients? A: Yes. About 40% of our patients have private coverage, 10% are self-paid, and the rest is split between Medicare and Medicaid. The number of Medicaid and self-pay patients is growing due to the economy.
- Q: Have you had any discussions with other organizations about the formation of an accountable care organization (ACO)? A: Not on the local level. It is hard to commit to something when you don't know exactly what you are committing to. We would like to wait and see what form ACOs take.
- Q: How involved are you with CCNC? A: We are very involved with CCNC on projects involving meaningful use and bringing in money without sacrificing patient care quality.

*Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC, Clinical Associate Professor, Coordinator of the PMHNP Program, Family Psychiatric Nurse Practitioner, University of North Carolina at Chapel Hill*

Dr. Soltis-Jarrett described the role of psychiatric mental health nurse practitioners (PMHNP) in meeting the mental health needs of North Carolina. PMHNPs are educated at the graduate level and board certified to manage patients across the life span who are at risk or have been diagnosed with mental health problems.

PMHNPs can improve mental health care through increasing access to services, the proportion of the population experiencing positive mental health, the proportion of the population engaged in health behaviors, and reducing the proportion of the population engaged in substance abuse.

North Carolina is increasing the numbers of PMHNPs to address the lack of mental health providers, especially in rural areas, through programs such as Psych NP-NC. Psych NP-NC began in 2004 with a \$1.6 million Advanced Education Nursing Traineeship (AENT) grant through the Health Resources and Services Administration (HRSA). The program targets minority and disadvantaged students to become PMHNPs and diversify the workforce. A North Carolina AHEC (Area Health Education Centers) educational mobility grant helps identify health professional shortage areas (HPSA) and targets potential students.

The PMHNP workforce is growing in North Carolina; however, barriers still exist. The most common barriers, as reported by a convenience sample of certified PMHNPs, include collaborating with a medical doctor to bill under, requiring a medical doctor must be a part of a practice to be able to bill, difficulty accessing insurance panels, the credentialing process, and a limitation in the length of time allowed with patients.

Dr. Soltis-Jarrett's presentation can be found here: [Model for Meeting the Mental Health Needs of North Carolina: PMHNP](#).

Selected questions and comments:

- Some of the barriers you mentioned could be due to a lack of understanding since PMHNP is so new. Many may not understand the capabilities and/or the appropriate roles of a PMHNP. Are you using any strategies to address this issue?
  - Yes. UNC-CH is the only school in North Carolina with this type of program. We have sent out letters to all local management entities (LME) to explain what a PMHNP is and that hiring a PMHNP would be beneficial to them. Also, we are planning on sending educational materials to providers about the role of a PMHNP and talking to many providers face to face.
- Q: Can any of these barriers be addressed through telemedicine? A: Telemedicine in psychiatry can be a problem since some patients do not like talking to mental health professionals through an electronic connection. Also, there are potential billing issues. It is better to educate someone from a community so they can go back and offer services.
- Integrated practice is what we need; however, there are billing issues unique to NPs.

*Anne Derouin, DNP, CPNP, Clinical Associate, Duke School of Nursing, Southern High School Wellness Center, Duke Community and Family Medicine*

Dr. Derouin explained the role of school-based health centers in providing mental health services and primary care. North Carolina is a leader in school-based health centers with 55 across the state. The Southern High School Wellness Center (SHS) has about 2,500-3,000 visits per academic school year and provides care to approximately 80% of students at some point during the year. Students can see a clinician at the center with parental permission. Family members of the students can also receive services. The center partners with two psychologists and psychiatrist fellows who perform diagnostic screening and provide prescriptions. The center also refers some patients to the school guidance counselor and off-site facilities. The center accepts all private insurance plans, public plans, and offers a sliding fee scale for the uninsured. A majority of their clients are on public plans such as Medicaid.

Barriers for the center include a lack of on-site dental care, mental health provider is not available every day, limited scope of practice for certified nursing assistants (CNA), lack of day-care provisions, and an inability to provide contraception. The center is also closed on school holidays and during the summer which means patients must find care elsewhere.

Strategies to overcome these barriers include advocating for the growth of school-based health centers, increasing scope of practice for various levels of nurses, including all providers in

school-based health center training, focusing on at-risk communities, researching and supporting evidence-based practices, and providing funding for the centers.

Dr. Derouin's presentation can be found here: [School-Based Health Centers](#).

Selected questions and comments:

- Q: Does the Durham Health Department come to the center to help? A: Yes. The Department's Jr. Iron Chefs program, a dental outreach program for pregnant girls, and health educators come to help regularly. Duke's physician assistant program also comes to the center.
- Q: Is the School Health Alliance in Forsyth County part of the state's school-based health services? A: Yes. The Alliance is in Wilmington. We all meet two or three times per year and monthly on the phone. The one in Forsyth is similar to the one in Durham. There is a NP at each site supervised by a doctor.

### **Policy Options for Reducing Existing Barriers/Challenges**

*Bobby Lowery, MN, FNP-BC, Clinical Associate Professor, Director, Adult Nurse Practitioner and Family Nurse Practitioner Concentrations, East Carolina University*

Mr. Lowery provided a brief overview of the evolution of NPs, the national NP regulatory environment, a comparison of policy impact versus consumer care, and some recommendations to ensure full utilization of NPs as primary care providers.

North Carolina is one of five states with a joint regulatory model between the Board of Nursing and the North Carolina Medical Board. This model can be complicated and cause controversy due to requirements for physician oversight. Physician oversight was deemed useful in the early days of the NP profession; however, NPs are now accountable for their own practices, which makes physician oversight an unnecessary cost. Physician supervision is not correlated with NP performance or safety. Tougher regulations on supervision can lead NPs to move to states that have fewer restrictions. Moving beyond these regulations would help North Carolina move towards meeting the needs of health care in 2014 when the ACA takes full effect.

NP reimbursement is another barrier to providing care. Reimbursement for NP services is not consistent among insurers. Inconsistencies range from providing full reimbursement to NPs serving on a provider panel, giving partial reimbursement for NP services, providing reimbursement only when billed under a physician, to denying reimbursement for NP services. Public plans also have inconsistencies in reimbursement rates, particularly between Medicare and Medicaid. Other challenges related to payment include insurers not credentialing or contracting with NP practices, stricter supervisory regulations, and excessive co-pays for NP services.

Recommendations for policy change include supporting efforts that increase access to primary care providers, changing reimbursement systems to reflect cost of care and provided services, tracking provider-specific outcomes for accountability of care, including NP practices as full partners in models of care, and removing outdated legislative and regulatory barriers.

Mr. Lowery's presentation can be found here: [Policy Implications for NP Practice in NC](#).

Selected questions and comments:

- Q: Where do you feel like you get the most pushback for making these policy changes?  
A: There are many sources of pushback. Historically nurses have not sat on insurance boards in a meaningful manner. Boards are physician dominated. But the health care environment has evolved and needs to change. Also, third party insurers have more stringent requirements than required by the state. There are also political issues. Physicians started NP programs. Originally NPs were physician extenders, but that is not the case anymore.
- We should think about what policies we would like to preserve versus not preserve. Some policies in place might turn out to have some value. We don't want to get rid of valuable regulations.

*Polly Johnson, RN, MSN, FAAN, President and CEO, Foundation for Nursing Excellence*

Ms. Johnson explained the RIBN (Regionally Increase the number of Baccalaureate-prepared Nurses in North Carolina) Project and how it can help further educate and diversify the nursing workforce while increasing the proportion of baccalaureate-prepared nurses. The project, funded by Partners Investing in Nursing's Future and the Robert Wood Johnson Foundation, admits qualified students to a joint community college and baccalaureate nursing education program. By using these existing resources, the program has encountered very few barriers. Begun in 2008, the four year program will begin its new class in fall of 2010.

The project is currently a partnership between Asheville-Buncombe Technical Community College and Western Carolina University. Five other regional RIBN partnerships have been formed in the state including Charlotte, Eastern North Carolina, Hickory, Rural Piedmont, and Wilmington. These programs will begin accepting students in the fall of 2012. The goal of the program is to expand to all areas of the state by 2016.

Ms. Johnson's presentation can be found here: [The RIBN Project](#).

Selected questions and comments:

- Q: Are there any plans to track cohorts over time? A: Yes. There is support from Duke Endowment and other sources to track workforce across the state.

*Renee Godwin Batts, RN, MSN, Program Coordinator, Health Sciences, North Carolina Community College System*

Ms. Batts reviewed the state of the associate degree nursing workforce in North Carolina. Six colleges and 55 community colleges in North Carolina offer associate degrees in nursing. The majority of graduates taking the NCLEX-RN exam in North Carolina are from community college programs. The biggest barriers to nursing programs are capacity, faculty, and opportunities for clinical experience.

Ms. Batts' presentation can be found here: [Associate Degree Nursing](#).

Selected questions and comments:

- We have to think beyond using advanced practice nurses and also use RNs and LPNs to their full scope. The number of nurses graduating and the number of nurses moving to North Carolina has gone flat. Hospice and home health nursing will be greatly needed in the near future.

### **Next Meeting—April 26 from 9am-12pm**

The April meeting will be focused on the dental workforce. Future meetings will focus on allied health professionals and possible recommendations.

### **Public Comments**

No further public comments were given.