

APRN/DNP and Global Health

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OVERVIEW

- **APRN in the global nursing community**
- **Nations identifying NP presence and progress**
- **DNP origins and status in USA**

APRN/DNP and Global Health

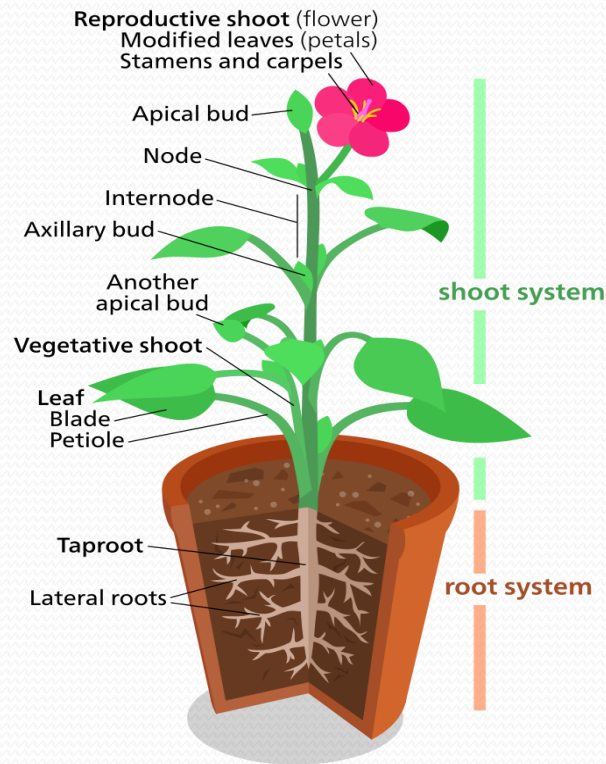
Looking Back – USA: 1965-2019



This Lady had an idea and planted the seeds

Dr. Loretta C. Ford

APRNs Around the Globe



- I'd like to compare the growth of the APRN to that of a flower. Flowers start from seedlings just as the NP started with Dr. Ford's ideas –As they both have different steps in their growth process.

APRNs Around the Globe

1965-1975

- Seedling



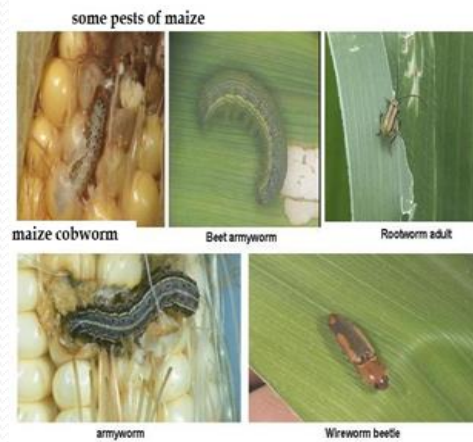
- Dr. Ford's idea was planted, more ideas emerged and the NP role was tested. The government was listening and added fertilizer (**funding**) to the seedling.

APRNs Around the Globe

- 1975-1985



- New types of programs were tested, the new role was putting down roots, and we were fighting pests of all sizes and shapes (physicians, insurance companies, & legislators) while the NP role continued to grow.



APRNs Around the Globe

- Sprouts Appear



• 1985-1995

- The NP role was strengthened by professional support of nurses, governmental recognition, regulations and positive health policy in all 50 states.

APRNs Around the Globe

- The flower matured



• 1995-2005

- The NP role gained strength and support from the rain (research data and reports) and sunshine (media & public support)

APRNs Around the Globe

- Time for flowering -



- 2005 - 2019
- The NP role (APRN) has been recognized for contributions to the health system; regulations are in place for practice in 50 states; and there is fiscal support (public & private) for the professional providers of health care

APRNs Around the Globe

**Enjoy each different flower
which represents the NP in
a different country**



**Taiwan's future
2019 -**

Continue to move forward with
an eye on the past -

AND

look through your social and
cultural glasses at our history,
learn from our valuable lessons,
and don't repeat our mistakes.

Moving right along---

- What nations have moved into the development and implementation of the role of the APRN
- Data being shared originated from:
 - Organization of Economic Co-operation and Development with a focus on workforce issues
 - International NP/APN Network with a focus on NP/APN role and practice parameters

Nations Developing the NP/APN

- OECD has investigated the expanded nurse role for more than 10 years – gathering data from member states including the nations of the EU. **But WHY?**
- Internationally Health Systems had to change and become more efficient. Testing the shifting of skill mix of nurses has been one method tried and proven to reduce workforce shortages, improve patient access to care, meet expanding patient health needs and reduce the cost of services.

Nations Developing the NP/APN

- The OECD research of 2010 focused on the factors driving the development of the NP/APN role.
- Described the development, education, and training of the NP/APN.
- 12 countries took part in this study (AU, Belgium, Canada, Cyprus, Czech Rep., Finland, France, Ireland, Japan, Poland, UK, and USA).

Nations Developing the NP/APN

- **REFERENCE:**
- OECD Health Working Paper No. 54
- Nurses in Advanced Roles: A description and Evaluation of Experiences in 12 Developed Countries
- Marie-Laure Delamaire and Gaetan Lafortune
- 08-Jul-2010

<http://www.oecd.org/els/health-systems/health-working-papers.htm>

Nations Developing the NP/APN

- **REFERENCE:**
- OECD Health Working Paper No. 98
- Nurses in Advanced Roles in Primary Care: Policy Levers for Implementation
- Claudia B. Maier, Linda Aiken, and Reinhard Busse
- **15-Nov-2017**
- <http://www.oecd.org/els/health-systems/health-working-papers.htm>

Nations Developing the NP/APN

- This OECD study found that the NP/APN role was developed and implemented in the different countries due to:
 - Increased need for chronic care services
 - A shift from hospital to primary care due to cost outlays
 - Shortage of physicians in general practice
 - Need for increased skill sets for primary care providers
 - Team based care increasing
 - Nurses in workforce were better educated

Nations Developing the NP/APN

- **Group 1:** 8 Countries had full implementation of scope of practice (US, Canada, UK, Netherlands, Finland, AU, NZ and Ireland).
- **Group 2:** 12 Countries were in early stages of NP/APN role implementation. (Austria, Belgium, Croatia, Cyprus, France, Germany, Iceland, Israel, Lithuania, Norway, Spain, Sweden, and Switzerland).
- **Group 3:** 12 Countries have not moved toward NP/APN role (Belgium, Czech Rep., Denmark, Estonia, Hungary, Italy, Latvia, Luxembourg, Malta, Poland, Portugal and Slovenia).

Nations Developing the NP/APN

- Countries not included in this OECD study but that have implemented the NP/APN role fully or partially are Botswana, Hong Kong, Macau, Singapore, South Africa, Taiwan and Thailand!

Nations Developing the NP/APN

- **Group 1** - Scope of Practice in nations that have implemented the NP/APNs who practice in Primary Care includes:
 - Health Assessment and diagnosis
 - Prescribe medications, order dx tests and procedures
 - Establish treatment plans
 - Monitor an established panel of patients
 - Refer patients as part of the plan of care
 - Are the first point of contact for the patient

Nations Developing the NP/APN

- **Group 2** -Scope of Practice in nations that are emerging is at different places, but some have begun educating the NP/APN without an advanced level of clinical practice -
 - Authorized to implement a limited set of advanced clinical activities
 - Usually practice under physician oversight
 - *Several of the nations in this group have moved forward since the data was gathered and reported in this study.*

Nations Developing the NP/APN

- **Group 3** - Nations selecting not to develop the NP/APN role have extended some nurse roles through add-on courses and certificate programs.
- Scope of practice is limited to a set of clinical activities that were gained with post-basic course work.
- Most implement these clinical activities under physician oversight.

Nations Developing the NP/APN

- **Prescriptive authority** for NP/APNs is either full or limited.
- Nations with full prescriptive authority by regulated nurse titles (NP/APNs are: AU - NPs, Canada, Netherlands-CNS, New Zealand and US APRNs)
- Nations with limited prescriptive authority by regulated nurse titles (AU - RNs, Cyprus, Estonia, Finland, France Med Auxiliaries) Ireland, Netherlands-CNS, Poland-MS & BSN, Spain , UK [England, Scotland, Wales, N. Ireland])
- RNs in some nations have prescriptive authority which can be regulated or established by the institution or health jurisdictions.

Nations Developing the NP/APN

- **Policy and regulations** are key components of the implementation of the NP/APN role in every nation.
 - Can be national and/or state/provincial
 - A barrier or enabler of NP role
 - Sets standards for Scope of Practice
 - Lends clarity to role, title and Scope of Practice
- Some nations leave the policy development to the institutions or community. E.g. England does not regulate or register the NP/APN



Nations Developing the NP/APN

- **Payment for services** relates to the health system delivery model used in each nation.
- Insurance and/or fee for service
- Public and/or private reimbursement systems.
- Solo practice, group practice, clinics for profit or non-profit

Nations Developing the NP/APN

- **Evaluation** of NP/APN outcomes:
 - **Clinical effectiveness**- Equivalent or better quality
 - **Mortality** – tended to be lower in patients managed by NP/APNs
 - **Secondary Prevention**- mixed results but in the prevention of heart disease NP/APNs were superior
 - **Patient Satisfaction**-higher in nurse led models of primary care than physicians

Nations Developing the NP/APN

- **Cost Effectiveness:**
 - Inconclusive results
- **Factors influencing outcomes:**
 - NPs are paid lower salary than MD
 - NPs had lower productivity and higher service use
 - NPs had longer consultations and more return visits
 - Nps had higher patient satisfaction
- Added data and studies are recommended with better control of variables

Nations Developing the NP/APN

- End Notes:
- Scaling up the tasks and skills of the nurse to become an NP/APN does not diminish the foundational role of the **nurse**. It *enhances* the role through improved health services.
- Health promotion, prevention of disease, patient education, lifestyle counseling, and health screening remain important and critical components of the NP/APN role.
- The NP/APN role is all about *total patient* care.



Nations Developing the NP/APN

- Fact Sheet: NP/APNs number in nations

USA –	270,000 (2019)*
Taiwan -	6,962 (2017)**
Canada-	4,090 (2015)
Netherlands -	2,749 (2015)
Australia -	1,214 (2015)
New Zealand -	142 (2015)
Ireland -	141 (2015)

*American Association of Nurse Practitioners

**Dept. of Nursing and Health Care, Ministry of Health and Welfare, Taiwan

Beginnings of the DNP

- American Association of Colleges of Nursing in October 2004 endorsed the Position Statement on the Practice Doctorate in Nursing to move advanced nursing practice from Masters to Doctoral education by 2015.
- This is a proposal in progress

Doctorate of Nursing Practice

- Schools of Nursing have undertaken the challenge and now there are 35 states that have DNP programs available for enrollment.
- There are 300+ programs within Nursing institutions offering the DNP using a variety of platforms – online/face to face/ hybrid
- The DNP enrollment increased by 19.6 % in 2012

Doctorate of Nursing Practice

- The programs are in the phase of putting down roots and testing new ways to prepare the graduate students.
- Each school has the flexibility to design the curriculum to meet the needs of the enrollees in their community as long as the CCNE *Essentials* are met.
- Accreditation for these programs has been in place for several years using established criteria which must be met in order to receive this status.

Doctorate of Nursing Practice

- **DNP *Essentials*:**
 - 1. Scientific Underpinnings for Practice
 - 2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
 - 3. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
 - 4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

Doctorate of Nursing Practice

- *Essentials* continued:
- 5. Health Care Policy for Advocacy in Health Care
- 6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- 7. Clinical Prevention and Population Health for Improving the Nation's Health
- 8. Advanced Nursing Practice

Doctorate of Nursing Practice

- Models of programs are also being tried and tested:
- BSN to DNP
- MSN to DNP
- Clinical components and scholarly project have received much attention and discussion

Doctorate of Nursing Practice

- The DNP has generated great interest and drawn away potential enrollees from the PhD nursing programs.
- Questions have been raised of what will happen to nursing research?
- How can the DNP program be strengthened to include evidence based practice research?
- Answers to come????

Thank You

- This concludes the presentation of the APRN in the global community of health care and the emerging DNP role-
 - Thank you for your attention
- For further information feel free to email me at
 - rtgoodyear@gmail.com