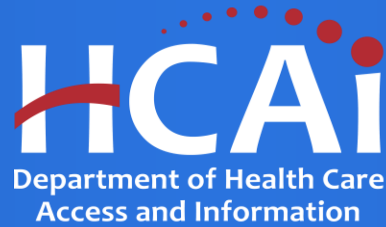


Agenda Item 11:

Nurse Practitioners: Barriers and Opportunities for Practice

Presenters: Garrett Chan, PhD, NP, CNS, FCNS, FAANP, FAAN, President & CEO, HealthImpact
Surani Hayre-Kwan, DNP, MBA, FNP-BC, FACHE, FAANP, President-Elect, California Association of Nurse Practitioners

Nurse Practitioners: Barriers and Opportunities for Practice

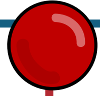
Garrett Chan, PhD, NP, CNS, FCNS, FAANP, FAAN
President & CEO, HealthImpact
Associate Adjunct Professor, UCSF
Nurse Practitioner, Stanford Health Care

Surani Hayre-Kwan, DNP, MBA, FNP-BC, FACHE, FAANP
President-Elect, California Association of Nurse Practitioners
Adjunct Assistant Professor, Samuel Merritt University
Nurse Practitioner, West County Health Centers

Objectives

1. Reflect on the history of NP education and scope of practice
2. Discuss barriers and opportunities to expanding the NP workforce
3. Describe the challenges and opportunities for NP primary care practice in California

Education of Advanced Practice Registered Nurses (APRNs)



1997

- As of 1997, all advanced practice registered nurses (i.e., nurse practitioner (NP), certified nurse-midwife (CNM), certified registered nurse anesthetist (CRNA), and clinical nurse specialist (CNS)) are required to be educated at the graduate degree level
  - Master’s degree (e.g., MS, MSN, MN are most common)
  - Doctoral degree (e.g., PhD, DNP—doctor of nursing practice are most common)

Advanced Practice Registered Nurses

2008

APRN Consensus Model by the National Council of State Boards of Nursing (NCSBN)

- 6 population foci: Neonatal, pediatric, family/across the lifespan, adult/gerontology, women's health/gender specific care, psych/mental health
- 4 APRN roles: NP, CNM, CRNA, CNS

2020

AB 890 enacted allowing qualified NPs to practice without supervision

- Since NPs were always supervised, NPs have not received much education/ training on managing a practice since it was always under a physician

Note: **To expand access to care through NP services, NPs need education/training on building and managing a practice**

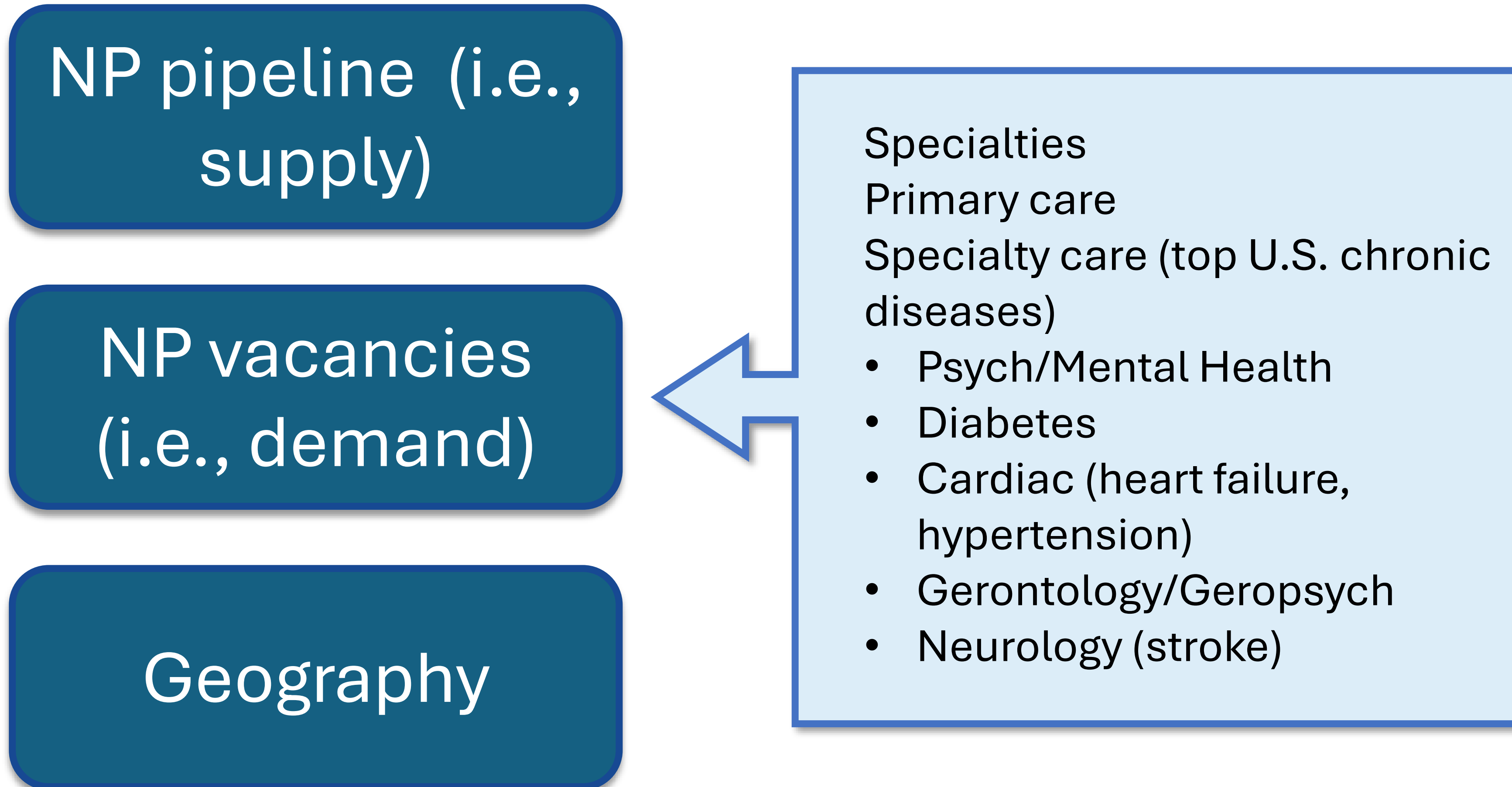
Transition-To-Practice (TTP)

- 4,600 hours or 3 full-time equivalent years additional clinical experience and mentorship

Note: These topics are focused on managing or building a practice.

- Managing a panel of patients
- Interpersonal collaboration and team-based care
- Professionalism
- Working in complex health care settings
- Interpersonal communication
- Business management of a practice

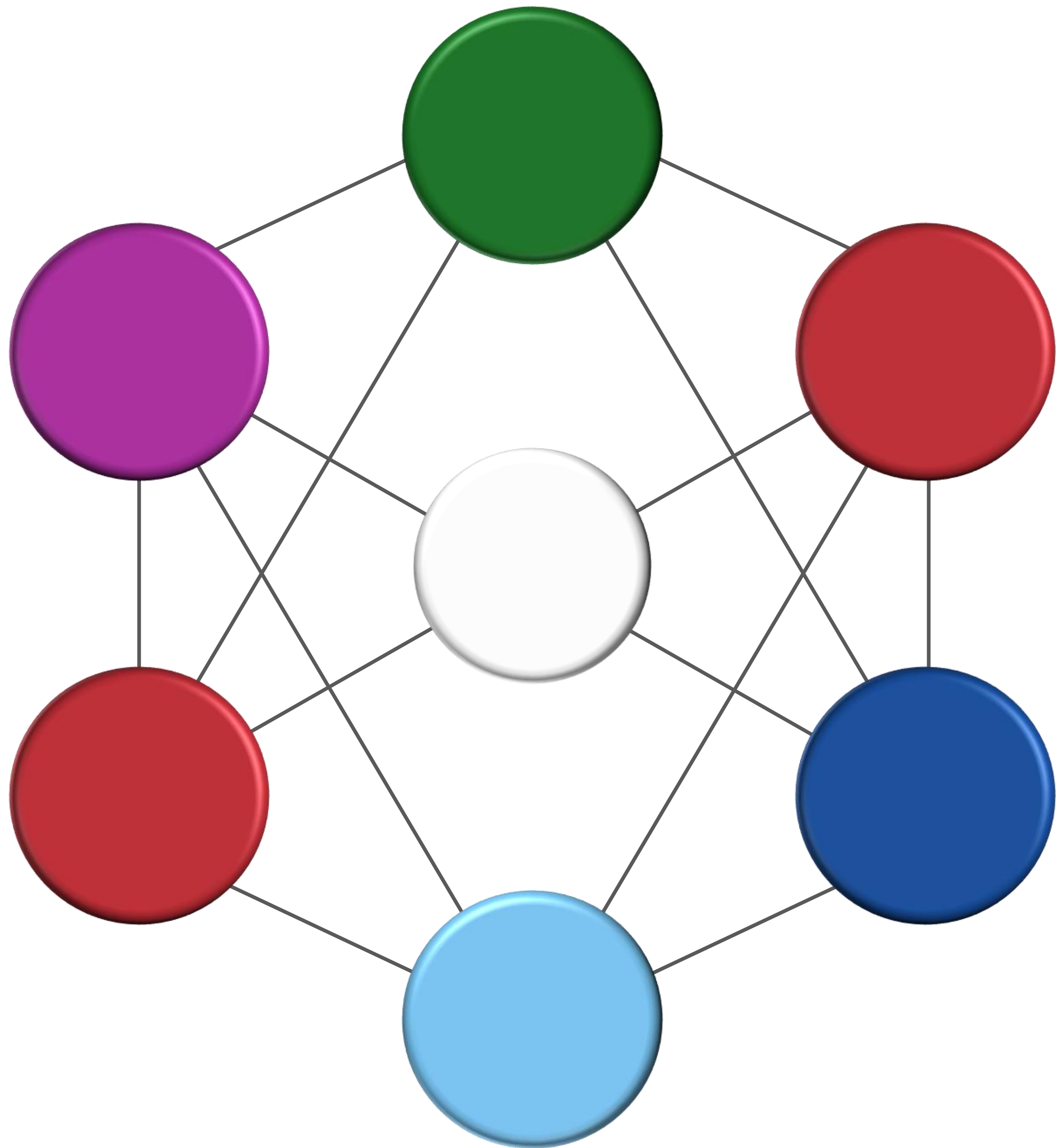
Barriers and Opportunities to Expanding NP Workforce



Need to Examine

Why the Persistent Shortage of Primary Care Providers (i.e., sieve)?

- Fewer physicians entering primary care
- Emotional and moral distress, burnout
- Workloads, administrative burdens, not enough time spent with patients
- Demoralization and politicization of science
- Income



“Every system is ***perfectly designed*** *to get the results it gets.”*

-W Edwards Deming

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Priorities > Overview > Innovation Models > Primary Care First Model Options

Primary Care First Model Options

> On March 12, 2025, CMS announced that Primary Care First will end as of December 31, 2025. This early ending is to better align with the CMS Innovation Center's statutory mandate and to protect taxpayers.
>
> Read more **CMS Innovation Center Announces Model Portfolio Changes to Better Protect Taxpayers and Help Americans Live Healthier Lives**

Primary Care First is a voluntary alternative five-year payment model that rewards value and quality by offering an innovative payment structure to support the delivery of advanced primary care. In response to input from primary care clinician stakeholders, Primary Care First is based on the principles underlying the existing Comprehensive Primary Care Plus (CPC+) model design: prioritizing the clinician-patient relationship; enhancing care for patients with complex chronic needs, and focusing financial incentives on improved health outcomes.

Model Summary

Stage: Active
Number of Participants: 1752
Category: Accountable Care Models
Authority: Section 1115A of the Social Security Act

Milestones & Updates

February 26, 2024
Second annual evaluation report posted

Federal Funding Issues

April 17, 2025

$41B (decrease)

Leaked Health and Human Services budget draft ("passback") decrease of $41B in discretionary funding including decreasing Title VIII funding (nursing education) and elimination of the National Institute of Nursing Research

May 2, 2025

President's "skinny budget" proposal (partial list):

Change	Amount	Program
↑	**$500M**	Make American Healthy Again Initiative
↑	**$5.4B**	Dept of Veterans Affairs
↓	**$1.75B**	Health Resources and Services Administration
↓	**$3.5B**	Centers for Disease Control and Prevention
↓	**$17.97B**	National Institutes of Health

Note: Unclear if these discretionary budget cuts will affect the services that FQHCs offer.

Recommendations for HWET Council

1. In an era of decreasing access to services, support NPs and CNMs in advancing the policy behind AB 890 and SB1237 to increase access to care through innovative NP services and try to avoid the challenges of today's practice environments.
   Examples: Home-based primary care, ambulatory intensive care for medically complex patients, chronic illness co-management

2. Fund business development programs for NPs and CNMs and include the transition-to-practice topics.

3. Continue to fund Song-Brown initiatives with emphasis on distance learning programs in rural and underserved areas.

4. In a confidential way, conduct research that cross references licensee data with unemployment and employment data to understand who is working in the workforce and who the employers are.

Questions and (Possible) Answers

References

- Benavidez GA, Zahnd WE, Hung P, Eberth JM. Chronic Disease Prevalence in the US: Sociodemographic and Geographic Variations by Zip Code Tabulation Area. Prev Chronic Dis 2024;21:230267. DOI: http://dx.doi.org/10.5888/pcd21.230267.
- Horstman, C. "A Poor Prognosis: More Than One-Third of Burned-Out U.S. Primary Care Physicians Plan to Stop Seeing Patients," *To the Point* (blog), Commonwealth Fund, Dec. 6, 2024. https://doi.org/10.26099/EVWB-8T35
- Health Resources and Services Administration (HRSA). State of the Primary Care Workforce, 2024. November 2024. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-primary-care-workforce-report-2024.pdf