Barriers to Practice

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Objectives

1. Discuss the history of APRN practice issues and how barriers to practice have evolved over the years

2. Identify barriers that prevent nurse practitioners from practicing to the full extent of their education and training

3. Define ways to effectively resolve barriers that are, and will continue to impact American’s access to care
Purpose

To bring awareness to DNP’s the barriers of practice and how the DNP can collaborate to overcome the many barriers in order to practice to the full extent of their education and skills.
Evolution of the Nurse Practitioner

- Only physicians managed patient care prior to establishment of Medicare and Medicaid in 1965
- Physician shortage
- Nurses answer call to advance education
- Role of NP’s
IOM Report

• In 2011 the Institute of Medicine (IOM) published a report on the Future of Nursing
• Four key components of IOM report
• Eight recommendations for change
Economic Impact to Healthcare System

• Expand healthcare services for the American public at an affordable cost
• Cost effective care
• NP’s Contributions
• Removal of scope of practice barriers needs to be uniformly lifted
Barriers to Practice

- Limited prescriptive authority
- Requirement for physician collaboration
- Inability to order home health care, hospice services, skilled nursing care and durable medical equipment
- Lack of hospital privileges
- Credentialing issues
- Lack of understanding of the role of the nurse practitioner among the public, physicians and political leaders
- Other barriers
Nurse Practitioner Scope-of-Practice Authority, 2012

- Blue: No physician involvement needed to diagnose, treat, or prescribe
- Light Blue: Physician involvement needed to prescribe but not to diagnose or treat
- Red: Physician involvement needed to prescribe, diagnose, or treat

**Source:** Linda J. Pearson, *The 2012 Pearson Report*, American Journal for Nurse Practitioners. **Notes:**
In Connecticut, Indiana, Minnesota, and Pennsylvania, physician involvement is required to diagnose or treat, but written documentation of this is not required. In other states that require physician involvement to diagnose or treat, written documentation is also required.
The Voice of Nurses Has Not Been Heard Loudly Enough
DNP’s Working Together

- Building a strong coalition across the country
- Strategies to lift the barriers
- New approaches for promoting DNP practice
References