



The Ascension of Advanced Practice

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Learning Objectives

At the conclusion of this session, participants should be able to:

- Describe the historical events and policies that shaped today's advanced practice profession.
- Articulate how the Covid-19 pandemic accelerated healthcare trends and list the associated implications on healthcare delivery.
- Identify the key facilitators and barriers to advanced practice in today's environment.
- Implement strategic initiatives to further bolster the trajectory of advanced practice.



THE EVOLUTION OF ADVANCE PRACTICE

1960s – 1970s

1960s – Critical shortage of primary care physicians

1970s

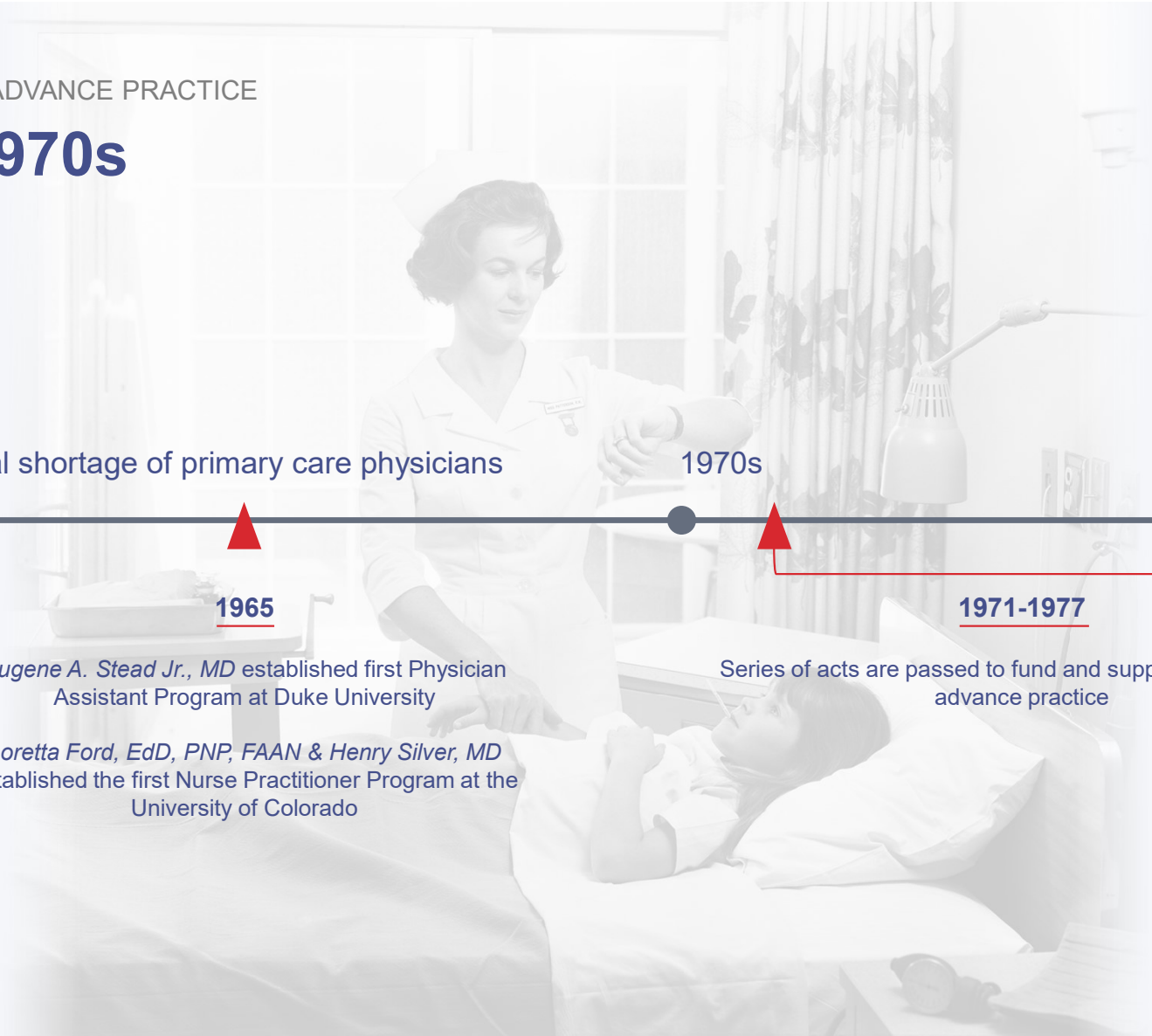
1965

Eugene A. Stead Jr., MD established first Physician Assistant Program at Duke University

Loretta Ford, EdD, PNP, FAAN & Henry Silver, MD established the first Nurse Practitioner Program at the University of Colorado

1971-1977

Series of acts are passed to fund and support the growth of advance practice



THE EVOLUTION OF ADVANCE PRACTICE

1980s – 1990s

1980s

1990s

1986

Omnibus Budget Reconciliation Act of 1986

1988

First master's degree for PA education at Duke University

1989

90% of NP programs are either master's level or post-master's degree programs

1990

PAs have prescriptive authority in 30 states

1995

61 PA programs, 29,000 PA graduates, prescriptive authority in 39 states, plus DC & Guam

1997

Balanced Budget Act of 1997

1999

60,000 NPs in the U.S.

40,000 NPs in the U.S.

THE EVOLUTION OF ADVANCE PRACTICE

2000s

2000s

2000

PAs and NPs are able to practice in all 50 states

2010s

2010

140,000 NPs and 86,857 PA graduates. The "Expansion of PA Training (EPAT) Program" is implemented

2020s

2007

PAs have prescriptive authority in all 50 states



Institutional Theory & Organizational Culture

“An institution is a social construct in which practices universally accepted by employees become part of the culture of an organization. Institutions form when structures and processes become embedded in organizations and acquire legitimacy in their own right, rather than through demonstrated benefit to the organization. (Scott, 2014)

Institutional Theory

- Regulative Systems
- Normative Systems
- Cultural-cognitive Systems

Functional, political
and/or social forces

=

organizational change

Positive practice
environments

=

increased job satisfaction,
lower burnout, reduced
patient mortality

ADVANCED PRACTICE FACILITATORS & BARRIERS

Today's Environment

Facilitators

- Autonomy
- APP-Physician Relations

Barriers

- Policy Restrictions
- APP-Physician Relations
- Administrative Relations
- Professional Recognition



HEALTHCARE TRENDS

COVID-19 as an Accelerator

- Care Delivery Environment
- Telehealth
- Mental Health & Well-being
- Staffing



| One Purpose. One Partner. One Cross Country.

PROPRIETARY

Building & Maintaining Resilience



Creating Resilient Teams:

- Communication
- Psychosocial Support & Treatment
- Monitoring Health Status

Working Conditions:

- Tasks & Responsibilities
- Work Patterns
- Available Resources

The Future of Advanced Practice



**Professional
Development**



**Enhancing
Collaborative
Care**



**Maximizing
Scope of
Practice**



**Licensing
Improvements**

SUMMARY

Take Home Points



- Understanding the history of Advanced Practice is pivotal in constructing a successful future
- Covid-19 has altered the healthcare delivery landscape, prompting the need for agile clinicians and supportive environments
- The mental health and well-being of our healthcare professionals will dictate the future health of the industry
- To successfully lead through change, we must strategically leverage our facilitators and address today's barriers

References

How can we build and maintain the resilience of our health care professionals during COVID-19? Recommendations based on a scoping review

Anja Rieckert, Ewoud Schuit, Nienke Bleijenberg, Debbie ten Cate, Wendela de Lange, Janneke M de Man-van Ginkel, Elke Mathijssen, Linda C Smit, Dewi Stalpers, Lisette Schoonhoven, Jessica D Veldhuizen, and Jaap CA Trappenburg
PMID: 33408212 PMCID: PMC7789206 DOI: 10. 1136/bmjopen-2020-0437

COVID-19: leadership on the frontline is what matters when we support healthcare workers

Niki Obrien, Kelsey Flott and Mike Durkin, Institute of Global Health Innovation, Imperial College London
PMID: 33227137 PMCID: [PMC7717247](#) DOI: [10.1093/intqhc/mzaa153](#)

Organizational Facilitators and Barriers to Optimal APRN Practice: An Integrative Review

Lori Schirle, PhD, CRNA, Allison A. Norful, PhD, RN, ANP-BC, Nancy Rudner, DrPH, APRN, Lusine Poghosyan, PhD, MPH, RN, FAAN
PMID: 32865939 PMCID: [PMC7467399](#) DOI: [10.1097/HMR.0000000000000229](#)

Public Policies that Shaped the American Physician Assistant

Roderick S. Hooker, James F. Cawley
PMID: 32984813 PMCID: [PMC7505869](#) DOI: [10.1016/j.hpopen.2020.100014](#)

Wellness-Centered Leadership: Equipping Health Care Leaders to Cultivate Physician Well-Being and Professional Fulfillment

Tait Shanafelt, MD, Mickey Trockel, MD, PhD, Ashleigh Rodriguez, MSN, MMM, APRN, and Dave Logan, PhD
doi: 10.1097/ACM.00000000000003907





QUESTIONS

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