

APNA-ISPN LACE Implementation Task Force

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Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (LACE)

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Background

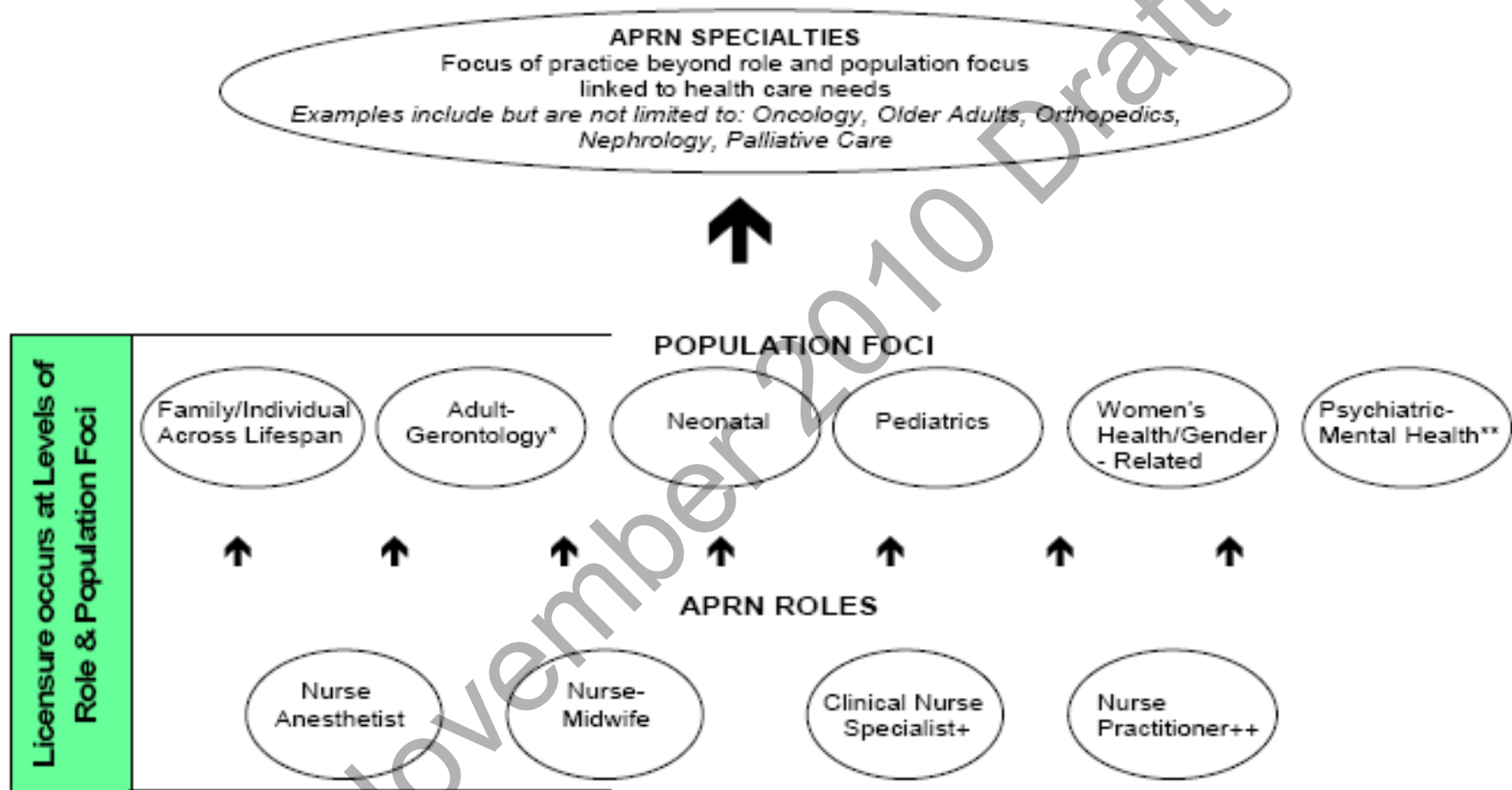
Goals of the APRN Consensus Process

1. Strive for harmony & understanding in the APRN regulatory community.
2. Develop a vision for APRN regulation, including licensure, accreditation, certification, and education (LACE).
3. Establish a standard that protects public, improves APRN mobility and improves access to care.
4. Produce a document that reflects consensus on APRN regulatory issues.

Reasons for a Future APRN Model

- Lack of common definitions related to APRN roles
- Lack of standardization in programs leading to APRN preparation
- Proliferation of specialties and subspecialties
- Lack of common legal recognition across jurisdictions

APRN REGULATORY MODEL



Process

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APNA Project Plan for the Implementation of the Consensus Model for APRN Regulation

Goals:

- Increase awareness and understanding of the Consensus Model and LACE within PMH Nursing
- Develop greater consistency in licensure, accreditation, certification, and education within PMH nursing (APRN implied).

- APNA project plan shared on October 30, 2009 at APNA headquarters with Office of the President and LACE Task Force co-chairs.
- Collaboration with ISPN launched on February 9, 2010.

Determination of Membership of Task Force

- Call to interested advanced practice members of APNA and ISPN sent via email
- Task Force comprised of
 - Steering Committee (n = 20) members identified:
 - From respondents
 - Members with particular expertise
 - Expert Panel (n = 99)

Steering Committee: APNA

Pat Cunningham, Co-chair

Barbara Drew, Co-chair

Lora Beebe

Judi Haber

Janiece DeSocio

Barbara Warren

Gail Stuart

Sharon Katz

Laura Leahy

Edna Hamera

Mary Weber

Tari Dilks

Michael Rice

Nancy Dillon

Matthew Tierney

Tennessee

Ohio

Tennessee

New York

Washington

Ohio

South Carolina

Pennsylvania

New Jersey

Kansas

Colorado

Louisiana

Nebraska

Minnesota

California



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Steering Committee: ISPN

Mary Jo Regan Kubinski, Co-chair

Indiana

Margaret Brackley

Texas

Debby Phillips

Oregon

Eris Perese

New York

David Hodson

South Carolina

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- Biweekly Conference Calls of APNA/ISPN LACE Steering Committee from February 16 to June 22, 2010.
- Discussion on Member Bridge
- Two surveys of Expert Panel

Conference Call Structure

Steering committee members were randomly divided into four focus groups to prepare a “roundtable” discussion.

- **Lifespan:** how to define and operationalize APRN-PMH preparation across the lifespan.
- **Education:** implications and recommendations for APRN-PMH education
- **Population:** meeting the current and future mental health needs of the population
- **Implementation:** perceived and actual barriers to implementation of the Consensus Model

Outcomes of the APNA/ISPN Task Force Focus Groups

- 41 pertinent documents identified and reviewed to inform steering members' thinking.
- 225 thoughtful postings on Member Bridge by steering committee members
- Development of survey for dissemination to the Expert Panel for input.

APNA/ISPN Task Force Consensus Process

- As discussions began to consolidate around particular themes, the Consensus Statement was drafted by the co-chairs and submitted for vote to the Steering Committee.
- Votes were cast to indicate degree of support for each part of the Consensus Statement
- Statements were sent to Expert Panel for comments

Consultation

- American Nurses Credentialing Center (ANCC)
- Commission on Collegiate Nursing Education (CCNE)
- National Organization of Nurse Practitioner Faculties (NONPF)
- National League for Nursing Accrediting Commission (NLNAC) (postponed)
- National Council of State Boards of Nursing (NCSBN)
- National Association of Clinical Nurse Specialists (NACNS) (to be scheduled)

Recommendations to the Boards of APNA and ISPN for their deliberation:



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1. That there be one entry educational focus for the future: PMH NP with preparation across the lifespan, addressing mental health promotion and mental illness diagnosis and treatment.

2. That currently licensed and certified PMH APRNs who demonstrate their competency by continuing re-certification should be permitted to continue practicing under their current license and certification.

3. That didactic curriculum content address the assessment and diagnosis, age-specific interventions, and mental health needs and issues of all age groups. This includes the three P's (advanced pharmacology, physical assessment, physiology/pathophysiology) and the PMH-specific content , particularly psychotherapy (the fourth "P").

Rationale for Single Role: PMH NP

- Logical job analysis determined that the practices of PMH NPs and CNSs were substantially similar (Rice et al., 2007)
- Curricula of PMH NP and CNS programs have become more similar than different in response to the requirements of the Masters Essentials document.
- Greater recognition of the title, “Nurse Practitioner,” by the public, employers, and other disciplines than “Clinical Nurse Specialist”.

Rationale for Single Focus: Lifespan

Broad scope of practice will increase number of PMH nurses prepared to address the following:

- Psychiatric disorders are disorders of childhood (Kessler et al., 2005).
- Prevention, which is better than cure (Duhault, 2002; NRC-IOM, 2009), would be more likely.
- There is a shortage of providers of mental health services, particularly to children and the elderly and in rural and low income areas (Thomas et al., 2009).

(cont.)

Rationale for Single Focus: Lifespan (cont.)

- State laws and reimbursement will not interrupt care if training is in a narrow age scope.
- Educational programs will only need one curriculum.

Challenges

- A significant shortage of PMH NP faculty
 - Only 30% of certified PMH APRNs are nurse practitioners; 9% are Family NPs (ANCC, 2010).
 - Most PMH NPs are not in faculty roles
 - PMH APRNs are aging along with the rest of the nursing population
- Perceived threat to PMH APRN educational programs due to NTF criteria (NTF on Quality NP Education, 2008)

Challenges (cont.)

- A crisis in the delivery of mental health services related to a profound workforce shortage and significant unmet need (Hoge et al., 2007; Thomas et al., 2009).
- Shortage of child/adolescent clinical sites and preceptors
- Perception that PMH CNSs and Adult NPs will be disenfranchised (although Consensus Model includes a provision for grandfathering)

4. That during supervised practica, students will provide behavioral health services to children/adolescents, adults, and older adults

5. That in addition to traditional mental health settings, clinical experience in various settings is encouraged with the intention of promoting integrated and collaborative healthcare.



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6. An essential outcome of educational preparation is demonstration of entry level competence in psychotherapy modalities.

7. In addition to prescriptive practice, PMH APRNs must be prepared in multiple psychotherapy modalities to meet the needs of individuals and families, including group settings.

8. The **minimum** number of clinical hours will probably need to be more than 500 in order to facilitate competence in therapeutic modalities with clients in varying age groups.

Rationale for # 4-8:

- Experience with clients of varying ages will reinforce lifespan didactic content.
- Curricular emphasis should parallel the epidemiology of mental illness (Kessler et al., 2005).
- The conduct of psychotherapy is a hallmark of PMH APRN practice (ANA, APNA, & ISPN, 2007).
- Mental health services are increasingly integrated into primary care settings (SAMHSA, 2009).
- NTF guidelines indicate that lifespan programs will probably take more than 500 clinical hours

Challenges:

- Clinical experience may be diluted with rotation to varying settings to work with different age groups
- Exposure to evidence-based psychotherapies and prescriptive practice appropriate to all age groups results in a demanding curriculum
- Expertise in psychotherapy skills and/or specialization with specific populations will need to be attained post-masters

9. That graduates be eligible for the certification examination through the role of PMH Nurse Practitioner. After certification and appropriate state credentialing, graduates will be able to provide mental health services to people in all age groups.



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Rationale for # 9:

- ANCC Family PMH exam is already in place
- Models for lifespan NP curricula are available (~ 23 FPMH programs).
- Title, however, would not be PMH “Family” NP as this suggests particular practice focus rather than lifespan preparation. Title would be PMH NP.

Challenges:

- State recognition of NP practice is uneven
 - Perception of risks for existing CNSs and Adult NPs resulting in worries that
 - Recertification may become problematic
 - Recognition of credentials and ability to practice may be jeopardized resulting in further decline in PMH workforce
- (See previous note re: grandfathering)

10. That in recognition of the substantial changes required for educational programs, transition to lifespan education focus should be completed by 2020.

Rationale:

- Regardless of their role preparation, the current PMH graduate nursing faculties have successfully educated the PMH APRN workforce.
- Considering this success, PMH graduate faculties should be granted reasonable time & methods to attain requirements for expanding roles.

Challenges:

- Licensure, accreditation, and certification will likely move forward with implementation putting PMH nursing at risk if changes are not systematically implemented.

11. That APNA and ISPN convene a coalition on advanced practice education.



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Rationale:

- The coalition would support PMH APRN educational program directors and faculty in implementation of the Consensus Model
- Opportunity presented for improved standardization of curricula
- Blueprint for curricula would support nursing faculty in their decision-making
- Potential collaboration for faculty to meet educational criteria for credentialing (like NEXus, for example)

Challenges:

- Balancing standardization of curriculum and regional-specific needs of students and community

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Summary:

- The Task Force was committed to thoughtfully identify a **future** model for PMH APRN education yet we recognize that our recommendations may raise considerable concerns.
- What questions and/or suggestions do you have as the APNA and ISPN boards consider the recommendations?