

APRN TRANSITION TO PRACTICE

Understanding Professional Aspects of APRN Practice

WHAT IS AN APRN?

- Advanced Practice Registered Nurse
- Ohio APRNs include: CNP, CNM, CRNA, CNS
- RN license and APRN license

HOW DID WE GET HERE?

- 1965 Loretta Ford and Dr. Silver founded the first NP program at the University of Colorado
- 1979 15,000 NP programs in the US
- 1980 Northeast Ohio Nurse Practitioner Group Founded
- 1990 Ohio Coalition of Nurses with the Specialty Certification formed
- 1996 OAAPN Founded
- 1997 Title Protection
- 2000 Ohio obtained prescriptive authority (the last state)
- 2008 Ability to prescribe schedule II
- 2017 APRN Modernization Act
- 2018 House Bill 111, "Pink Slipping"
- 2018 HB 726 The Better Access, Better Care Act
- 2019 HB 177 The Better Access, Better Care Act

CERTIFICATION VS LICENSURE

CERTIFICATION

- Examination reflective of APRN knowledge and expertise for their specialty
- Board certified in specific specialty
- Certifying bodies
- Renew every 5 years

LICENSURE

- APRN license
- Issued by the state
- Renew every 2 years
- Must have two licenses RN and APRN
- \$150

HOW TO BECOME CERTIFIED

- Apply online
- Receive eligibility to test
- Schedule test. Must schedule test within:
 - 90 days for ANCC
 - 120 days for AANP
- Which certification to choose?
- Review course?

HOW TO BECOME LICENSED

- Ohio Board of Nursing website
- Online application
- Certifying Agency must submit your test results directly to the Board
- Your school must send transcript to the Board
 - aprn@nursing.ohio.gov
- New license is an APRN license
- APRN license includes your ability to prescribe
- How long does this process take?

DID YOU ATTEND AN OUT OF STATE SCHOOL?

- You are required to have at minimum of two hours of instruction of Ohio law about drugs and prescriptive authority (OAC 4723-9-11)
- You are required to have education in Ohio law regarding safe prescribing of schedule II substances (OAC 4723-9-02)
- Ohio Nurses Association Prescribing Schedule II Medications in Ohio: 3.5 Hour Class for APRNs on Legal, Ethical and Fiscal Implications (Rule 4723-9-02.A 2b)
- <https://www.ce4nurses.org/prescribing-schedule-ii-medications-in-ohio-a-three-hour-class-for-aprns-on-legal-ethical-and-fiscal-implications-rule-4723-9-02-a-2b/>

WHAT'S MY TITLE?

- Title Protection (ORC 4723-8-03)
- Advanced Practice Registered Nurse (APRN)
- Umbrella term for the four types: CNM, CNS, CNP, CRNA

HOW DO I SIGN MY NAME?

- APRN-CRNA, APRN-CNM, APRN-CNS, APRN-CNP
- Or APRN
- Use of subspecialty or national certification credentials are NOT in law (FNP-BC, NP-C, etc...)

WHAT DO I NEED TO PRACTICE

- National Provider Identification number (NPI)
- DEA
- Medicare Number
- Medicaid Number

NPI

- 10 digit numeric identifier that is used on claim forms submitted to payors
- Must have it to bill for services
- Always update when you are changing practices!
- <https://nppes.cms.hhs.gov/forward=static.instructions#/>

MEDICARE NUMBER

- Must have NPI before you can apply
- Must have Medicare number to bill for Medicare patients
- <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>
- Often employer does this during credentialing

MEDICAID NUMBER

- Must have NPI before you can apply
- Must have to bill for Medicaid patients
- <https://portal.ohmits.com/Public/Providers/Enrollment/tabId/44/Default.aspx>
- Often employers apply for this during credentialing

DEA

- Need DEA to prescribe schedule medications
- Takes 1-2 weeks to get
- Cost - \$731
- Register for OARRS

STANDARD CARE ARRANGEMENT

- Must have before you start practicing (ORC 4723.431 & ORC 4723-8-04)
- Specifies the APRN and collaborating physician relationship
- Must be signed by all collaborating physicians unless signed by "physician's designated representative". For example a Department Chair
- Signed and Reviewed every 2 years
- Must be kept by the APRN employer
- New SCA is required when APRN is employed with a different employer and a different practice with a different collaborating physician
- Must state that prescribing is inclusive of scheduled drugs to minors (OAC 3719.061)

STANDARD CARE ARRANGEMENT

- Must practice in own specialty and enter into written SCA with collaborating physician
 - Collaborating physician practice must be the same or similar to the APRN
- OAC 4723-8-04 for inclusionary components of SCA
- Must include scope of prescriptive practice statement
- Every two years the APRN must verify licensure status of each collaborating physician

SCOPE OF PRESCRIPTIVE PRACTICE

- OAC 4723-8-04
- Prescribing parameters for drugs or therapeutic devices in accordance with the current formulary
 - Use of drugs not approved by (FDA), off label use
 - Use of schedule II controlled substances
 - If prescribing to minors (OAC 3719.061)
- Obtain and review OARRS reports and when to engage in physician consultation (ORC 4723.487 and OAC 4723-9-12)

STANDARD CARE ARRANGEMENT

- Procedure for quality assurance
 - APRN and at least one physician
 - Chart review at least once per year
- Prescriptive review at least twice per year
 - Representative sample of prescriptions written by APRN
 - Representative sample of schedule II prescriptions written by APRN

STANDARD CARE ARRANGEMENT

- Required Board of Nursing notification
- Name and business address of each collaborating physician no later than 30 days after APRN first engages in practice
- APRN must notify the Board of Nursing if any changes in collaborating physician
- Copies of previous SCA's must be retained by APRN for three years and provided to the BON upon request (4723-8-04)

STANDARD CARE ARRANGEMENT

- What if I work without a SCA?
- This is a violation of Ohio
- ORC 4723.28
- Could lose license PERMANENTLY

WHAT IS A FORMULARY?

- What you can and cannot prescribe
- Exclusionary Formulary
 - A Certified Nurse Practitioner, Clinical Nurse Specialist and Certified Nurse Midwife shall not prescribe any drug in violation of federal or Ohio law
 - The prescriptive authority of a Certified Nurse Practitioner, Clinical Nurse Specialist, or Certified Nurse Midwife shall not exceed the prescriptive authority of the collaborating physician or podiatrist
- Excluded: Abortifacients, schedule I

OARRS

- Ohio Automated Rx Reporting System
- You MUST be registered with OARRS
 - <https://www.ohioosp.gov/Registration/default.aspx>
- Must be checked before initially prescribing any controlled substance
- Red flags
 - Listed under OAC 4723-9-12
- If practice area adjoins another state, must obtain any information available in that state's controlled substance database (ORC 4723.487)
- Must request report every 90 days
- Document in patients chart that you reviewed the OARRS

OARRS

- When do I need physician consultation
 - When there is a red flag that there is abuse or diversion
 - Must be done PRIOR to prescribing
- Consultation shall include and result in:
 - Review and documentation of the reason
 - Review and documentation of the patient's progress
 - Review and documentation of patient's functional status

SCHEDULE II PRESCRIBING ACUTE PAIN

- Check OARRS!!
- If not prescribing at authorized site, MUST meet all three requirements
 - Terminal condition (hospice)
 - Physician initially prescribed
 - Can NOT exceed 72 hours supply
- NO CONVENIENCE CARE CLINICS

APPROVED SCHEDULE II SITES

- You can only prescribe schedule II substances from these sites:
 - Hospital and any entity owned or controlled in a whole or part by a hospital
 - County Home
 - Health care facility operated by dept. of mental health or developmental disabilities
 - Nursing home
 - Hospice
 - Community mental health facility
 - Federally qualified health center or look-alike
 - Free standing birth center
 - Ambulatory surgical facility
 - Physician owned medical practice
 - Assisted living

SCHEDULE II PRESCRIBING FOR ACUTE PAIN FROM AN APPROVED SITE

- Check OARRS
- For adults, no more than 7 days with no refills
- For minors, no more than 5 days with no refills
- Total morphine equivalent dose (MED) shall not exceed average of 30 MED per day
- Rx must include diagnosis (ICD-10 code)

Drug Name & Strength	Max Daily Tabs to be ≤ 30 MED	Max order to be ≤ 30 MED	Max quantity to be ≤ 7 days' supply
Hydrocodone/APAP 5mg/325mg	6 tabs	1 tab every 4 hours PRN	#42
Hydrocodone/APAP 7.5mg/325mg	4 tabs	1 tab every 6 hours PRN	#28
Hydrocodone/APAP 10mg/325mg	3 tabs	1 tab every 8 hours PRN	#21
Oxycodone/APAP 5mg/325mg	4 tabs	1 tab every 6 hours PRN	#28
Oxycodone/APAP 7.5mg/325mg	3 tabs	1 tab every 8 hours PRN	#21
Oxycodone (IR) 5mg	4 tabs	1 tab every 6 hours PRN	#28
Tylenol #3	7 tabs	1 tab every 4 hours PRN	#49

SCOPE OF PRACTICE

- A CNP can provide services that are consistent with their formal education, clinical experience, and national certification 4723.43 (C)
- Individuals will be licensed as independent practitioners for practice at the level of one of the four APRN roles. Education, certification, and licensure of an individual must be congruent in terms of role and population foci. NOT based on setting
- APRNs may specialize but they can not be licensed solely within a specialty area. Specialties can provide depth in one's practice within the established population foci

CV TIPS

- Cover letter
- Education experience
- NP clinical experience
- RN experience
- Keep design clean, easy to read
- PDF
- PROOFREAD
- www.prepary.com

APPLYING FOR YOUR FIRST JOB

- Job search engines
- Recruiters
- Professional Contacts
- Professional Organizations job boards

APPLYING FOR YOUR FIRST JOB

- Do you have a CV
- Is your social media "clean"
- Check your area's average compensation
- RN experience is often not considered
 - You are an APRN now applying for an APRN job

INTERVIEW TIPS

- BE EARLY
- Business professional dress
 - Suits, limited jewelry, portfolio
- Prepare by learning about the company you are applying to
 - Mission, Vision, Values, etc... How do you fit their ideals
 - Turn over rate
 - Room for advancement
 - Can you take a tour?
 - Talk with other APPs

INTERVIEW TIPS

- Professional collaboration
- Level of autonomy
- Opportunity for growth and development
- Work setting
- Patient load
- Administrative time
- Call responsibilities

AFTER THE INTERVIEW

- Ask about timeline
- Send a thank you

CONTRACTS

- Salary vs. production
 - Opportunity for residency
- How long is the contract
- Termination, cause or no cause
 - How long of notice
 - Non-compete, radius?
 - Tail coverage
- Benefits
 - Vacation, CE, malpractice, medical staff fees, insurance, membership dues, retirement...

NEGOTIATIONS

- "If you don't ask you won't get it"
- Think outside of the box
- Be flexible
- Know your worth
 - Glassdoor.com
 - Salary.com

TRANSITION FROM RN TO APRN

- How are you feeling?
- This is a process that is challenging and demanding of time
- Two identities?
- Individualized transition
- Mentor
- Membership in national and state organizations

FIRST YEARS OF PRACTICE

- Join National and State organizations
 - Federal issues
 - Home health, diabetic shoes, etc....
 - State issues
- Attend a billing and coding class
 - Attend multiple years
- Attend a conference

MEMBERSHIP MATTERS

- Continuous updates on changes in State and Federal regulations
- Protect and promote role of APRN, strength in numbers
- Networking
- Educational opportunities
- Access to mentors and mentoring
- Personal and professional growth
- Being apart of something bigger than yourself

HELPFUL RESOURCES

- APRN law <http://codes.ohio.gov/orc/4723>
- APRN rules <http://codes.ohio.gov/orc/4723>
- Federal law <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/medicare-information-for-aprns-AAs-PAs-booklet-icn-901623.pdf>
- Ohio Board of Nursing http://www.nursing.ohio.gov/law_and_rule.htm
- Ohio Board of Pharmacy <http://codes.ohio.gov/orc/4729>

CONTACT INFORMATION

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