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Advanced Practice Nurses can bridge Arizona's health gap

By: Guest Opinion December 17, 2015 , 3:58 pm

Patient demand for health care in Arizona has never been greater.

As front-line health care professionals working in both metro Phoenix and the White Mount see it every day. Graying members of the Baby Boomer generation require more care with e passing year. And policy actions at the state and federal level have brought hundreds of tho of Arizonans and tens of millions of Americans into the traditional health care system.

Ali Baghai

Meanwhile, the Association of American Medical Colleges projects that faces a shortage of up to 31,000 primary-care physicians by 2025.

Who is going to meet our growing health care needs? In Arizona, we be that Advanced Practice Nurses can help bridge the gap.

That is why the Arizona Nurses Association and groups representing ou nearly 6,500 Advanced Practice Nurses have banded together under th of the Arizona Coalition of Advanced Practice Nurses. What the Coalition seeks is an update Arizona's Scope of Practice for the four Advanced Practice Nursing groups: Nurse Practitione Nurse Midwives, Certified Registered Nurse Anesthetists (CRNAs) and Clinical Nurse Speciali

As supporters of this effort, we are grateful a joint state committee of House and Senate leg recently gave a positive recommendation to this Scope of Practice expansion. We are also m this was but the first step in the legislative process that lies ahead.

Advanced Practice Nurses have graduate-level education, advanced clinical knowledge and specialized focus. They work in areas like family practice, pediatrics, geriatrics, psychiatric/m health and women's health.

Steven Washburn

Some sections of the existing statutes governing Advanced Practice Nurses antiquated, dating back decades or more. Other provisions are confusing o misleading, such as a provision requiring CRNAs to provide anesthetics "un direction of and in the presence of a physician or surgeon."

What does "under the direction of" mean? The statute doesn't define it and no case law. Additionally, requiring that CRNAs operate "in the presence" of physician is both unnecessary and, frankly, impossible in rural and other se where the physician is likely scrubbing in, reviewing test results in another assisting another patient or conducting any of a thousand other tasks necessary in today's h health care world.

Here's a reality check: a lack of area anesthesiologists means CRNAs are safely and securely providing virtually all anesthetic services to patients in the White Mountains.

Likewise, other Advanced Practice Nurses are performing ably all over the state. These dedi professionals don't need anyone to hold their hand.

So, it has been disappointing to watch as some physician groups advocate for keeping in pla outdated regulations shackling the very nursing colleagues they work with daily. Most often critics raise the specter of safety risks to patients – though they never point to studies or res validate their claim. They have none.

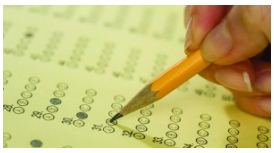
To the contrary, study after study has demonstrated the safe care provided by Advance Pra Nurses. Just one example: A 2010 report jointly issued by the Institute of Medicine and Robe Johnson Foundation stated, "Now is the time to eliminate the outdated regulations and organizational and cultural barriers that limit the ability of nurses to practice to the full exte their education, training, and competence. The current conflicts between what (Advanced P Nurses) can do based on their education and training and what they may do according to st federal regulations must be resolved so that they are better able to provide seamless, affor and quality care."

Interestingly, while some physician organizations are opposing expanded authority for nurs individual physicians are strongly supportive. Roughly 70 Arizona physicians have already si letters of support, among more than 700 such letters submitted by nurses, patients and oth asking legislators to grant greater independence to Advance Practice Nurses. Community gr ranging from AARP to the Goldwater Institute are also backing the effort.

And then you have the two of us, a White Mountains orthopedic surgeon and a metro Phoe CRNA, standing together on this issue.

We each want what is best for Arizona patients. That's why we support empowering Advanc Practice Nurses.

Dr. Steven Washburn works in Lakeside, Arizona, and specializes in orthopedic surgery and orthopedic sports medicine. Ali Baghai is a Certified Registered Nurse Anesthetist at Tempe Luke's Hospital, and is president of the Arizona Association of Nurse Anesthetists.



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April 6, 2017 , 3:35 pm

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March 30, 2017 , 4:33 pm

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March 30, 2017 , 4:27 pm

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March 30, 2017 , 4:18 pm

Ken Wysocki
December 18, 2015 , 9:40 am at 9:40 am

This is long needed legislation. I am a Family Nurse Practitioner who sees approximately 1500 ne patients per year across the state of Arizona including these communities: Apache Junction
Bullhead City
Casa Grande
Chandler
Dolan Springs
Eloy
Golden Valley
Goodyear
Cottonwood
Green Valley
Greer
Hackberry
Lake Havasu City
Marana
Mesa
Peoria
Phoenix
Paulden
Pinetop-Lakeside
Prescott
Sahuarita
Scottsdale
Sedona
Show Low
Sommerton
St. Luis
Surprise
Tucson
Yuma

Many residents in Arizona struggle to get the health care they need. Disparity is worse in rural communities. Many patients have received quality health care because Nurse Practitioners, Nurs Midwives, Certified Nurse Midwives, Clinical Nurse Specialists and Certified Registered Nurse Ane are in their communities; however there still are barriers to health care access to these providers

Larry Wilson
December 24, 2015 , 1:30 pm at 1:30 pm

Reasonable article, but may I add a little history and context.

Non-anesthesia Nurse Practitioners already have full-practice privileges in Arizona. This was acco without the help of that segment of advanced-practice nurses known as anesthetists.

Nurse anesthesia is a unique specialty in advanced practice that has long segregated itself from t of advanced-practice nurses. They have primarily only been concerned about themselves and ha been pro-active in helping any other advanced-practice specialty achieve the autonomy they are l for themselves in Arizona.

This is not a fight or difference of opinion; this is simply a reflection of the indifference that anest have had for the rest of advance practice specialties. If Nurse Anesthetists would like my help in g them expanded practice, then it would be nice if they would step forward and join the effort in a 30 other states in helping non-anesthesia advanced practice nurses to gain the autonomy that th asking for in Arizona.

Helena Greaney
December 25, 2015 , 4:52 pm at 4:52 pm

I am a psychiatric clinical nurse specialist with prescriptive authority in 5 states and I am eligible t in 31 other states- not Arizona, at least so far. I do locum tenens and jobs come up in Arizona for NP's. The Psych CNS Has the same scope of practice as the Psych NP. The Psych NP developed fr Psych CNS. It would be nice if AZ and a few other states would open their doors to us. And yes, th need!t