The Role of the Nurse Practitioner in the Gastroenterology Team

Objectives

Upon completion of this activity, the participant will be able to:

1. Summarize how Gastroenterology Nurse Practitioners are utilized
2. Identify the skill sets of the nurse practitioner
3. List the challenges GI NPs encounter
4. Describe the collaborative relationship among the GI care team

Why?

- You asked us to (in previous conference comments)
- The role of the NP is expanding and evolving
- Many of us may not work with NPs regularly, but that will probably change
Evolution of NP Role regardless of specialty

- Role initially developed in 1967 in response to health of children in rural areas where there were few doctors
- Coordination of care across visits and between providers was poor
- Restrictions on resident duty hours implemented in 2003
- Shortage of 120,000-159,000 physicians by 2025
- Over the past 20 years the supply of NPs has grown at a faster rate than physicians

Genesis of NP Role in Gastroenterology

- Increased demand for more complex gastroenterology services, especially as national health care reform extends coverage to additional individuals
- Reimbursement for gastroenterology facing downward pressure, as physicians compelled to see more patients, do more highly reimbursable procedures
- Physicians not able to spend much time with patients

Solution

- Physician-led, multidisciplinary health-care team with MDs, mid-level providers, RNs, GI techs, and MAs
- For the benefit of the Patient
Nurse Practitioner Defined

- American Nurses Association (ANA) developed consensus model proposing the following requirements:
  - obtained a license to practice in the advanced practice RN role
  - completed an accredited graduate education program
  - passed a national certification exam
  - acquired advanced knowledge, expertise, and autonomy for assessing, diagnosing, and managing patient care

Nurse Practitioner

<table>
<thead>
<tr>
<th>Nurse Practitioner</th>
<th>Physician Assistant</th>
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<tbody>
<tr>
<td>Practice philosophy rooted in:</td>
<td>Nursing</td>
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<tr>
<td>Emphasis on: Disease prevention and patient education</td>
<td>Organ systems and Disease processes</td>
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<tr>
<td>Practice under: RN license</td>
<td>MDs license</td>
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<tr>
<td>Education: 3 years of master’s level training</td>
<td>27 months of master’s level training</td>
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</tbody>
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- 325 educational programs graduating 8000 NP students per year

Nurse Practitioner Skills

- Effective communication that is patient centered
- Equipped to discuss the psychosocial aspects and functional impact of their patient’s illnesses
Roles
- Not formally defined
- Inpatient
  - round and progress notes on patient
  - instruction to family and nursing staff
  - facilitates coordination of outpatient care
- Outpatient
  - Ongoing management and encouragement
  - Counseling/teaching on prognosis and management
  - Prescribe treatment following protocols based on evidence or consensus
  - Colonoscopy proceduralists

Colonoscopy Proceduralist
- Particularly in rural, underserved, and gerocentric areas
- In use in the VA System
- Existence of NP fellowships to become credentialed (John Hopkins)
  - modeled after American Society of Gastrointestinal Endoscopy’s core curriculum
  - requires completing 140 supervised colonoscopies and demonstrate technical competence removing a minimum number of polyps
  - need backup available near vicinity
  - same training expectations as fellow

Anticipated benefits of the GI Nurse Practitioner
- Increased provider adherence to clinical guidelines
- Similar or improved health outcomes
- Increased patient satisfaction
- Equal or lower costs
- Shorter waiting times
- More informed public
- Increased accessibility to care
Literature Review

- Limited research assessing nurse practitioner role in endoscopy
- Most studies focused specifically on NPs in their role as substitutes to physicians rather than as members of collaborative team
- Collaborative team approach – in terms of practice models that address disease states: IBD, Hepatitis C

NPs in academic medical centers

- Moote et al – research study of how NPs in academic medical centers used to deliver care, how they measure performance, and how they support these positions financially
- Telephone interviews/questionnaire delivered to University Health System Consortium hospitals – representing 90% of nation’s nonprofit academic medical centers

Results

- All organizations used NPs
  -- UW Hospitals – 1200 physicians, 120 NPs
  -- Froedtert – 838 physicians, 102 NPs
Results

- Reasons for employment
  - Primary reason – satisfy resident duty hour restrictions
  - Secondary – increase patient throughput

- Organizational value
  - Highest rated statement on questionnaire: Midlevel providers are easily accessible to other members of the health care team to discuss and provide direction for patient care

Results

- Is it working?
  - Financially
    - 69% had not assessed financial impact of NP practice
    - 57% didn't track work RVUs of NPs
  - Patient care
    - 69% did not track outcomes associated with NP care
    - 42% measured patient satisfaction with NPs, but only indirectly by allowing patients to add comments on the survey
    - 27% showed NPs resulted in increased physician productivity and increased volume of new patients

SGNA stance

- Role delineation of the Advanced Practice Registered Nurse in Gastroenterology
- Endorses ANA consensus model of requirements
- Role is continually evolving
  - Initiate and interpret diagnostic tests and endoscopy procedures
  - Compare/contrast clinical/diagnostic findings to make differential diagnoses
  - Identify expected outcomes based on scientific evidence and implementation of best practice standards
  - Prescribe treatments/therapies/pharmacology within prescriptive authority
Future of NPs in Endoscopy

- AGA envisions NPs as members of health care team integrated around specific clinical areas
  - functional GI disorders
  - Inflammatory bowel disease
  - Chronic viral hepatitis
  - Endoscopy

Challenges in the field

- Practice prerogatives vary by state
- Reimbursement schedules
- Demonstrate value
- Building collaborative relationship (vs. competitive one)
- Roles need to be explicitly defined to eliminate duplication and maximize efficiency
- Paucity of literature available regarding NPs practicing in gastroenterology, so more difficult to develop successful collaborations and practices

Challenges to the NP personally

- Main hurdle: lack of independence and freedom to make decisions
References

- Hopchik, J. (2014). In PHP, journeys to credentialing for non-endoscopists. Follow this clinician’s advice to navigate the additional stage before you become an endoscopist. Nurse Practitioner Perspective, 9(2), 1-4.