



**The University of Texas
Health Science Center at Houston**

School of Nursing

Developing the Workforce to Provide Health Care for an Expanding Population of Insured Texans

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Comprehensive Care Model- Across Settings, Across the Lifespan

- Primary care/Occupational Health
- Management of Chronic Illnesses
- Co-manage Acute Care with Specialist/Hospitalist
- Discharge Planning
- Transitional Care
- Health maintenance, Prevention



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Effect of Supervision on Productivity

- Supervising physicians had direct encounters with 18.9 patients per day, versus 21.4 patients for physicians who did not supervise.

Mendenhall, RC; Repicky, PA, & Neville, RE. Assessing the Utilization and Productivity of Nurse Practitioners and Physician's Assistants: Methodology and Findings on Productivity (1980) Medical Care, Vol. XVIII, No. 6, 609-623.

- Each increase in clinical-decision making results in 23.7% increase in outpatient clinical productivity.

Chumbler, N.P., Geller, J.M., & Weier, A.W. (2000). The effects of clinical decision making on nurse practitioners clinical productivity. Evaluation and the Health Professionals, 23(3), 284-304.

Autonomous Practice for APRNs is part of the Solution

- Physicians, freed up from supervision, can see more patients
- APRNs can see more patients
- APRNs can relieve physicians of low-complexity patients to see more high-complexity
- Not required to find a supervising physicians, APRNs could be more attracted to rural areas

Diagram of Delegated-Site-Based Prescriptive (Rx) Authority for APRNs in Texas

STEP 1: TEXAS BOARD OF NURSING REGULATES APRNs
 BON Verifies Education and National Certification & Issues Rx Authority Number to Qualified APRNs

STEP 2: TEXAS MEDICAL BOARD REGULATES DELEGATING PHYSICIANS
 Is Physician Willing to Delegate Prescriptive Authority and Meet Supervision Requirements from 1 of 4 Categories?

NO
Qualified APRN may not prescribe

Site Serving Medically Underserved Population (MUP)
 Public Health Clinic
 Rural Health Clinic
 Located in HPSA
 Located in MUA
 DSHS-determined MUP

Primary Practice
 Physician onsite 50.1% of the time
 OR
 APRN seeing physician's patients in a:
 Licensed Hospital
 Long-Term Care Facility
 Adult Daycare Facility
 Patient's Residence
 School-Based Clinic
 Any place physician is present
 AND
 If physician with APRN 50.1%
 Voluntary Charity Care Clinic
 Declared Disaster Site

Alternate Practice
 Within 75 miles of physician's practice or residence;
 Services similar to physician's primary site

Facility-Based Practice
 2 Long-Term Care Facilities
 OR
 1 Licensed Hospital

Supervision

- Limited to 3 MUP sites
- Onsite 1x every 10 business days
- 10% chart review & co-signs charts
- Keeps log of onsite activities
- Receives daily report on problems
- Available for emergencies by phone
- Reviews & signs delegation protocol

Supervision

- Limited to 4 FTEs (including alternate site)
- QA Process
- Consistent with sound medical judgment
- Reviews & signs delegation protocol
- May only delegate Rx authority for patients with whom the physician has or will establish a physician/patient relationship

Supervision

- Limited to 4 FTEs (including primary site)
- Physician onsite 10% with APRN /month
- 10% chart review (electronic or onsite)
- Keeps log of onsite activities
- Available by phone for referral, consultation or emergencies
- Reviews & signs delegation protocol

Supervision Licensed Hospital

- May only delegate Rx authority for patients of physicians who have given prior consent
- QA process
- Consistent with sound medical judgment
- Reviews & signs delegation protocol

Supervision Long-Term Care

- Medical Director only
- May only delegate authority to care for patients of physicians who have given prior consent
- Limited to 4 FTEs (including both LTC facilities)
- QA Process
- Consistent with sound medical judgment
- Reviews & signs delegation protocol

Physician & APRN complete TMB's online Delegation of Prescriptive Authority process.

Qualified APRN May Prescribe Dangerous Drugs