Talking Points

CURRENT STATUS FOR PRESCRIBING CONTROLLED SUBSTANCES

Missouri is *One* of THREE remaining states that DOES NOT have controlled substance prescriptive authority for APRN's.

In addition, all surrounding states have some form of controlled substance prescriptive authority for APRN's!

HOW DOES THIS IMPACT CARE FOR MISSOURI CITIZENS?

- Increased cost of care with needing to see two providers
- Delays in receiving care
- Increased travel time to see two providers
- Lost time and wages from work due delays in treatment
- Decreased efficiency in health care provider productivity
- Lack of comprehensive care
- Untreated or under-treated pain
- Undue hardship on patients: multiple visits, absenteeism, cost of travel.
- Use of less effective pain management medications (Tumolo, 2003)
- Use of more expensive treatment facilities when pain is not relieved
- Denied full access to APRN's to ensure quality cancer care for individuals, families, communities, and healthcare systems (ONS, 2003)
- Increased risk of disability due to unrelieved pain

IMPACT ON PATIENT CARE AND PRACTICE WHEN APRN's ARE UNABLE TO PRESCRIBE CONTROLLED SUBSTANCES FOR PAIN MANAGEMENT:

- Scope of practice is limited (ONS, 2003)
- Less efficient use of time and resources
- Reduced quality of care for clients (Kaplan, L., & Brown, M., 2004)
- Limitations in ability to fully meet quality guidelines for pain management and end-of-life care.
- Leads to barriers to access for clients when they cannot be treated by primary provider
- Reduced job satisfaction when they see clients suffering, and in pain.
- Unmet health care needs in treatment of acute and chronic pain, and end-of-life symptom management and in providing most cost effective care.

TRENDS TO CONSIDER IN DISUCSSIONS: (Additional information to consider)

- Missouri performs poorly on the Robert Wood Johnson End-of-Life Report Card (Pain and Policy Studies Group, 2003)
  - "B": State Pain Policies that support palliative care
  - "C": % of nursing home residents with persistent pain in 1999
  - "C": End of Life Services
  - "D": Hospice stays 2000
    Per cent of people who died at home

Hospitals reporting hospice services 2000.
"E": Percent of hospitals reporting palliative care programs in 2000
"E": Percent of nurses certified in palliative care 2000

Projected shortage of 200,000 physicians by 2020 (Reuters, 2004). Implications for adequate palliative care and pain management especially in rural and underserved areas if APRN's do not have prescriptive privileges.

- 2020 2.5 million older adults will die each year and 40% of the deaths will occur in nursing homes that have a low ratio of physicians and nurses to residents (Valente, 2004). Implications: Growing unmet needs in end-of-life care for nursing home residents.
- 80% of elderly have chronic pain and 66% have pain in last month of life (Valente, 2004). Implications: Growing need for service providers.

APRN's ARE WELL SUITED TO MEET THESE NEEDS:

- Best Practice Guidelines for pain management include: Assessment, Documentation, Relationship and Interaction with the Provider, and Education that are all within APRN scope of practice (American Pain Society, 1995; Stark, Sherwood & Adams-McNeill, 2000).
- Advanced Practice Registered Nurses play a critical role in increasing access to services and improving the quality of care for patients with advanced chronic illness. A demonstrated and cost effective response to the health care crisis is better utilization of APRN's. This group strongly advocates for full scope of practice for APRN's.
  (American Nursing Leaders, 2001).

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Common Fears & Possible Questions About Advanced Practice RN's (APRN) Prescribing Controlled Substances

Talking Points for APRN's meeting with Legislators

FEAR: Liability insurance premiums will increase, forcing all healthcare providers to pay higher premium rates.
FACTS: Premiums are based on prescribing experience. The practice record of non-physician prescribers (APRN's) has demonstrated safe practice without an increase in liability. Nurse practitioners account for a very low rate of all medical malpractice settlements (Klein, 2003).

FEAR: APRN's do not have adequate education and clinical training to prescribe controlled substances.
FACTS: APRN's are educated at a graduate level that includes courses in pharmacology, pathophysiology, and prescriptive practices. APRN's in 44 of the 50 states have been granted authority to prescribe controlled substances. All states grant prescriptive authority for legend drugs such as cardiac medications, which often carry greater risks than controlled substances (Tumolo, 2001; 2003).

FEAR: APRN's will abuse controlled substances if they have prescriptive authority.
FACTS: All nurses have access to controlled substances in the hospitals and often in primary care clinics. The ability to prescribe has not been correlated to abuse (Klein, 2003).

FEAR: Controlled Substances carry inherent dangers due to the nature of the drugs.
FACTS: Controlled Substances are controlled because of the potential for abuse and addiction NOT for their potential lethality. Although they can be lethal, many non-controlled substances are more dangerous, for example, cardiac medications.

FEAR: APRN's will over prescribe.
FACTS: APRN's are held to standards of practice, ethical codes, and peer review. They are bound to practice within their legal scope of practice. APRN's are well trained to assess, diagnose, and treat both acute and chronic pain. They also focus their services on counseling for pain management.

References

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