

Type: Research Paper

Subject: Nursing Leadership Course

Subject area: Nursing

Education Level: Masters Program

Length: 8 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

Title: Family Nurse Practitioner Role

Instructions: page 1 professional role paper: i choose family nurse practitioner role. i have attached the interview paper. i interviewed one of fnp at my work and wrote about it and prof. wants to us to somewhat integrated with role paper. be careful not to skip any of below instruction this is a formal paper in which the student chooses an advanced professional nursing role and explores this role in depth, as he/she will function. the interview paper will be used as a guide to complete this assignment. compare and contrast the ideal and observed role according to professional guidelines, theory, and research reviewed in this course and in the literature. in other words, does actual application of practice really follow theory and literature? make sure you provide a job description and how it relates to the domains of practice of the role. discuss whether this role has leadership functions? lastly, discuss how the current united states

healthcare structure, in particular, the affordable care act, impacts the particular role. the paper should include: • title page • abstract (no more than 250 words): • introduction: • analysis: compare and contrast the ideal role and how it exists, discuss how the current united states healthcare structure, in particular, the affordable care act, impacts the particular role • conclusion • reference page (minimum of 5 references, excluding your text) • this paper should not exceed 8 pages (excluding title page, abstract, and reference page) • apa 7th ed. is the required format, double-space, 12 point font

Family Nurse Practitioner Role

Name

Institutional Affiliation

Course

Instructor

Date

Abstract

This paper aims to evaluate the role of a family nurse practitioner (FNP). The real role of an FNP will be compared and contrasted to the observed role from the interview with Robin Lee, a Family Nurse Practitioner (FNP) at INOVA Health, based on theory and research described in the literature. The role paper will demonstrate the actual application of practice following theory and research by focusing on core competencies of Lee's FNP. The functions of a leader as they related to the FNP role will also be discussed. Finally, the structure of the healthcare in the United States will be analyzed with a special focus on the impacts of the Affordable Care Act (ACA) to the FPN role.

Introduction

A family nurse practitioner (FNP) plays a critical role in caring for patients across their lifespan in the United States. Some of the core responsibilities of nurse practitioners include provision of high quality, patient-centered, cost-effective care through diagnosing and treating acute and critical disorders, ordering, conducting and interpreting diagnostic tests, prescribing and administering drugs as well as monitoring and coordinating patient's care. I was privileged to interview Robin Lee, a FNP at INOVA Health. Lee has had twenty years of experience in the medical field, and her desire to provide specialty care led from an AGNP to a FNP. During the interview Lee shared her enthusiasm about patient care and her intrinsic motivation as a FNP. Additionally, Lee claimed to have advanced in her role due to her deep belief in the institutions' mission, vision, and goals (INOVA, 2021). Lee was wide-ranging in her interview, covering a broad scope on the multiple roles of an advanced professional nurse. According to theory and research, the ideal and observed NP roles sometimes differ and concur. To some extent, the real application of application of practice follows theory and literature. The purpose of this paper is to evaluate the differences and similarities by integrating the job description of an interviewed family nurse practitioner and its interaction with the practice domains within the roles and the possible leadership responsibilities of the role. Finally, this paper will evaluate the FNP's perspective on how the current structure of the healthcare system in the United States, mainly the Affordable Care Act (ACA) affects the FNP's role in the primary care settings.

Analysis

A family nurse practitioner is an advanced practice registered nurse (APRN) whose primary role is to provide various types of healthcare services to patients across their lifespan by maintaining patient's information, ordering and conducting physical tests and examinations, prescribing and administering drugs, scheduling treatments, and treating mild, chronic and acute illnesses and injuries that fall under span of their competency (AANP, 2017). The core of NP and APRN competencies is a reflection of what these specialists experience on a daily basis especially direct dealing with patient care as opposed to indirect care activities. Today, FNP training and education has transformed significantly taking the direction of competency-based education, and thus making it as necessity for the competences to align with the activities in the primary care setting. Lee shared that working for reputable healthcare organizations helped to shape her medical practice tactics. Lee's passion for specialty care led her to pursue a career as a FNP. However, Lee claimed that her only positive experience as a RN involved her desire to venture into practice that incorporated preventive care and diagnosis of health conditions. A FNP can diagnose health conditions, analyze tests and develop treatment methodologies for their patients (AANP, 2021). Lee concluded that a FNP can enjoy more flexibility in role performance compared to a RN.

For effective implementation of the NP role, it is essential to clarify its professional boundaries. Although and competencies. Although, the role of FNP has existed since 19th century, there is good number of FNPs who indicates that their roles are not clear to them and other state that their competencies are not appropriately acknowledge or understood by other healthcare teams. Simply put, evidence-based practice is the process of integrating research,

clinical skills, and patient preferences to make a health care decision. It stresses on the use of high-quality information and underplays the use of customs, perspectives, or rituals and traditions to make clinical decisions. The goal of evidence-based practice is straightforward: continue providing safe, effective, and high quality care. Nurses, clinical nurse specialists, and physicians all strive to use evidence-based practice (AANP, 2017). The term "evidence-based medicine" first appeared in the 1970s, when a team of physicians from Canada's McMaster Medical School introduced a new learner - centered approach. According to Lee the application of the theoretical foundations of research and evidence-based practice at work relies on integrating research evidence. According to AANP (2017), EBP is now widely recognized as the key to improving healthcare quality and patient outcomes. Lee exhibited her passion for EBP care by claiming that it was the solution to revolutionized patient care. Lee further explained that evidence-based care considers all viable treatment actions to ensure that patients' access to quality and effective care. In conclusion, Lee said that currently theoretical foundations of research and EBP support preventive care and improve patient outcomes.

FNPs play a critical role in the healthcare team given that the healthcare delivery system is team oriented. Leadership is widely discussed as a competency in APN literary works. The competency is defined as practicing to a minimum safe standard in a predictable environment. Family nurse practitioners (FNPs) provide primary care to patients' ages ranging from infants to the elderly (Fraze et al., 2020). FNPs perform well-being checks, screen for clinical disease, prescribe medications treatments, and order tests all with the goal of improving a patient's overall well-being. FNPs care for healthy people, people who have been injured, people who have viral

symptoms, and people who have diabetes, high cholesterol, or other chronic illnesses. These practitioners, nevertheless, do not treat patients with acute conditions. The transformation leadership trust is the most recent APRN's model of leadership and entails interactions, expertise, motivation and business skills that led to timely, appropriate, patient-based, equitable, effective and safe healthcare services. As a result, the role of FPNs comprises of leadership functions and depends on the above qualities to enhance their role in the organization. Family nurse practitioners are important providers of primary care services, which can significantly lower repeat visits and prevent unnecessary ER and hospital admissions. These preventative measures encompass counseling patients on healthy lifestyle choices and disease prevention, as well as ensuring that patients adhere to prescribed treatments. FPNs also assist in the development of standardized office procedures, the development of patients' self-care plans, and the creation of educational resources (AANP, 2021). As an attempt to demonstrate the leadership functions, Lee stated that collaboration among healthcare professionals depends not only on healthcare mission, vision, goals, but also culture of an organization. Lee claimed that her experience in collaboration among healthcare professionals in her various workplaces differ. Lee mentioned INOVA as the best healthcare institution in terms of team collaboration in achieving patient-center care. According to INOVA (2021), INOVA Health has an integrated network of hospitals that prioritize team collaboration to achieve specialty care. Lee concluded that nurses act as patient advocates; therefore their opinion and contribution play a crucial role in patient treatment.

The current healthcare structure especially the Affordable Care Act (ACA) has significantly affected the roles of FPNs. Although the current healthcare structure in the U.S is unique, it has an imperfect healthcare delivery system which is delivered by private and public health insurance programs (Barnes et al, 2016). The Affordable Care Act established new health-care delivery and value - based payment that stresses on collaboration, coordinated care, value, and prevention models which nurse practitioners can make a significant contribution a wealth of knowledge and skill. Indeed, the nursing profession is having a far-reaching impact by providing high-quality, patient-centered, easily accessible, and relatively affordable care (Yang et al., 2020). Lee said level of NP autonomy does not really make a difference whether one works in full practice state or not.

The ACA was supposed to enhance the health-care system and improve efficiency and cost-effective by providing (1) expanded coverage, (2) cost-cutting measures, (3) efficient and reasonable patient treatment, (4) Medicare preservation, (5) health promotion and prevention, and (6) the development of new treatment approaches. The passage of the ACA increased the healthcare coverage to millions of American and the rate of uninsured declined from 13.3% to 8.8% between 2013 and 2017 (Hoyt & Proehl, 2018). This drop was precipitated by the development of potential state-dependent Expanded Medicaid for low-income adults under the age of 65 (Perloff et al., 2016). As a result of this progress, there is a greater demand for good primary care nurses to care for the newly people who have insurance. Soon after the ACA's passage, the majority of managed care organizations that pay Medicaid beneficiaries extended the contractual terms of the NPs, a practice that did not last long (Bellot et al., 2017). Managed

care organizations do not have an easy way to determine who should be designated as a primary care provider. In addition, the healthcare laws and policies pose restrictions on reimbursement paid to FNP's in the U.S (Bernazzani, 2016).

Since the ACA's implementation, millions of uninsured Americans gained access to affordable, high-quality health-care coverage through Health Insurance System. The primary objective was for patients to be vigilant by getting the care they needed as soon as possible to avoid treatment slowdowns, and 8,000–9,000 APRNs were received training each year to help address this increased demand (Barnes et al, 2016). Innovative laws and guidelines were established to standardize traditional administrative and recordkeeping requirements as a result of the ACA's health care electronic health records regulations for provider offices and hospitals. This enabled providers, including FPNs, to spend much more time on care delivery and less time on documentation. The ACA also stipulates that insurance providers are not allowed to impose limits on patients' benefits and that they must spend a required percentage on patients' health care annually. Patients allowed filing appeals for denied claims. Furthermore, patients are able to select their preferred provider (Hoyt & Proehl, 2018). This opened up more opportunities for APRNs. The Affordable Care Act protects Medicare benefits. The Medicare Prescription Drug benefit is also being revised. Furthermore, an annual "well visit" will be covered by Medicare under the ACA. These patients will be seen by advanced practice registered nurses who are completely ready. In the coming years, the plan calls for bonus payments to be paid to providers who treat Medicare patients who are underprivileged (Barnes et al, 2016). Finally, Local clinics and state programs were be ready to broaden awareness and prevention services under the ACA.

There would also be a greater emphasis on caring for patients suffering from diseases and conditions associated with adverse health outcomes, such as diabetes and cardiovascular disease caused by obesity. As a result of the ACA, new care models (e.g., medical homes) are indeed being implemented, and other advanced care coordination and infection control models will help ensure that people receive uninterrupted, efficient care. Providers of high-quality services will be compensated based on the standards that they helped develop, which will be based on conclusive evidence.

In response to the impacts of ACA, Lee argued that patient flow continues to increase and NPs offer a possible solution if and once existing reimbursement inequity gets resolved. Physicians have a greater reimbursement than NPs, which affects NP working patterns and productivity. Lee claimed that the difference between NP and physicians reimbursement rate could impact individual and practice levels (Harkless & Vece, 2018). Lee said that rate differences vary according to the state guideline and how they amend their medical practitioners' reimbursement guidelines. Lee offered a potential solution to control patient flow by offering a friendly reimbursement gap between NPs and physicians. Friendly NP reimbursement will increase morale and productivity, thus guarantee positive patient outcomes.

Based on this analysis and responses from the interview, it is evident that the role of NPs is greatly impacted by the differences in Medicaid reimbursements and the differences in the scope of practice between states. Research shows that FNPs' possibility of practicing in primary care in states with full scope of practice would increase from 13-20% if the states are able to reimburse 100% for free-for service physician fee under Medicaid programs. This clearly shows

that by shifting to full practice authority and increasing (Harkless & Vece, 2018). Medicaid reimbursement, the number of FNPs practicing in primary care and acceptance to Medicaid would increase significantly as their satisfaction and motivation to practice would be enhanced. Nonetheless challenges are also experienced by FNPs in their scope of practice particularly adapting to the advanced technology (Perloff et al., 2016). For instance Lee explained how smooth her experience has been at INOVA and later pointed out her difficulty in adapting to complex technological equipment that is continuously and rapidly evolving. INOVA is involved in the treatment of complex health conditions, thus incorporate advanced treatment equipment (INOVA Health, 2021). Lee claims that various equipment demands comprehensive training to ensure effectiveness in treatment. Additionally, Lee claims that INOVA is a pacesetter in advanced treatment technology, therefore has frequent updates that demand more orientation. Even so, Lee takes the challenge enthusiastically as she is motivated to see her patients in good health. Moreover, ethical issues are also abundant in the NPs scope of practice. Lee offered to narrow it down to her experience specific to ethics in patient confidentiality. Roles of FNP include empathetically listening to patients, offer support, and advising patients accordingly. Consequently, although certain information might have been given under confidentiality protection, sometimes could pose additional harm to a patient if left undisclosed. Information such as extreme abuse of an elderly patient by their family members may jeopardize the patient's life; thus, it demands immediate action. Lee claimed that a nurse's obligation to the general well-being of a patient justifies such breach of confidentiality in order to save the patient's life.

Conclusion

More than 80% of NPs have training and education in primary care and more than 75% are currently practicing various healthcare entities in the U.S providing primary care services to patients. This is an indication the NPs plays a critical role in the U.S. healthcare delivery system. After the enactment of the ACA, millions of people have been able to access care, a major transformation in primary care services in the United States. Family nurse practitioners are capable of providing high quality and cost effective care to patients. Although most of the core competencies are related to the actual role of NPs, the ideal role is not often acknowledged in the day-to-day practice of NPs. However, by transforming these competencies to reflect the actual roles can portray a better picture of the NP and FNP roles and function within the primary care. Through reimbursement and regulations, the ACA has significantly transformed the role of FNPs. However, having a clear understanding of the policies and regulations, FNPs can emerge to be great leaders within their organizations at the national level thus increasing their scope of practice and bring change for FNPs to attain their full abilities.

References

American Association of Nurse Practitioners. (2017). Nurse practitioners in primary care.

American Association of Nurse Practitioners.

<https://www.aanp.org/advocacy/advocacyresource/position-statements/nurse-practitioners-in-primary-care>

American Nurses Association. (2021). Finance and reimbursement. ANA.

<https://www.nursingworld.org/practice-policy/aprn/finance-and-reimbursement/>

Barnes H., Maier C., Sarik D., Germack H., Aiken L., McHugh M. (2016). Effects of regulation and payment policies on nurse practitioners' clinical practices. Medical Care Research and Review: MCRR, 74, 1–21.

Bellot, J., Valdez, B., Altdorffer, K., Quiaoit, Y., Bronzell-Wynder, T., & Cunningham, P. (2017). Does contracting with managed care organizations remain a barrier for nurse practitioners? Nursing Economics, 35(2), 57-63.

Bernazzani, S. (2016). How healthcare reform is impacting primary care. American Journal of Managed Care.

<https://www.ajmc.com/view/how-healthcare-reform-is-impactingprimary-care>

Fraze, T. K., Briggs, A. D. M., Whitcomb, E. K., Peck, K. A., & Meara, E. (2020). Role of nurse practitioners in caring for patients with complex health needs. Medical Care, 58(10), 853–860. <https://doi.org/10.1097/MLR.0000000000001364>

Harkless, G., & Vece, L. (2018). Systematic review addressing nurse practitioner reimbursement policy. *Journal of the American Association of Nurse Practitioners*, 30(12), 673–682.

<https://doi.org/10.1097/JXX.000000000000121>

INOVA Health. (2021). *INOVA Health*. Inova - World-Class Healthcare for Northern Virginia and the DC Metro Area. <https://www.inova.org/>

Perloff, J., DesRoches, C. M., & Buerhaus, P. (2016). Comparing the cost of care provided to Medicare beneficiaries assigned to primary care nurse practitioners and physicians.

Health Services Research, 51(4), 1407-1423. <https://doi.org/10.1111/1475-6773.12425>

Yang, B. K., Johantgen, M. E., Trinkoff, A. M., Idzik, S. R., Wince, J., & Tomlinson, C. (2020).

State nurse practitioner practice regulations and U.S. health care delivery outcomes: a systematic review. *Medical Care Research and Review*, 78(3), 183–196.

<https://doi.org/10.1177/1077558719901216>

Hoyt, K. S., & Proehl, J. A. (2018). Affordable Care Act: Implications for APRNs. *Advanced emergency nursing journal*, 34(4), 287-289.