

Dealing with Workforce Shortages in Virginia

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Disclosures

- Nurse Advisory Board, Convatec Inc.
- The author is not a lawyer, or an expert in medical law. For detailed guidance, please consult a legal professional

Objectives



Participants will understand the current healthcare workforce shortage in Virginia



Participants will understand the current scope of practice for NPs in the Commonwealth of Virginia through the most recent federal and state legislation.



Participants will be aware of what the Commonwealth is doing for healthcare workforce development – from research to active programs

Workforce Shortage: How bad is it?

- **102 of 133** Virginia counties and equivalents are federally designated primary care Health Professional Shortage Areas (HPSAs)
- **More than 90%** of our physicians, NPs, and PAs work in metro areas
- Virginia Ranks **25th** nationally in primary workforce per capita
- **40%** of 4-year nursing graduates leave the state for employment
- **40%** of licensed nurses did not work as nurses in 2021
- **60%** of RNs are over the age of 40
- Virginia is not as well funded as other states with the **Area Health Education Centers (AHECs)**

The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC)
Virginia Health Workforce Development Authority





Virginia Health Workforce Development Authority

- Developing the Nursing Workforce
- Maintaining and Expanding the Primary Care Workforce
- Boosting the Behavioral Health Workforce

<https://www.vhwda.org/initiatives/health-workforce-study>

Retention

Recruitment

Efficiency

Retention

- **Team Based Care**
- Supporting the **mental health** and **wellbeing** of your caregivers
- Address **systems issues** that cause stress and burnout
- Reduce **License restrictions** on PAs and NPs
 - Everyone should work at the top of their **scope of practice**
- **Streamline the EHR** and documentation process
- Hire more **diverse** caregivers
- Support the creation and passing of legislation that **creates consequences for violence** against all caregivers



Recruitment

- Increasing Medicaid **reimbursement**
- Increase **residency slots and funding** for primary care
- Increase **scholarships and loan forgiveness** opportunities and **ADVERTISE** them
 - [Public Service Loan Forgiveness](#)
 - [HRSA](#)
- **Increase wages** for nursing faculty and preceptors
 - [Nursing Preceptor Incentive Program](#)
- Create **exposure to healthcare careers** for students in kindergarten through 12th grade
- **Top of Scope**



Efficiency

- **Incentivize workers** to work in areas where there are provider/nursing shortages
- Increase **telemedicine opportunities** to support rural providers
- Use **technology**--- dictation, AI, clinical decision support tools within the EHR
- **Team Based Care**
- **Top of Scope**



Teaching the next generation: Attracting Students

- **Physicians**

- Medical students are less interested in primary care
- Lower Salaries/Higher Student Loan Debt
- Higher Administrative Burdens

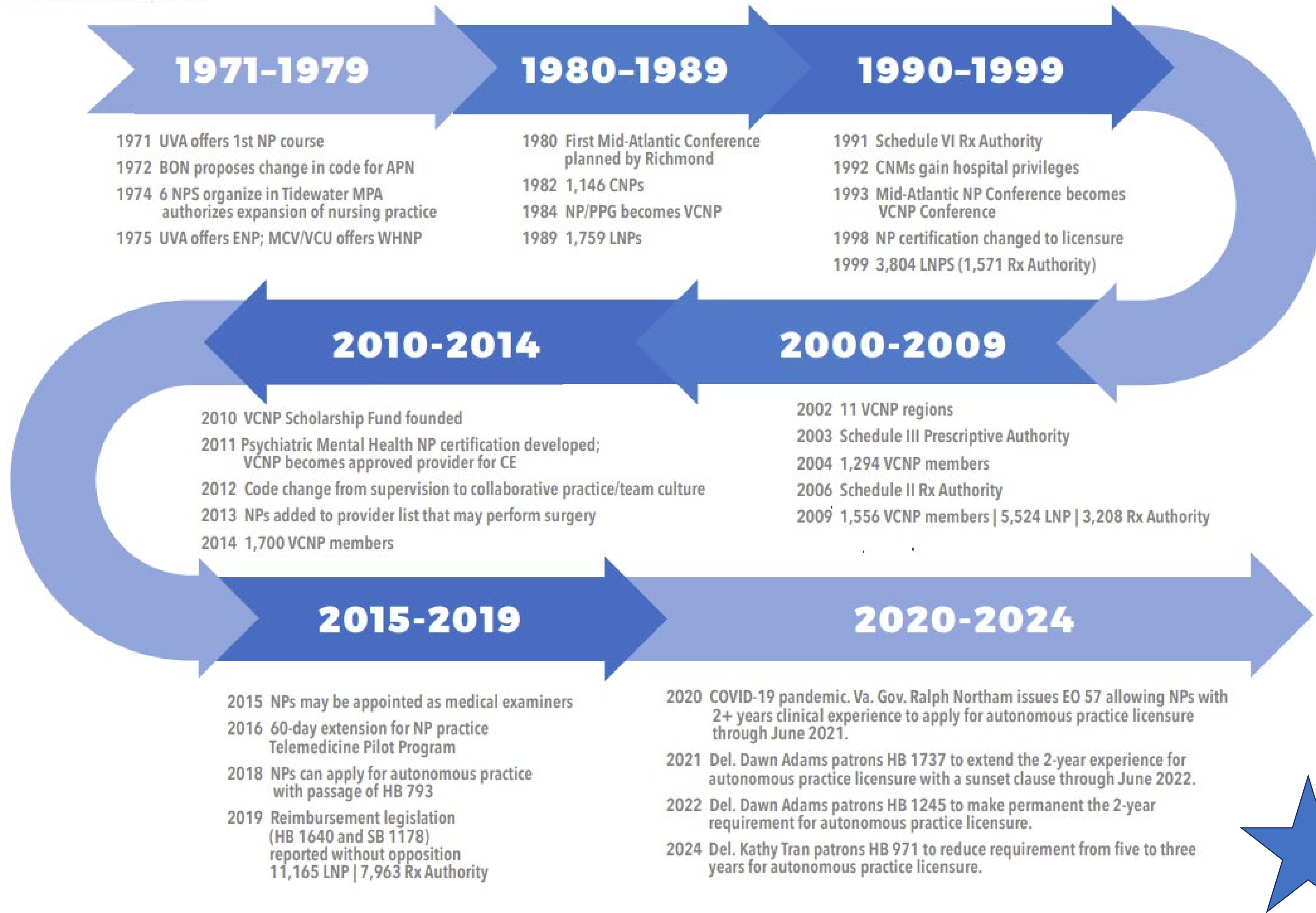
- **Nurse Practitioners/Nursing**

- Reduced Nursing Faculty
- Lack of Clinical Preceptors



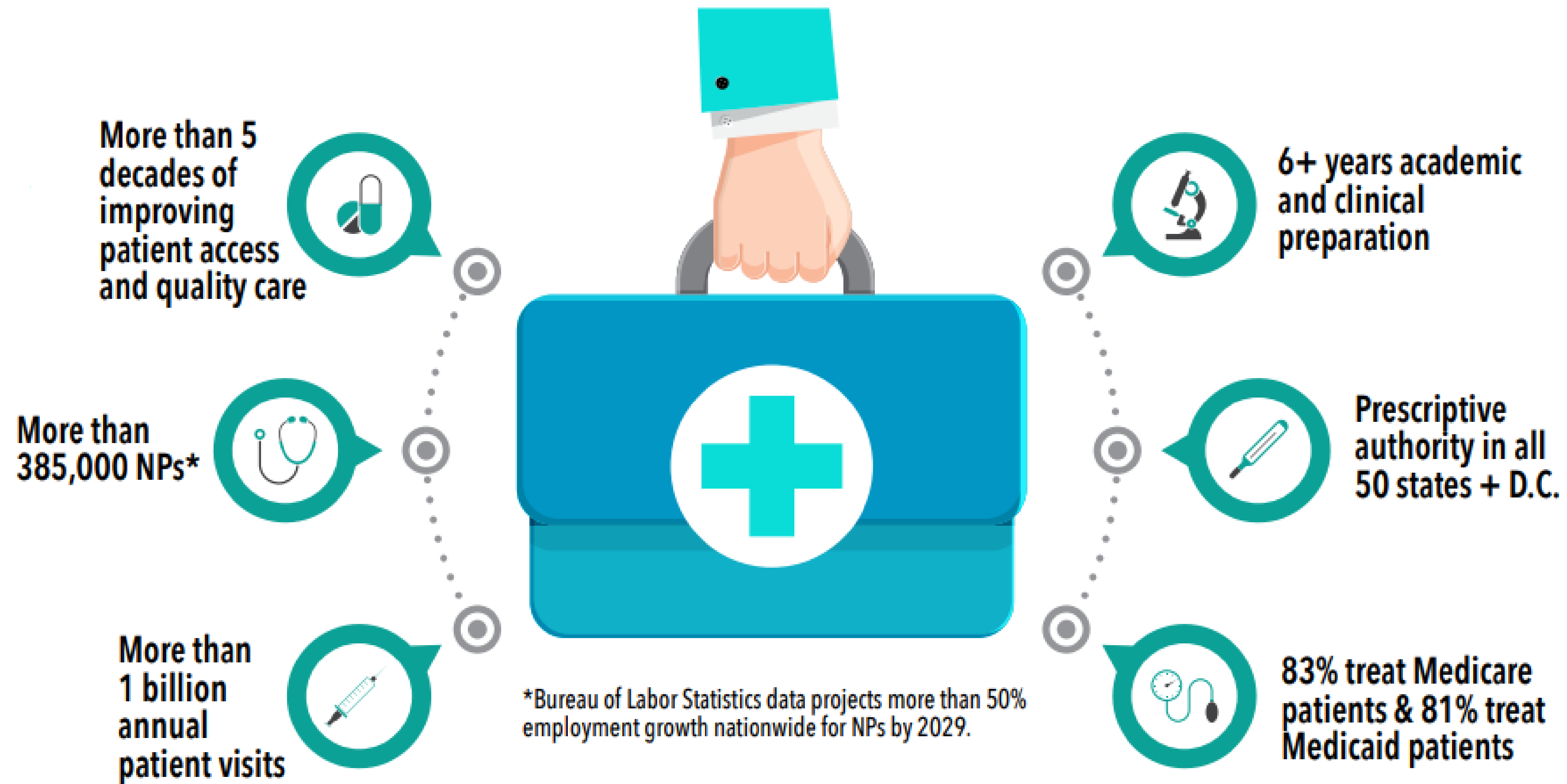
CELEBRATING 50 YEARS OF ACCOMPLISHMENTS

VCNP is honored to be able to celebrate 50 years' worth of accomplishments. This timeline highlights some important moments in our history and the history of NPs.



NPs AT A GLANCE

ACROSS THE COUNTRY



NP - Best healthcare job!

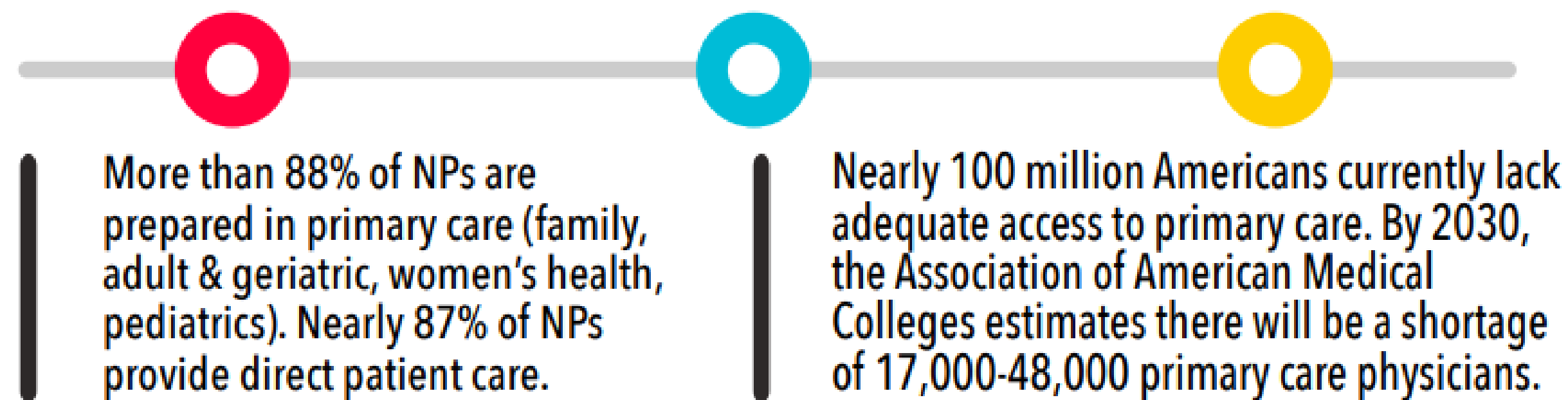
U.S. News & World Report
released its 2024 Best Jobs
rankings – and NP is #1 best
health care job, #1 best
STEM job and
#1 best job overall!



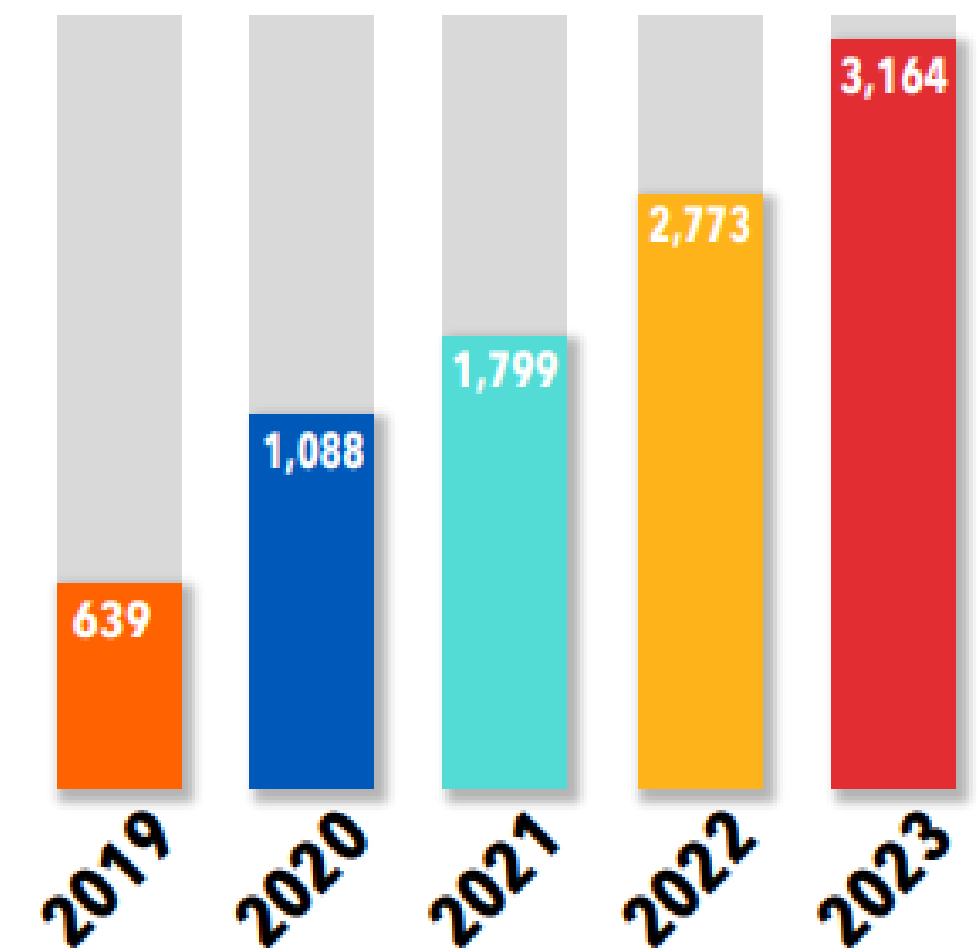
Full Practice Authority for NPs

- Effective July 1, 2024, Advanced Practice Registered Nurses with an equivalent of 3 years of full-time clinical experience may apply for full practice authority (autonomous practice).
- Complete the Autonomous Practice Application
- \$100
- **What does this mean?!**
- No more collaborative practice agreement

PRIMARY CARE ACCESS



VIRGINIA NPs WITH AUTONOMOUS PRACTICE LICENSURE*



* For NPs with multiple certifications (i.e. primary care & psych/mental health), current law requires them to have a mandated practice agreement with a physician for 5 years for each area in which they are certified before being eligible for autonomous practice licensure.

** The transition to practice requirement was reduced to 2 years on July 1, 2021. It reverted to 5 years on July 1, 2022.

Federal Legislative Update

- Passage of the [CARES Act](#) in 2020
 - authorized NPs to certify and recertify home health care services for Medicare patients
- Passage of the [Consolidated Appropriations Act of 2023](#) (December 2022)
 - repealed the requirement for providers to receive a Drug Addiction and Treatment Act (DATA) 2000 Waiver for medication-assisted treatment.
 - Creating a new, one-time education mandate that requires any provider who applies for, or renews, their registration with the Drug Enforcement Administration to complete eight hours of education related to opioid or other substance use disorders.
 - Extending numerous Medicare telehealth waivers through Dec. 31, 2024, including removing the geographic and originating site requirements, delaying the in-person visit requirement for mental health services, authorizing coverage of audio-only services and conducting face-to-face encounters for recertification of hospice care via telehealth
 - Authorizing Medicare to cover lymphedema compression garments as prescribed by an NP, PA, certified nurse specialist or physician.
 - Creating a temporary reimbursement under Medicare to incentivize the use of non-opioids in post-operative care.
 - Promoting greater access to mental health care services for health care providers
 - Partially postponing reimbursement cuts under the Medicare Physician Fee Schedule.
- Title VIII Nursing Workforce Development Programs (\$20 million over FY 2022).

Federal Legislative Update

- [The Improving Care and Access to Nurses \(ICAN\) Act](#) (Introduced in House 04/19/2023)
 - Authorize NPs to order cardiac and pulmonary rehabilitation for Medicare patients.
 - Authorize NPs to certify the need for therapeutic shoes for Medicare patients with diabetes.
 - Authorize the claims-based assignment of NP patients to Medicare Shared Savings Program without requiring the patient to receive a primary care service from a physician.
 - Authorize NPs to refer Medicare patients for medical nutrition therapy.
 - Authorize NPs to establish and review home infusion plans of care for Medicare patients.
 - Authorize hospice care programs to accept certification and recertification of eligibility orders from NPs for Medicare beneficiaries, and better align hospice billing policies for NPs and physicians.
 - Remove the requirement that skilled nursing facility care be provided under the supervision of a physician and authorize NPs to perform admitting examinations and all required Medicare patient assessments.
 - Make permanent the authorization for Medicare and Medicaid patients admitted to a hospital to be under the care of an NP.
 - Authorize a Medicaid patient receiving outpatient clinic services to be under the direction of an NP.
 - Authorize Medicare payment for NP locum tenens arrangements.

Health Workforce Incentive Programs

- The Commonwealth's Earn to Learn Program
- Virginia State Loan Repayment Programs
- Mary Marshall Nursing Scholarships (LPN, RN, CAN)
- Virginia Long-Term Care Facility Scholarship Program
- VA NP/Nurse Midwife and Nurse Educator Scholarship Programs
- Virginia Behavioral Health Loan Repayment Program
- Delta Dental of VA Foundation Loan Repayment Program
- Conrad 30 J-1 Waiver Program & ARC J-1 Waiver Program

Workforce Development: Nursing Preceptor Incentive Program

- 2020 – Budget Amendment
 - [Nursing Preceptor Incentive Program](#)
 - \$500,000
 - VA Department of Health Professionals
- 2023 – Budget Amendment
 - Increases the program funding to \$3.5 million
 - Expanded to include RN students



The 2021 General Assembly established a \$500,000 **Nursing Preceptor Incentive Program (NPIP)** to provide financial incentives for practitioners who serve as otherwise uncompensated preceptors for APRN students to help increase access to care, address the primary care shortage, handle mental health crises, and manage chronic diseases. All of these factors are crucial in improving the health and wellness of all Virginians. For the fiscal year 2024, the General Assembly has approved a budget allocation of \$3.5 million.

PRECEPTOR TYPE

Virginia licensed physicians, physician assistants, advanced practice registered nurses, and Registered Nurses (new).

ELIGIBLE SITES

- Community Mental Health Facility
- Critical Access Hospital
- Hospital
- Federally Qualified Health Center
- Free Clinic
- Long Term Care Facility
- Private Practice

INCENTIVE STRUCTURE

Clinical Hours	Award
25-70	\$500
71-115	\$1,625
116-160	\$2,750
161-205	\$3,875
206-250	\$5,000

APPLICATION CYCLES (REGISTRATION)

- Applications are accepted on a rolling basis.

**Only one registration is needed per school year*

APPLY
online NOW

Website:
<https://vdh.myoneflow.com/>

NP Professional Organizations

- [The American Association of Nurse Practitioners® \(AANP\)](#)

- Represents 355,000 licensed NPs in the U.S.
- Provides legislative leadership at the local, state and national levels, advancing health policy; promoting excellence in practice, education and research; and establishing standards that best serve NPs' patients and other health care consumers.



- [The Virginia Council of Nurse Practitioners \(VCNP\)](#)

- To increase the awareness of and the impact of the role of nurse practitioners on health care and on the professional, educational, and political systems
- To facilitate the advancement of the nurse practitioner role as an integral component of quality health care delivery through public relations, political activism and consultation
- To foster professional and collegial growth through continuing education
- To provide a communication system for nurse practitioners throughout the state of Virginia



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