# NACNS

## NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS

October 2, 2013

The Honorable Eric Shinseki
Secretary
Department of Veterans' Affairs
801 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Shinseki:

On behalf of the 70,000 clinical nurse specialists in the country, the National Association of Clinical Nurse Specialists (NACNS) applauds the Veterans Health Administration (VHA) updating of the VHA Nursing Handbook 1180.03 which recognizes advanced practice registered nurses (APRNs), including clinical nurse specialists (CNS), as licensed independent practitioners (LIPs). Such recognition is consistent with the evidence-based recommendations advanced by the Institute of Medicine in its report, ***The Future of Nursing: Leading Change, Advancing Health***, and with healthcare delivery within the various branches of the U.S. Armed Forces. NACNS believes that modifying the Nursing Handbook to recognize APRNs as LIPs will help ensure that our veterans receive healthcare services as safely, timely and cost-effectively as possible.

CNSs are licensed registered nurses who have graduate preparation (master's or doctorate) in nursing as a clinical nurse specialist. They have unique and advanced level competencies that can meet the increased needs of improving quality and reducing costs in our healthcare system. They are leaders of change in health organizations, developers of evidence-based programs to prevent avoidable complications, coaches of those with chronic diseases to prevent hospital readmissions, facilitators of teams in acute care and other facilities to improve the quality and safety of care, including preventing hospital acquired infections and reducing length of stays. In addition, growing numbers of CNSs are providing Medicare Part B services to beneficiaries and have prescriptive privileges in most states.

In relation to the changes being proposed in the VHA Nursing Handbook, NACNS urges the VHA to consider some modifications that would allow the CNS section of the VHA Nursing Handbook to be more closely aligned with the state implementation of the APRN Consensus Model.

*Issues with the CNS and the APRN Consensus Model Implementation*

NACNS supports the efforts in the VHA Nursing Handbook that would allow the VA to

utilize the new education and certification standards that will be in effect in states

where the APRN Consensus Model is adopted. When all states adopt this model, we will

achieve a level of uniformity for practice for all APRN roles.  We then will have a

common standard from state-to-state for state-based legislation, accreditation,

certification and education. We are early in this process.

For the CNS advanced practice registered nurse role, the APRN Consensus Model
requires a significant education and certification change.  Under the Model, the CNS will
be educated based on *role and population*.  Historically, CNS education has been based
on *role and specialty*.  Under the past model, many states accepted specialty
certification, when it was available, as recognition for licensure.  Under the APRN
Consensus Model, the requirement will be for national certification based on *role and
population*.  Currently, associations, certification organizations, educational institutions
and others are engaged in efforts to make the massive changes needed in CNS
education, certification and licensure.

There are currently six population groups noted in the APRN Consensus Model:
Adult/Gerontology, Pediatrics, Neonatal, Psychiatric/Mental Health, Family/Individual
Across the Lifespan and Women's Health/ Gender Specific.  Currently, the only national
population-based certification exams available for the clinical nurse specialist are
Adult/Gerontology and Pediatrics.  .  There is no established date on the availability of
other population certification exams for the clinical nurse specialist role.

NACNS is working with certifiers and leaders within the APRN Consensus Model
community to lay the groundwork for additional national population certification exams
for the CNS.  NACNS has developed Family/Individual Across the Lifespan clinical nurse
specialist competencies and we are collaborating with the Association of Women's
Health, Obstetric and Neonatal Nurses to develop Women's Health/ Gender Specific
competencies.  These competencies are currently being reviewed by a validation panel
and will soon be open for public comments.  These projects are a huge investment in
time and money but will provide the building blocks for future national population
certification exams.

As the APRN Consensus Model legislation is being considered, it is important to recognize that only 7 states have fully adopted its components.  As we enter our third year of advocacy for these legislative and regulatory changes, it is becoming clear that adoption of the APRN Consensus Model may be slower than originally anticipated.

The VA's adoption of components of the APRN Consensus Model for APRNs is important in the long term.  However, for the clinical nurse specialist role it currently creates a situation where the APRN Consensus Model requirements outpace the ability of the national nursing community to provide the resources for all CNSs to comply with the model.  It is not prudent to require compliance with standards that cannot be met based on the currently available certification exams.  For this reason, we applaud the VHA Handbooks reference to a list of certifying examinations that include specialty exams as well as population-based exams.

**Grandfathering of the CNS**

NACNS is working with other organizations interested in the APRN Consensus Model to meet the healthcare needs of the states within the changing APRN regulatory environment.  While we all agree that the changes in legislation, accreditation, certification and licensure are needed, and will benefit both the public and the nursing profession, the transition to this new schema is not without unintended consequences. The limited number of population-based CNS certification exams is one of these challenges.  In light of this, the National Council of State Boards of Nursing is working with their member state boards to identify how to license and continue to license the CNS in their state that graduated before the new education criteria were implemented. In reviewing state data related to complaints or significant actions taken against CNSs, it is clear that there are few, if any, concerns about the public's safety with those that are currently practicing within their state.  While the discussion is still ongoing, it appears that most states are strongly leaning toward grandfathering their CNS APRNs.  It is expected that these CNSs, if grandfathered, will practice at their current level; if they do not have prescriptive authority in the state, it is anticipated that they will need to meet state-set prescriptive privilege standards in order to gain prescriptive privilege.

*VHA Handbook Definition of CNS*

The definition stated on page 11 of the VHA Handbook is as follows:

A CNS is an APRN who has completed a masters or doctoral degree and board certification in a specific population foci.  A CNS holds an advanced practice degree and national board certification in a specialized area of nursing practice.  The specialty may be identified in terms of a population, setting, medical disease or

subspecialty, or type of care or problem.  CNS's practice in a wide variety of healthcare settings.  CNS's deliver direct care and consult with other clinicians to provide specialized services to improve patient and resident outcomes; and provide clinical expertise to effect system-wide changes to improve specialized programs of care.  The primary goal of the CNS is continuous improvement of patient and resident outcomes and nursing care at the macrosystem level.

The definition utilizes the phrase "population foci."  In reading through the entire VHA Handbook it seems as though this phrase may be used to refer to the six population groups identified in the APRN Consensus Model as well as a population or cluster of patients, such as diabetics, medical-surgical patients, liver transplant patients, etc.  As stated previously, the implementation of the APRN Consensus Model has created a sweeping change in the education and certification of the CNS.  NACNS supports these changes, but it will take time for the states to adopt the APRN Consensus Model and for certification exams based on population to be made available to all identified CNS population areas noted in the APRN Consensus Model.  We respectfully suggest that the definition be modified as follows:

> *A CNS is an APRN who has graduate preparation (master's or doctorate) in nursing as a clinical nurse specialist*.  A CNS holds an advanced practice degree and national board certification in a specialized area of nursing practice *when such certification is available*.  The specialty may be identified in terms of a population, setting, medical disease or subspecialty, or type of care or problem.  CNS's practice in a wide variety of healthcare settings.  CNS's deliver direct care and consult with other clinicians to provide specialized services to improve patient and resident outcomes; and provide clinical expertise to effect system-wide changes to improve specialized programs of care.  The primary goal of the CNS is continuous improvement of patient and resident outcomes and nursing care at the macrosystem level.

### Summary

The National Association of Clinical Nurse Specialists urges the VHA to consider an option which many states are implementing and grandfather CNSs who graduated from CNS programs before the date set for compliance with the APRN Consensus Model.  The date set at the announcement of the APRN Consensus Model is 2015.  The grandfathering criteria for the CNS would include acceptance of either the national population certification exam or the national specialty exam for the CNS.  For those limited number of CNSs where there is no population or specialty tests, the VA should review a portfolio of practice experience, education, and continuing education to determine if these individuals can be grandfathered into practice.

We also recommend that the VHA grandfather all CNSs who currently are working for the agency. These CNSs should be able to move from one Veteran's facility to another without the need to be certified.

While the National Association for Clinical Nurse Specialists is working to have the certification exams available for all CNSs, they will not be available for some time. In the interim, we support the APRN Consensus Model that calls for the grandfathering of CNSs who are recognized by their state even though they do not meet the certification requirement. This would allow the VHA Handbook to be written in support the APRN Consensus Model while also decreasing any negative impact on veterans' access to CNS services.

NACNS is working with certifiers and leaders within the APRN Consensus Model community to lay the groundwork for additional national population certification exams for the CNS. We have developed Family/Individual Across the Lifespan clinical nurse specialist competencies and we are collaborating with the Association of Women's Health, Obstetric and Neonatal Nurses to develop competencies for Women's Health/Gender Specific certification. These competencies are currently being reviewed by a validation panel and will soon be open for public comments. These projects are a huge investment in time and money but will provide the building blocks for future national population certification exams.

NACNS commends the VHA for its continued commitment to providing exceptional services to our veterans and believes that granting APRNs recognition as LIPs will help the VHA continue as a leader and innovator in high quality healthcare delivery. We urge the VHA to finalize and begin implementation of the proposed amendments to the VHA Nursing Handbook to continue improving healthcare for our veterans throughout the country.

Thank you for your time and consideration of this important matter.


Sincerely,

*Carol Manchester*

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President

Cc:  Honorable Robert Petzel, MD
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