The Heart Failure Society of America (HFSA) and the American Association of Heart Failure Nurses (AAHFN) share a common core mission to improve outcomes of patients with heart failure. A recent report underscored the importance of increasing advocacy efforts to enable nurses to practice to the full extent of their education and training and engage in full partnership with physicians and other health professionals in redesigning health care. Heart failure is the fastest growing cardiovascular disorder in the U.S. and the most common reason for hospitalization among older adults. Effective management of heart failure requires that experts from many disciplines practice to the full extent of their education and training. Moreover, leaders from multiple disciplines must act accountably in full partnership to transform health care delivery in the U.S. so that it meets the needs of heart failure patients, their families, and others involved in the health care system. For these reasons, advocating for the removal of barriers to scope of practice and for increasing engagement in health care leadership for nurses is central to the missions and values of the HFSA and AAHFN.

The Role of Nursing in the Care of Persons With Heart Failure

With more than 3 million members, the nursing profession is the largest segment of the health care workforce in general and of heart failure programs in particular. Nurses provide effective care to patients and families living with heart failure across all health care settings. Nursing care for heart failure patients extends over a wide range of settings with the scope of activities expanding well beyond traditional roles to include such diverse functions as participation in multidisciplinary disease management teams and, for advanced practice nurses with appropriate training, independent management of patients.

Nurses have demonstrated excellence in collaborating with other disciplines to optimize and coordinate the delivery of evidence-based heart failure care. Moreover, disease management programs that are coordinated or led by nurses with specialized training improve care by optimizing medications, improving adherence, enhancing self-care behaviors, improving quality-of-life, and reducing morbidity and mortality of heart failure patients. Working with heart failure patients across all socioeconomic classes, categories of age, and phases of the heart failure trajectory, nurses are in a key position to prevent complications, recognize early signs and symptoms of worsening heart failure,
and tailor educational and treatment strategies to ensure high quality care. There are a number of historical, cultural, regulatory, and policy barriers, however, that limit nurses’ ability to fully contribute to the health of Americans in need; this is particularly true for advanced practice nurses. For example, several state scope-of-practice regulations do not conform to the National Council of State Boards of Nursing Model Nursing Practice Act. Nursing practice in some states is limited by restrictive collaboration requirements, including on-site supervision, nurse practitioner—physician ratio caps, and mandated chart review, as well as variation in abilities and limitations to prescriptive authority regarding medications, durable medical equipment, and home health services. Further, many managed care organizations limit reimbursement below the level appropriate for care provided by advanced practice nurses. Thus, what has emerged is heterogeneous policy in which nurses are not uniformly allowed to practice at the full level of their training in many parts of the U.S. This compromises nurse contributions to innovation and partnership in health care, government, and business.

Position

To optimize health outcomes among persons living with heart failure, the HFSA and AAHFN strongly advocate for the removal of scope-of-practice barriers for nurses to allow advanced practice nurses to practice to the full extent of their educational training. Furthermore, and as a call to action, the HFSA and AAHFN endorse recent recommendations to make nurses full partners in the redesign of health care through leadership roles in foundation and governmental organizations where health policy decisions are made.

Disclosures

None.

References