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17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

MEMORANDUM

TO: Board Members

FROM: Eric Yoon, Board Member, CPG Chair
Lisa Emrich, Program Manager

DATE: May 10, 2010

RE: OAAPN Survey

Attached, please find a summary of responses received by the Ohio Association of Advanced Practice Nurses (OAAPN) to its recent "APN Barriers to Practice Survey." Representatives of OAAPN presented the summary to the Board's Committee on Prescriptive Governance (CPG) for its consideration at its May 10, 2010 meeting.

The CPG discussed the summary in its consideration of making further revisions to the Formulary format. It is being provided to the Board at this time for the Board's review and discussion.

APN Barriers to Practice Survey

January – April 2010

In January 2010, a survey link was mailed via U.S. Post Office to all Ohio COA holders. The survey was open to all COA holders, not just members of the Ohio Association of Advanced Practice Nurses (OAAPN). The survey was administered using SurveyMonkey and consisted of 35 questions (24 APN "practice" barrier questions and 11 APN "reimbursement" barrier questions), plus demographic questions. COA holders were asked to rate APN barrier statements on a numerical rating scale from 0-5, with 0 = no impact and 5 = severly impacts practice (+ N/A option). Most APN Barriers to Practice survey statements are those that could be addressed at the state level through legislative or regulatory type changes. However, the survey also included barriers that need to be addressed at the federal (or national) level. Some survey comments received implied lack of knowledge of the law and rules and were a perceived (not actual) barrier that could be resolved with APN educational initiatives across the state. The responses to the survey will be used to help guide OAAPN's Legislative Committee efforts to support and promote APN practice in Ohio; whereby, eliminating barriers that prevent APNs from practicing to their full scope and ability as evidencedy by APN colleagues in other states.

We would like to share results of the survey with the Committee on Prescriptive Goverance to demonstrate the difficulty APN prescribers in Ohio have with the current Formulary. Our goal is to help simplify the APN Formulary within the currrent prescribing laws, while also prescribing within the APN's scope of practice and physician collaborative relationship. Below are selected OAAPN "APN Barriers to Practice" survey statements and results, with the top two more specific to APN prescribing. APNs completing the survey were permitted to share comments related to the statements; selected comments below relate to APN prescribing in Ohio to be reviewed by the CPG. Many comments showed repetative themes and not all comments are listed below, such as: it is easier to get a prescirption from a phyisician rather than using the current Formulary; confusion & difficulty with using the current Formulary; time consuming and confusion related to off-label drug use, especilly in pediatrics where most drugs are considered off-label; delays and time it takes the CPG to approve new drugs (for new indiciations); limitations/problems with 30-60-90 day drug reviews; limitations/problems with specific drugs related to APNs with speciality certifcation; cost and difficulty accessing Drug Facts & Comparisons;

The survey and the results in its entirety may be viewed by CPG members upon request. Please know, the comments below in no way are meant to represent OAAPN; the intent is to share comments with you (the CPG) regarding APN COA holders in Ohio and their opinions/experiences with the Formulary. We appreciate your time. Thank you for allowing us to share these results.

Respectfully,
Keeley Harding, CRNP and Jacalyn Golden, CRNP
Co-Chairs, OAAPN Legislative Committee

May 7, 2010

Time required/difficulty using the Ohio Board of Nursing Formulary 22.0% (220 of 1,005 responses)

Ohio Board of Nursing Formulary limits my prescribing abilities 21.6% (197 of 1,005 responses)

Other questions on the survey include:
Inability to order home health care **35.6%** (351 of 1,005 responses)

Inability to provide more than 72 hours of sample medication **31.1%** (311 of 1,005 responses)

Inability to order Hospice care **27.4%** (269 of 1,005 responses)

Inability to prescribe schedule II medications **27.6%** (277 of 1,005 responses)

Inability to delegate medication administration (e.g., immunizations and other meds) to unlicensed personnel, such as medical assistants **27.0%** (268) out of 972 responses

Selected Comments from Respondents (perceived barriers)

accessability, interpreting the formulary	Thu, Apr 29, 2010 2:42 PM
Guidelines very grey when delineating who can prescribe what for each speciality	Sat, Apr 24, 2010 6:26 AM
It is not specific at all! There are times when I don't prescribe (I have MD do it for me) due to lack of understanding if I CAN prescribe. Formulary doesn't make sense, not in any alphabetical order, you cant' search it well.	Wed, Apr 7, 2010 9:08 AM
Some medications, specifically new medications, that are in a class of meds that I am able to prescribed are often questionable as to whether or not I can use them. This also goes to the previous question RE: time required to use the OBN formulary	Fri, Apr 2, 2010 3:04 PM
Having worked in other states as an advanced practice nurse, I was surprised by the restrictions posed by Ohio's formulary. I comply but feel frustrated with these restrictions.	Tue, Mar 30, 2010 4:11 PM
Prozac is a physician consult, while other SSRI's are independent	Sun, Mar 28, 2010 7:09 AM
Sometimes it is not clear whether we can prescibe a drug or not.	Fri, Mar 26, 2010 5:42 PM
Having to remember what drugs are approved for	Wed, Mar 10, 2010 8:54

APN's to prescribe and what drugs are not is very time consuming.	AM
As a hospitalist and an ACNP, I see every variety of patient over the age of 18. If may be GI, Hematology, Infectious Disease, or multi-system organ failure in the ICU. I am forever having to resort to "the list" to see if I can order something. This past week I needed to prescribe Narcan for a narcotic overdose-but had to find a doc to initiate the order. It is time delaying in care and a tremendous burden on those of use who are trying to provide quality care in a cost-conscious environment.	Thu, Feb 25, 2010 12:24 PM
I work in primary care. It is often difficult to treat patients with bipolar depression while they are waiting to get into a psychiatrist	Wed, Feb 24, 2010 5:29 PM
Difficulty in use is the major limitation. Also, inability to prescribe a new medication. For example, I can Rx a SSRI. But, how do I know if it is a new SSRI and has been approved by th formulary. This is true for any new drug. The drug may be six months or 1 year old but I may not know this. IT could also be just 2 months old and then it would not have been reviewed but since I can Rx SSRI, I may not realize the drug is this new and may make a mistakie and not be able to Rx due to lack of CPG review. IF we can Rx an SSRI, we should be able to Rx an SSRI whether it is 5 years old or 5 weeks old. Not many prescribers will have the information of exactly when the drug hit the market. This is not in our Epocrates or other handheld software so it is a major barrier once again only APNs in the state of Ohio experience this odd rule.	Wed, Feb 24, 2010 11:51 AM
The formulary is cumbersome, we should be allowed to prescribe unlimited, based on wha we should have unlimited prescriptive authority.	Wed, Feb 24, 2010 9:29 AM
Not able to Rx more than a month's supply at a time for Sedative/Hypnotics (Benzos). Also, I think the categories need to be more explicit.	Tue, Feb 23, 2010 11:13 PM
formulary needs to be user friendly and only note specific meds that cannot be prescribed.	Tue, Feb 23, 2010 8:40 PM
Time frame to wait to prescribe new drugs too long	Tue, Feb 23, 2010 7:37 PM
Mostly affects off-label subscribing.	Mon, Feb 22, 2010 2:28 PM
extremely difficult to understand	Mon, Feb 15, 2010 5:54 AM
almost all medications are off label in pediatrics	Thu, Feb 11, 2010 3:26 PM

It is cumbersome to look up medications, when you are having time constraints. ie. during patient office visit. It would be easier to use if there was a search function and you could easily select the medication that you are looking for	Thu, Feb 4, 2010 2:39 PM
There has got to be a less confusing way to figure out what drugs we can prescribe. With consult/initiate drugs changing all the time, I'm always afraid I'm not doing the right thing and it takes FOREVER to look through the whole list. As a NNP I only prescribe a handful of drugs anyway.	Thu, Jan 28, 2010 12:18 PM
while practicing clinically the use of drugs and limitations for ordering is not commonly known or understood often making it easier to just use the verbal order format	Tue, Jan 26, 2010 5:17 PM
never really sure what i can and can't rx without looking. wastes time.	Tue, Jan 26, 2010 12:03 PM
I often have concerns regarding my ability to classify the meds I am prescribing into the current formulary format. I work in a pediatric subspecialty, so the majority of medications I am prescribing are following physician initiation or consultation, but almost always off-label. It would greatly enhance both the safety and efficiency of my practice to be able to search the formulary for a medication by name, as opposed to scanning the entire document each time.	Mon, Jan 25, 2010 10:00 AM
new drugs not yet reviewed that are within same class as drugs on the market	Fri, Jan 22, 2010 10:22 PM
It is hard to remember what we can and cannot write, especially since I work in multiple states.	Fri, Jan 22, 2010 9:09 AM
psychiatric medications have unneccesary stipulastions when prescribed by certified psych mental health advanced practice nurses	Thu, Jan 21, 2010 2:49 PM
Time delay in getting new medications approved by the OBN	Wed, Jan 20, 2010 9:04 AM
Working in a hospital I need to be able to order schedule II Narcotics during the hospital stay and at Discharge. I am continually having to track down surgeons (no easy task) to get patients the pain relief they deserve after surgery. Also the formulary itself is to difficult to interpret that I have in some instances had to ask the assistance of one of our pharmacists to determine if I can prescribe a medication or not.	Tue, Jan 19, 2010 3:14 PM
Diificult to follow	Tue, Jan 19, 2010 1:12 PM
A was use to being able to prescribe psychiatric medications in the state I previously worked in. Now I can't	Tue, Jan 19, 2010 10:09 AM
New category or drugs need to be available in a more timely method. With collaborating physicians using new medications and the public	Sun, Jan 17,

advertising it is confusing to patients why NPs can not prescribe and also prevents continuite of are if new med was prescribed by your collaborator and you can not support.	2010 10:46 PM
hard to find specific drugs; should have a search field	Sun, Jan 17, 2010 5:37 PM
The formulary is difficult to interpret.	Sun, Jan 17, 2010 2:24 PM
The formulary changes often and makes it difficult to keep abreast of the changes	Sun, Jan 17, 2010 9:55 AM
Challenge to recall approved use of certain medications	Sat, Jan 16, 2010 5:51 PM
As a psychiatric APN, the requirement for a 30, 60, 90 day review on the atypical antipsychotics and lithium is a royal pain. My colleagues and I have tried to change these rules, but with no success. We are all competent psychiatric and mental health APNs and are quite capable of monitoring these medications without having to follow up with our collaborating physicians.	Sat, Jan 16, 2010 1:31 PM
Unless I memorize the formulary, or carry it with me as I prescribe (not feasible), this is a time burden to constantly check to make sure I am in compliance. I review my prescribing habits with my collaborator frequently anyway (d/t acuity of pts). I realize the formulary is a tool that got our foot in the door of prescribing, and for that I am grateful - however....it takes time away from my practice and frankly I don't believe a provider at an experienced level needs to have the restrictions the formulary puts in place. The formulary itself can be a barrier to practice.	Sat, Jan 16, 2010 1:30 PM
It is difficult to have to do consultations for different medications at intervals ie glucocorticoids, benzodiazepines. It seems that after having prescriptive authority or if collaborating physician feels comfortable with not needing to do this, we should not have to do this after a certain number of years.	Sat, Jan 16, 2010 12:14 PM
Decisions about restrictions or need for physician initiation/consult seem arbitrary.	Fri, Jan 15, 2010 7:06 PM
when new meds are out, in my practice of cardiology, it is difficult to renew them post hospitalization till they are on the formulary,	Fri, Jan 15, 2010

even if they were started by a physician	9:31 AM
The latest formulary update is completely different than the last, difficult to read and makes things difficult for me in merely having the time to go over it closely to rewrite my agreement with my collaborating physician. This is a ridiculous waste of time.	Fri, Jan 15, 2010 5:53 AM
work in a NICU where decisions must be made rapidly, difficult to look up restrictions	Thu, Jan 14, 2010 11:36 PM
I have to stop and think if a drug it too new for it to be on the "approved" list so that I can RX it or is it one that I have to deal with my collaborator on, etc...	Thu, Jan 14, 2010 8:50 PM
very cumbersome	Thu, Jan 14, 2010 10:40 AM
medicine changes constantly, I do not have time to keep checking with the Board's formulary. I moved here from an unlimited practice state. I feel like I have gone back to the dark ages.	Thu, Jan 14, 2010 10:14 AM
very confusing	Thu, Jan 14, 2010 9:53 AM
Not an quick reference!!!!!	Thu, Jan 14, 2010 8:49 AM
being an FNP in primary care in an underserved location who serves a large population of patients with psychiatric disease and few psychiatrists, I must rely on physicians not physically available to write these medications for me. Also, these patient must return and pay another fee to be seen to see the MD/DO who CAN presecribe these drugs.	Wed, Jan 13, 2010 10:27 PM
primarily which keeping track of which drugs need PI/PC and needed to write a note as to that.	Wed, Jan 13, 2010 6:10 PM
i think it is unreasonable that I can prescribe schedule 3 narcotics but have to have a physician review my prescribing habits on muscle relaxers and dementia drugs such as namenda.	Wed, Jan 13, 2010 4:42 PM

Antiarrhythmic agents section is confusing, many agents fall in this category... Also I see pediatric patients and should be able to start statins on this population. I am a family nurse practitioner.	Wed, Jan 13, 2010 3:23 PM
specific parameters and limits for APN specialties for use/period of review for certain drugs -- often confusing	Wed, Jan 13, 2010 3:11 PM
I have paranoia about which medications I am allowed to write for. I work in a very specialized area of pediatrics and I always have to check to make sure I can write for medications that we use every day in our practice.	Wed, Jan 13, 2010 3:09 PM
I find it very difficult to determine what specific medications are approved and disapproved based on the format of the formulary.	Wed, Jan 13, 2010 12:15 AM
I often simply get a prescription co-signed by a physician because i am too busy to look it up at that time.	Wed, Jan 13, 2010 12:06 AM
There are many "off label" common uses of medications, these have to be listed separately in standard care arrangement, a never ending task.	Tue, Jan 12, 2010 11:48 PM
Would prefer a formulary of exclusion: list of meds we cannot prescribe.	Tue, Jan 12, 2010 11:31 PM
New FDA approved meds waiting time and sample medication limitations	Tue, Jan 12, 2010 11:02 PM
new medications in the same category or "me too drugs" should be approved quickly. Organization of formulary makes it difficult to find drugs quickly. Consultation classes are barriers to prescribing.	Tue, Jan 12, 2010 11:00 PM
Most barrier is related to Schedule IIs. Other issues are new medications that take a while to be added to the formulary.	Tue, Jan 12, 2010 10:37 PM
Inability to prescribe medications new to the market until Formulary revised	Tue, Jan 12, 2010 10:01 PM

Formulary would be better if it were of exclusion vs inclusion. Time consuming going through to see if i can write it or if needs a md to write first.	Tue, Jan 12, 2010 9:36 PM
While working in both dermatology and family practice. I can not prescribe a medication for a patient in a family practice setting that I could in the dermatology setting ie. carac. It makes for a challenge when providing patient care.	Tue, Jan 12, 2010 9:15 PM
I am an Oncology Advanced Practice Nurse and the inability to prescribe Sch 11 medications is severely impacts my practice. Those drugs are most commonly prescribed. Coming from IN where I was able to prescribe these medications. Working in Ohio is very hard, to remember what I can and can't prescribe. The formulary is very over whelming.	Tue, Jan 12, 2010 9:00 PM
Physician consult for things prescribed independently in other state	Tue, Jan 12, 2010 8:55 PM
hard to understand in some sections.	Tue, Jan 12, 2010 8:48 PM
too many formulary restrictions to worry about-too long a process to decide when and if we can prescibe new medications. too many differences among specialties	Tue, Jan 12, 2010 8:37 PM
New diabetic drugs I have to wait or ask them to be added to the formulary thus I have to go ask my attending and can wait 20 - 30 minutes for him to finish his patient to help with mine.	Tue, Jan 12, 2010 8:35 PM
my collaborating physicians are often confused, and so am I. Rather than take a chance, we will just have physican write the order rather than me.	Tue, Jan 12, 2010 4:02 PM
This is not a user friendly document	Tue, Jan 12, 2010 3:42 PM
Unusual drugs (used in rheumatology) sometimes have different rules depending on where you look. eg rituximab. As chemo, it's physician only. As a biologic it's physician-initiated.	Tue, Jan 12, 2010 2:45 PM
The formulary is unclear, confusing, and difficult to use, especially since so many drugs used frequently in my practice are unable to	Tue, Jan 12, 2010

be prescribed without physician initiation, physician consult, or we are just unable to order	2:35 PM
Formulary should include exceptions to prescribe only... too detailed of a list at times.	Tue, Jan 12, 2010 2:33 PM
After practicing in another state for many years with no restrictions, it is a challenge to make sure you are staying legal by Ohio standards.	Tue, Jan 12, 2010 2:24 PM
It would be easier if medications were classified by generic name for search purposes and ease of being able to visualize them.	Tue, Jan 12, 2010 2:07 PM
The need to add all common off label uses to my SCA is time consuming.	Tue, Jan 12, 2010 1:40 PM
There are limited drugs actually approved for pediatric (especially infants). Many of them are safe and have been used in peds for a long time. We however cannot prescribe this, impeding care. I am now scared to prescribe many drugs and don't have time to look them up in formulary and facts and comparisons both and my hospital severly limits verbal orders. So instead I ask a resident who doesn't know my patient and has much less experience than me to put the order in which is not safe but is currently necessary. I feel like my hands are tied and the patient suffers.	Tue, Jan 12, 2010 1:23 PM
Difficult to navigate. Several meds are unclear as to whether we can prescribe or not.	Tue, Jan 12, 2010 1:21 PM
Not able to prescribe off label drugs which our practice hasn't listed in the SCA	Tue, Jan 12, 2010 1:15 PM
restricions on non-acute certified practitioners working in institution, pi vs pc and the confusion surrounding that (for MD's and APN's), restrictions not only on scheduled meds but many other common meds, need for SCA, specific PI and PC drugs, peer reviewed literature, etc. CRAZY! I worked in another state with no such barriers and life was a happier time :)	Tue, Jan 12, 2010 1:03 PM
formulary is confusing and does not keep up with frequent changes in medications and FDA indications of meds; limits ability to	Tue, Jan 12, 2010

prescribe psych meds other than SSRI unless consult MD	12:55 PM
Very difficult to constantly be aware of new drugs on or off formulary. Some confusion regarding which drugs etc	Tue, Jan 12, 2010 12:38 PM
too confusing.	Tue, Jan 12, 2010 12:34 PM
Working in the hospital setting it is not always efficient to continue to refer back to the cluttered chart of medications, if there is a possibilty it is not on the formulary or I don't have time to look it up, I just ask the docs to order it for better pt care and for time sake	Tue, Jan 12, 2010 11:30 AM
The e facts that is used to categorize the meds is NOT readily accessible without paid subscription. Muliple meds fall under multiple categories and it is not at all clear what is allowed. This is very difficult for a new NP.	Tue, Jan 12, 2010 11:13 AM
I think the biggest barrier is in the mental health arena. I am an adult NP and we all know access to mental health providers very limited so often we are the link for this urgent help.I am limited in types of drugs such as meds for bipolar which is common in primary care. It would be big help to have the ability to prescribe these type meds for bipolar or more severe depression.	Tue, Jan 12, 2010 10:59 AM
Too hard to find specific drugs and I generally end up using some alternative to what I think might be the best medication just to make sure I'm working within the formulary.	Tue, Jan 12, 2010 10:55 AM
I guess we assume that if a drug is ok to prescribe "po" that ordering through a g-tube is the same thing. When actually one can argue it is not. I would like not such a gray area for me to assume that-that is okay. Clarification would be wonderful.	Tue, Jan 12, 2010 10:53 AM
certain antibiotics that are considered standard of care for treating neonatal infections for patients in the NICU, many medications and doses in pediatrics considered gold standard but Facts and Comparison different dosing or does not list off label use	Tue, Jan 12, 2010 10:52 AM
pharmacologic categories too vague	Tue, Jan 12, 2010 10:03 AM
the "review with Dr. within --- days is idiotic. The Dr I collaborate	Tue, Jan

with and I believe it is a waste of time. I think discussion about difficult cases and situations is VERY important. I bring these thing to her regularly on a PRN basis. I often know what to do, but want to keep her in the loop because it is a hot situation. The collaborative relationship I have that I think works very well is based on her understanding how I work and trusting my good judgement concerning when I need her help or support.	12, 2010 9:56 AM
I find it difficult to find the medication I am trying to find. It would be easier as a database.	Tue, Jan 12, 2010 9:50 AM
I am in independent practice and treat cardiovascular issues. I feel that if you have cardiovascular experience you should be able to treat cardiovascular illness and not be limited because you are not an acute care NP. Also it takes to long for new meds to make formulary.	Tue, Jan 12, 2010 9:39 AM
when you are in the middle of seeing patients, it's unrealistic to stop what you're doing, go look up a medication in the formulary and return to seeing patients. It affects the workflow and productivity	Tue, Jan 12, 2010 9:21 AM
It is difficult for me to remember what I can and can't prescribe, so when in doubt I don't prescribe rather than look it up at that minute and I have to find a physician to write the order/prescription. I practiced in Indiana where there was no restriction in the formulary and this is a difficult transition for me here in Ohio.	Tue, Jan 12, 2010 4:31 AM
Not user friendly	Tue, Jan 12, 2010 4:25 AM
I prescribe in other states, and choose not to obtain Rx authority to prescribe in Ohio precisely because of the regulatory difficulties, barriers listed here, and general practice restrictions in prescribing.	Tue, Jan 12, 2010 3:43 AM
cumbersome; confusing; only allowed to Rx from certain categories and for certain length of time on some meds (such as benzo's); have to use Drug Facts and Comparisons (expensive, not readily available); must rely on physicians for consult/collaboration	Tue, Jan 12, 2010 1:10 AM
No time to look up what is approved and what is not. Counterproductive--not patient or APN friendly.	Tue, Jan 12, 2010 12:42 AM
unable to prescribe new meds in a timely manner. Unable to	Mon, Jan

prescribe meds in my specialty which I am well-qualified to prescribe.	11, 2010 7:32 PM
Prescribing many medications are guesswork since the OBN resource is not a good choice. In my practice, versed is a benzo, but not so in the resource. We use phenobarb for seizures in my practice, not so in the resource.	Sun, Jan 10, 2010 8:32 PM
The limitations within the formulary, i.e. physician initiation for some medications, prescribing restricitions related to particular classes of medications, delays and inhibits timely and effective care to patients.	Sat, Jan 9, 2010 7:22 PM
I have chosen not to prescribe in OH due to limitations and now only prescribe from KY on my KY license.	Fri, Jan 8, 2010 6:11 PM
The complexity of the inclusions & exclusions make it time consuming and prone to noncompliance	Fri, Jan 1, 2010 1:53 PM
There are multiple APNs that work in the hospital that are not acute care and need to be able to prescribe according to their patient population and collaborating physician. Just because you are not acute care doesn't mean you do not understand the pharmacokinetics and pharmacodynamics of what you are prescribing.	Wed, Dec 30, 2009 1:07 PM