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***Past Event: 2024 NCSBN APRN Roundtable - The LACE Network:  
Communication, Collaboration and the APRN Consensus Model Video  
Transcript***

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**Event**

2024 NCSBN APRN Roundtable

More info: <https://www.ncsbn.org/past-event/2024-ncsbn-aprn-roundtable>

**Presenters**

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Welcome back, everyone. We are going to be finishing our day to gather with a live panel discussion on the history, progress, and future of the L.A.C.E. network. I'm joined today by our four wonderful presenters. Nurse Dr. NPR-FIPP from the accredited commission. Dr. Phyllis Whitehead from the clinic in Roanoke, Virginia. Dr. Susan VanBeuge from the University of Nevada Las Vegas, and Dr. Joan Stanley from the American Association of colleges of nursing. Dr. Stanley is going to get us started. Joan, I'm going to pass it to you. Thank you. &gt;&gt; Thank you, Michelle. Thank you to all of the participants. I have been asked to start with the background and the purpose of the Consensus Model and the development and the purpose and functioning of the L.A.C.E. network. I think this is so important that we understand and recognize where these documents and where this work started, and the apartments and where we are today. So I'm going to start back in 1997. That sounds like a long time ago. The American Association of colleges of nursing created the alliance for the APRN credentialing. It is network or alliance was comprised of 14 organizations. The purpose was to provide a forum for communication and discussion on common issues regarding credentialing of advanced practice nursing education programs. There was a growing response and concern and dialogue surrounding the lack of uniformity across the country regarding how advanced drastic -- was defined, what constituted a APRN subspecialty, and very credentialed requirements from state to state where they were situations which in some states, individuals who graduated from education programs in that state were not eligible to be

credentialed. In March of 2004, AAC in put forth a proposal to the alliance asking the alliance to convene a national consensus process that would address these and other issues surrounding APRN regulation. So in June of that year, 2,004, an invitation to participate in a national APRN consensus conference was sent to 50 organizations identified as having an interest or some connection to advanced practice nursing. And all 50 organizations chose to participate. Dr. Jean Johnson from G.W. served as the facilitator. Based on the recommendations from this first speech we first APRN consensus conference, a smaller representative workgroup also led by Dr. Johnson hosted the AAC in was charged with the development of a future model for APRN regulation. The alliance for APRN consensus work group which is known as was made up of 23 organization designees. That group met by more than 16 times face to face. Sometimes 1-2 full days between 2004 and 2006 to craft a national consensus statement on APRN regulation. During these 2 years, there were also 2 additional convening's of the larger national APRN group or conference. These meetings where intended to bring all APRN stakeholders to gather to hear and provide input into the discussions and proposals from the consensus work group. Parallel to the workout I consensus work group, NCSBN was a member of the consensus work group or a parallel to that work of that group, the NCSBN advanced practice nursing advisory panel was also a meeting to develop a draft APRN paper which was completed and disseminated in 2006. Early in 2006, we had our fourth larger group convening of the APRN consensus conference. That group during that time, agreement was reached that future APRN practice would best be served if the parallel work of the APRN workgroup, consensus work group and NCSBN APRN advisory committee would come to gather and add a minimum, produce complementary recommendations that would guide the future APRN regulation. To achieve this goal -- which was seen as somewhat daunting a task at times. We didn't know how this would end up or what to expect. But less APRN joint dialogue group, a subgroup of the APRN workgroup and national Council committee began meeting in January of 2007. After several meetings, joint meetings where we would identify issues that we agreed on, and I can see the papers on the wall. That's how it worked back then of identifying a parking lot issue of the issues that we did not agree on. After several meetings, we realize that they were very few issues still in the parking lot. That group decided that our goal would be to create one joint paper which reflected the work of both groups. Finally in July of 2008 after more than 4 years of intense discussion, final consensus was reached. Although we tried throughout the entire process to reach 100% agreement on every issue, 80% was the agreed to threshold. Almost immediately after its release, 50 national professional nursing organizations endorsed this new document known as the Consensus Model for APRN regulation, licensure, accreditation, certification, and education. This document delineated the underlying implementation requirements for each regulatory component of L.A.C.E. However, the work to implement and sustain these efforts was just starting. The Consensus Model did contain a statement that addressed the importance of developing a communication mechanism to fully implement this new regulatory model. The purpose of the L.A.C.E. network from the very beginning was to provide a formal, ongoing communication network that provides very transparent and online communication among the participating entities. I want to stress those two words. Ongoing and transparent. The work that had occurred for low 4 years prior to this shows how important communication and relationships would be to building trust and to facilitate the successful implementation of this new regulatory model. At that time, the APRN joint dialogue group retained Oregon health and science University to initiate this process. After extensive continued dialogue, and most consensus was reached on the mission, functions, and values in the process for designing and building a communication network. Some of the key components of their recommendations for this network were that it recognize the interrelationship of all the L.A.C.E. entities and the need for stakeholders to be connected by transparent communication mechanisms. Also I can, all individuals had access to information and the ability to provide input

through their member organizations. And the key was going to be the use of technology and the development of an online readily accessible communication mechanism. A 5-year member -- 5-members to member L.A.C.E. transition team with representatives from each of the 4 fillers was created. In addition to myself, from the COA Council and accreditation was a member of this 5-member team. I suspect he may be on this call. This team was charged to make recommendations regarding an electronic platform, goals and purposes, structure and processes for the network. Working rules, and innovative communication mechanisms. During the development of the L.A.C.E. network, there was concern about creating another organization or entity that could compete rather than complement the participating organizations. Therefore, the new network was intentionally designed to provide a new forum for greater communication, trust, and transparency. Organizations reported regularly on monthly calls on activities, policies, and changes that they were considering and the timing for any of these changes and requirements. This was critical, because one of the key lessons that we learned, not only from the network and also from the development of the Consensus Model was that if one entity in one pillar would propose a change, it became clear to everyone that even a small change impacted all of the other pillars. The L.A.C.E. network continues to meet monthly. And the need to share information and get feedback on proposed policy changes is still as important today as it was initially. Member organizations have been asked to recommit to participation and support for the L.A.C.E. network about every 3 years. The current agreement among organizations covers until 2026. The current -- I wouldn't say that we are working to redesign the public facing page of our network. I would encourage you to put [www.APRNL.A.C.E..org](http://www.APRNL.A.C.E..org) as one of your favorites. We are working to update that front page and make it more updated and current with the policies and everything. I would encourage you to look. This really is a platform where we attempt to do and want to disseminate information to anyone who has an interest in APRN regulation or practice. I am going to now turn this over to Nell Ard. && I am going to spend just a little bit of time talking about the steering committee. As Joan has mentioned, the L.A.C.E. network has continued to meet on a monthly basis. Back in 2019 and December of 2019 which was the last time that the L.A.C.E. network actually met face to face, there was some concern that perhaps not all of the pillars or not all of the roles necessarily had voices at the table. As John mentioned, we want to be transparent and when all players to have a voice. At that meeting, it was determined that a steering committee would be developed through the steering committee would be composed of 8 members representing each of the 4 fillers which is licensure, accreditation, certification, education, as well as all 4 APRN roles with representatives from nurse practitioners, clinical nurse specialist, clinical nurse midwives, as well as our cRNA thoroughness. In order to participate in the steering committee, a L.A.C.E. member needed to have at least one year of experience on the APRN L.A.C.E. panel. In order to ensure that there was continuity on this panel and the steering committee, the terms were staggered. Initially, half of the positions were elected for 1 year. The other half for 2 years. After that first year ago but we went into a 2-year staggered roll off so that only half of the members roll off on any given year. Each person was elected for a 2-year appointment. Essentially, 2 about pillars roll off every year as well as 2 of the roles them and they are replaced. You might be thinking, sometimes folks may represent more than one of these. You could be part of a filler but also part of a role. That is true. The key here is that as steering committee members, we are not representing our agencies. We are representing our role. We are representing the pillar that is reflected on the L.A.C.E. network. New members are elected by the overall L.A.C.E. network. These elections typically occur in November /December. The new members oh thank their positions at the beginning of January. What is the purpose of the steering committee? The primary role is to manage the flow of information to and from the APRN L.A.C.E. network. To make sure that everyone had a voice at the table. Both wanted to have a consistent way that individuals could request that things be discussed during the L.A.C.E. meetings on a monthly basis. The steering

committee along with feedback from the L.A.C.E. network developed a mechanism by which new discussion items can be placed on an upcoming L.A.C.E. agenda. With this, the steering committee reviews those to determine the timing of those. Our meetings typically are only about an hour. He also wanted to look at them and those that carry Consensus Model address these issues? If the issue is not being addressed by the current Consensus Model, the steering committee can develop a workgroup that is charged with looking further into some of these issues so that workgroup can bring forth some information to the overall L.A.C.E. network. On that workgroup if a workgroup is developed, a steering committee member will serve as a liaison to the overall group. Another role of the steering committee is to look at potential new members, new organizations that are wanting to join L.A.C.E. There is the opportunity for new organizations to request the ability to join the L.A.C.E. network. I want to also emphasize that the decision-making body at the steering committee is not a decision-making body. Instead, we are basically a funnel for which the L.A.C.E. membership and have information placed on the upcoming L.A.C.E. calls so that they can be addressed. As John mentioned, we do meet on a monthly basis. Do let you know who the current members of the steering committee are, representing licensure is Susan VanBeuge who you will hear from in a few minutes. Representing accreditation is myself, Nell Ard. Representing certification is Denise. Representing education is Mary Beth. Representing nurse anesthesia is Brad Morgan representing nurse midwives is Lori representing CNS is Gail Banwell. And Teresa. As I mentioned earlier, one of the roles of the steering committee is to develop and look for opportunities. One of the things that we did do recently with all of the L.A.C.E. membership is to construct a survey that was sent out. Now I'm going to turn it over as she provides information about the survey that we conducted. &gt;&gt; Thank you and thank you for the opportunity to be with you today. I am a specialist and past president of the National Association of clinical nurse specialist. I have the honor of representing the role on the L.A.C.E. steering committee for their previous 3 years. I'm going to be sharing with you that catalyst for the L.A.C.E. network organization survey. The steering committee noticed varying knowledge around the APRN Consensus Model. How it was developed, its purpose and outcomes. In March 2022, L.A.C.E. network meeting, members were asked if it would be helpful to have information around the Consensus Model in APRN regulation. If so, what issues would be of interest? It was unanimous that there were many questions and confusion around the Consensus Model. It would be helpful to survey members for opportunities to address these issues. At the next meeting, the steering committee discussed and created surveys based upon the expressed L.A.C.E. member network concerns. The surveys were launched in July of 2022 to the L.A.C.E. network member organizations. Additionally, individual representatives were asked to complete a survey to help the steering committee understand their knowledge of the Consensus Model, and the actual L.A.C.E. network organization itself as well as address where they needed in order to be good member representatives. The surveys were completed by August of 2022. There were 15 questions. Here are a few of those questions. On the 2-3 most significant changes in health care which impact APRN practice, your organizations and since the Consensus Model was busies, released in 2008. Would you find value in having a primer on the Consensus Model? Identify your top 2 concerns about the Consensus Model as it is written. When you be willing to participate in any future work which may result from the feedback obtained in the survey. Now, let's hear a few of the organizational responses. To question 1, what are 2-3 changes that impact practices like Consensus Model was released in 2008? I responded in the expansion of both practice authority, expansion of telehealth, and the electronic health record. The work environment, acute care, outside of the traditional settings. Increase mental health issues. Question 2. What are about 2-3 most significant changes in health care? When responded shared some of the political climate group APRNs has become quite negative especially for NPs. Clinical nurse specialist continue to struggle for title protection in some states. The biggest and most important change

is not because of the Consensus Model and the various interpretation of it among the state boards of nursing, APRNs desiring to practice specialty areas are required to obtain prohibited numbers of academic degrees and certifications in order to practice within their scope. 86% of the responding participant stated that they understood the Consensus Model history. 71% on leadership responded that they had solid comfortable understanding of the consistent model for 21% described that they felt like they were an expert or resource for it. Question 7. When will the actual last time you read the Consensus Model to answer a question? When respondent said that's concern over how it is written. Our concerns are more around interpretation or implementation. For example, the Consensus Model does not call for the regulation of graduate APRN programs by boards of nursing. Instead, compliance of community standards overseen by creditors. Is this process working? Does this need a board of Nursing Regulatory Body oversight element? If not, what can L.A.C.E. do to address concerns? 100% of respondents were willing to participate in future work. Here are a few individual responses. 59% of individuals stated they had a detailed understanding of the history of the Consensus Model. Only 16% stated they felt as though they were an expert or resource for the Consensus Model. 51% of respondents reference the Consensus Model to answer questions. 84% of respondents stated that having a Consensus Model primer would be helpful. One additional information would help you in your role? A respondent recommended that frequent views of the L.A.C.E. position statements on the resource Center with review dates to indicate that language is still current. Additionally helpful to provide talking points for any position statement or topics that require a vote or decision by the L.A.C.E. network organization. This will assist us in making sure that the right message is being conveyed and help with any questions, organizational leadership. And that summarize the survey response. Thanks so much for this opportunity to share the findings. Now I'm going to turn it over to Susan. & & Thank you so much. I am glad to take the reins. My role in this part of the top is to talk a little bit about the FAQs. First let me tell you my name is Susan VanBeuge and a member of the Nevada State Board of nursing and currently serve as the licensure representative on the L.A.C.E. steering committee. I'm a family nurse practitioner and I teach at Las Vegas. I'm very excited to be here today. I was appointed to this workgroup back in 2023 to review and refresh the FAQs are frequently asked questions and provide recommendations. Our group membership reflects the 4 APRN goals. Nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist and certified nurse midwife. And the pillars of licensure, accreditation, certification, and education or L.A.C.E. Members include a variety of professionals who are represented -- who represent organizational members of the L.A.C.E. network. Our group was charged to review and refresh the frequently asked questions and provide recommendations. Also, we were asked to add an FAQ that outlined a background, conception, and significance of this important document. Additionally, our workgroup is to look at the issues identified in the survey in relation to the Consensus Model who draft additional FAQs is needed. We took that very well done survey of membership organizations that was just reviewed. And we went through that and spent a couple of months just looking at a current FAQs, their responses to the survey, and how we could cross walk and modernize. Asked to undertake this work, we did utilize the L.A.C.E. organizations membership survey. We took that and were able to look at how we could modernize this document. As we work through these FAQs, identifying potentially new FAQs that might be considered for future and potentially another workgroup down the road. Some FAQs are outdated and have the potential for retirement. We have identified those. As an example of this, there are some questions that are specifically discussed the talk about the initial rollout of the Consensus Model that don't really have a significant place in the current FAQ publication. Of course, this came out in 2008 as was noted earlier. We have approached this work in a methodical way to address the questions currently in the FAQs to organize and determine where changes need to be made and where we might bolster the narrative to modernize the language for the current practice

environment. Some of the things we have identified include areas such as population, specialties, roles, telehealth, and you focus on all the rules through those rules again CRNA, certified nurse midwife, CNS, NP go and not just have a strong focus on the nurse practitioner only. It was a common theme. Our work is not yet completed. We will continue to work on a deliverable product that we will send back to the steering committee and a final draft will be presented to the entire L.A.C.E. network and then to each of the L.A.C.E. organizations for their endorsements. At this time, I would like to send this back to Michelle who will start our question end. Thank you. &gt;&gt; Thank you all very much. I appreciate that. Let's dive into some of our questions. I think maybe Joan, I want to elect this one at you. Because the L.A.C.E. network except new applications for organization membership? Have any new members join in the last few years? &gt;&gt; Yes, thank you. That membership in L.A.C.E. has grown from the original 28 organizations which was in 2010 to 31 organizations now in 2023. 2 organizations of the original organizations, the National Board for certification of hospice and the accrediting Board for specialty nursing certification chose not to continue their participation in a number of years ago. Feeling that it was not as relevant for a little work they were doing. However, 5 additional organizations have joined over the past 4 years. Those organizations are the American Association of nurse practitioners, the American Association of critical care nurses, the membership organization. Both of those organizations are certifying bodies that were members for the organizations have joined for the American Association of emergency nurse practitioners, the emergency nurses Association, and the American holistic nurses Association. &gt;&gt; Thank you. Next question and may be, I will pose this question to you. Is the survey information available on the L.A.C.E. website? &gt;&gt; We have some of the information. I think a lot of it is through the steering committee and being able to share the questions. At this point, Joan, correct me if I am mistaken. We don't actually have all of the data they are compiled in a nice format. Certainly the questions and the summary of the surveys are available. &gt;&gt; Thank you. The survey as I mentioned, we are redesigning our public page. I think this is a good suggestion so that when we look at the redesign and updating information on and, the steering committee could recommend in the entire L.A.C.E. network and recommend this is something. There is a summary document. &gt;&gt; Thank you. I know there was a workgroup that I was fortunate enough to serve on that look at the position statements that are currently on the L.A.C.E. website. Can someone speak to that process? What ultimately was revised on those documents? I don't know if you would be able to address that. &gt;&gt; I certainly can and can't do. With that particular workgroup again, we had representation from all 4 pillars as well as all 4 roles. They really looked at the documents to ensure that they were current and reflecting terminology. I know that they specifically looked at some of the differences in primary versus acute and some of those other components that are important today. Lowes again where brought back to the steering committee and then back to the overall organization for review and endorsement. Those are available on the website. &gt;&gt; Thank you very much. Another question. With the current work of this group. Susan told us about looking at the FAQs and analyzing where things are, when the work of the FAQs are completed, what would be the next apps for the L.A.C.E. network moving forward in terms of the survey results and kind of moving things forward. What do you anticipate the next steps to be? Susan, I don't think I affect on you yet. &gt;&gt; Thank you so much. I believe that the next steps when we complete the FAQ revision is to send them back to steering committee to be reviewed. That will go out to the L.A.C.E. network partners to also review and endorse before they are published. Again, this has been a huge collaboration of all of the pillars and the roles that are represented to both those together and then to share that information. It has been a real great amount of work to have all of the roles and the pillars to gather so that we can bring in our expertise to make these FAQs relay dynamic and up-to-date. &gt;&gt; Thank you. Next question. What kind of questions are posed to the L.A.C.E. network? And who can pose questions to the L.A.C.E. network? Joan, I guess

let's go with you. >> Okay, great. Actually, the simple answer is, anybody can pose a question to the L.A.C.E. network. As we set it up initially as I describe the initial function of the L.A.C.E. network, all individuals, particularly through their membership organizations have the opportunity to submit questions, to submit suggestions through their designee. Each organization can have up to 3 seeds or designees to participants in the L.A.C.E. network. That is the best way. Anybody could communicate a concern or provide input or a suggestion to the L.A.C.E. network where there is a formal process through all the organizations that participate in L.A.C.E. I would just add that the American Association of colleges of nursing is the overseas that day-to-day administrative functions of the network in addition to being a member. But my administrative coordinator does provide that administrative support. Somebody is always able to provide us recommendation or suggestion through her which we go right through the steering committee and potentially through the entire LACE Network. >> Terrific. Thank you very much for that response. Thank you to all of our panelists for your wonderful presentation today. And for your service on the L.A.C.E. network, actually and your dedication to keeping those open lines of communication on this very important regulatory framework for a APRNs. Thank you all very much. >> Thank you. >> Thank you. >> We are going to end our meeting for today. If you would like more information about our NCSBN resources, we have included a few links here. In that chat. We also added the link to the L.A.C.E. network that Joan mentioned. We just updated our Consensus Model web pages. We have included the URL for that. The web pages include the document itself, current implementation status by state and other resources. Please visit that URL. In addition, we have included links to the web pages for our APRN legislative initiatives which is a campaign dedicated to aligning nursing regulation with each of the elements of the Consensus Model. Often these efforts are focused on promoting full practice and authority. We have also included a link to APRN -- great information about the APRN compact which as you know officers license your mobility to APRNs. Our center for -- a new educational offering a week from today, Tuesday April 16. The new courses called the 22 regulation and the United States. It is an asynchronous foundational course which is open to nursing regulators or anyone who has interest in learning more about the regulation of advanced practice registered nurses. Thank you again, and have a great rest of your day.