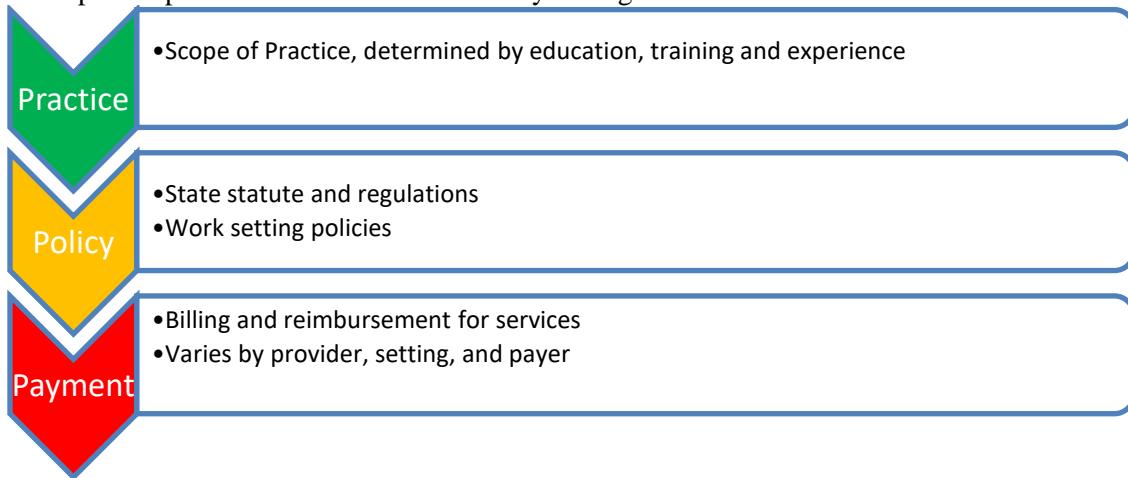


WHA's 3 P's

The WHA conceptual model outlines three major elements that impact, influence, and may determine what specific patient care is delivered in many settings.



The 3 P's, Practice, Policy and Payment, need to be understood from the top down, progressively narrowing conditions that can limit the amount of patient care delivery associated with various health care professions. All three elements of the model apply to health care occupations and professions that have recognized and agreed upon scopes of practice, and are allowed to bill for their services. The first two P's apply to all licensed health care occupations and professions. The second P, Practice, applies to all health care occupations.

Practice

The first P is practice, and pertains to scope of practice. Scope of practice describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. This "education, experience and training" model is generally accepted as defining scope of practice for providers in Wisconsin, and language mirroring this definition is evident in several key Wisconsin rules and regulations such as Chapter N8, the Wisconsin rule that defines and regulates the practice of Advanced Practice Nurse Prescribers.

Policy

The second P is policy and pertains to all policy that further defines, clarifies, or restricts the first P, practice. These policies may be statute, rules, regulations imposed by lawmakers or policymakers or may include policies instituted and maintained by employers (hospitals or other health care settings).

Payment

The third "P" is payment, and in the 3 P model may be the final determination of what actual patient care is delivered. If a particular service or treatment is allowed by the professionals scope of practice and allowed by related statutes, rules, regulations and organizational policies, but is not a service in which payment will be received, this particular treatment or service may be provided by a clinician able to receive payment rather than other professionals allowed by scope and policy to provide the care. The use of surgeons and advance practice clinicians, instead of surgical assistants, as "first assists" is driven by clinician preference and clinical need, but may also be impacted by the third "P".