

Health Care Reform: What's Nursing Got To Do With It?



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Objectives



- Discuss nurses' potential contributions to health care reform; five models of care
- Identify barriers to sustaining and spreading these innovations.
- Identify strategies for addressing these barriers. Within the context of health care reform.

**Nursing is ready to contribute
to reforming health care**



**An infrastructure of models
of care focused on primary
care, chronic care
management, care
coordination, and wellness**

**American Academy of Nursing's
Raise the Voice Campaign**

Robert Wood Johnson Foundation
www.aannet.org/raisethevoice



EDGE RUNNERS

Liberty Country Living



MERIDIAN MAAS
JANET SPECHT

Lessons



- Don't assume that your good work will be recognized and valued
- Building relationships and partnerships
- Visibility with journalists and policymakers essential
- Challenge of dealing with a regulatory environment that developed because of bad practices

Transitional Model of Care



MARY NAYLOR, PHD, RN, FAAN
UNIVERSITY OF PENNSYLVANIA

The Model



- **APRNs coordinate care of high risk patients in hospital**
 - Coordinate service
 - Evaluate medications
 - Establish plan of care that meets patient's and family caregiver's goals
- **Follow home within 24 hours**
- **Work with patient, family caregivers, and providers**
- **Stops the cycle of acute episodes of chronic illness**

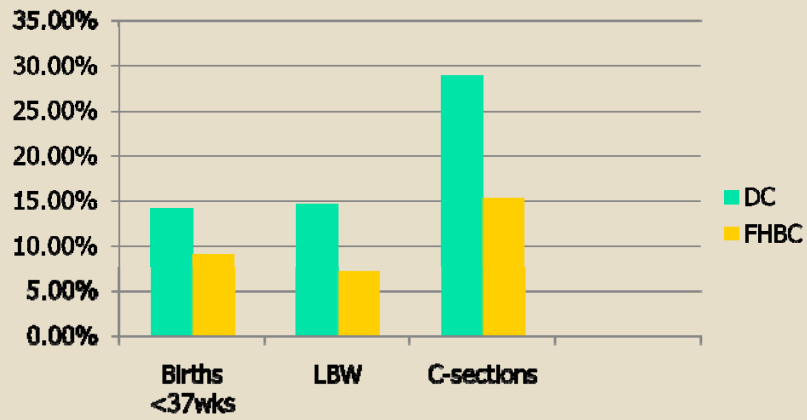
Outcomes

- Reduced 30-day hospital readmissions rate
- Increased time from DC to readmission
- Saved >\$5,000 per Medicare patient
- Challenge: Payment mechanisms
- Aetna and Kaiser testing
- AARP partnership on Medicare Transitional Care Act (H.R. 2773/S. 1295)

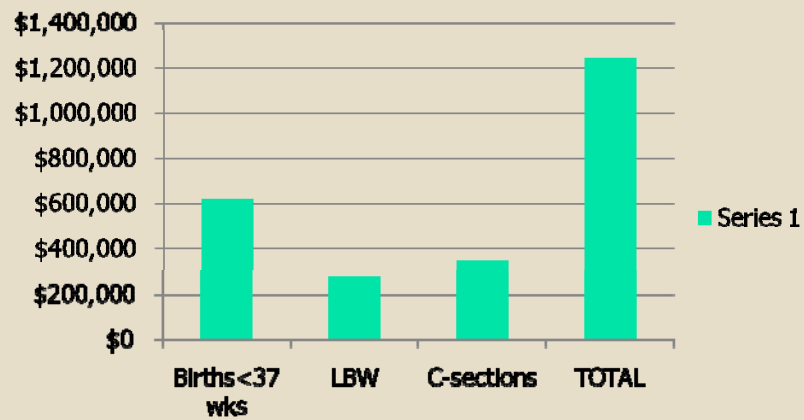
Family Health and Childbirthing Center

RUTH WATSON LUBIC, CNM, FAAN

FHCB Outcomes v DC's (2005)



FHBC Savings



Infrastructure of CBCs

- Nurse midwifery model of care
- Focus on health, family
- Endorsed by ACOG and >100 MDs
- >120 CBCs
- Should be frontline of maternity care in US
 - \$12.9 billion savings annually in Medicaid only

Challenges

- Financial viability
- FHCB annual operating budget ~\$1.1 million/yr
- Lubic's fundraising
- CMS stopped paying facility fee to CBCs in 2007 (paid since 1987)
 - No mandate for Medicaid to cover CBC care
- “No one cares about the Medicaid population” vs. reducing federal and state \$

Challenges

- When is “enough data” enough?
- More demonstration projects?
- Coherent, aggressive strategy and messaging
- Who is the consumer partner with weight?

Convenient Care Clinics

CONVENIENT CARE ASSOCIATION
WWW.CCACLINICS.ORG

DONNA HAUGLAND
TINE HANSEN-TURTON

Minute Clinics and Beyond

- Responding to need for quickly accessible, affordable care for common acute problems
- NPs and PAs
- MDs disparaged then tried to control
- Today, 1200 clinics
- Serving over 3.5 million people

Questions

- Quality of care?
- Interfering with relationships with PCP?
- Missed opportunity for preventive care?
- Does it really cost more?

Ateev Mehrotra, M.D., M.P.H., University of Pittsburgh and
RAND Corporation; *Health Affairs*, Sept/Oct, 2008



- **Younger population underserved by PC-MDs**
 - Safety net provider
- **Limited number of problems**
 - 10 clinical problems make up 90% of visits (e.g. immunizations, sinusitis); but 13% of adult PCPs, 30% of peds PCP, and 12% EDs
 - Advantage of walk-in with minimal wait

More Findings



- Quality as good as that provided by PCPs and urgent care centers
- Care coordination - Referrals to PCPs
- Preventive care
- Do not increase costs of care

Challenges

- **Vision for becoming primary care centers**
 - Qualifications
 - Access to community health center funds
- **Physician resistance**
 - Negotiation of control and supervision = increase costs
- **Communications between retail clinics and PCPs**
 - If an effective system, could reduce ED visits, workload of PCPs, and better meet the needs of working people
 - Health IT initiative – “meaningful user” and “use”

Nurse-Managed Centers

NATIONAL NURSING CENTER CONSORTIUM
WWW.NNCC.US

NMCs



- HRSA-funded start ups as SON sites to serve the underserved and vulnerable populations
- Grant funding
- A few FQHCs
- Independence Foundation support to sustain and move beyond descriptive data

Examples



- **Abbotsford-Falls Family Practice and Counseling**
 - Primary care
 - Healthy Beginnings Plus and Family Planning Sites
 - Licensed by the State for the provision of mental health and drug and alcohol treatment
 - reduced emergency room use, hospital days, incidence of low birthweight babies.

National Consortium for Nursing Centers



- President Obama's planned expansion of community health centers
- Over 250 nursing centers nationwide
- Barriers to sustainability
 - Reimbursement of NPs
 - Becoming a FQHC – requirement for 51% consumer representation on board
 - Require MCOs to credential APRNs
 - Scope of practice
 - Include APRNs in Medical Home initiatives

“Medical Homes”



- Evolution; should be “health homes”
- CMS demonstration projects
- Only 3% of MDs going into primary care
- MDs not educated about care coordination and don't want to do
- NCQA criteria to qualify as “medical home”

Nurse-Family Partnership



HARRIET KITZMAN
DAVID OLDS

WWW.NURSEFAMILYPARTNERSHIP.ORG

- Better pregnancy outcomes (e.g., 79% reduction in preterm delivery for women who smoke; 35 % fewer hypertensive disorders of pregnancy; and decrease in smoking)
- Reductions in high-risk and subsequent pregnancies
- Fewer injuries and poisonings among children; fewer ER visits
- Reduced child abuse
- Fewer (50% decrease) language delays among children
- \$5.70 return for every dollar invested in NFP
- Net benefit to society = \$17,000-\$34,000 per family served

Challenges

- Funding to expand as frontline service
- In more than 280 counties in 23 states
- President Obama:
 - \$8.6 billion over 20 years
 - 2010 federal budget = \$124 million
 - Who will provide the service?

TCAB: Transforming Care At the Bedside

**SUSAN HASSMILLER
ROBERT WOOD JOHNSON
FOUNDATION**


**PATRICIA RUTHERFORD
INSTITUTE FOR HEALTHCARE
IMPROVEMENT**

September 11, 2006

TCAB Aims


- Make care safer and more reliable
- More effective, satisfied care teams
- Improved patient and family satisfaction
- Add value to processes


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**INSTITUTE FOR
HEALTHCARE
IMPROVEMENT**

Design Targets for Transforming Care at the Bedside

- 

Zero unanticipated deaths
No needless pain and suffering
- 

Clinicians, staff & students say: “I contribute to an effective care team within a supportive environment that nurtures my professional/career growth.”
- 

Patients say: “They give me exactly the help I want (and need) exactly when I want (and need) it.”
- 

Documentation is reduced by 50%
Clinicians spend 70% of their time in direct patient care

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Tools for Change

- Snorkels
- Rapid Cycle Change:
 - Plan
 - Do
 - Study
 - Act
- One nurse, one patient, one day
- Nothing about me without me
- Steal shamelessly
- Frontline staff
- Alignment with C-suite

Examples

- White Boards- identify name, goals, preferences
- QuietTime
- Open visiting hours
- Color coding signals for overload of unit and staff
- Bedside Walking Rounds

Outcomes



- Reduced falls; improved other indicators of safety and quality
- Reduced nurse turnover
- Improved nurse satisfaction with work
- Improved patient/family satisfaction
- Increased nurses' time at the bedside

TCAB



WWW.RWJF.ORG

WWW.IHI.ORG

WWW.AONE.ORG

Barriers

- Scope of practice
- Credentialing by insurers
- Medical Home concept
- Payment
- Capital investment for sustaining and expanding infrastructure, including HIT
- Others

Addressing the Barriers

- **Consensus on strategy**
 - Keeping our eye on the prize
 - Policy options
 - Messaging
 - Who will lead; who will support; when and how

Addressing the Barriers

• Messaging

- Nurses have solutions for health care system redesign
- Interdisciplinary nature of health care v. rural and other underserved areas
- Access, affordability, quality
- “No more demonstrations!” – Donna Shalala and Governor Ed Rendell
 - ✦ www.aanet.org
- IOM Commission on the Future of Nursing

Addressing the Barriers

• Partnerships

- Nursing organizations
- Other provider groups (eg. PAs)
- Consumers
- Business community
- Those concerned about underserved and vulnerable populations
- Foundations
 - ✦ Demonstrations and evaluations
 - ✦ Nurse Funders Collaborative

Addressing the Barriers

- **Being at the table**
 - Media
 - Policymakers
 - Back rooms
 - Boardrooms, advisory groups
 - National conferences on health care

Resources

AAP Center for Championing Nursing in America

www.championnursing.org

Charting Nursing's Future

www.rwjf.org/pr/product.jsp?id=38074

RWJF Health Reform Website

www.rwjf.org/healthreform/

American Journal of Nursing blog

www.AJNoffthecharts.wordpress.org

Disruptive Women in Healthcare

www.distruptivewomen.com