

The DNP's Involvement in Health Policy Development

Shaping Leadership, Collaboration, and Improvement in Healthcare

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Leadership

- Countless books, models & formulas to ensure success however, there are no perfect answers
- Innovation & creativity are critical
- The element of risk is involved
- Energize others

The Road to Successful Leadership

- Challenge the Process
- Inspire a shared vision
- **Enable others to act**
- Model the way
- Encourage the heart

Nursing Leadership

- Leadership is about relationships with other individuals
- Professionalism is an essential characteristic of advanced practice nurse leaders
- Leadership involves strategy
- Leadership is critical to successful organizational outcomes
- Critical Thinking
- Influence, message delivery

Nursing Leadership

- Effective Communication skills written and verbal
- Relationship Skills
- Environmental scanning skills
- Knowledge
- Preparation & Listening
- Professionalism

Transformational Leadership

- A transformational leader is one who:
 - Commits people to action
 - Converts followers into leaders
 - Converts leaders into agents of change.
 - Empowers others to have a vision about the organization and trusts them to work toward goals that benefit the organization and themselves.

Mentors

- First recorded modern usage of the term can be traced to a 1699.
- Modern use of the word mentor: a trusted friend, counselor or teacher, usually a more experienced person.
- Mentors provide expertise to less experienced individuals to help them advance their careers, enhance their education, and build their networks.

Professional Image

- **What are the steps individuals should take to manage their professional image?**
- First, you must realize that if you aren't managing your own professional image, someone else is.
- People are constantly observing your behavior and forming theories about your competence, character, and commitment.
- It is only wise to add your voice in framing others' theories about who you are and what you can accomplish.

Professional Image

- **What is a professional image?**
- A set of qualities & characteristics that represent perceptions of your competence & character as judged by your **key constituents**

Superiors

Legislators

Students

Colleagues

Patients



Professional Image

- **What is the difference between "desired professional image" and "perceived professional image?"**
- It is important to distinguish between the image you want others to have of you and the image that you think people currently have of you.
- Most people want to be described as competent, socially skilled, of strong character and integrity, & committed

Presenting Self...

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Health Care Policy & Reform

Current Statistics:

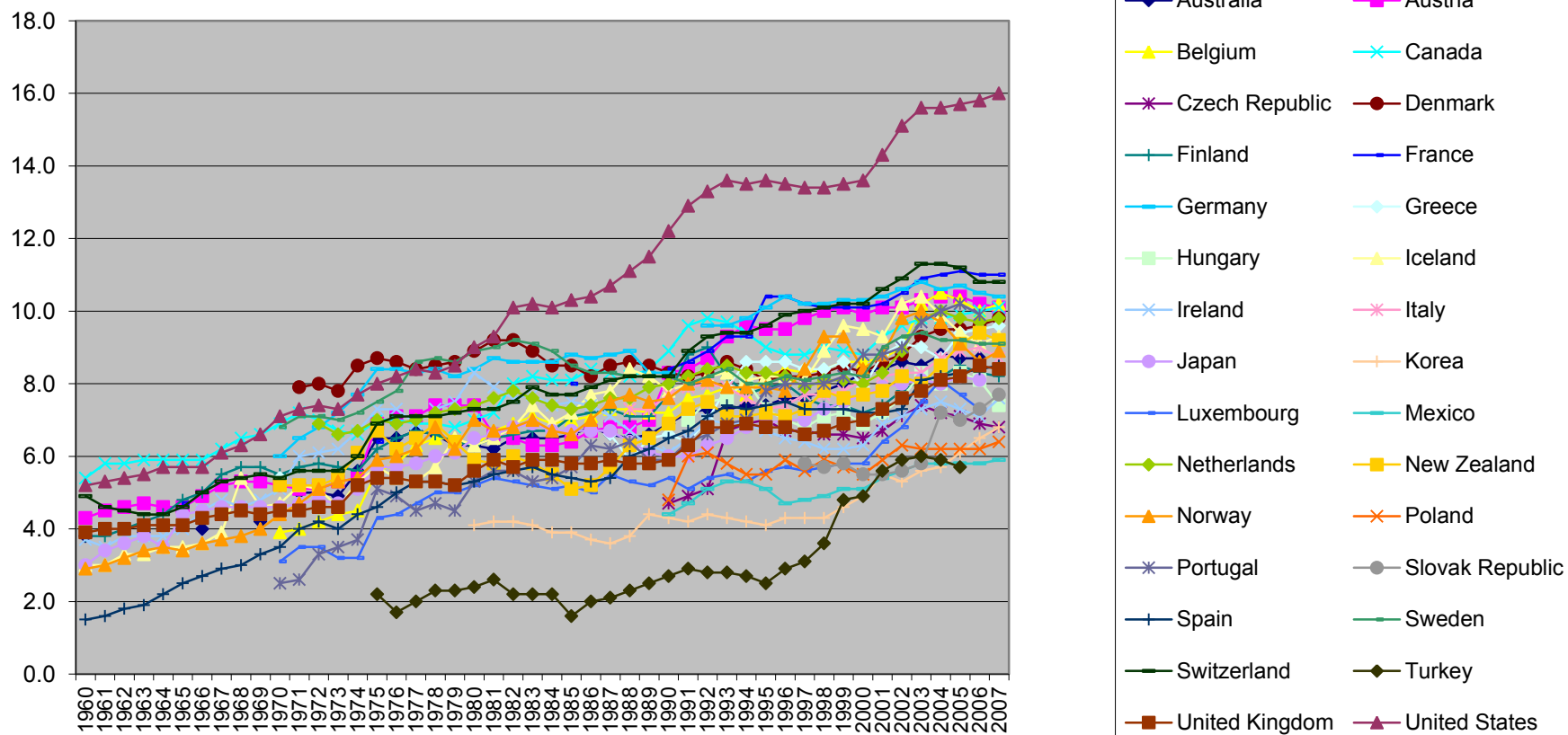
- U.S. experiencing worst recession in 80 years
- Estimated U.S. deficit of \$1.65 Trillion (White House 2012 Budget)
- GDP 2% growth (3rd quarter 2011); while health care costs are growing by 2.7% per year.
- Record rise in uninsured—50.7 million

Current Healthcare Landscape

- \$2.5 trillion = annual healthcare spent in US
- 2.5 times = what the US spends on healthcare in comparison to Europe
- \$536 billion = Medicare cost in 2012
- In 2012, spending on Medicare accounted for 16% of the federal budget
- Total Medicare spending is projected to nearly double from \$592 billion in 2013 to \$1.1 trillion in 2023 due to growth in the Medicare population and sustained increases in health care costs (CBO, February 2013).
- 62.1% = number of personal bankruptcies linked to medical problems in 2007 (The American Journal of Medicine, 2012)

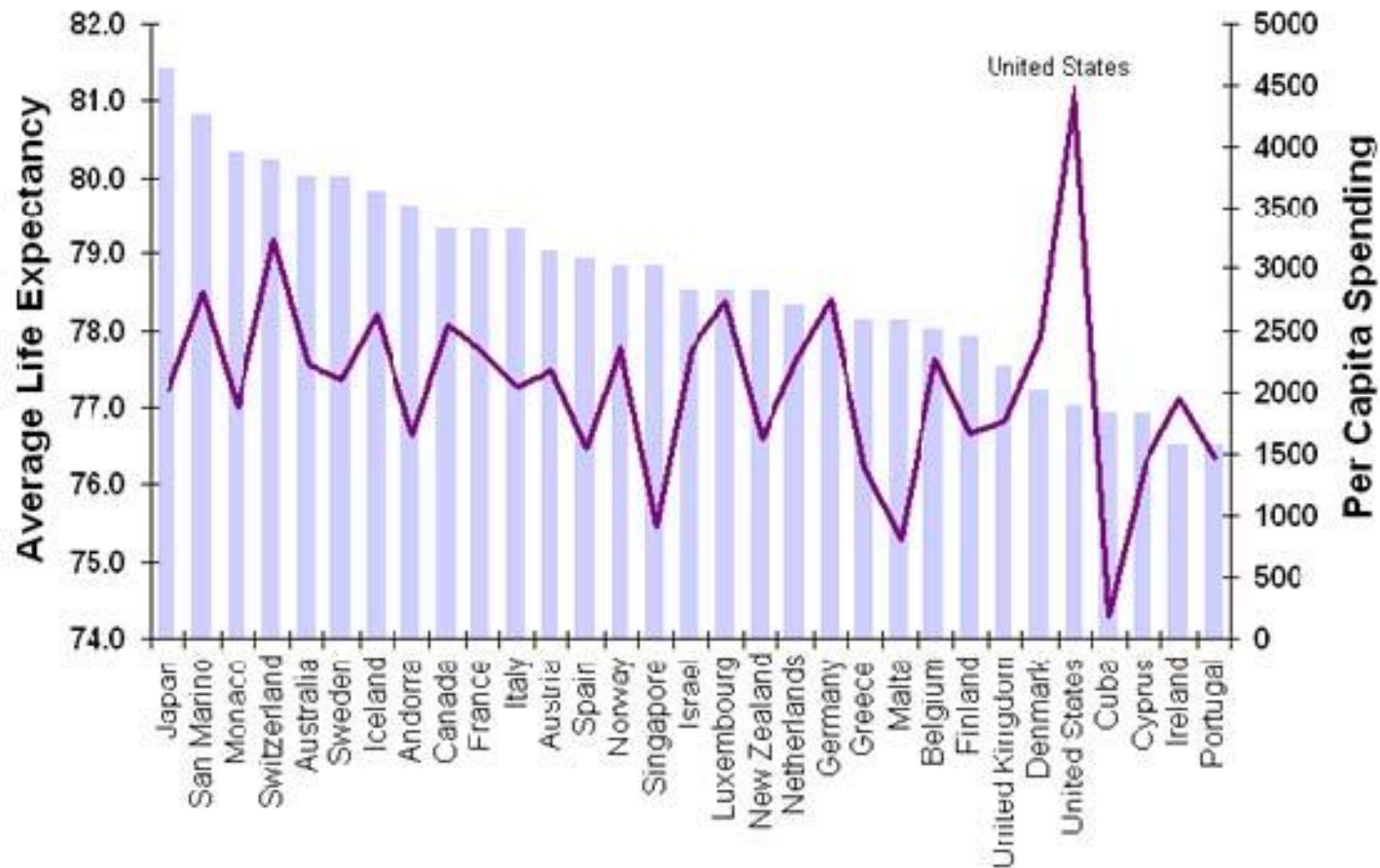
Health Care Expenditure

OECD 2009: Total Expenditure on Health, % Gross Domestic Product



Health Care Expenditure

Life Expectancy — Per Capita Spending (International Dollars)



Health Care Expenditure

95 cents Of Every Dollar Was Spent To Treat
Disease

After

It Had Already Occurred

Health Care Expenditure

- Chronic conditions consume >75% of healthcare costs
- Current medical model doesn't work because it does not have a core competency in optimizing health
- Less than 0.1% of health care is provided in tertiary academic centers
- Professional & Economic imperative to change

A Transformative Model

Patient-Centered

- Health oriented
- Identify risk, minimize it
- Whole person approaches
- Proactive
- Lifelong planning
- Support in implementation
- Partnership-based

Contemporary

- Disease oriented
- Find it, fix it
- Biomedical interventions
- Reactive
- Sporadic
- Individual left to enact
- Physician-directed

Medical Home

- Personal Provider
- Provider Directed Medical Practice
- Whole Person Orientation
- Care is Coordinated and Integrated
- Quality and Safety
- Enhanced Access
- Appropriate Payment

Medical Home Certification/Accreditation

- Joint Commission on Accreditation of Health Organizations (JCAHO)
- National Committee for Quality Assurance (NCQA)
- Utilization Review Accreditation Commission (URAC)
- Accreditation Association for Ambulatory Health Care (AAAHC)

Patient Protection and Affordable Care Act

On March 23, 2010 President Obama signed into law the Patient Protection and Affordable Care Act (PPACA). The new law will invest in prevention and wellness and give individuals and families more control over their own care.



Patient Protection and Affordable Care Act

Key Elements of the PPACA:

- Children under 19 cannot be denied health insurance because of a pre-existing condition.
- Adults with pre-existing conditions can now buy coverage through a new Pre-Existing Condition Plan, which will be superseded by the Health Insurance Exchange in 2014.
- The Medicaid drug rebate for brand name drugs is increased to 23.1% (some exceptions apply) and the rebate is extended to Medicaid managed care plans.

Patient Protection and Affordable Care Act

Key Elements of the PPACA:

- Dependents children will be permitted to remain on their parents' insurance plan until their 26th birthday
- Insurers are prohibited from charging co-payments, co-insurance, or deductibles for preventive care and medical screenings
- Individuals affected by the Medicare Part D coverage gap will receive a \$250 rebate. The gap will be eliminated by 2020.

Patient Protection and Affordable Care Act

Key Goals of the PPACA

- Preventive care
 - Medicare and some private insurance plans will cover preventive services such as regular check-ups, cancer screenings, and immunizations at no additional cost to those who qualify.
- End Insurance Discrimination
 - People who are sick or fall ill cannot be excluded from coverage, dropped from their existing health plan, or charged higher premiums.
- Affordable coverage
 - A new Health Insurance Exchange marketplace will be created in 2014.

Status of Washington in 2013

- Members of Congress need to understand the value of APRNs
 - 1/3 of the House of Representatives were elected after 2009 (1st term)
 - After the 2014 elections **only 6 Senators** will have more than 20 years of experience in the Senate



Legislative Branch

- **House of Representatives**
 - 233 Republicans
 - 201 Democrats
- **Senate**
 - 54 Democrats
 - 45 Republicans



Executive Branch

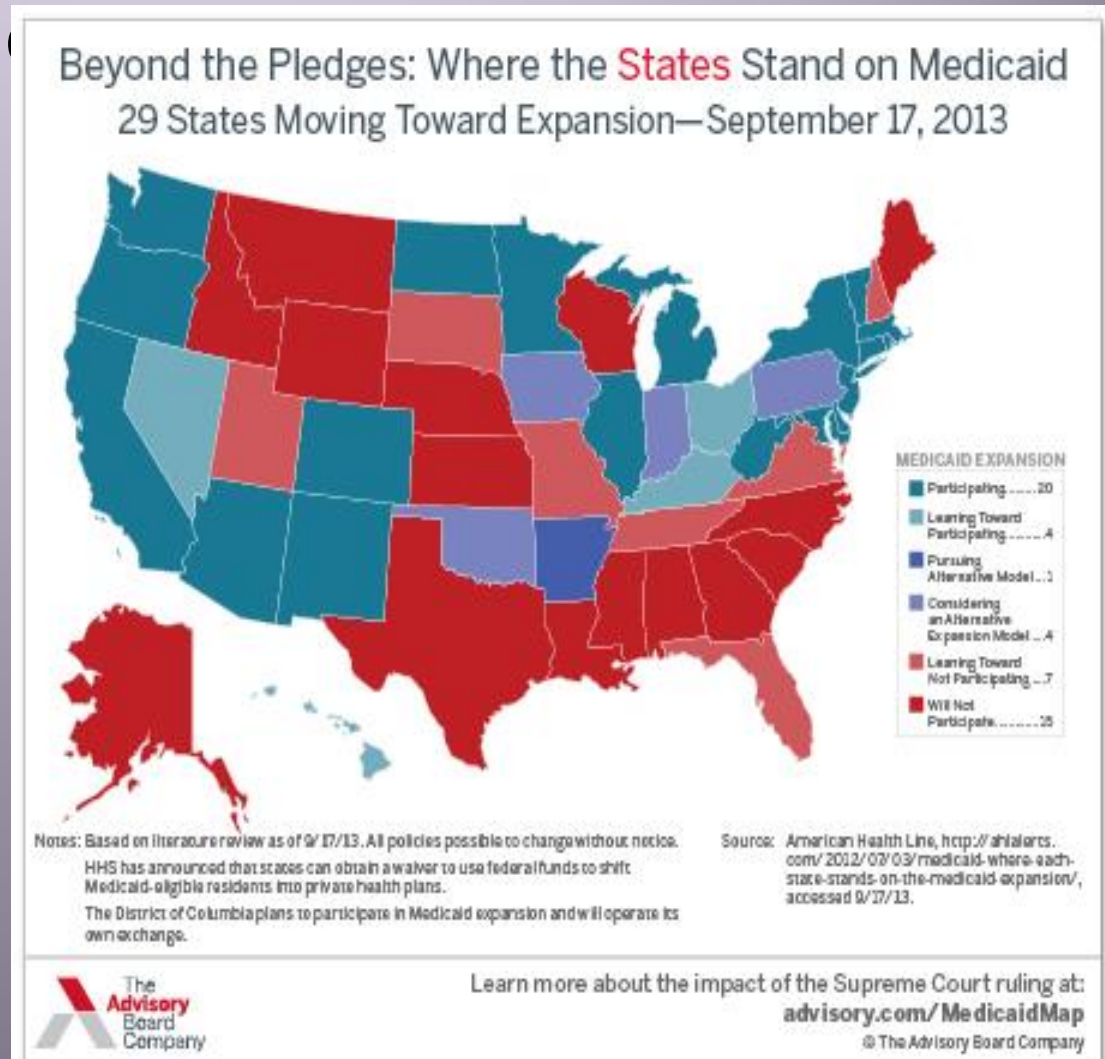
- **President Obama wins re-election**
 - President Obama – 51% - 332 electoral votes
 - Romney – 48% - 206 electoral votes
- **President Obama must act quickly to pass his agenda before being seen as a lame duck**



President Obama's Second Term Priorities

- **Implementation**

- The White House is working to convince states to accept Medicaid expansion



President Obama's Second Term Priorities

- **Passing Immigration Reform**
 - Movement in both chambers, trying to construct a bill that can pass both chambers
- **Passing a long term debt deal**
 - Unlikely to occur, projections of short term deficits less than predicted

Appropriations

Both Chambers have started to formulate legislation

National Nursing Organizations (ANA, AANP, AANA) have requested the following funding:

\$251 million for the Title VIII Nursing Workforce Development programs

\$150 million for the National Institute of Nursing Research

\$20 million for Nurse-Managed Health Clinics in FY 2014

House-Subcommittee still working to put together legislation

Senate- Subcommittee still working to put together legislation

Likely outcome----- Continuing Resolution?

Committees of Jurisdiction

- **Senate Finance Committee**

- Chairman Max Baucus & Ranking Member Orrin Hatch

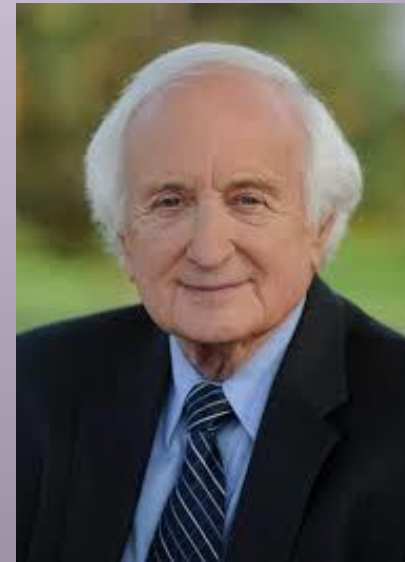


- **Full Practice State Members** – Sens. Wyden-OR, Cantwell-WA, Bennet-CO, Grassley-IA, Crapo-ID & Enzi-WY

Committees of Jurisdiction

- **House Ways & Means Committee**

- Chairman Dave Camp & Ranking Member Sandy Levin



- **Full Practice State Members** – Reps. Reichert-WA, McDermott-WA, Blumenauer-OR

Committees of Jurisdiction

- **House Energy & Commerce Committee**
 - Chairman Fred Upton & Ranking Member Henry Waxman



- **Full Practice State Members** – Reps. Walden-OR, McMorris Rodgers-WA, Gardner-CO, DeGette-CO, Braley-IA, Welch-VT & Lujan-NM

Primary Care Provider Shortage

- Implementation of ACA is predicted to insure 30 million Americans
- Newly insured will need primary care providers (PCPs)
- Current shortage of 16,000 primary care providers
- Shortage will increase to 52,000 in 2050

Solution to PCP Shortage

- For more than 45-years NPs have provided patient-centered health care to a broad range of populations
- 88% of NPs are practice in primary care
- 68% practice in at least on primary care site
- 157,000 NPs practicing in the U.S.
- Malpractice rates remain low; 2% named as primary defendants
- Average NP is 48 yrs. old and has been in practice for 12.8 years

Primary Care Professionals

Recent Supply Trends, Projections, and Valuation of Services

Table 1: Supply of Primary Care Professionals

	Number of PCPs		Average annual per 100,000		percent change per capita
	Base Yr	Recent Yr	Base Yr	Recent Yr	
Primary care physicians	208,187	264,086	80	90	1.17
Physician assistants	12,819	23,325	5	8	3.89
Nurse practitioners	44,200	82,622	16	28	9.44
Dentists	118,816	138,754	46	47	0.12

- MD 1999 vs 2005; DO 1995 vs 2004
- PAs 1995 vs 2004
- NPs 1999 vs 2005
- Dentists 1995 vs 2007

Geographic Distribution

- Of PCPs, NPs most likely to practice in rural communities
 - 20% of U.S. population resides in rural areas
 - 18% NPs practice in rural areas
 - 9% of physicians practice in rural areas
 - NPs in rural communities
 - Well experienced (mean=10 years NP experience)
 - Remain in community long-term (mean=6.4 years current practice)

Moving Forward: APRN Issues

- Long term solution to the Sustainable Growth Rate (SGR)
- Reducing barriers to patient care
 - **Ordering DME**
 - Performing admitting examinations & monthly patient assessments in SNFs
 - Ordering Hospice Care
 - **Ordering Home Health Care**

Why Fix SGR Now?

- Cost of the sustainable growth rate (SGR) has decreased
 - Today's cost – \$138 billion
 - In the past – between \$350-\$250 billion
- If Congress doesn't act to remedy the SGR problem, the fix will be more expensive in the future
- Providing a "fix" for SGR on an annual basis creates uncertainty

Medicare SGR

- The Sustainable Growth Rate, or SGR, is a major component of Medicare's current formula for determining annual updates to physician reimbursements for services
- Without congressional intervention, **Medicare payment rates will be cut about 40% by 2016**
- In 2011, the leading edge of the baby-boomer generation started enrolling in Medicare, with enrollment growing from 44 million in 2011 to 50 million by 2016



Ordering Durable Medical Equipment (DME)

- As a condition for payment, Section 6407 of the Affordable Care Act **requires a physician to document** that the physician, PA, NP or CNS has had a face-to-face encounter examination with a beneficiary in the six (6) months prior to the written order for certain items of DME

Ordering DME

Review the guidelines to determine how this regulation will affect your practice & your patients care

Communicating with your legislators:

- Ask for a delay in [October 1, 2013 Deadline](#)
- Please contact your legislators today!

Ordering Home Health

- Expanded interpretation of the word “physician” is needed in Part A, Section 1814 of Medicare law in order for home health agencies to accept referrals
- HR 2504 Home Health Care Planning Improvement Act of 2013 introduced in June 2013
 - 49 Co-Sponsors (9/25/13)
- SB 1332 introduced July 2013
 - 5 Co-Sponsors 9/25/13)
 - Allow nurse practitioners (NPs), clinical nurse specialists (CNSs) certified nurse midwives (CNMs) and physician assistants (PAs) to order home health services under Medicare.
 - Fix will have a cost SAVINGS for Medicare
 - 5-Year Estimate = 80.4 million

The APRN Consensus Model

- Defines APRN practice
- Defines regulatory model
- Identifies titles to be used
- Defines specialty
- Discusses new roles
- Strategies for implementing

The Consensus Model for APRN Regulation

- 267,000 (APRNs) in the U.S
- APRNs represent a powerful force in the healthcare system
- The Consensus Model provides guidance for states to adopt uniformity in the regulation of APRN roles
- Target date to complete that work is 2015
- Many states have adopted portions of the Model elements but there still may be variation from state to state.

Four Roles of APRN Practice

- **CNP**
- **CRNA**
- **CNM**
- **CNS**



APRN REGULATORY MODEL

APRN SPECIALTIES

Focus of practice beyond role and population focus linked to health care needs. *Examples include but are not limited to:*

Oncology, Older Adults, Orthopedics, Nephrology, Palliative Care



POPULATION FOCI

Family/Individual
Across Lifespan

Adult
Gerontology*

Neonatal

Pediatrics

Women's
Health/Gende
r Related

Psychiatric-
Mental Health**



APRN ROLES

Nurse Anesthetist

Nurse Midwife

Clinical Nurse
Specialist+

Nurse
Practitioner++

Licensure occurs at Levels
of Role & Population Foci

APRN Title & APRN Role Recognition

- **APRN Title is NOT Recognized:** WA, OR, AK, CO, SD, IA, WI, IL, MI, IN, TN, AL, FL, NC, VA, PA, NY, DE, NJ, American Samoa

APRN Roles are NOT fully Recognized in the following states:

- **WA:** CNS
- **AK:** CNS, CNMs are licensed as NPs
- **MS:** CNS
- **NH:** CNS
- **NY:** CNS, CRNA
- **PA:** CNS (recognized title but not considered APRN)
- **VA:** CNS (registered by BON, not considered an APRN)
- **IN:** CRNA(not considered APRN)

Independent Practice: Clinical Nurse Specialist (CNS)

- States that do **NOT** recognize Clinical Nurse Specialists (CNS) as independent: AZ,SD,TX,KS,MI,MO,LA,IL,IN,OH,TN,SC,GA,DE,NJ,MA,CT
- States that **ALLOW** Clinical Nurse Specialists (CNS) to prescribe independently:
OR,ID,MT,WY,UT,NV,CO,NM,ND,IA,DC,RI,VT

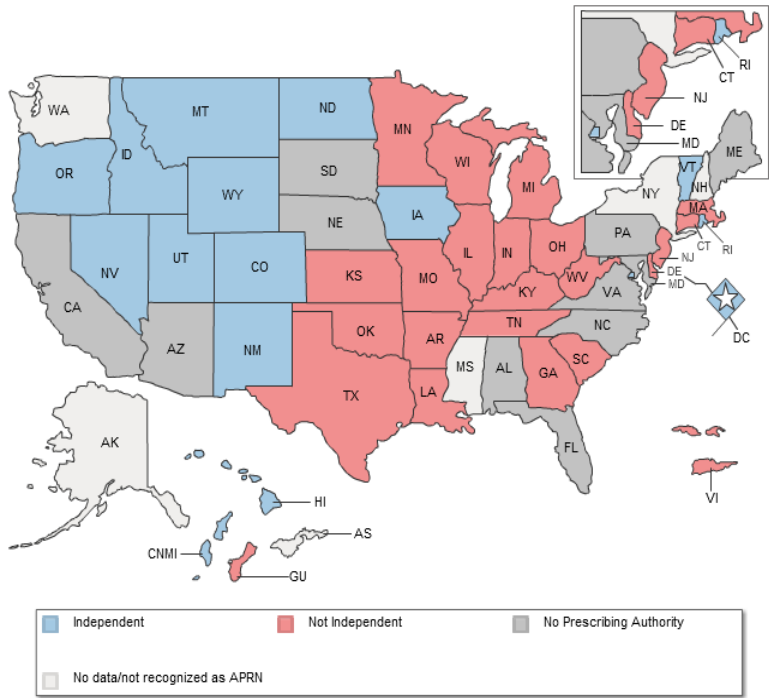
Clinical Nurse Specialists & Prescriptive Authority

Browser address bar: <https://www.ncsbn.org/2579.htm>

Search engines: Secure Search, McAfee, Google

Browser tabs: APRN Prescriptive A...

Independen <http://www.google.com/> **js**
Can CNSs prescribe independently?



Nurse Practitioner Facts

155,000 NPs in US

- **Over 679 million annual visits to NPs**
- **97% of NPs maintain national certification**
- **96.5% of NPs prescribe**
- **NPs hold prescriptive privilege in all 50 states, with controlled substances in 49 states**
- **88% of NPs are prepared in Primary Care**
- **20 prescriptions written daily, on average, by each NP**
 - Approx 556 million annual prescriptions written by NPs
 - NP prescriptions retail value of approx \$39 billion/year
- **Currently unable to accurately track individual prescriptions.**

Geographic Distribution

- **Of PCPs, NPs most likely to practice in rural communities**

- 20% of population resides in rural areas

- 18% NPs practice in rural areas

- 9% of physicians practice in rural areas

NPs in rural communities

- Well experienced (mean=10 years NP experience)

- Remain in community long-term (mean=6.4 years current practice)

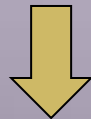
NP Education

- Entry level requires a graduate degree
 - Approximately 450 universities and institutions have one or more NP specialty tracks
 - Preparation builds on basic nursing education
 - Preparation is within specialty (family, adult, pediatrics, gerontology, women's health, mental health, acute care, etc)
 - Movement towards Doctor of Nursing Practice (DNP) as entry-level preparation
- Approximately 10,000 NPs prepared annually
- Continuing education and practice are the norm for maintenance of clinical competency

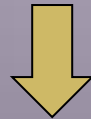
Nurse Practitioner Education

- NP education model is different than, not less than that of medicine
- Typical MSN-preparation pathway:

4 year baccalaureate (BSN)



10+ years RN experience



2+ year master's program (MSN)

Differences in Education Models & Clinical Outcomes

- Competency-based education has been the standard in nursing for decades, the concept is transitioning into other professions
- Medicine has recently begun to re-examine their time-based approach
- Head to Head comparison of educational modes is not the appropriate measure of clinical success or patient safety

Differences in Education Models & Clinical Outcomes

- APRN education is competency-based, not time-based.
 - APRN students must demonstrate they have integrated the knowledge & skill to provide safe patient care
 - APRN students do not progress or graduate based on the hours spent in a rotation or the number of times a particular ailment is seen

Differences in Education Models & Clinical Outcomes

- APRN students determine their patient population at the time of entry in a APRN program.
 - Population focus from the beginning of educational preparation allows APRN education to match the knowledge & skills to the needs of patients.
 - Focus the program of academic & clinical education study on the patients the APRN will be caring for.

APRN Outcomes

- The National Governors Association (NGA) Center for Best Practices undertook a review of the literature & State rules governing NPs' scope of practice
- The research suggested that NPs can perform primary care services as well as physicians and achieve equal or higher patient satisfaction rates among their patients.
- Recommendations:
 - States consider easing their scope of practice restrictions and modifying their reimbursement policies to encourage greater NP involvement in the provision of primary care.

APRN Outcomes

- A systematic review of (APRN) patient outcomes compared with those of physicians and other health care teams without APRNs
- Sixty-nine studies published between 1990 and 2008 were analyzed and 28 outcomes were summarized for nurses practicing in APRN roles
- Results indicated that APRNs provide safe, effective, quality care and play a significant role in promoting health and providing healthcare

Newhouse RP, Stanik-Hutt J, White KM, Johantgen M, Bass EB, Zangaro G, Wilson RF, Fountain L, Steinwachs DM, Heindel L, Weiner JP, "Advanced practice nurse outcomes 1990-2008: a systematic review," *Nursing Economics*, 2011 Sep-Oct;29(5):230-50.

Advancing the DNP Role

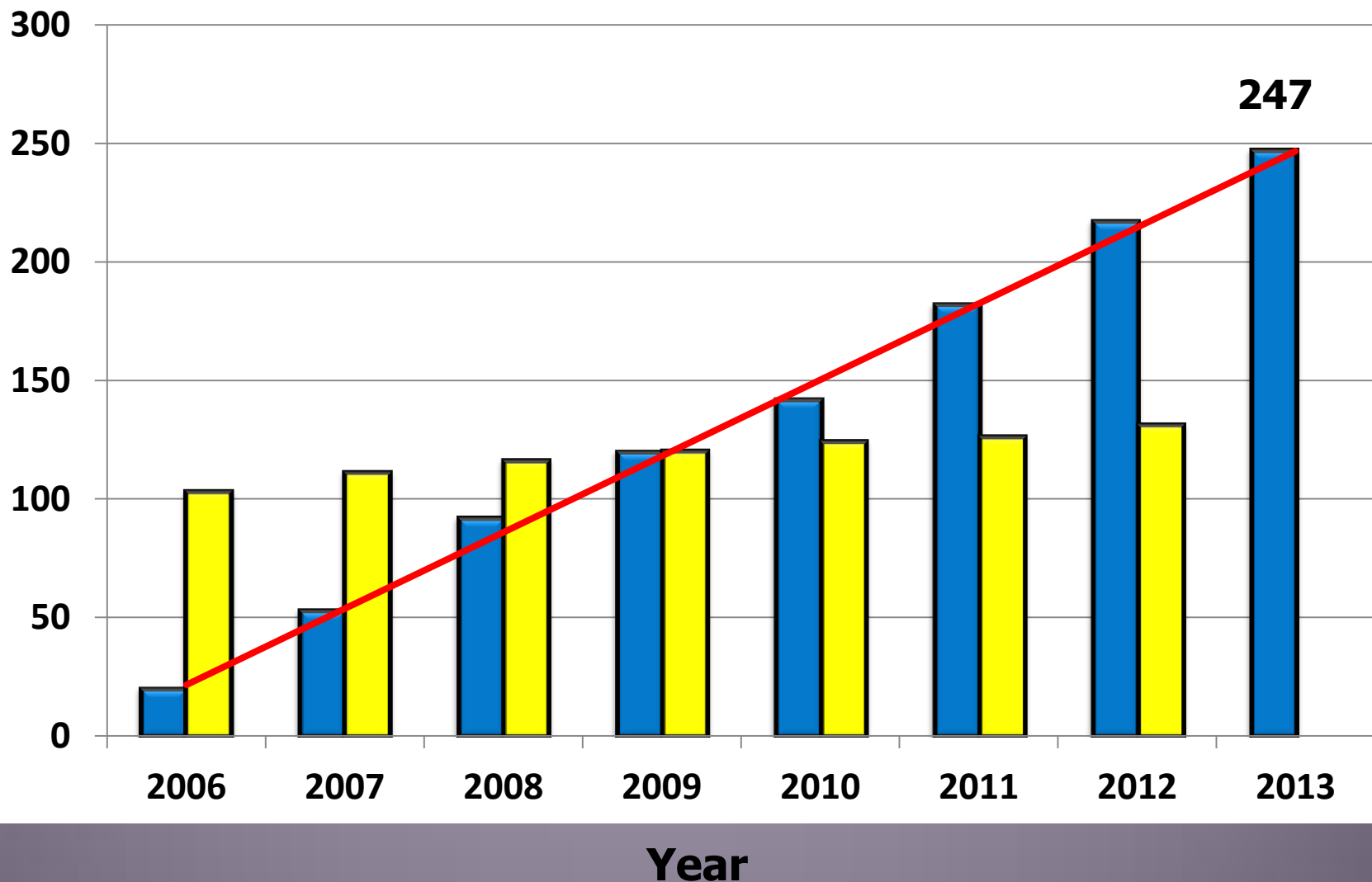
Start with... *“What is a DNP?”*

- Clinical Doctorate of Nursing Practice
- Focused on Advanced Practice
- Created 2004-2006
- Foundation
 - ↑ MSN Credit Hours & Clinical Requirements
 - Evidence of ↑ Education and Better Outcomes
 - Overall Systems, Leadership Issues, Quality & Safety
 - Shortage of Doctoral-prepared Faculty
- Goals
 - Transformational for Practice, Outcomes
 - Replace Master’s Programs Altogether
 - Entry level for Advanced Practice (2015)

DNP & PhD Program Trends

■ DNP
■ PhD/Other

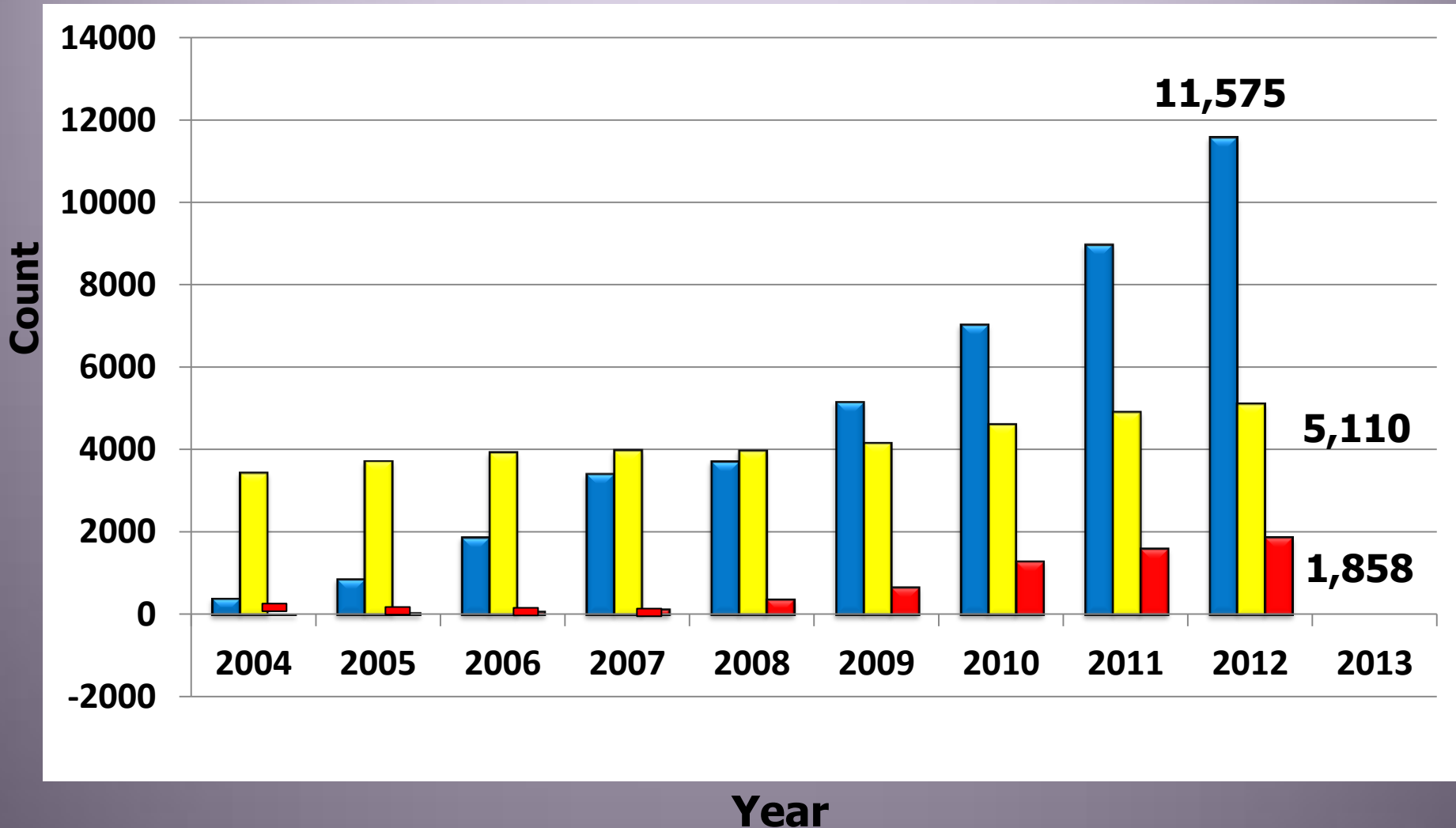
Count of programs



Kirschling (2011, 2013): AACN

DNP & PhD/Other Enrollment

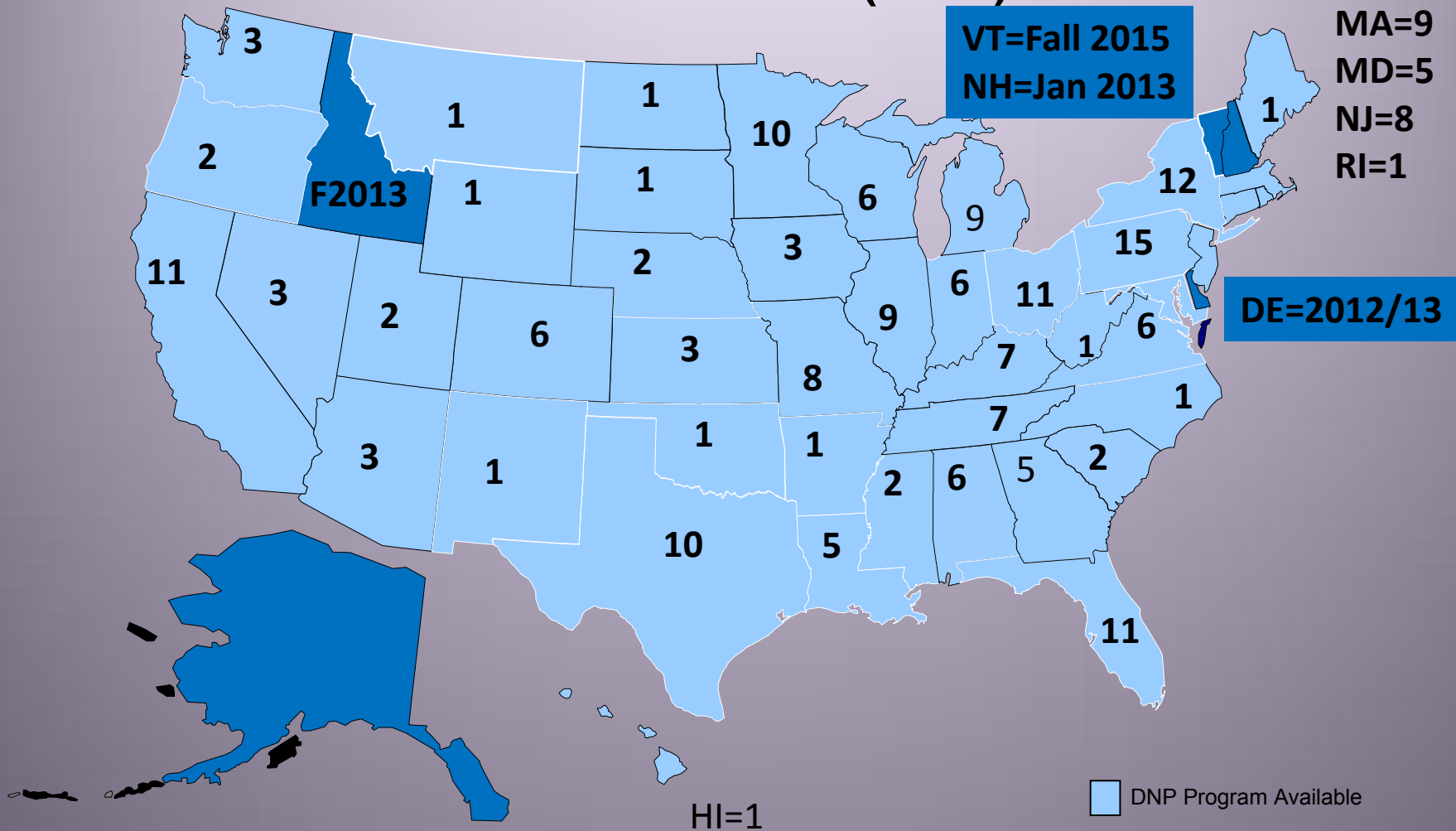
- DNP
- PhD/Other
- DNP Grads



Kirschling (2011, 2013): AACN

Current DNP Programs, Count by State (N=34) Current States (N=14)

CT=6
DC=2
MA=9
MD=5
NJ=8
RI=1



Note. Informal information, AK has DNP program started in state

Data: AACN, 2013 ; AANP, 2013; supplemented

Institute of Medicine (IOM) Report

The Future of Nursing: Leading Change, Advancing Health



IOM Report

- **The IOM released a report containing recommendations for an action-oriented blueprint on the future of nursing**
- Recommendations call for significant improvements in public & institutional policies at the national, state & local level

IOM Report

Key Recommendations:

- *Nurses should practice to the full extent of their education and training.*
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- **Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.**
- Effective workforce planning and policy making require better data collection and information infrastructure.

IOM Report

- Effective workforce planning and policy making require better data collection and an improved information infrastructure
- **Improvements should be driven by evidence**
- Priority to support research on how the health care workforce can best deliver high quality care

IOM Report

- Nurses should practice to the full scope of their education & training
- Empowering nurses, physicians & other healthcare professionals to practice to the best of their abilities
- Do what you were educated & trained to do
- **Federal agencies, states & health care institutions will play a critical role in fulfilling this recommendation.**

IOM Report

- Nurses should be full partners with physicians & other health professionals, in redesigning health care in the U.S.
- Not all nurses begin their career with thoughts of becoming a leader
- Strong leadership is required to transform the U.S. health care system
- **Nurses must have a well rounded knowledge base of education, health policy, and administration**

IOM Report

APRN Specifics Within IOM

Congress:

- Expand Medicare to include coverage of APRNs just as physician services are covered
- Authorize APRNs to admit patients into skilled long term care
- Order home health and hospice care services
- Equity in Medicaid reimbursement

State:

- **Reform State Practice Acts to be consistent with the NCSBN Consensus Model**
- Direct Insurance reimbursement payment mandate.

AANP Response

PROMOTION OF INTERDISCIPLINARY COLLABORATION:

- Hundreds of research studies demonstrate the cost reductions and quality improvements available when nurse practitioners are allowed to work within the full scope of their education and preparation, **without** unnecessary restrictions and requirements for physician oversight.
- Nurse practitioners are fully educated to meet primary care needs and to work with other health professionals when specialty services are required.



Effective Grassroots Utilization

“It only take 3 contacts from constituents to influence a legislator’s vote...3 contacts.”

Autism Advocacy Leader/Strategist

- Control Your Message
 - Craft the CORE message before initiating the call for action
 - Give options
- Make it Personal
 - Capture NPs by highlighting how issues impacts NP practice and patients
 - Invite NPs to share patient accounts that link to the CORE message with policy makers
- Keep it Easy
 - Provide email links to committee members and a look up link
 - Give timeline & Share updates

Strategic Messaging

Message matters, and we win with strong messages.

Celinda Lake

WORDS TO USE	WORDS TO AVOID
Choice	Competition
Investing in the future, smart investments	Inexpensive, cheaper
Prevention	Wellness
Quality, affordable healthcare	Universal Coverage
Rules	Regulations

APRN Specific Messaging

Focus on Creating *Positive, Consistent Messages* to use with *all* stakeholders

WORDS THAT CONNECT	WORDS THAT DISENGAGE
Update	
Reflect Practice	Expand Scope
Effective Utilization	Limited Practice
Interfere with providing care	“they won’t let us”
Workforce	Mid-level
Maintain Quality, Maintain Safety	
Efficient Use of Resources	
Address Patient Needs	

**If we take action,
We can move MOUNTAINS**

