

The Future of Nursing

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What Drove Reform?

- **National trend;**

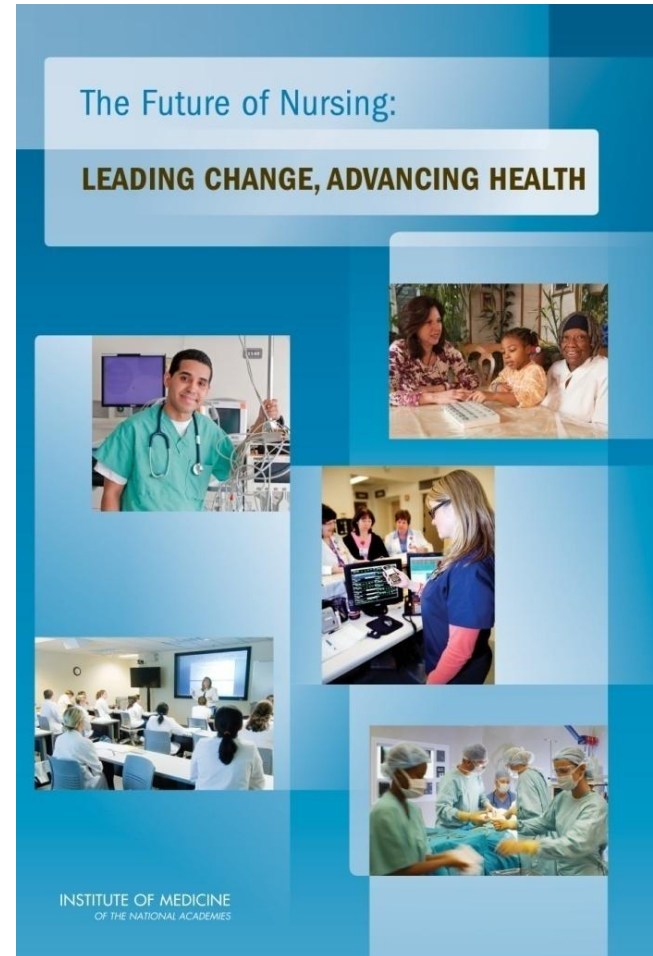
- 50.7 million people were uninsured last year, almost one in six U.S. residents
- Health care costs doubled from 1996 to 2006, and are projected to rise to 25% of GDP in 2025 and 49% in 2082.
- Total U.S. health care expenditures in 2009 were an estimated \$2.83 trillion --a 26 percent increase from \$2.25 trillion in 2005.
- U.S. health care spending is dominated by big ticket, “necessary expenditure” items of hospital care (\$760 billion, or 27 percent of total expenditures), professional care (\$832 billion, or 29 percent), and prescription drugs (\$246.3 billion, or 9 percent).
- Total discretionary costs for health care (direct and indirect) totaled \$1,892 per capita in 2009. Individuals living in families earning less than \$10,000 per year accounted for 11 percent of all health care costs in 2009. The shares for families earning \$10,000-\$25,000, \$25,000-\$50,000, and \$50,000-\$100,000 were 21 percent, 25 percent, and 26 percent, respectively.
- Health care costs for people 65+ made up 36 percent of the total (\$1.01 trillion). Senior health care use concentrates on hospitals, long-term care, supervisory care, and physicians/clinical services.

- **In New Jersey**

- RWJF projected by 2019:
 - 1.9 million NJ residents without insurance up from 1.4 million
 - An average healthcare spending rise of 67.8%
 - Employers premiums up 101.6%
 - Medicaid and CHIP up 105.7%
 - Uncompensated care up 138.6%

IOM Report Goal

Transform nursing field to prepare nurses to lead change and advance health for all Americans



It Will Take All of Us!

Government

Business

Health Care Institutions

Professional Organizations

Other Health Professionals

Consumers

Unions

Philanthropy

Educators



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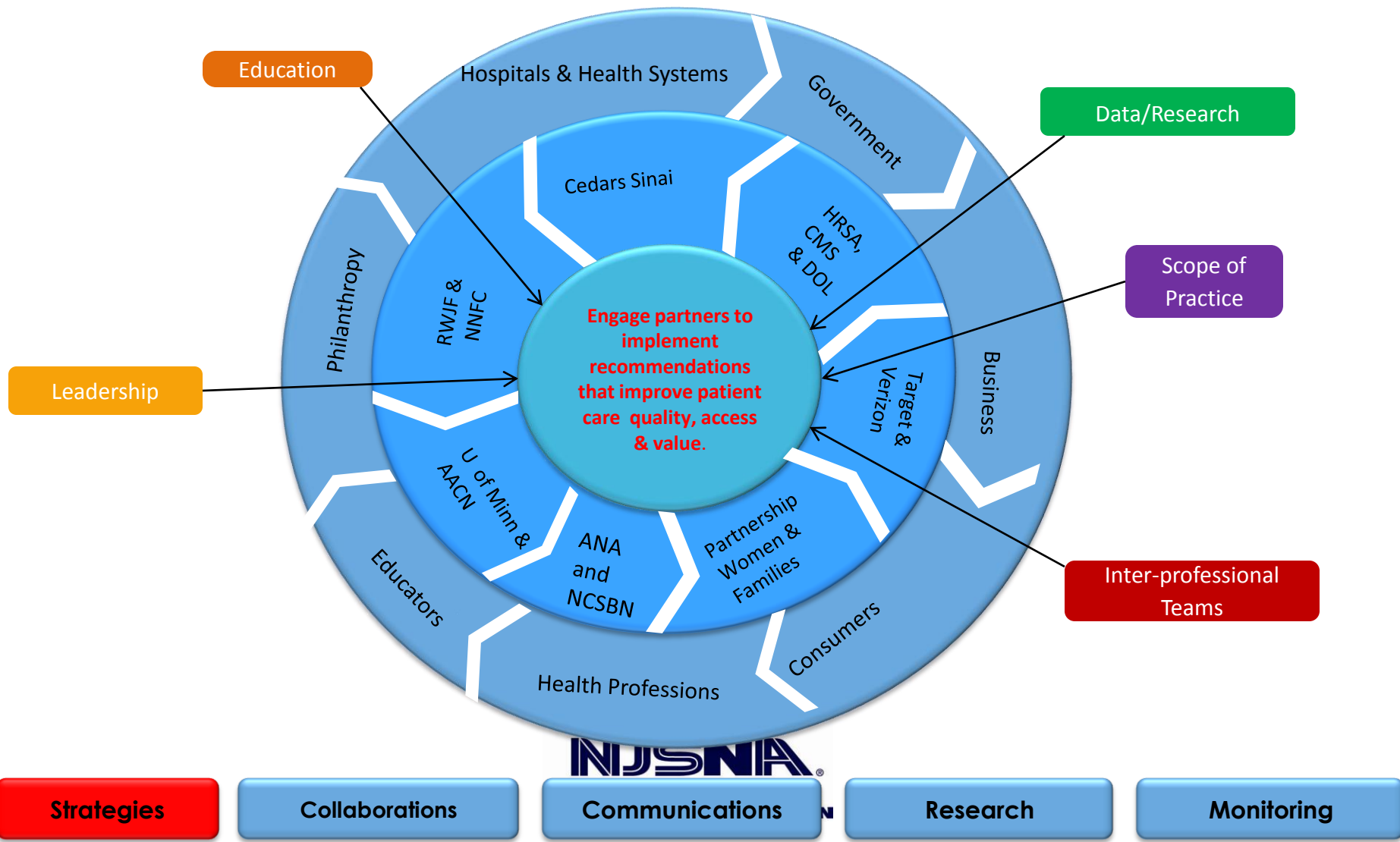
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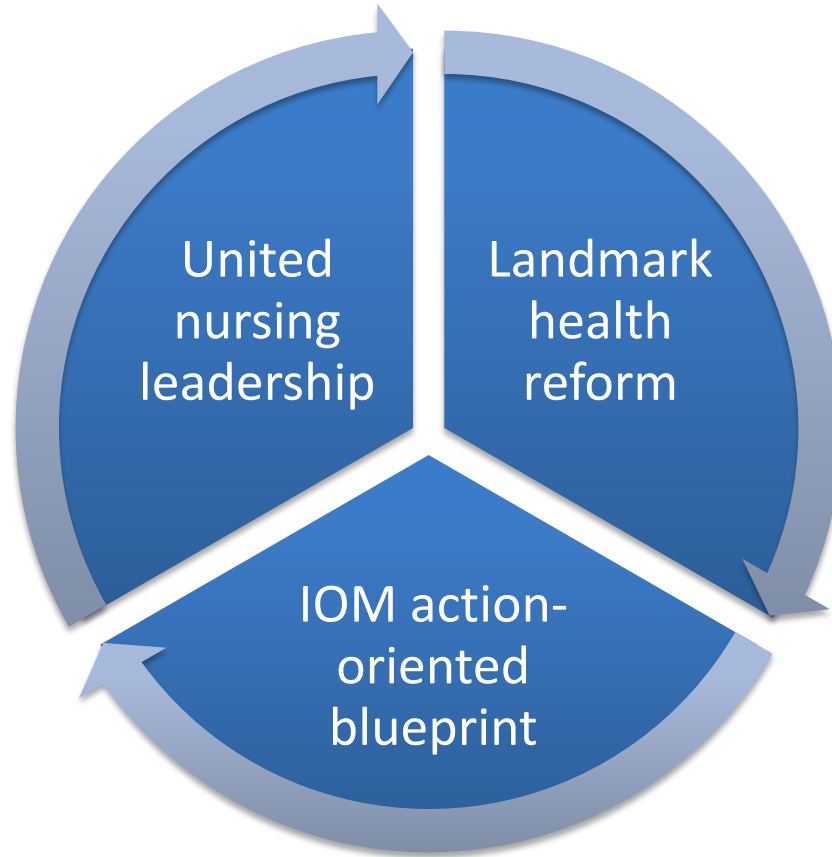


Future of Nursing: Campaign for Action

IFN Team at AARP – Providing Campaign Coordination and Technical Assistance

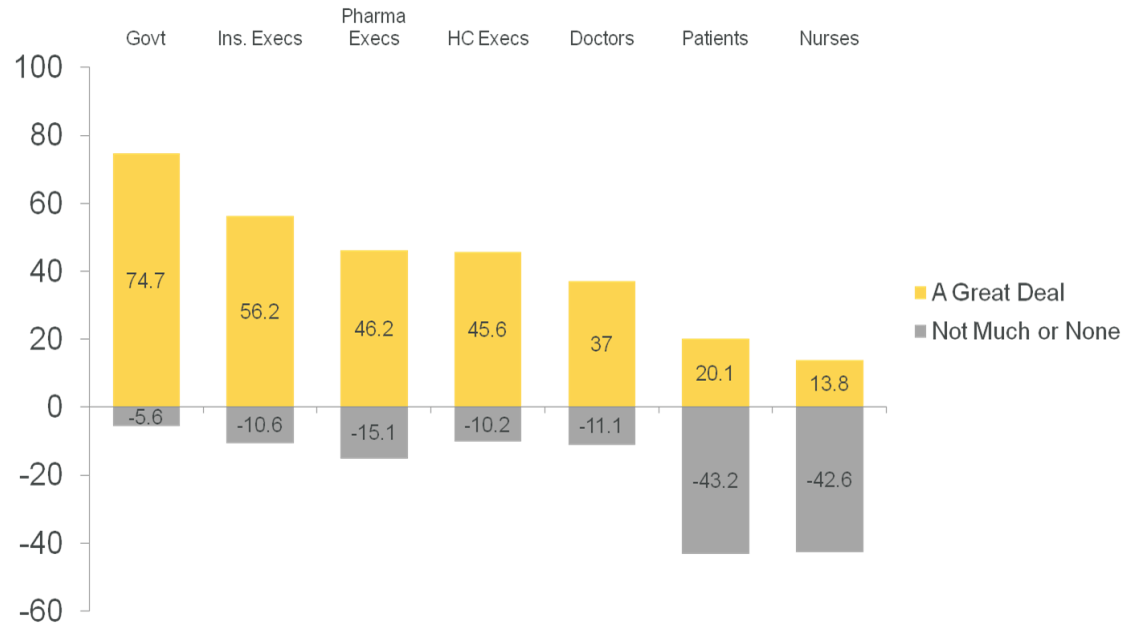


Opportunity Of Our Lifetime



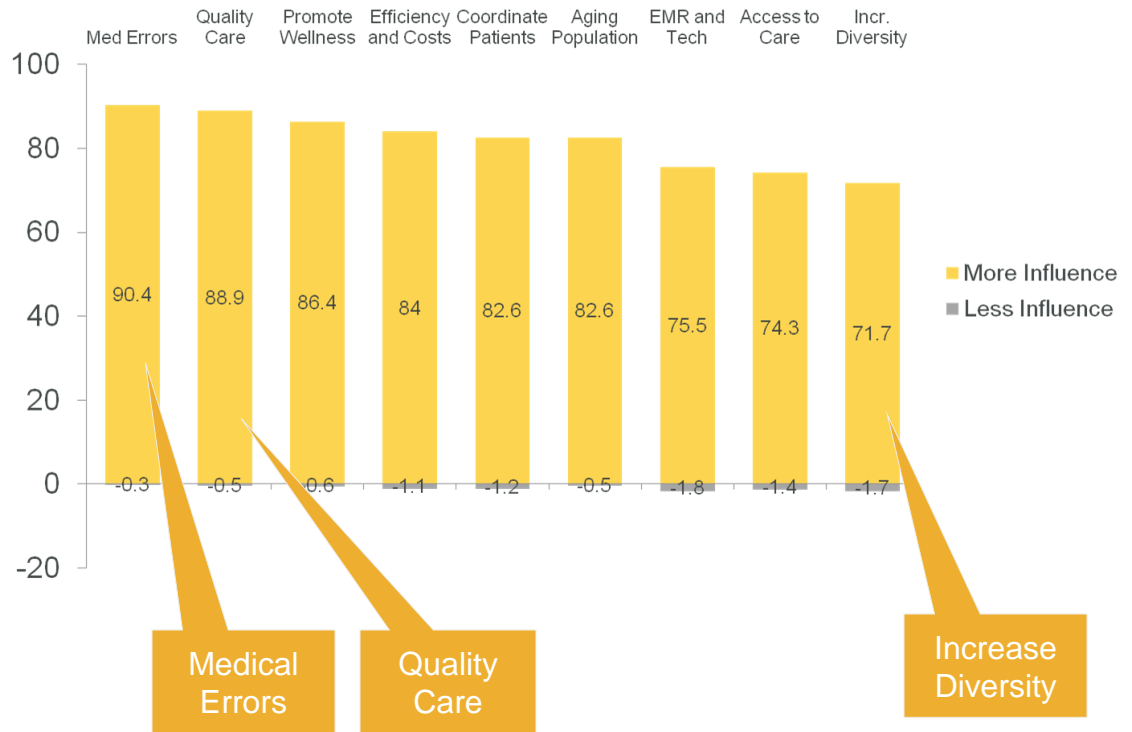
Who Will Influence Health Reform in the United States in the Next 5-10 Years

Question Wording: Thinking about the next five to ten years, how much influence do you think each of the following professions or groups of people will have in health reform in the United States?



Nurses Should Have More Influence in Planning, Developing Policy, and Management

Question Wording: Would you like nurses to have more influence, about the same influence, or less influence than they do now in planning, developing policy, and management of the following health systems and services?



The Future of Nursing: Leading Change, Advancing Health

A blueprint to:

- Ensure that nurses can practice to full extent of their education and training
- Improve nursing education
- Provide opportunities for nurses to assume leadership positions and to serve as full partners in health care redesign and improvement efforts
- Improve data collection for workforce planning and policy-making

Four Key Messages

#1) Nurses should be able to practice to full extent of their education and training

- Need to remove scope-of-practice restrictions for APRNs
- Need nurse residency program to better manage transition from school to practice

Four Key Messages

#2) Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression

- More BSN-trained nurses
- ADN-to-BSN and ADN-to-MSN programs
- Increase student diversity to create workforce prepared to meet demands of increasingly diverse patient population

Four Key Messages

#3) Nurses should be full partners with physicians and others in redesigning U.S. health care

- Foster leadership skills and competencies
- Nurses must see policy as something they shape

Four Key Messages

#4) Effective workforce planning and policy-making require better data collection and an information infrastructure

- Need balance of skills and perspectives among physicians, nurses and others
- Need more specific workforce data collection both within and across professions

The Recommendations

- 1) Remove scope-of-practice barriers
- 2) Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
- 3) Implement nurse residency programs
- 4) Increase proportion of nurses with BSN degree to 80% by 2020

The Recommendations

5) Double the number of nurses with a doctorate by 2020

6) Ensure that nurses engage in lifelong learning

7) Prepare and enable nurses to lead change to advance health

8) Build an infrastructure to collect and analyze health care workforce data

#1) Remove Scope-of-Practice Barriers

Congress:

- Expand Medicare to include coverage of APRN services within scope of practice under applicable state law, just as physician services are now covered
- Amend Medicare to authorize APRNs to perform admission assessments and to certify patients for home health care services and for admission to hospice and skilled nursing facilities
- Extend increase in Medicaid reimbursement rates for primary care physicians included in Affordable Care Act to APRNs providing similar primary care services
- Limit federal funding for nursing education programs to those in states that have adopted National Council of State Boards of Nursing APRN model rules and regulations

#1) Remove Scope-of-Practice Barriers

State Legislatures

- Reform scope-of-practice regulations to conform to National Council of State Boards of Nursing APRN model rules and regulations
- Require third-party payers that participate in fee-for-service payment arrangements to provide direct reimbursement to APRNs who are practicing within their scope of practice under state law

CMS

- Amend or clarify requirements for hospital participation in Medicare to ensure APRNs are eligible for clinical privileges, admitting privileges and medical staff membership

#1) Remove Scope-of-Practice Barriers

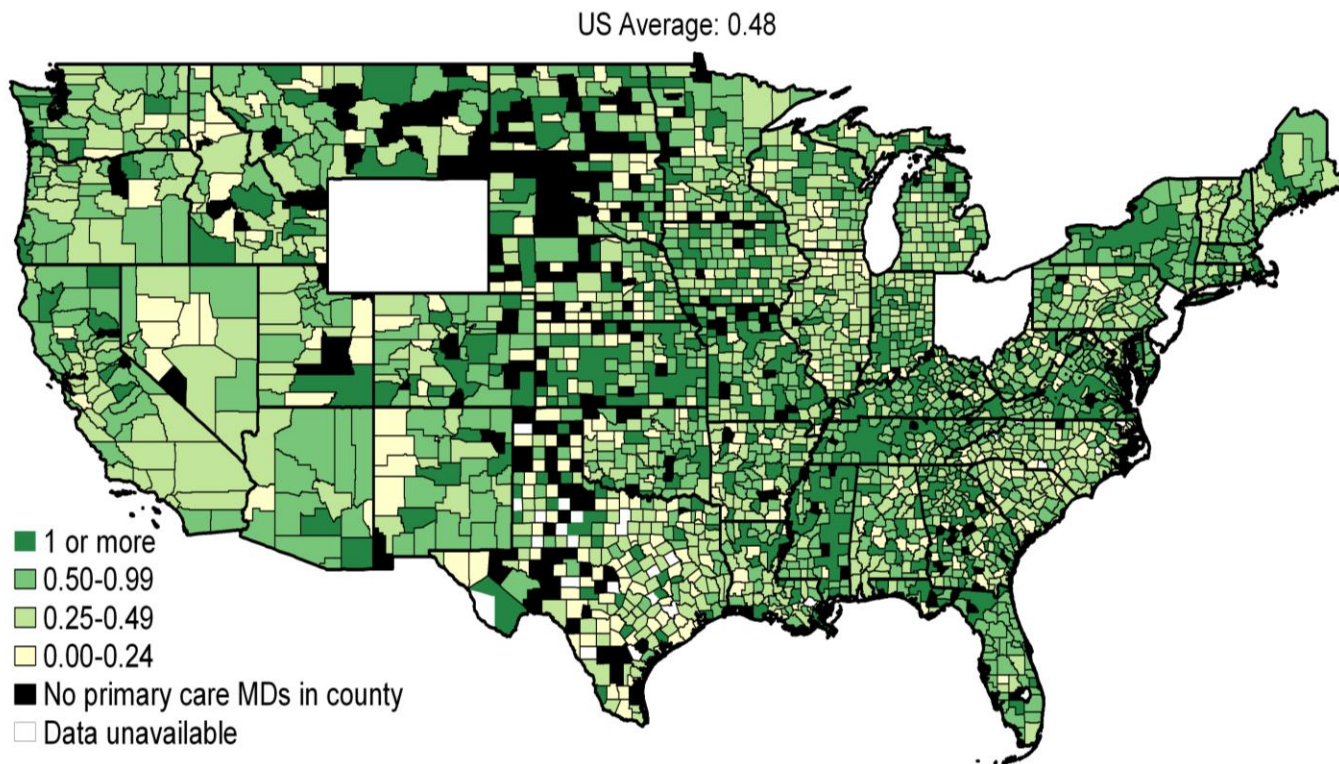
Office of Personal Management

- Require insurers participating in Federal Employees Health Benefits Program to include coverage of APRN services within their scope of practice under applicable state law

FTC and DoJ Antitrust Division

- Review existing and proposed state regulations concerning APRNs to identify those that have anti-competitive effects without contributing to public's health and safety
- States with unduly restrictive regulations should be urged to amend them to allow APRNs to provide care to patients in all circumstances in which they are qualified to do so

Number of Nurse Practitioners per Primary Care MD by County, 2009



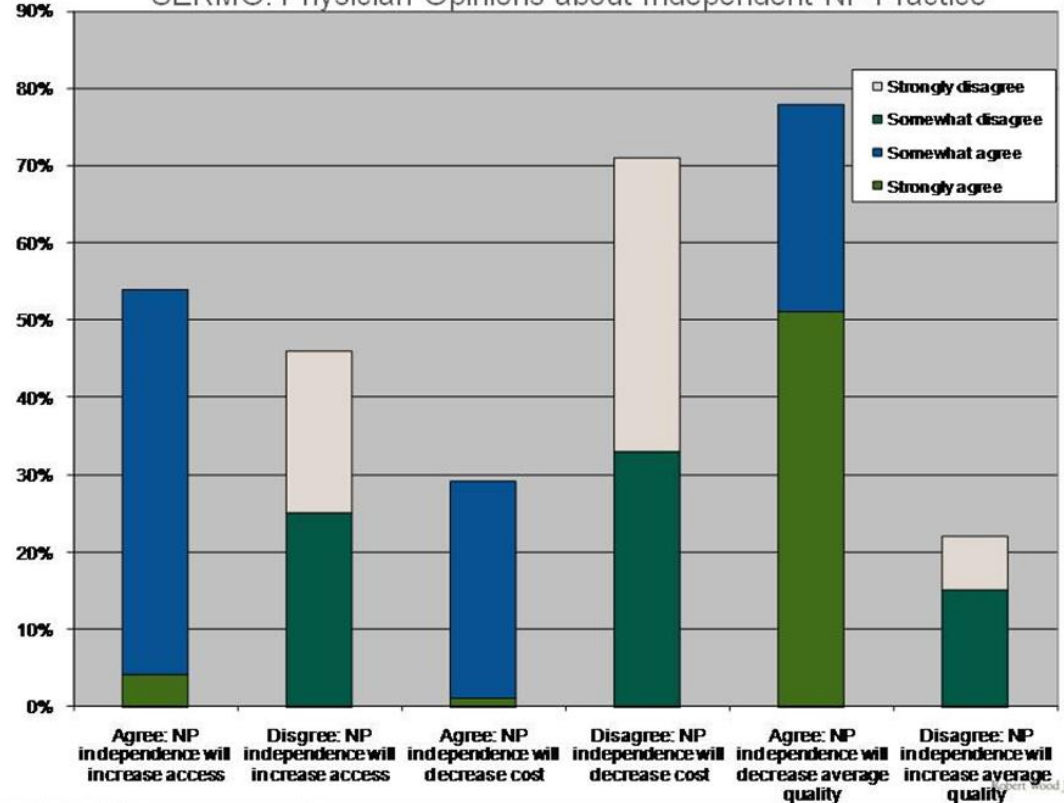
There is Resistance to Change

Robert Wood Johnson Foundation surveyed 100 members of the online physician-only community:

- Over half of physicians surveyed agreed NP independence would increase access,
- Over 70% do not believe it will reduce costs
- Almost 80% express the view that it will decrease quality.

Section Title

SERMO: Physician Opinions about Independent NP Practice



1

Presentation Title

Date

#2) Expand Opportunities for Nurses to Lead

Center for Medicare and Medicaid Innovation:

- Support development and evaluation of payment models and care delivery that use nurses in an expanded and leadership capacity to improve health outcomes and reduce costs
- Performance measures should be developed and implemented expeditiously where best practices are evident to reflect nurses' contributions and ensure better-quality care

Private and Public Funders:

- Collaborate, and when possible, pool funds to advance research on care models and innovative solutions, including technology, that will enable nurses to contribute to improved health and health care

#2) Expand Opportunities for Nurses to Lead

Health Care Organizations

- Support and help nurses lead in developing and adopting innovative, patient-centered care models
- Engage nurses and other front-line staff to work with developers and manufacturers in design, development, purchase, implementation and evaluation of medical and health devices and health IT products

Nursing Education Programs and Associations

- Provide entrepreneurial professional development that enable nurses to initiate programs and businesses that contribute to improved health and health care

#3) Implement Nurse Residency Programs

State Boards of Nursing and Accrediting Bodies

- Support nurses' completion of a residency after they've completed a pre-licensure or advanced practice degree program or when they're transitioning into new clinical practice areas

HHS Secretary

- Redirect GME funding from diploma nursing programs to support implementation of nurse residency programs in rural and critical access areas

#3) Implement Nurse Residency Programs

Health Care Organizations, HRSA, CMS and Philanthropic Groups

- Fund development and implementation of nurse residency programs across all practice settings

Health Care Organizations and Foundations

- Evaluate residency programs' effectiveness in improving nurse retention, expanding competencies and improving patient outcomes

#4) Increase Proportion of BSN-Degree Nurses to 80% by 2020

Commission on Collegiate Nursing Education and National League for Nursing Accrediting Commission

- Require nursing schools to offer defined academic pathways, beyond articulation agreements, that promote seamless access for nurses to higher education levels

Health Care Organizations

- Encourage associate- and diploma-degree nurses to enter BSN programs within 5 years of graduation by offering tuition reimbursement, creating culture that fosters continuing education and providing a salary differential and promotion

#4) Increase Proportion of BSN-Degree Nurses to 80% by 2020

Private and Public Funders

- Expand BSN programs to enroll more students by offering scholarships and loan forgiveness, hiring more faculty, expanding clinical instruction through new clinical partnerships and using technology to augment instruction

U.S. Secretary of Education, HRSA and State and Private Funders

- Expand loans and grants for second-degree nursing students

#4) Increase Proportion of BSN-Degree Nurses to 80% by 2020

Schools of Nursing and other Health Professional Schools

- Design and implement early and continuous interprofessional collaboration through joint classroom and clinical training opportunities

Academic Nurse Leaders

- Partner with health care organizations, leaders from primary and secondary school systems and other community organizations to recruit and advance diverse nursing students

#6) Ensure that Nurses Engage in Lifelong Learning

Faculty

- Partner with health care organizations to develop and prioritize competencies so curricula can be updated regularly to ensure that graduates at all levels are prepared to meet population's current and future health care needs

Commission on Collegiate Nursing Education and National League for Nursing Accrediting Commission

- Require nursing students to demonstrate comprehensive clinical performance competencies that encompass knowledge and skills needed to provide care across settings and lifespan

#6) Ensure that Nurses Engage in Lifelong Learning

Academic Administrators

- Require all faculty to participate in continuing professional development and to perform with cutting-edge competence in practice, research and teaching

Health Care Organizations and Schools of Nursing

- Foster culture of lifelong learning and provide resources for interprofessional continuing competency programs

#6) Ensure that Nurses Engage in Lifelong Learning

Health Care Organizations and Other Organizations Offering Continuing Competency Programs

- Regularly evaluate their programs for adaptability, flexibility, accessibility and impact on clinical outcomes, and update their programs accordingly



#7) Prepare and Enable Nurses to Lead Change to Advance Health

Nurses

- Take responsibility for personal and professional growth by continuing their education and seeking opportunities to develop and exercise leadership skills

Nursing Associations

- Provide leadership development, mentoring programs and opportunities to lead for members

#7) Prepare and Enable Nurses to Lead Change to Advance Health

Nursing Education Programs

- Integrate leadership theory and business practices across curriculum, including clinical practice

Public, Private and Governmental Health Care Decision-makers

- Include representation from nursing on boards, executive management teams and in other key leadership positions

#8) Build Infrastructure to Collect, Analyze Workforce Data

Workforce Commission and HRSA

- Coordinate with state licensing boards (nursing, medicine, dentistry and pharmacy) to develop and promulgate standardized minimum data set across states and professions that can be used to assess workforce needs by demographics, numbers, skill mix and geographic distribution
- Set standards for minimum data set collection by state licensing boards; oversee, coordinate and house data; and make data public
- Bolster HRSA's RN sample survey by increasing sample size, fielding survey every other year, expanding APRN data collection and releasing survey results more quickly

#8) Build Infrastructure to Collect, Analyze Workforce Data

Workforce Commission and HRSA (cont.)

- Coordinate workforce research efforts with DoL, state and regional educators, employers and state nursing workforce centers to identify regional workforce needs and establish regional targets and plans for appropriately increasing supply of health care professionals

Government Accountability Office

- Ensure that Workforce Commission membership includes adequate nursing expertise



Implementation

Regional Action Coalitions

- Long-term
- Field strategy to move key recommendations forward at local, state and national levels
- Pilot in 5 states – NJ, NY, MI, MS and CA – now 10 more states have been added
- Capture best practices, determine research needs, track lessons learned, identify replicable models, connect with other RACs, monitor progress

Implementation: Your Role

- 1) Reach out to your members and other stakeholders. Get involved with the RAC subcommittees
- 2) Continue your efforts to address nursing workforce issues
- 3) Go to: www.thefutureofnursing.org to let them know what you're doing. Write an article for New Jersey Nurse