Using Nursing Research to Inform Policy

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School of Nursing

Overview

• Nursing’s historical and contemporary mandate for transforming health care through research and policy
• Health-promoting nurse-designed models of care.
• Research, policy and media implications of nurse-designed innovations that are transforming health care.

Lessons from Nightingale

Sanitation
The power and limitations of statistics
Using Statistics to Drive Change

- Sense of failure after the Crimean War
- Sanitation vs. food and supplies
- Decrease in mortality: 52% to 20%
- William Farr, inventor of medical statistics:
  “We do not want impressions, we want facts.”

Presenting Statistics

“You complain that your report would be dry. The dryer the better. Statistics should be the dryest of all reading.”

–William Farr

Coxcomb Graphic Display of Data
Data Are Necessary But Not Sufficient For Change

Using media to disseminate data: *London Times*

“When I entered into service here, I determined that happen what would, I would never intrigue among the Committee. Now I perceive that I do all my business by intrigue. I merely propose to A, B or C the resolution I think A, B or C most capable of carrying in Committee, and then leave it to them. And I always win.”

— Huxley, 1975
Lessons from Lillian
Addressing the social and economic conditions of people’s lives

Henry Street Settlement House

Lessons from Sojourner
Freedom
Human rights
Where are we today?
What are we transforming?

Nursing
• Majority of nurses work in hospitals
  • Hill-Burton Act of 1946

Nursing
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• Undergraduate curriculum continues acute care emphasis
Nursing

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- New graduates are told they need to work at least one year in hospital
- Public health nursing is under siege
- Focus of nursing research
Nursing

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- Focus of nursing research
- Much of nursing’s policy focus is on nursing

Supporting the healthcare system as it is...

CURRENT HEALTH CARE SYSTEM

- ACUTE CARE
- RECOVERY CARE/LTC/HOME CARE
- PRIMARY CARE
- HEALTH PROMOTION/PUBLIC HEALTH
- WELLNESS/HEALTH PROMOTION
- WELFARE/HEALTH PROMOTION
Costly, Poor-Performing System

  ➢ Last or next to last on quality, efficiency, access
  ➢ 11th on healthy lives (mortality amenable to medical care, infant mortality, and healthy life expectancy at age 60)
  ➢ 1st on health care spending

Costly, Poor-Performing System

  ➢ Higher mortality and inferior health: First or second lowest chance of surviving to 50
  ➢ Birth outcomes, injuries or homicides, teen pregnancy and STDs, HIV/AIDS, drug-related mortality, obesity, diabetes, heart disease, chronic lung disease, disability
  ➢ Address social determinants and fragmented health care system

Where and how is health created?
Medical errors now estimated to be third leading cause of death in the U.S. [James, 2013]

Health Care versus Social Services

- The Paradox of American Health Care - Elizabeth Bradley
- Ratio of social-to-health spending – U.S. is last
  - $0.90:$1 average for U.S.
  - $2:$1 for other countries = better outcomes
Your zip code may be more important to your health than your genetic code.

New York City
Percentage of residents living in poverty (quartiles) vs Diabetes deaths per 100,000 population (quartiles)

Variance in Health*

- Health care - 10-25%
- Genetics - up to 30%
- Health behaviors - 30-40%
- Physical environment - 5-10%
- Social and economic factors - 15-40%

“Upstream Factors” or Social Determinants of Health

RWJF: A New Way to Talk About the Social Determinants of Health
http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023

What is the responsibility of nurse researchers, clinicians, and educators for creating healthy communities and a culture of health in the U.S.?

What is YOUR responsibility?

Managing Patients with Complex Health Problem

• Dual eligibles
  • Medicare
    • 16% of enrollees
    • 27% of its spending
  • Medicaid
    • 15% of enrollees
    • 39% of Medicaid spending
    • Almost 50% initially qualified for Medicare because of disability or ESRD
    • Almost 60% elderly
    • 30% have mental health problems
    • Integrating primary and behavior health care
    • Housing issue

(OH, 2013)
Some Ways to Achieve the Triple Aim

- Reducing unnecessary tests and procedures – e.g. Choosing Wisely [http://www.aannet.org/initiatives/choosing-wisely]
- Improving patients’ experiences with health care
  - Home Alone (Susan Reinhard and Carol Levine)
  - 2016 NAM report Families Caring for an Aging America
  - The CARE Act - Caregiver Advise, Record, Enable Act
Some Ways to Achieve the Triple Aim

- Reducing unnecessary tests and procedures (e.g. Choosing Wisely)
- Improving patients’ experiences with health care
- Reducing the need for acute care services
  - Better management of chronic illnesses
  - Building primary care capacity

Macy Conference

RNs: Partners in Transforming Primary Care

- Changing the Healthcare Culture
- Transforming the Practice Environment
- Educating Nursing Students in Primary Care
- Supporting the Primary Care Career Development of RNs
- Developing Primary Care Expertise in Nursing School Faculty
- Increasing Opportunities for Interprofessional Education

Macy Conference

Conference Themes

- Changing the Healthcare Culture
- Transforming the Practice Environment
- Educating Nursing Students in Primary Care
- Supporting the Primary Care Career Development of RNs
- Developing Primary Care Expertise in Nursing School Faculty
- Increasing Opportunities for Interprofessional Education
Recommendation II

Primary care practices should redesign their care models to utilize the skills and expertise of RNs in meeting the healthcare needs of patients—and payers and regulators should facilitate this redesign.

SubRecommendations II

• Payers should develop alternative payment models—such as shared savings for reducing expensive hospital admissions, re-admissions, and emergency department visits—so that the work of all primary care team members, including RNs, adds value rather than simply increases expenses.
• Nursing, primary care, and health services researchers as well as primary care administrators and chief financial officers should develop the business case for enhanced RN roles in primary care.
• Healthcare systems, professional organizations, states, and other regulatory entities should identify barriers, real and perceived, that limit or impede enhanced roles in primary care for registered nurses.

Some Ways to Achieve the Triple Aim

• Reducing unnecessary tests and procedures (e.g. Choosing Wisely)
• Improving patients’ experiences with health care
• Reducing the need for acute care services
• Promoting the health of individuals, families and communities
  • AIMS – Ambulatory Integration of Medical and Social Models
  • Care Coordination using social workers
  • RWJF Culture of Health and the State Action Coalitions
  • Payment and System Reform under CMS/CMMI
“From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider”*

- Rising expectations of providers: data, computers, technology, volume
  
  "I am no longer a physician but the data manager, data entry clerk and steno girl... I became a doctor to take care of patients. I have become the typist."

- Physician, nurse, other workers' workload $\rightarrow$ provider burnout $= \downarrow$ empathy $= \downarrow$ worse patient outcomes

- Macy report on enhanced roles for RNs in primary care

- Charter on Professionalism for Healthcare Organizations (follow http://tfme.org) – Academic Medicine, 2016


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**Nurse-Designed Innovations**

Achieving the Triple Aim and Promoting a Culture of Health
**Raise the Voice**

- Edge Runners
- Models of care
- Often serving underserved and vulnerable populations
- Need-driven or research-driven
- Clinical and financial outcome data
- Sustaining, spreading, and scaling up innovations
- [http://www.aannet.org/initiatives/edge-runners](http://www.aannet.org/initiatives/edge-runners)

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**Complex Care Management**

- High utilizers of health care
- Failure of the patient or the system?

- Data-driven care
- Patient engagement
- Complex care plan
- Care coordination
- Reduce ER visits, hospitalizations, costs
- Importance of social determinants of health

Lauran Hardin, MSN, CNL

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**Centering Health Care**

- Assessment, education, support
- Group facilitated by health professional
- Empowerment and community building
- Pregnancy and more
  - RCTs:
    - 33%-50% decrease in preterm birth
    - Increased rates of breastfeeding, satisfaction, preparation for parenting
    - Reduced health care costs (e.g., $2.1M over 2 years)
  - Paying for group care

Sharon Schindler Krieg, MSN, CNM, FNP-C, FAAN
Nurse-Family Partnership and Social Support

- > 2 decades of research
- High risk population
- ↓ repeat pregnancies, child abuse, child incarceration
- ↑ education of mother, employment, maternal and infant health
- Return of $5.70 per $1 spent for highest risk families
- ACA expansion

Parenting and School Achievement

Chicago Parenting Program
- RCTs = decrease child behavior problems and parental use of corporal punishment
- Potential ROI of >900%

Insights
- RCTs = decrease in behavior problems to normal levels in children with ADHD without medication
- Improves school achievement
- Improves parenting skills and teacher support of children

Putting Health Care in Its Social Context

Empowering women and families

Healthy start for families

Community Engagement and Development

Improving childbearing outcomes

Reducing disparities

Ruth Watson Lubic, PhD, CNM, FAAN
Family Health and Childbearing Center of Washington, DC
Clinical Outcomes (%)

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<th>Low birth Wt</th>
<th>C-Section</th>
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Savings($)

<table>
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<tr>
<th>Births &lt;37 wks</th>
<th>LBW</th>
<th>C-Sections</th>
<th>Total</th>
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Policy-related Barriers

- Number of nurse midwives
- Barriers to nurse midwives
- Cost-based reimbursement
- CBCs under siege - ?cost of malpractice insurance
- Capital for CBCs
- Funding for visionary models
Of 4 million U.S. births annually, 1.75 million are Medicaid-supported. Application of the FHBC model to all Medicaid births could yield a savings of almost $2 billion.

Nurse-Managed Health Centers:
Family Practice and Counseling Network and the 11th Street Family Health Service

- Primary care, behavioral health, wellness, public health focus, FQHCs
- Interprofessional team headed by NPs
- ↓ HTN, pre-term births (2.5%/15.6% in Phila.), specialty visits
- ↑ QOL, participation in fitness and wellness programs
- PCMH designation
- Markets, gardens, and cooking
- Trauma

Donna Torrisi, CRNP
Patty Gerrity, PhD, RN, FAAN
Commonalities of Nurse-Designed Innovative Models of Care

Diana Mason, PhD, RN, FAAN
Dorothy Jones, PhD, RN, FAAN
Sr Callista Roy, PhD, RN, FAAN
Cheryl Sullivan, PhD
Laura Wood, DNP

Nursing Outlook, Sept/Oct 2015

Methodology

• Research question: What are the commonalities across Edge Runner models of care and innovations?

• Qualitative Design: Focus groups, literature review, interviews

• Focus Group Questions:
  ❖ Describe the most important elements associated with your innovation model.
  ❖ What about your model is grounded in professional nursing practice?
  ❖ What facilitates or impedes developing, sustaining, spreading, and scaling up the innovation?
  ❖ What are the policy implications or responses to address these factors?

Commonalities

• Health defined holistically

• Individual-, family- and community-centric

• Relationships key to patient/family/community engagement and take time

• Group and public health approaches
Academy and RAND Study

- RWJF grant
- Nurse-designed models of care and building a culture of health
- Phase 1: Literature review (publication pending in Nursing Outlook)
- Phase 2: Survey
- Phase 3: Phone interviews
- Phase 4: Site visits
- Phase 5: Case studies and Lessons Learned

CULTURE OF HEALTH ACTION FRAMEWORK

Action Area 1
Lessons Learned:
Research to Influence Policy

Implications for Nurse Researchers:
Contributing to the Tipping Point

• Where is ‘health’ in your research?
• What are the implications of your research for population health?
• Can you articulate how your work can contribute to building a culture of health?
• Where do social determinants of health fit into your research?
• Where is ‘community’ in your research? Your teaching? Your practice?
Role of Academia

- Curriculum
- Retooling faculty, as needed
- Whither policy work in tenure and promotion decisions??
- Community engagement and partnerships, including primary care
- Partnering with nurse innovators to obtain clinical and financial outcome data

Clinicians: What are we improving?

- We must move beyond a disease-based view of health.
- Where is the Quadruple Aim in your research or quality improvement project?
- What are best practices in working with family caregivers to reduce the burden of care and hospital readmissions?

We must move beyond a disease-based view of health.

- Measuring “health”
  - Need to develop rigorous and robust indicators of family- and community-level health
  - Meaningful indicators of processes of care
  - Adoption by NQF
We must move beyond a disease-based view of health.

- Evidence for enhanced roles for RNs and APRNs
  - Comparative studies of various health care workers doing care coordination
  - Economic value/business case for RNs
  - Identifying “best practices” in primary care and health promotion

Will we continue to build nursing’s legacy of work to create a culture of health?

Come out of the shadow and support the substance.

We must not hide our work.

- Visibility to change policy, spread and scale innovations.
- Strategic and proactive use of media
- Use your voice!
“Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.”

IOM, The Future of Nursing

Will we continue to build nursing’s legacy of work to create a culture of health?

The Tipping Point
Our nation is ready for change. YOU must help to lead this change.