Nurses Transforming Health Care: Models, Challenges, Strategies

Diana J. Mason, PhD, RN, FAAN
Rudin Professor of Nursing
Co-Director, Center for Health, Media & Policy
Hunter College
City University of New York
President, American Academy of Nursing
Overview

• The mandate for nursing leadership to transform health care and promote health
• Exemplars of nursing leadership in developing transformative models of care.
• Lessons learned about strategies for transforming health and health care
Where and how is health created?
Medical errors now estimated to be third leading cause of death in the U.S.

(James, 2013)
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
Economic Development of Communities
FOOD

Lack of healthy foods
Easy access to unhealthy foods
ENVIRONMENT

13 million deaths/year
WATER

2 – 5 million deaths per year worldwide from water-related diseases

Coal ash spill, Dan River, NC, 2014

Maywood, CA 2010
610,042 people experienced homelessness in the U.S. on a given night in 2013

36% were in families

A LIVING WAGE
50,000 violent deaths in U.S. every year
$52 billion in medical costs and lost productivity
EDUCATION

Add four years

- ↓ Mortality rate (1.8 % points)
- ↓ Diabetes (1.3 % points)
- ↓ Heart disease (2.16 % points)
- ↓ Lost days of work (2.3 days/y)
- ↑ Overall health status (6 % points)
Are we promoting healthy individuals, families and communities?
CURRENT HEALTH CARE SYSTEM

- Acute Care
- Recovery Care/LTC/Home Care
- Primary Care
- Wellness
  - Health Promotion
  - Public Health
Costly, Poor-Performing System

- Commonwealth Fund, Comparative Analysis of Health Systems (Davis et al., 2010); 7 peer countries
  - 6th or 7th on health care quality, efficiency, access, and ability for citizens to lead long, healthy lives
  - 1st on health care spending
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- National Research Council (2013) *U.S. Health in International Perspective: Shorter Lives, Poorer Health*; 17 peer countries
  - Higher mortality and inferior health: Last or next to last on chances 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
Adding Value: The Triple Aim

- Improving people’s experiences with health care
- Improving the health of the population
- Reducing per capita health care costs
The Mandate for Nurses to Lead

Transforming health care
Promoting health
What Others Think

• RWJF/Gallup poll — Nursing Leadership From Bedside to Boardroom: Opinion Leaders’ Perceptions

• ~1500 opinion leaders
  – University Faculty (n = 276)
  – Insurance (n = 237)
  – Corporate (n = 232)
  – Health Services (n = 253)
  – Government (n = 253)
  – Industry Thought Leaders (n = 253)
Select Findings

- Information sources about health and healthcare in whom opinion leaders have a great deal of confidence
  - doctors (54%)
  - nurses (42%)
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• Groups most likely to exert a great deal of influence on health reform
  – government (75%)
  – health insurance executives (56%)
  – doctors (37%)
  – Nurses (14%)
Select Findings

• 51% - nurses have a great deal of influence in reducing medical errors and improving patient safety
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• **18%** - nurses exert a great deal of influence on increasing access to care, including primary care.
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• **68%** - doctors, not nurses, generate revenue.

• **39%** - nurses will not have much influence on reforming health care over the next 5 to 10 years, compared with 10% of MDs.
Select Findings

• Three major suggestions for increasing nurses’ influence
  ➢ Nurses need to make their voices heard.
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  - Nurses need to make their voices heard.
  - Society, and nurses themselves, should have higher expectations for what nurses can achieve.
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• Three major suggestions for increasing nurses’ influence
  ➢ Nurses need to make their voices heard.
  ➢ Society, and nurses themselves, should have higher expectations for what nurses can achieve.
  ➢ Nurses should be held accountable for not only providing quality direct patient care, but also for healthcare leadership.
The Representation of Health Professionals on Governing Boards of Health Care Organizations in NYC

Diana J. Mason, David Keepnews, Jessica Holmberg, Ellen S. Murray; Journal of Urban Health

Quantitative:
32 hospitals
24 nursing homes
15 FQHCs
22 home care agencies

Qualitative:
16 health care leaders
Select Themes

• Nurses and other health professionals other than physicians are often invisible and so are not considered for appointments.
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• Nurses and other health professionals other than physicians are often invisible and so are not considered for appointments.
• Who is the health professional’s constituency?
The Future of Nursing: Leading Change, Advancing Health

Key Message #3:

Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.
Recommendation 2

Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
Recommendation 7

Prepare and enable nurses to lead change to advance health.
Nurses Already Leading to Reform Health Care and Promote the Health of Communities

Nursing Models
• Edge Runners
• Clinical and financial outcome data
• Sustaining, spreading, and scaling up innovations
• www.aannet.org/raisethevoice
Institute of Medicine’s Report: 
*The Future of Nursing: Leading Change, Advancing Health*

Case Examples
Children Home Sooner

• Connie Hill Williams, PhD, RN
• Children’s Medical Center of Chicago
• Ventilator-dependent children
• What do patients and families need?
• Health reform: Community-based care
Putting Health Care in Its Social Context

Empowering women and families

Reducing disparities

Healthy start for families

Improving childbirthing outcomes

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

- Births < 37 wks
- Low birth Wt
- C-Section

Bar chart showing outcomes for DC and FHBC.
Savings($)
Value Added

• Improved outcomes
  – Urban Institute study in *HSR*, 2013: equal or improved maternal and infant outcomes
  – Breastfeeding rates
• Reduced costs
• Improved experiences with care
• Empowering women
• Community engagement and development; e.g. jobs, promoting healthy families and communities
Policy Implications

• Cost of hospital-based childbirthing
• Scope of practice, payment and admitting privileges
• Why is this not *the* frontline model of care for childbirthing in all communities?
Integrated Health Care (IHC)

- University of Illinois School of Nursing
- SMI population in clinic and homebound
- Behavioral/mental health integrated into primary care and prevention
- APRNs
- Outcomes
  - Decreased blood pressure, cholesterol, blood glucose, weight
  - Improved mental health status
- Model for others, especially dual eligibles
Transitional Care

- 20+ years of research
- ↓ readmissions
- Improved clinical outcomes
- Annual savings >$5000/y/beneficiary
- ACA demos

Mary Naylor, PhD, RN, FAAN
Nurse-Managed Health Centers:
11th Street Family Health Service

- Primary care, wellness, public health focus, FQHC
- 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

Patty Gerrity, PhD, RN, FAAN
Nurse-Family Partnership

- > 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
LIFE (and On Lok)

- Living Independently For Elders
- PACE and On Lok models
- Capitation and risk
- Interprofessional teams led by NPs
- ↓ nursing home placements, ED visits, hospitalizations
- 15% lower cost than nursing home
- ACA demos

Eileen Sullivan-Marx, PhD, RN, FAAN

Jennie Chin Hansen, PhD, RN, FAAN
Centering Health Care

• Assessment, education, support
• Group facilitated by health professional
• Empowerment and community building
• Pregnancy and more
• RCT:
  – 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 Rising, MSN, CNM, FCNM, FAAN
Nurse-Led 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

Preliminary Findings
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?
PRELIMINARY FINDINGS

• Health is defined holistically.

• Individual-, family- and community-centric approaches to care put the people and their concerns ahead of provider-defined priorities.

• Relationship-based care enables patient/family/community engagement and partnerships that are crucial for building self-agency.

• The intervention shifts from episodic individual care to ongoing group and public health approaches to improve the health of vulnerable and underserved populations.

• Visionary leadership is key.
A vision without action is a hallucination.

Adapted from Thomas Edison quote
Barriers and Strategies to Promoting the Health of Communities
Definition of Health

• Disease-based definitions
• Population foci that ignore that “place matters”
• EHR
  – IOM: *Capturing Social and Behavioral Domains in Electronic Health Records: Phase 1*
• Performance metrics
Payment and Financing

• Public and private capital investment
• Competitive reimbursement for services
Visibility and Framing

• Accessing journalists and policymakers
• Political context of framing our issues
  – RWJF analysis: *A New Way of Talking About the Social Determinants of Health*
  – “Health in All Policies”
Seizing Opportunities

• Growing interest in community development and engagement, including Federal Reserve
• Community benefit
Select ACA elements:

PCORI

• Patient-Centered Outcomes Research Institute
  – Patient and community engagement
  – Nursing subgroup and agenda
  – Debra Barksdale, Board of Governors and chair, Scholarly Publications Committee
  – Robin Newhouse, vice chair of Methodology Committee
  – Opportunities for funding research and engagement, including knowledge (of PCORI findings) and dissemination awards
Select ACA elements: PCORI and CMMI

• Center for Medicare and Medicaid Innovation
  – Innovations that meet the Triple Aim
  – ACOs
  – Payment reform
  – Ellen-Marie Whelan, Janet Heinrich
Developing Our Leadership Capacity

• Leadership development and appointments
  – Campaign for Action and state action coalitions
  – American Academy of Nursing
  – American Nurses Association, STTI, etc.
“Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States”

IOM, *The Future of Nursing*
What are we redesigning?
Build on the legacies of Wald and today’s visionary nurses

To promote the health of people