Collaborating in an Evolving Health Care System: Opportunities for Redesigning Health Care Delivery

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Objectives

• Recognize that the public trust in nurses provides an opportunity to influence health care delivery and health care policy in U.S.
• Highlight the top 5 ethical issues in U.S. health care.
• Review U.S. health care costs and challenges for providing more cost effective systems of care.
• Define characteristics of “quality” health care.
• Identify ways PMH nurses can use their “voice” to influence health care delivery and health care policy in U.S.

Gallup Polls

• For the past 25 years nurses are consistently listed at the top of Gallup Polls of most honest, ethical, and trustworthy professions.
• Only in 2001 after the fall of the Twin Towers in New York City did nurses fall behind firefighters in this annual Gallup Poll.

"Nurses are on the front lines of health care. We advocate on patients’ behalf whether we are at the bedside or in the boardroom….Patients understand that nurses are committed to improving the quality of their care, and this poll reflects the high regard they have for the profession."

Karen A. Daley, PhD, RN, FAAN, ANA President
12/16/13 ANA News Release

Nurses as Ethical Care Providers

• Nurses consistently capture patient and public trust by performing in accordance with the Code of Ethics for Nurses that supports the best interests of patients, families and communities.
• The Code of Ethics for Nurses serves as a “moral compass” to guide professional practice and serve as “advocates” for patients, families, and communities.

Nurses: Consistently the Most Trusted Profession

U.S. Views on Honesty and Ethical Standards in Professions

<table>
<thead>
<tr>
<th>Profession</th>
<th>&quot;Very high&quot; or &quot;high&quot;</th>
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<tbody>
<tr>
<td>Nurses</td>
<td>80%</td>
</tr>
<tr>
<td>Medical Doctors</td>
<td>65%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>65%</td>
</tr>
<tr>
<td>Police Officers</td>
<td>48%</td>
</tr>
<tr>
<td>Clergy</td>
<td>46%</td>
</tr>
<tr>
<td>Bankers</td>
<td>23%</td>
</tr>
<tr>
<td>Lawyers</td>
<td>21%</td>
</tr>
<tr>
<td>Business Executives</td>
<td>17%</td>
</tr>
<tr>
<td>Advertising practitioners</td>
<td>10%</td>
</tr>
<tr>
<td>Car Salespeople</td>
<td>8%</td>
</tr>
<tr>
<td>Members of Congress</td>
<td>7%</td>
</tr>
</tbody>
</table>

Gallup, Dec 2014

Disclosure

The speaker has no financial interest to disclose related to this presentation

Susie Adams, PhD, PMHNP-BC, FAANP
Nurses as Leaders in Health Care

- Registered nurses are increasingly being recognized as leaders in transforming the health care system to meet the burgeoning demand for prevention, wellness and primary care services with a focus on improving quality and managing costs.
- In addition to their clinical expertise, they are being sought out to serve as quality improvement specialists, integrated health care system designers, health care policy makers, and a variety of other leadership roles.

Top Five Ethical Issues in Health Care Delivery

1. Balancing care quality and efficiency
2. Improving access to care
3. Building and sustaining the healthcare workforce of the future
4. Addressing end-of-life issues
5. Allocating limited medications and donor organs

- Addressing healthcare technology’s impact on communication policies, medical records and patient privacy.
- Establishing health care policies within balanced budget parameters that insure equitable access to quality care.

Improving Access to Health Care

U.S. Health Care Costs:
The Challenge to Deliver Cost Effective, Quality Care

US spends two-and-a-half times the OECD average

US health spending is much greater for all categories of care, particularly for ambulatory care and administration cost

Source: OECD Data 2012.
About 22% of 2013 Federal Spending was for Medicare and Medicaid.

Components of Federal Health Spending as % of GDP

Health Care Spending Growing Faster Than Other Spending

Proportion of the Population Over 65 Is Increasing

Three Reasons for Federal Health Care Spending Increase

- Population Aging
- Rising Costs of Health Care Per Person
- Expansion of Federal Subsidies for Health Insurance Through Medicaid and Exchanges
Building & Sustaining Nursing Workforce

- The nursing workforce grew substantially in the 2000s, with RNs growing by more than 500,000 (24.1%) and LPNs by more than 90,000 (15.5%).
- The workforce has grown overall, but this growth is concentrated in the older and younger ends of the age spectrum, and there are actually fewer RNs aged 36 to 45 working today, compared with nine years ago.
- Over the next 10 to 15 years, the nearly 1 million RNs older than 50—about one-third of the current workforce—will reach retirement age.

Growth in U.S. Nursing Workforce

<table>
<thead>
<tr>
<th></th>
<th>Nurses (Census 2000)</th>
<th>Per Capita Supply (2000)</th>
<th>Nurses (ACS 08-10)</th>
<th>Per Capita Supply (08-10)</th>
<th>% Change in per Capita Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNs</td>
<td>2,275,276</td>
<td>806.5</td>
<td>2,814,941</td>
<td>920.9</td>
<td>33.9%</td>
</tr>
<tr>
<td>LPNs</td>
<td>597,523</td>
<td>212.3</td>
<td>690,035</td>
<td>225.0</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

Data Sources: HRS analysis of the ACS 2008-2010 three-year file and Census 2000 Long Form. 3% sample
Mental Health Workforce Estimates: Insufficient MH Providers to Meet U.S. Needs

- Total MH Workforce Estimates:
  - Range from 278,360 – 449,217
- Advanced Practice Psychiatric Nurses:
  - Range from 9,780 – 19,126
- Estimates don’t include inpatient or outpatient PMH RNs or staff nurses
- U.S. Population of 320 million served by:
  - All Mental Health Providers: Range from 1/712 to 1/1,149
  - APRNs: Range from 1/32,720 to 1/16,731

Mental Health Nursing Workforce

- APPN’s meeting MH workforce needs in rural areas:
  - Ratio of APPNs to state rural populations ranged from .06 to 14.9.
  - The mean ±SD ratio of APPNs per 100,000 in the rural population was 3.0 ±3.0.
  - (Hanrahan & Hartley, 2008).

Overall Ranking of Access to Care

What Is Quality Health Care?

- As a consumer?
- As a health care provider?
- As a health care agency providing care?
- As a third party payer for care?
- As a company contracting for health care for employees?
- As a state government overseeing health care for the people in your state?
- As a country overseeing health care and well-being for your citizens?
### Health Care in the U.S.
- Health care providers recognize that the care delivered is not, essentially, the care we should receive.
- Increasing medical costs, decreasing third-party payment, unequal distribution of resources, & variability in clinical outcomes are a few indicators of the increasing “quality” gap in U.S. health care.
- All Americans deserve “quality” health care, but how can we bridge this gap?
- Health care delivery system is in need of fundamental change.

### The Quality Chasm
- Committee on Quality of Health Care in America (1998)
- Commissioned by the Institute of Medicine (IOM)
- Charge to develop strategy to improve quality of health care over next 10 years.
- Two reports:
  - *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001)

### An Agenda for Crossing the Chasm
- All health care stakeholders (providers, policymakers, managers, payers, consumers, etc.) commit to national agenda with six aims to improve quality of care for the HCOS as a whole.
- Adopt new set of principles to guide the redesign of care processes.
- Government to create environment that rewards improvement by:
  1. creating infrastructure to support evidence-based practice,
  2. facilitating use of information technology,
  3. aligning payment incentives, and
  4. preparing the workforce to better serve patients in a world of expanding knowledge and rapid change.

### Six Aims for 21st Century Health Care
- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

IOM, Crossing the Quality Chasm, 2001.

### Simple Rules for 21st Century Health Care System

<table>
<thead>
<tr>
<th>Current Approach</th>
<th>New Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care based primarily on visits.</td>
<td>Care is based on continuous healing relationships.</td>
</tr>
<tr>
<td>Professionals control care.</td>
<td>Care is customized according to patient needs and values.</td>
</tr>
<tr>
<td>Information is a record.</td>
<td>The patient is the source of control.</td>
</tr>
<tr>
<td>Decision making is based on training and experience.</td>
<td>Knowledge is shared and information flows freely.</td>
</tr>
<tr>
<td>Do no harm is an individual responsibility.</td>
<td>Decision making is evidence-based.</td>
</tr>
<tr>
<td>Secrecy is necessary.</td>
<td>Safety is a system property.</td>
</tr>
<tr>
<td>The system reacts to needs.</td>
<td>Transparency is necessary.</td>
</tr>
<tr>
<td>Cost reduction is sought.</td>
<td>Needs are anticipated.</td>
</tr>
<tr>
<td>Preference is given to professional roles over the system.</td>
<td>Waste is continuously decreased.</td>
</tr>
<tr>
<td>Cooperation among clinicians is a priority.</td>
<td>IOM, Crossing the Quality Chasm, 2001.</td>
</tr>
</tbody>
</table>

### New Models of Health Care
- Holistic approach (biopsychosocial model)
- Health and wellness orientation to individuals, families, and communities (rather than illness model)
- Patient-Centered Care
- Population focus of care within the context of community
- Inclusion of patients and families in decision-making
- Valuing “care” not just “cure”
- Patient empowerment for self-management of chronic illnesses through partnerships and coaching
- Valuing Team Work / Collaboration
- Integration of science/technology/relationships to personalized patient care experience across services and settings utilizing EBPs
Opportunities for Nurses
- Innovations in care delivery (patient-centered, integrated, holistic, health promotion/disease prevention, recovery models)
- Use of technology in coordinating / delivering care (patient-supported decision making software, smartphone apps, etc.)
- Payment for patient outcomes / measurement based care
- Care coordination / quality indicators of efficiency
- Special populations (pediatrics, geriatrics, developmentally disabled, mental health/substance use) – medical homes and Special Needs Plans (SNPs)
- Nursing leadership in transforming health care delivery

Opportunities for Nurses
- Patient-centered health care
- Integrated primary and mental health care
- FQHCs increased capacity
- Accountable Care Organizations (ACOs)
- Medical Health Homes
- Bundled payments across delivery sites and agencies including home health, long term care
- Technology assisted care delivery (apps, tele-health, tele-mental-health, supported decision making)

Transformation of Health Care Delivery
- Agencies and providers work in “partnership” rather than in “silos”

- Policy-makers, payers, and providers must act on the concept that both mental and physical health are integral parts of a person’s well-being.

There is no health without mental health.

World Health Organization, 2014

Exemplars of APNA Nursing Collaborations: Innovative Solutions

APNA’s Suicide Competencies for Inpatient Psychiatric Nurses

Barbara Limandri Cheryl Punttil Janet York Pamela Green Eric Arauz Barbara Bonney Benjamin Evans Cynthia Kane-Hyman Dorothy Kassaln Pam Marcus Joanne Matthews Esther Meerwijk Charmaine Platon Amanda Schuh

APNA’s Transitions in Practice (ATP) Certificate Program

Diane Allen Joanne Bartlett Julie Carbray Dawn Cogswell Nancy Dillon Diane Esposito Camille Farley-Toonbes Kim Hutchinson Kris Lambert Pamela Marcus Cheryl Punttil Joyce Shea Linda Stanley Gail Stern Matt Tierney
**Using Our Voice as Nurses to:**

1. Balance care quality and efficiency  
2. Improve access to care  
3. Build and sustain the healthcare workforce of the future  
4. Address end-of-life issues  
5. Allocate limited medications and donor organs  
   + Manage healthcare technology's impact on medical records (EHRs), patient privacy & communication policies.  
   + Establish health care policies within balanced budget parameters that insure equitable, affordable access to quality care.

**Using Our Voice as Nurses**

- Getting a “seat at the table”....  
- Case studies tell “a story” .... But data drives decision-making and policies.  
- State and federal legislators, government bodies, public and private boards listen when nurses speak with data to back their recommendations.  
- Another term for “lobby” is “advocate” for patients, communities, fair practice environments....  
- Be active in professional organizations....  
- Embrace leadership opportunities.....  
- Run for elected office.....

**Lessons Learned from Nursing Leaders**

- Nurse leaders pursued the profession of nursing to have “work that makes a profound difference in people's lives.”  
- The building blocks for becoming a nursing leader are through education – advanced degrees, certifications, internships, fellowships – and continuing education.  
- Nurse leaders conceptualize nursing as a discipline with a body of knowledge, guided by Code of Ethics, and a contract with society to improve the health of the public.  
- Nurse leaders view involvement with professional associations critical to honing leadership skills while shaping a professional mission and career.  
- Volunteer! Get involved! ...in nursing organizations, legislative process, policy-making opportunities.

**Nursing’s Social Policy Statement**

Nursing is the pivotal health care profession, highly valued for its specialized knowledge, skill, and caring in improving the health status of the public and ensuring safe, effective, quality care.

(ANA, 2003)

**Just A Nurse......**

**Miss America 2015 Video:**  
Retrieved from  
https://www.youtube.com/watch?v=nYoCW1DQWQE  

Please Note: Video is not available. Audio Only.
The pessimist complains about the wind;  
The optimist expects the wind to change;  
The leader adjusts the sails.

William Arthur Ward

You are not "just a nurse..."  
YOU are a PSYCH NURSE!

There is no better time than the present to get involved in transforming health care delivery in our country.

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