

Nurses Transforming Health Care: Models, Challenges, Strategies

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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



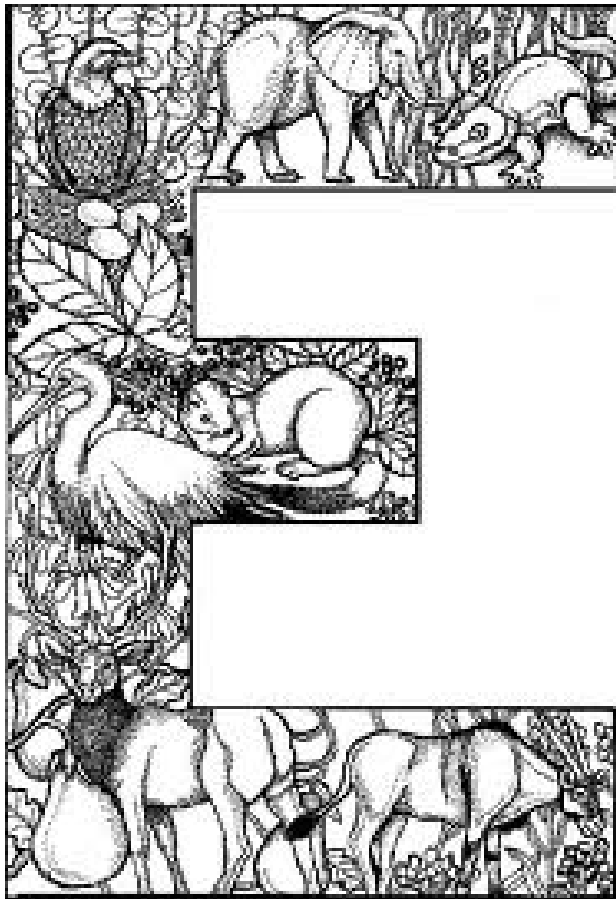
FOOD

Lack of healthy foods

Easy access to unhealthy foods



13 million deaths/year



ENVIRONMENT





Coal ash spill, Dan River, NC, 2014

WATER

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



Maywood, CA 2010



HOUSING

Dual Eligibles



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

36% were in families

HUD,. (2013). *The Annual 2013 Homeless Assessment Report to Congress.*



A LIVING WAGE



VIOLENCE

WAR

CONFLICT

ABUSE

**50,000 violent deaths in U.S. every
year**

**\$52 billion in medical costs and lost
productivity**



EDUCATION

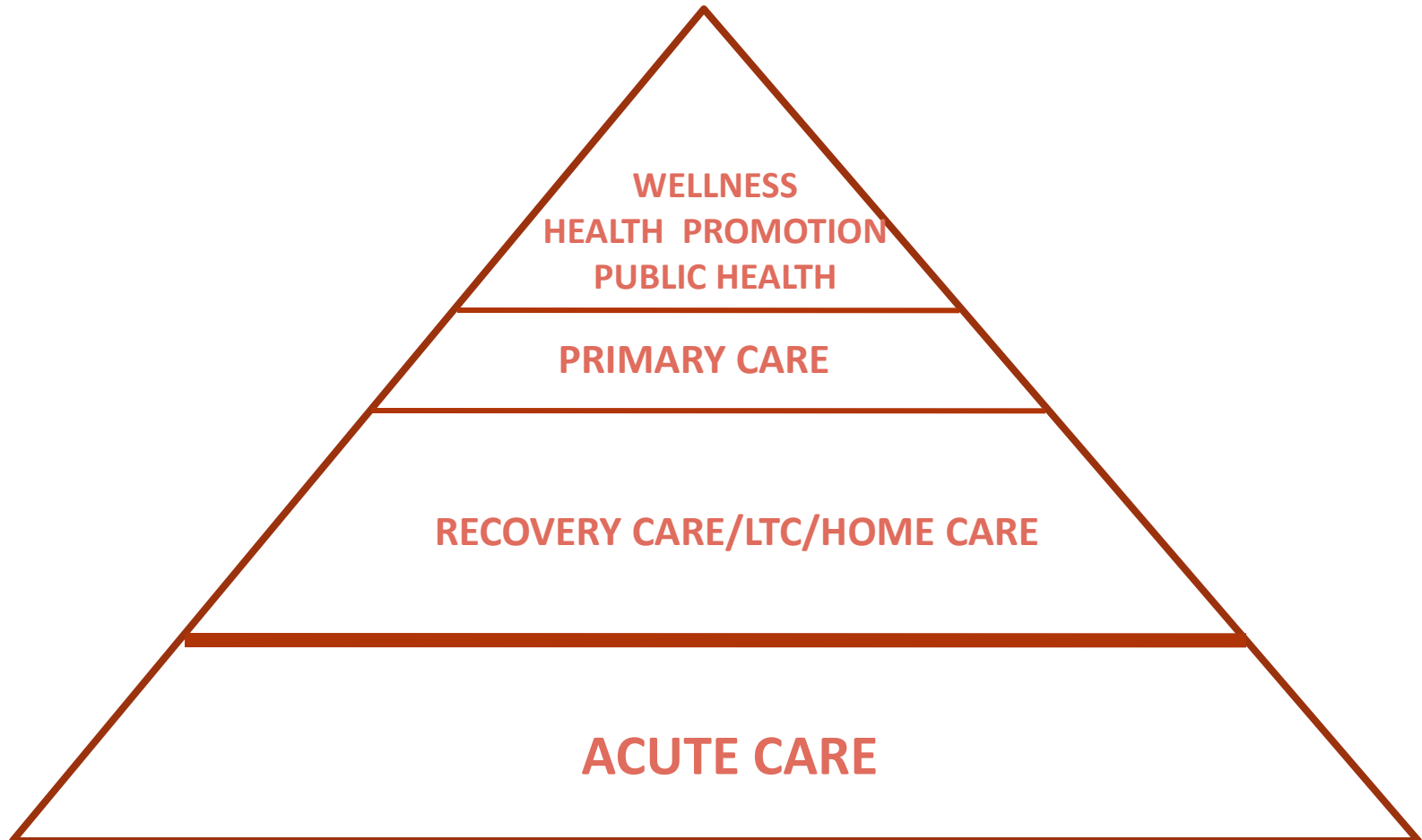
Add four years →

- ↓ 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



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

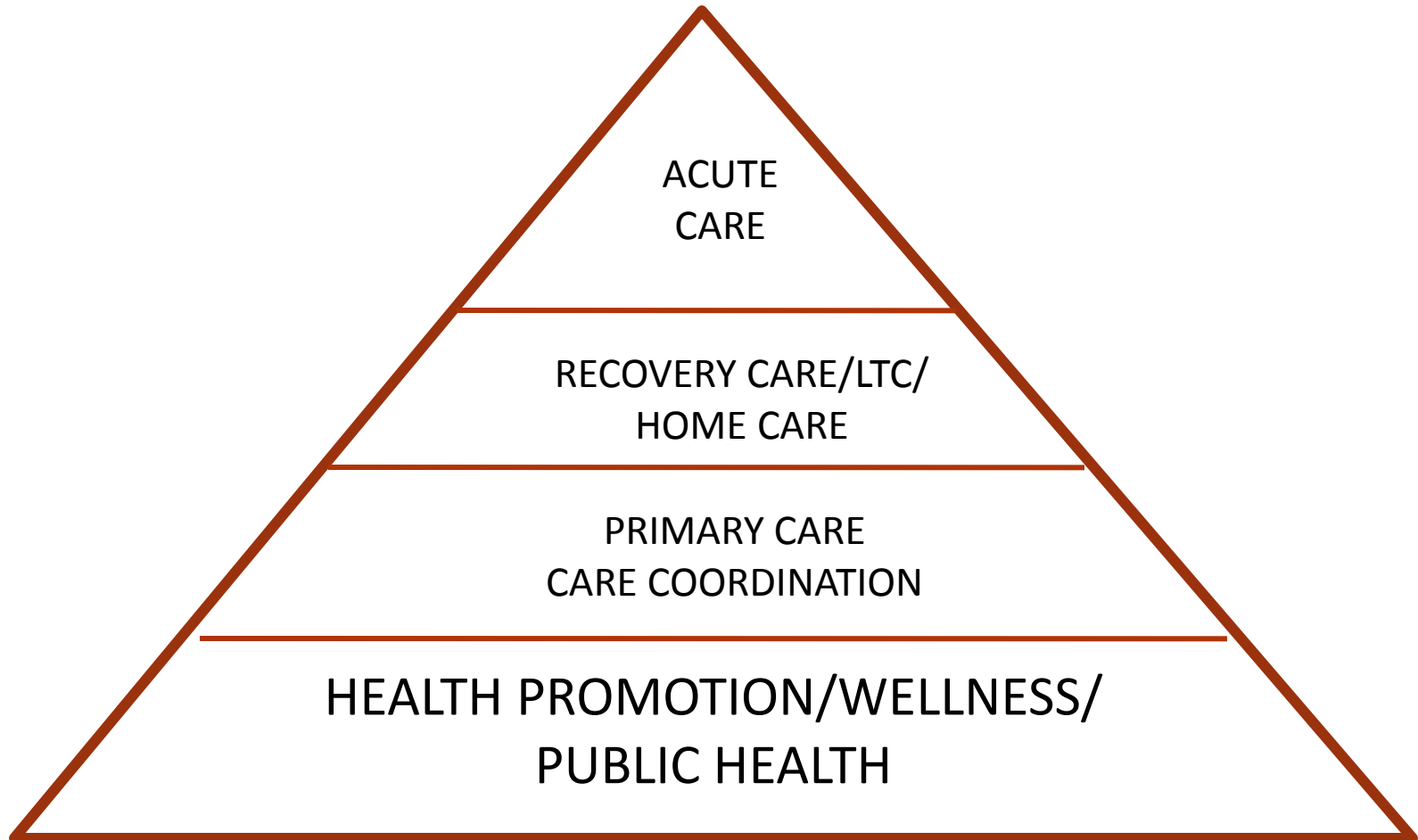
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- National Research Council (2013) *U.S. Health in International Perspective: Shorter Lives, Poorer Health*; 17 peer countries
 - Higher mortality and inferior health: Last or next to last on chances of surviving to 50
 - Birth outcomes, injuries or 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

REFORMED HEALTH CARE SYSTEM



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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 - nurses (42%)
- Groups most likely to exert a great deal of influence on health reform
 - government (75%)
 - health insurance executives (56%)
 - doctors (37%)
 - Nurses (14%)

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- **18%** - nurses exert a great deal of influence on increasing access to care, including primary care.
- **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.

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- Three major suggestions for increasing nurses' influence
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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

RAISE *the* Voice

- Edge Runners
- Clinical and financial outcome data
- Sustaining, spreading, and scaling up innovations
- www.aannet.org/raisethevoice



American Academy of Nursing
transforming health care policy and practice through nursing knowledge

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



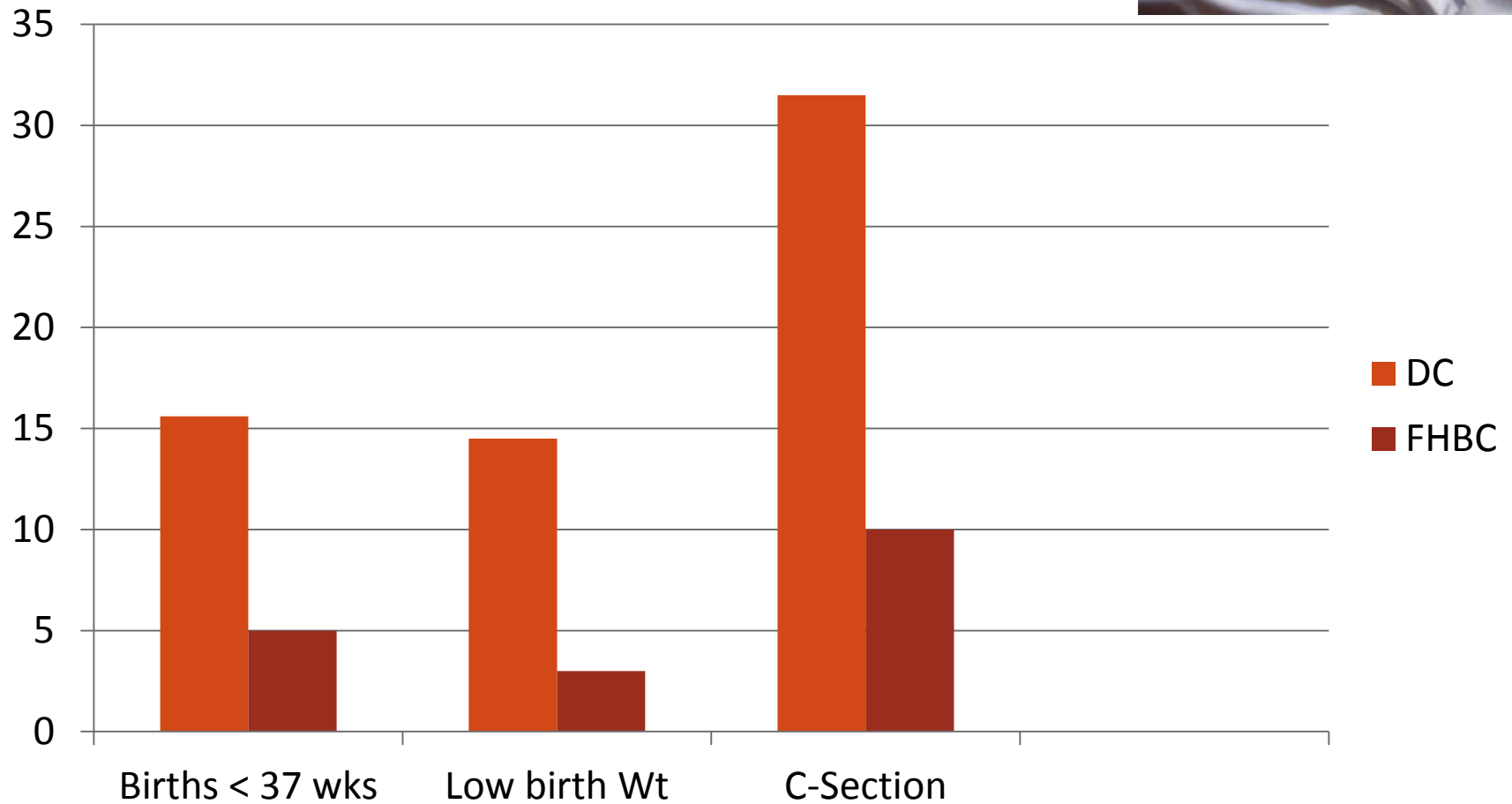
Reducing
disparities

Healthy start
for families

Improving
childbirthing
outcomes

Ruth Watson Lubic, EdD, CNM, FAAN
Family Health and Childbearing Center of
Washington, DC

Clinical Outcomes (%)

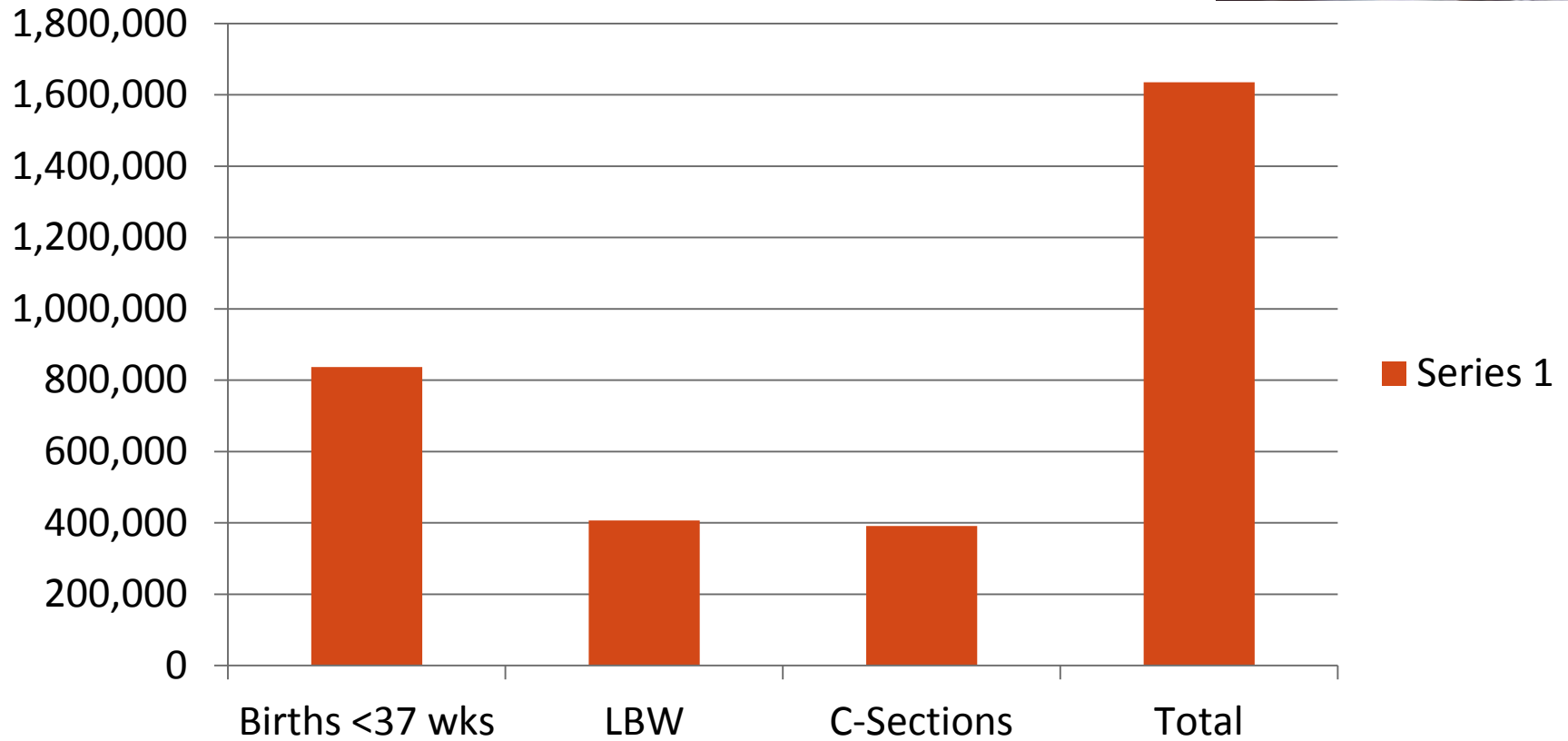




Savings(\$)



Series 1



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)



Lucy Marion, PhD, RN, FAAN



Judith Storfjell, PhD, RN, FAAN

- **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



Patty Gerrity, PhD, RN, FAAN

- 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



Nurse-Family Partnership



Harriet Kitzman, PhD, FAAN
David Olds, PhD

- > 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



Debra Barksdale

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