Using the DNP Essentials to Generate Policy and Influence Health Outcomes

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Purpose:

• The purpose of this presentation is to describe and justify innovative skills gained through the DNP Essentials that are beneficial in influencing health outcomes through policy design and advocacy.
Learner Outcomes:

• Identify three skills from the DNP Essentials that are vital in policy-making.

• Summarize the steps involved from the identification and formulation of needed change to the presentation of a piece of legislature to committee.

• Predict barriers that the DNP must overcome to be successful in policy generation
Our Problem: Arkansas 2014

In order to better understand policy generation, you need to KNOW your problem.
Arkansas Life Expectancy Rates

As you can see, the color-coded counties are significant in healthcare outcomes as depicted by differences in life expectancies rates.
Essential 1 - Scientific Underpinning

- Is there a healthcare outcome that needs improvement?
- Are there measures that are available that can improve the identified outcome?
- Is the proposed change supported by evidence-based literature?

- Drafting of Interim Study Proposal through the collection of the most up-to-date research.
- Lack of access to healthcare services in Red Counties.
- APRNs have the potential to increase access in rural counties in Arkansas.
ISP 199 - The Role of the Advanced Practice Registered Nurse

• Presented to the Joint Public Health and Welfare Committee on November 25, 2014.
• Broad based information describing the current state of affairs with demographics
• The solution - How can the APRN help?
• Concise information on the preparation and healthcare outcomes associated with APRN care
• Models of previous successes both in Arkansas and nationally
• Support for the change
“DNP graduates possess a wide-array of knowledge gleaned from the sciences and have the ability to translate that knowledge quickly and effectively to benefit patients in the daily demands of practice environments” (AACN, 2006, p.9)
What patient care needs do you see daily in your practice that could benefit from policy change?
Essential 2 - Organization/Systems
Leadership

- Does the outcome affect other systems and/or populations?
- Who are the leaders/stakeholders invested in the change?
- Are there monetary issues that need to be presented?
- Is the outcome cost-effective for all systems affected?
- Is the outcome culturally sensitive and ethical for all?

- Arkansas Nursing Association
- Arkansas State Board of Nursing
- American Association of Nurse Practitioners
- Arkansas Nurse Practitioner Association
- Northeast Arkansas Advanced Practice Nursing Association
- Arkansas Minority Health Association
ISP 199 Presentation

- ISP 199 was written by a team of APRNs but collectively the team sought out leaders from many systems to present the power point before the Joint Public Health, Labor and Welfare Committee.
- President of the State Board of Nursing gave the introduction and recommendations.
- Speakers included APRNs in various roles and settings.
“DNP graduates must be proficient in quality improvement strategies and in creating and sustaining changes at the organizational and policy levels” (AACN, 2006, p. 10).
Who are the instrumental leaders in your organizations/systems?
Essential 3 - Clinical Scholarship/Analytical Methods

- From the existing data (ISP), which outcome has the most potential to improve practice?
- Which potential change benefits practice outcomes, systems, communities and patients?
- Does a practice guideline need change?
- What is the best method to disseminate the findings?

- Schedule II Prescriptive Authority
- Full Practice Authority
- Full Practice in medically underserved counties
- Reimbursement Parity
- Discussion with interested leaders to begin bill drafting
Does your state have the 3P’s?

• Parity in reimbursement (29/50 states)

• Full Practice Authority (22/50 states)

• Prescribing Authority Schedule II-V (43/50 states)

• Arkansas does not fit into any of the above categories!
ISP 199 - HB 1160/HB 1165

- HB 1160 requested prescribing privileges from Schedule II - V.
- HB 1165 requested 10/75 most distressed medically underserved counties have waived collaborative practice agreements.
- Only one bill could arise from the ISP 199.
- HB 1160 drafted to include both prescribing privileges and waived collaborative practice agreements.
- Support and opposition from various organizations.
“Scholarship and research are the hallmarks of doctoral education” (AACN, 2006, p. 11)
Essential 4 - Information Systems

- What health care data exists to support the outcome?
- What data can be extracted from existing data banks?
- Who has access to state/federal information banks?

- Census data
- Arkansas Department of Health and Human Services
- Red County Report
- Centers for Medicare and Medicaid Services
- National Institute for Health Care Reform
The Inclusive HB 1160

- How can HB 1160 change healthcare for
  - Providers
  - Patients
  - Physicians
  - Third-party reimbursement agencies?

Does the data support the bill?
“DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and healthcare systems, and provide leadership within healthcare systems/and or academic settings” (AACN, 2006, p. 12)
What data currently exists to support your proposed outcome?
Essential 5 - Health Care Policy

- What health proposals from the analysis need to have written legislation?
- Who can provide leadership in the drafting of health policy?
- Which legislators need education about the policy?
- Who needs to advocate for the policy change?

- Meet with lobbyist/bill drafter
- HB 1160 editing
- Bill Sponsorship
- Bill Introduction to Committee
- Testimony
- Talking Points disseminated
HB1160

- Quest to find a sponsor: Representative Kim Hammer, Representative Justin Gonzales
- Introduction of HB 1160 to Committee
- Testimony by healthcare providers/experts
- Votes counted daily by lobbyist
- Nightly teleconferences
- Bill editing based on feedback from the floor of congress
- The New HB1160 arises.
“The DNP graduate has the capacity to engage proactively in the development and implementation of health policy at all levels, including institutional, local, state, regional, federal, and international levels (AACN, 2006, p. 14)
Are you ready to move into the policy-generating arena of healthcare?
Essential 6 - Interprofessional Collaboration

- What other organizations may be beneficial to incorporate into health policy?
- Who can provide leadership on bringing multiple disciplines together to discuss health policy?
- Arkansas Nursing Association Grassroots Coalition
- Arkansas Center for Research in Economics
- Physician Assistants Association
- Arkansas Hospital Association
- Arkansas Pharmacist Association
Growing Support Systems

• ArNA Grassroots Coalition
  • “Every nurse with a legislator”
• Calls to anyone who knows a legislator or has a buy-in at any level
  • Friends
  • Family
  • Systems
• Networking with NP groups across the state
• ACRE
“DNP graduates have preparation in methods of effective team leadership and are prepared to play a central role in establishing interprofessional teams, participating in the work of the team, an assuming leadership of the team when appropriate” (AACN, 2006, p. 14)
What interprofessional relationships need to be further developed?
Essential 7 - Prevention and Population Health

- How will the health policy change population health?
- Will health promotion/disease prevention be affected?
- How will the proposed care delivery model affect the community, environment, culture and economics of the population?

- Personal conversations with members of legislature
- Legislative constituents
- Dissemination of legislators by county to APRNs
- Community activism
Quest for changes in population health:

- Talking Points distributed to all nurses through multiple organizations
- Nurses Day at the Capital
- Sponsored breakfast
- Ensuring that each day there was a nurse on the floor of the Committee
“Consistent with national calls for action and with the longstanding focus on health promotion and disease prevention in nursing curricula and roles, the DNP graduate has a foundation in clinical prevention and population health” (AACN, 2006, p. 15)
Do you know your county and state representative? Who speaks for you in Congress? Do you know the stance of your professional organization on upcoming legislature?
Essential 8 - Advanced Nursing Practice

- What relationships need to continue and/or mend?
- What further actions needs to occur at the systems level?
- Is there a better model available for implementation of health policy?
- Who will go forth?

- Continued work on Health Policy Committee
- After-Action Report for HB1160
- Plans for Special Session 2016
- ACRE Report
The Rest of the Story

• HB 1160 passed Committee and House but died in Senate at Sine Die adjournment on April 22, 2015.

• HB 1136 passed into Act 529.

• Summer meeting to plan for Special Session 2016

• AANP mentorship to investigate federal trade policies.
“All DNP graduates are expected to demonstrate refined assessment skills and base practice on the application of biophysical, psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science as appropriate in their area of specialization” (AACN, 2006, p. 16)
Learner Outcomes Evaluation:

- Identify three skills from the DNP Essentials that are vital in policy-making.
  - Data Analysis, Compilation of research, Leadership, Bill drafting

- Summarize the steps involved from the identification and formulation of needed change to the presentation of a piece of legislature to committee.
  - Identification of problem, ISP, Bill Drafting, Bill Sponsorship, LOBBYING

- Predict barriers that the DNP must overcome to be successful in policy generation.
  - Lack of a cohesive voice, lack of knowledge of opposition, time/dedication
No professional is better prepared than the DNP to generate policy and influence health outcomes!
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References

Questions?