Building Alliances: Transforming Nursing and Health Care

Karen A. Ballard, MA, RN, FAAN
Executive Director
ANA – New York
Margretta Madden Styles

I have encouraged nurses everywhere to...

- Think of a world in which nurses are a strong, vital, and dynamic social force.
- Think of a world in which nursing is at the forefront of health care.
- Think of a world in which the word, nurse, has a singular, positive meaning and the image of nursing is sharp and distinct in the eyes of the public.
- Think of a world in which nursing speaks with one voice.
Think of a World...........(1985)

- Think of a world in which nurses bring honor and regard to themselves, to all women, and to all people.
- Think of a world in which the words of Florence Nightingale, “No system shall endure that does not march, ‘resound through our daily lives.
- Think of a world in which the Director-General of the World Health Organization is a nurse.

This, by the way, is my dream for nursing.
Paradox of Health Care

- The successes:
  - Accomplishments of US scientists, researchers, and physicians
  - Expansion of medical technologies
  - NIH investment in the nation’s universities and medical schools to support basic and applied research
  - Federal and State funding to expand academic medical centers
  - Reimbursement incentives fostered the development of specialization among many health care practitioners
  - A belief by consumers and providers that more dramatic medical marvels would solve the system’s ills
Paradox of Health Care

- The long-standing problems:
  - Inequitable access
  - Variable in quality
  - Seemingly uncontrollable growth in costs
  - Failure to recognize a social mission broader than only addressing the individual needs of those who can access and afford services
Passage of the ACA (Obamacare)

- Its passage represented discontent by consumers and providers with a system that:
  - Could not deliver even a basic level of health care to a significant portion of the public
  - Cannot control runaway costs
  - Delivers services of doubtful necessity and therapeutic benefit
  - Concern that the negative consequences of social, technical, and economic forces are resulting in a more disordered and less trustworthy health care system
“Millions of Americans are just a pink slip away from losing their health insurance, and one serious illness away from losing all their savings. Millions more are locked into the jobs they have now just because they or someone in their family has once been sick and they have what is called a preexisting condition. And on any given day, over 37 million Americans—most of them working people and their little children—have no health insurance at all. And in spite of all this, our medical bills are growing at over twice the rate of inflation, and the United States spends over a third more of its income on health care than any other nation on Earth”.
Who/What Is Responsible?

- The system has an inherent resistance to change
- Entrenched interests – the healthcare professions, its practitioners and employers/employees and service, financial, and educational institutions
- These interests have exercised their individual and/or collective power(s) to maintain the status quo
Lack of Agreement for Change

- **Because** there are no single solutions to the complex problems, the vested interest groups could/would not agree to collaborate on needed change.
- **VIP** – anything more than tinkering with the system would have a negative impact on at least one of the major players, thus nullifying any proposed change.
To Err Is Human: Building a Safer Health System

- While it caused a **flurry of concern**, there was no significant change proposed.
- However, **nursing** became one of the leading health care professions to urge for **prioritizing patient safety** as a health care goal.
- A nation that mourned the 3,000 lives that died on 9/11 was **essentially silent** about the 3,000 patients that die every 2 weeks as a result of medical errors.
A Change: Increasing Acceptance of the Need to Commit

- Alliances are being formed by both consumers and healthcare practitioners to address:
  - Population/societal changes
  - Ethical dilemmas in health care
  - Mandated changes in the nation’s health care priorities
  - New provisions for the delivery of nursing care in a reformed health care system
Population and Societal Changes

- The U.S. population is:
  - Growing older to a very advanced age and increasing in size relative to younger age cohorts
  - Less able to care for older family members as the number of single-family numbers increase and divorce rates are at 50%
  - Raising fewer children, who often move away from the family of origin
  - Increasingly dependent upon the private-for-profit sector for long term care with uneven quality outcomes
  - Changing its racial and ethnic diversity
Ethical Dilemmas in Health Care

- They exist in the domains of physicians, nurses, other healthcare professions, law, politics, administrations, journalism and the public:
  - Practitioner-patient relationships
  - Treatment options
    - Highly specialized diagnostic and therapeutic interventions
    - Advances in technology
    - Prolongation of life in those with terminal illnesses
  - Genetic engineering
  - Organ transplantation
  - Appropriate use of limited resources & economic realities
  - A consumer movement advocating more personal control over health care decisions
Mandated Changes in the Nation’s Health Care Priorities

- It is **ALL** (power) about the Affordable Care Act and **WHAT** (money) will be paid for by the public/private insurance collaboration:
  - Preventive Care
  - Primary Care
  - Transitional Care
  - Chronic, Long term Care
  - Driven by government insistence on safe, quality care and cost savings
New Provisions for the Delivery of Nursing Care in a Reformed Health Care System

- Registered nurses have greater opportunities to lead and contribute to a healthcare delivery system that increasingly can focus on wellness and prevention, rather than simply “sick care.”
- There are incentives for quality innovations to improve patient care and satisfaction and delivery systems that require greater coordination of care.
- Improves access to primary care, including improved reimbursement for NPs, CNMs and CNSs, and wellness and prevention services, as well as increases funding for nurse-led health centers and federally qualified health centers (FQHC) in which RNs typically provide the majority of care.
Center for Medicare and Medicaid Innovation (CMMI), promotes health care transformation by pursuing research and providing grants to develop new ways to pay for and deliver care in ways that both improve the quality of care while lowering costs.

CMMI has already provided the first two sets of a series of grants to registered nurses and other healthcare professionals and organizations to pursue such work.
Nursing Education and Workforce Development & ACA

- The law authorizes spending that includes advanced nursing education grants, workforce diversity grants, and grants for nurse education, quality and retention.

- It also authorizes grants to support development of specific nursing specialties; these include advanced practice registered nurses (APRNs) who are pursuing a doctorate or other advanced degree in geriatrics, long-term care, or chronic care management.
Loan repayment programs are now in place for nurses pursuing the specialty of pediatric mental and behavioral health.

The Nursing Student Loan Program updates student loan amounts, and the Loan Repayment and Scholarship Program is expanded to provide loan repayments for students who serve at least two years as a faculty member of an accredited school of nursing.
Under the updated Medicare Physician Fee Schedule Rule, the Centers for Medicare & Medicaid Services (CMS) now is paying for “Transitional Care Management” (TCM) services supporting healthy transitions after hospital stays.

The change recognizes and rewards the crucial work of RNs and APRNs who coordinate care for their patients. It also acknowledges the high costs and poor health outcomes associated with a Medicare beneficiary hospital re-admission rate of about 20 percent within 30 days of hospital discharge.
APRN’s & Transitional Care Management (TCM)

- This rule change is significant in that CMS previously has not paid for any substantial non-face-to-face services. Qualifying physicians, physician assistants, and advanced practice registered nurses (APRNs) can bill for TCM services.
- Medicare also recognized, but decided not to reimburse, new billing codes for monthly “Complex Chronic Care Coordination” (CCCC) services. However, these codes could be reimbursed in the future by Medicare and/or private payers.
- ANA has developed an on-line FAQs to help APRNs understand how this Medicare rule change will affect their practice.
Transforming Nursing and Health Care

- **Nursing’s leadership role:**
  - Recruitment into the profession
    - Maintaining the pipeline
    - Increasing the profession’s diversity
  - Raising standards of education and practice
    - BS in Nursing in 10
    - Advanced degrees (faculty & clinicians)
  - Supporting both big “R” and small “r” research
    - Demonstrate the safety, quality & effectiveness
    - Link quality practice (prevention of the negative) to reimbursement
    - Staffing and quality patient outcomes
  - Leadership development and succession planning
Areas for Building Alliances

- Nursing Education
  - BS in Nursing in 10

- Nursing Practice
  - BS in Nursing in 10

- Nursing Administration
  - BS in Nursing in 10

- Nursing Research
  - Produce the defensible information
  - Identify the nursing innovations + BS in 10

- Diversity in Nursing
  - This must improve or nursing and health care will be hampered in meeting the needs of new U.S. population
This is the **single, most important issue** that the nursing profession **must** address **now**

Without a mandated change to ensure a predominantly baccalaureate prepared profession, nursing will lose its ability to influence health care policy and the functioning of the health care system.

Passage of this legislation is the **foremost challenge** is to all of us who are now practicing the profession – **If not now, then when? If not us, then who?**
The Global Nursing Community vs the U.S.A

- The **global community** has embraced university preparation for nurses; the 1999 Bologna Declaration on developing common standards of education among the professions, is now endorsed by 46 countries and has profoundly impacted nursing education around the world.

- **All of the European Union countries** and others such as Australia, Canada, New Zealand, the Philippines, Union of South Africa and, most recently, Haiti have moved nursing education to the BS level.

- The new structure for higher education has improved the competitiveness and status of nursing in these countries, with a resulting increase in number of new graduates and nurses per 1,000 population.

- In neighboring Canada, the number of nurses entering the profession increased in each province as the education standard was raised to the baccalaureate level.
The **New York Model**, developed over the course of 12 years (2003), is based on state and national data, consultation with national nurse researchers, and hundreds of hours of discussion with New York nursing leaders, educators and care-based nurses.

Mechanisms for educational mobility and the elimination of unnecessary barriers have been considered in this outcome-driven proposal.

The model provides for expedient, cost-effective education and makes good use of resource.

The model preserves all current entry-level programs.

One of the most significant lessons learned has been the **power of a profession joined in purpose**. The collaboration between academia, service and practice has resulted in an innovative and practical model based on the evidence and workforce indicators.
New York Model’s Three Objectives

- The New York model has the following three objectives:
- Standardize education requirements
- Provide Seamless Transition From AD to BS in Nursing Programs
- Address Financing for Baccalaureate Education
What Alliances Have Been Made?

Two main nursing organizations (NYONEL and ANA-NY) in collaboration with the Coalition for the Advancement of Nursing Education (CANE) – a group of numerous nursing, medical, other health professional groups, academic organizations, hospitals and other healthcare facilities, national and state organizations, and consumers have committed to passage of the legislation.
The Newest Alliance

New York Nursing Alliance:
- NYS Council of Deans and Directors of Associate Degree Nursing Programs
- NYS Council of Deans & Directors of Baccalaureate and Higher Degree Nursing Programs
- New York Organization of Nurse Executives & Leaders
- ANA – New York

Formed last week
ORGANIZATIONS IN SUPPORT OF:
A3945 & S2145

*Adirondack Health & Wellness PLLC
*American Academy of Nursing
*American Association of Colleges of Nursing
*American Nurses Association
*American Nurses Association-New York
*American Nurses Credentialing Center
*American Organization of Nurse Executives
*Americans for Nursing Shortage Relief
*Association of Perioperative Registered Nurses
*Bassett Healthcare
*Beth Israel Medical Center
*Black Nurses Association of Manhattan
*Boston College School of Nursing
*Capital District Nurses Association
*Case Management Society of America, New York City Chapter
*City University of New York (CUNY) Nursing Discipline Council
*Commission on Collegiate Nursing Education
*College of New Rochelle
*Concordia College- New York, Division of Nursing
*Council of Associate Degree Nursing in New York State, Inc.
*Council of Deans of Nursing, Senior Colleges and Universities of New York State
*Council of Practical Nurse Programs in New York State
*City University of New York (CUNY), Staten Island
*C.W. Post Campus, Long Island University
*D'Youville College
*Daemen College Nursing Department
*DAVIN Informatics, Inc.
*Department of the Army
*Dorothea Hopfer School of Nursing
*Eastern Nursing Research Society (ENRS)
*Finger Lakes Health College of Nursing
*Finger Lakes Community College – Nursing Faculty
*Finger Lakes Healthcare Association (17 hospitals)
*Finger Lakes Organization of Nurse Executives
*Foundation of the New York State Nurses Association, Inc.
*Genetic Nursing Credentialing Commission

Foundation of the New York State Nurses Association, Inc.
*Genetic Nursing Credentialing Commission
*Greater New York Hospital Association
*Hartwick College
*Healthcare Association of New York State (HANYS) (256 agency members)
*Hudson Valley Nursing Collaborative to Advance Research & Evidence Based Practice
*Hunter College
*Indian American Nurses Association
*Iroquois Healthcare Alliance (53 agency members)
*Lakeside Health System
*LeMoyne College
*Long Island University, Brooklyn Campus
*Medical Society of State of New York
*Memorial School of Nursing-Albany
*Mercy College
*Mohawk Valley Community College-Nursing Faculty
*Monroe Community College- Nursing Faculty
*Monroe Community College- President
*Nassau Suffolk Hospital Council (24 hospitals)
*Nazareth College Department of Nursing
*Nazareth College-President
*New York Academy of Medicine
*New York Chapter of the Association of Hispanic Nurses
*New York Consortium for Men in Nursing
*New York Organization of Nurse Executives and Leaders
*New York State Association of Nurse Anesthetists, Inc.
*New York State Association of School Nurses
*New York State Board of Pharmacy
New York State Chapter of the Association of Perioperative Registered Nurses
*New York State Council of Health-System Pharmacists
*New York State Nurses Association
ORGANIZATIONS IN SUPPORT OF:
A3945 & S2145

- New York University College of Nursing
- New York University College of Nursing Alumni Association
- Northeastern New York Organization of Nurses Executive
- Nurse Practitioner Association of New York State
- Nurses Educational Fund, Inc.
- Nurses Association of the Counties of Long Island, Inc.
- Ohio Nurses Association
- Pace University
- Pennsylvania Organization of Nurse Leaders
- Pharmacists Society of the State of New York
- Philippine Nurses Association of New York, Inc.
- Phillips Beth Israel School of Nursing, NYC
- Professional Nurses Association of Long Island
- Professional Nurse Association of Suffolk County
- Roberts Wesleyan College
- Rochester General Hospital
- Rochester Regional Healthcare Advocates
- Samaritan Hospital School of Nursing Alumni Association
- Sigma Theta Tau International
- Stat Staff Professionals Inc
- St. Elizabeth College of Nursing, Utica
- St. Joseph’s College of Nursing - Syracuse
- Stony Brook University School of Nursing
- Strong Health Rochester
- SUNY Polytechnic Institute
- SUNY Genesee Community College Nursing Faculty
- Suburban Hospital Alliance of New York State – Long Island and Hudson Valley Acute Care Facilities (53 agency members)
- Suffolk County Community College Faculty
- Suffolk County Community College - President
- SUNY at Stonybrook School of Nursing
- SUNY Faculty Senate
- Stony Brook University School of Nursing
- Strong Health
- SUNYIT
- Teacher’s College, Columbia University
- United University Professors- Delegate Assembly
- Upstate Medical University College of Nursing
What Needs To Be Done: Let’s Make WHEN, into NOW!

- Assembly overwhelmingly passed the legislation in last year’s 2-year session under the direction of Sponsor Assemblyman and Assembly Majority Leader Joseph Morelle (D-Rochester); it will pass again this year.
- Senate sponsor is Senator John Flanagan (R-Long Island); he has been unable to convince Senator Kenneth LaValle (R-Long Island) to have it heard in the Higher Education Committee that he chairs.
- We need to assist in changing Senator LaValle’s opposition or to, at least, agree to have it heard in committee.
Contact Information

- Senator Kenneth LaValle
- District1 Office:
  - 28 North Country Rd Suite 203
  - Mount Sinai, NY 11766 United States
  - Phone: (631) 473-1461
  - Fax: (631) 473-1513
- Albany Office:
  - Legislative Office Building, Room 806
  - Albany, NY 12247 United States
  - Phone: (518) 455-3121
- Email address: lavalle@nysenate.gov
- Webpage: http://www.nysenate.gov/senator/kenneth-p-lavalle/contact
THE MESSAGE

- Keep AD entry into the profession as a continued option. This is important, as the AD programs are accessible in all regions of NYS and affordable allowing those in need to access the profession.

- Enhance the preparation of future nurses by addition of progressive learning opportunities that stress, critical thinking, research and its application to practice, and enhanced skills in dealing with populations beyond acute care settings. Such knowledge is critical as we move from a healthcare system focused on acute illness treatment to population health.

- Allow New York State and the those payers covering the insured to save significant resources as research has clearly documented fewer deaths, and complications as well as improved outcomes of care when a greater percentage of the workforce is prepared at the baccalaureate or above.
THE MESSAGE continues

- Millions of dollars of savings can be reaped with fewer readmissions and complications, as well as, savings resulting from RN turnover, documented to be significantly lower.

- Bring NYS into alignment with many areas of the world that where the BS is a requisite for practice as an RN. (European Union, Canada, Australia, many parts of Asia and Africa).

- Prevents, through a liberal grandparent clause, any current RN, or student in progress from losing the ability to be licensed or apply for licensure.
Your Assemblyperson & Senator

Write to your own personal legislators urging support of the legislation, remember to include the bill numbers: A 03945 & S 2145

How to find your legislators:

http://assembly.state.ny.us/mem/search/
http://www.nysenate.gov/senators
I’m just a nurse.
I just make the difference between life and death.

I’m just a nurse.
I just have the educated eyes that prevent medical errors, injuries and other catastrophes.

I’m just a nurse.
I just make the difference between healing, coping, and despair.

I’m just a nurse.
I just make the difference between pain and comfort.

I’m just a nurse.
I’m just a nurse researcher who helps nurses and doctors give better, safer and more effective care.

I’m just a nurse.
I’m just a professor of nursing who educates future generations of nurses.
I’m just a nurse.
- I just work in a major teaching hospital managing and monitoring patients who are involved in cutting edge experimental research.

I’m just a nurse.
- I just educate patients and families about how to maintain their health.

I’m just a nurse.
- I’m just a geriatric nurse practitioner. I just make the difference between staying in their own home and going to a nursing home.

I’m just a nurse.
- I just make the difference between dying in agony and dying in comfort and with dignity.

I’m just a nurse.
- I’m just central to the real bottom-line in health care.

Don’t you want to join us and be just a nurse too?