Health Care Redesign and Title VII D

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Advisory Committee on Interdisciplinary Community-Based Linkages
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Where am I?

You're 30 metres above the ground in a balloon.

You must be a researcher.

Yes. How did you know?

Because what you told me is absolutely correct but completely useless.

You must be a policy maker.

Yes, how did you know?

Because you don’t know where you are, you don’t know where you’re going, and now you’re blaming me.

The problem.
Health Care System Challenges

- High costs
- Primary care shortage
- Aging and sicker population
- Fragmentation
- Health care disparities

Campaign for Action
“The Future Ain’t What it Used to Be”
- Yogi Berra
IOM Committee’s Vision

The Future System:

- Quality care accessible to diverse populations
- Promotes wellness and disease prevention
- Reliably improves health outcomes
- Compassionate care across lifespan

How?

- Primary care and prevention
- Interprofessional collaboration and care coordination
- Payment system that rewards value
- All health professionals practice to the scope of their training/education
Affordable Care

50 Million Medicare beneficiaries - free access to preventive services

40 million people in 2011 - no copayment for recommended preventive screenings

50 million Medicare older adults - eligible for free annual wellness check-ups

Source: Commonwealth Fund
What does the ACA mean for Americans?

- Individual Mandate for Coverage
- Coordinated Care with Bundled Payment
- Innovative Models
- Patient Centered Care
What does the ACA mean for Americans?

- Single Plan of Care – Interdisciplinary
- Promotion of Wellness, Primary Care
- Community Health Centers
- Better Transitions between Home, Hospital, Nursing Home
- ??Population focused care
Flip Pyramid to Transform Health

- Acute care
- Long-term care
- Home care
- Management of chronic illness and care coordination
- Health promotion; wellness; primary care
Research on health care workforce is fragmented

Need data on all health professions

Improved health care workforce data collection to better assess and project workforce requirements
NURSES’ HIGHEST LEVEL OF EDUCATION

- Baccalaureate Degree: 43%
- Associate's Degree: 29%
- Master's Degree: 17%
- Diploma/Certification: 12%
- Doctoral Degree: 2%

n=41,018

Data: 2013 NCSBN Survey
Hospital work by first professional degree

Working in hospital 6-18 months after graduating

- Baccalaureate graduates
- Associate degree graduates

<table>
<thead>
<tr>
<th>Year</th>
<th>Baccalaureate Graduates</th>
<th>Associate Degree Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed in 2004-2005</td>
<td>89.30%</td>
<td>83.10%</td>
</tr>
<tr>
<td>Licensed in 2010-2011</td>
<td>82.90%</td>
<td>67.10%</td>
</tr>
</tbody>
</table>
Early Career RNs Settings

- Hospitals - 54%
- Ambulatory Care – 15.2%
- Nursing Homes 3.1%
- Public/Community health 2.3%
- Home Health 2.6%
**PRIMARY NURSING PRACTICE SETTING**

- Ambulatory Care: 9%
- Extended Care: 6%
- Home Health: 6%
- Hospital: 56%
- Others*: 16%
- Public Health: 4%
- School Health: 2%

*Others* includes working as a nurse in correctional facilities, academic setting, policy/planning/regulatory/licensing agency, occupational and ambulatory settings.

n=34,238

Data: 2013 NCSBN Survey
Work-Related Data

2004-2005 Licensees\(^{14,17}\)
- 87.2% worked in hospitals (at Wave 1)
- 65.8% worked 12-hour shifts

2007-2008 Licensees\(^{14,18}\)
- 84.8% worked in hospitals
- 75.3% worked 12-hour shifts

2010-2011 Licensees\(^{31}\)
- 76.7% worked in hospitals
- 68.2% worked 12-hour shifts
Better Sources of Data about Health Workers
Data Uniformity and Re-use Capabilities

As Is                            To Be

As Is: Multiple Incompatible Data Sources

- Nursing Homes
  - MDS
- LTCHS
- LTCH CARE Data Set
- Inpatient Rehab Facilities
- IRF-PAI
- Home Health Agencies
- OASIS
- Hospitals
  - No Standard Data Set
- Physicians
  - No Standard Data Set
- Outpatient Settings
  - No Standard Data Set

GOAL:
Uniform Data Elements
Across Providers
Standardized
Nationally Vetted

To Be: Uniform Assessment Data Elements

✓ Enable Use/re-use of Data
  - Exchange Patient-Centered Health Info
  - Promote High Quality Care
  - Support Care Transitions
  - Reduce Burden
  - Expand QM Automation
  - Support Survey & Certification Process
  - Generate CMS Payment

As is: some Uniformity

To be: increased uniformity: Critical Outputs
INTEGRATE DATA NOW
Sometimes the care that's supposed to help winds up hurting instead.
Looking for Solutions
Nursing (N=142) and Medical (N=140) Students Have Baseline Differences In IP Attitudes and Skills

<table>
<thead>
<tr>
<th></th>
<th>Nursing Students</th>
<th>Medical Students</th>
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<tbody>
<tr>
<td>Team Value*</td>
<td>5.06</td>
<td>4.85</td>
</tr>
<tr>
<td>Team Efficiency</td>
<td>4.45</td>
<td>4.39</td>
</tr>
<tr>
<td>Shared Leadership*</td>
<td>3.57</td>
<td>3.06</td>
</tr>
<tr>
<td>Team Skills</td>
<td>3.71</td>
<td>3.55</td>
</tr>
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QI: BS RNs Report Better Preparation for Teamwork

More baccalaureate prepared RNs than associate prepared RNs reported being “very prepared” compared to “not at all prepared.”
What is IPE at NYU?
To provide NYU medical and nursing students with longitudinal exposure to a diverse patient population and inter-professional education in the competencies of team-based care.
NYU3T Simulation
Semester 1
- Knowledge Acquisition
  - In-person
  - Clinical-cross over
  - On-line

Semester 2
- Knowledge Application
  - Virtual patients
  - High-fidelity simulation
NYU3T: Our Approach

Top Leadership Support

Faculty Champions

Technology driven
• Asynchronous
• Adaptable
• Part of Regular Curricula
• Focused on Teamwork
• Sharing Resources
• Low Impact on Faculty Workload

Longitudinal

Sustainable

Large Scale
NYU3T Learning Outcomes

• In-person seminar
  • The importance of teamwork & IP collaboration
  • Meet the colleagues; ICE-breaker

• Cross-over
  • “Walk in the shoes of the other;” roles & responsibilities (R&R)

• Web-based modules
  • R&R, teamwork, communication knowledge acquisition

• Virtual Patients
  • R&R, teamwork, communication knowledge application

• Simulation
  • R&R, teamwork, communication, teamwork knowledge application

Change in knowledge, skills, & attitudes
IPE: What We Know and Don’t Know

- Content is available
  - Roles/responsibilities; Teams & teamwork; Effective communication & conflict resolution; IP care planning

- Some IPE models
  - Didactic
  - Service learning in community
  - Simulation
  - Blended

- The evidence on how, when, where, how often, for how long is in need of development
BUILD TEAMS
# Comparison of Overlapping Activities between MD, RN, NP, PA, and LPN/LVNs

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<th>NP</th>
<th>PA</th>
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<tr>
<td><strong>Physical exam</strong></td>
<td>Includes:</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>****✓</td>
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<td></td>
<td>Assessing vital signs such as measuring pulse, blood pressure, respiratory rate, temperature, and oxygen saturation</td>
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<td>Auscultation of lung, heart, and abdominal sounds</td>
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<td>Assessing cranial nerves</td>
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<td>Assessing eyes and ears using ophthalmoscope and otoscope</td>
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<td>Performing breast exam</td>
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<td><strong>Health assessment</strong></td>
<td>Includes:</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Obtaining health history</td>
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<td>Administering screening tests (e.g., domestic violence, depression)</td>
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<td>Performing in person or telephone triage to determine need for further care</td>
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<td>Identifying emergent complications, expected, or adverse response to medical treatment (e.g., a RN monitors blood pressure after administration of blood pressure lowering medication or monitors for bleeding after surgery)</td>
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<td>Identifying epidemiologic trends (e.g., a school RN notes sudden increase in flu cases and notifies health department of the changes in population health trend changes)</td>
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X – can not do  
✓ - can do in most or all states  

Source: MDRNNPALPN overlap 04-28-10ctk.doc  
ME-RN-NP-PA-LPN slides_v2_04-21-15
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<td><strong>Making medical diagnosis</strong> (identifying a disease from signs and symptoms). Usually involves identifying the cause.</td>
<td>Includes: Communicating what disease the patient has. For example, writing in a medical record that the patient has tuberculosis.</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
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<td><strong>Making nursing diagnosis</strong> (identifying signs and symptoms). Does not usually identify the cause.</td>
<td>Includes: These diagnoses are similar to symptoms (e.g. fatigue, bowel incontinence). The diagnoses often do not include why the patient has the symptom.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
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<tr>
<td><strong>Prescribing diagnostic tests and pharmacological treatments</strong></td>
<td>Includes: Telling someone to do a diagnostic test (e.g. ordering a chest x-ray) to or for a patient. (e.g. prescribing the drug Lasix (furosemide), or ordering physical therapy.</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
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<td><strong>Implementing treatments</strong></td>
<td>Includes: Administering medications Collecting blood, urine, stool samples Obtaining sputum and wound cultures Providing mental health and addiction counseling Providing health counseling related to management of chronic diseases Coordinating care Providing wound care Inserting Foley catheter and nasogastric tube Inserting peripheral intravenous catheter Obtaining 12-lead electrocardiogram (ECG)</td>
<td>✓</td>
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<td>Perform Surgery**</td>
<td>Includes: Physical intervention on tissues Cutting patient's tissues Closure of a wound Uses a sterile or antiseptic environment often uses anesthesia, typical surgical instruments, and suturing or stapling. Noninvasive surgery usually refers to an excision that does not penetrate the structure being excised or to a radiosurgical procedure (e.g. cornea laser ablation)</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>First Assist in Surgery ***</td>
<td>Includes: Assisting a surgeon in conducting surgery including exposing tissue, using instruments, cutting tissue,</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
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### Examples of Specific Activities that Overlap in RN and Physician Scope of Practice

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• Testing vision and hearing  
• Performing breast exam  
• Testing range of motion and muscle strength of upper and lower extremities  
• Assessing pain  
• Obtaining health history  
• Administering screening tests (e.g., domestic violence, depression)  
• Performing in person or telephone triage to determine need for further care  
• Identifying emergent complications, expected, or adverse response to medical treatment (e.g., an RN monitors blood pressure after administration of blood pressure lowering medication or monitors for bleeding after surgery)  
• Identifying epidemiologic trends (e.g., a school RN notes sudden increase in flu cases and notifies health department of the changes in population health trend changes) |
| Health assessment                       | No overlap                                                                                                                                                        |
| Medical diagnosis                       | No overlap                                                                                                                                                        |
| Prescribing diagnostic tests and pharmacological treatments | Administering medications  
• Collecting blood, urine, stool samples and obtaining sputum and wound cultures  
• Providing mental health, addiction counseling, and counseling related to management of chronic diseases  
• Coordinating care  
• Inserting Foley catheter and nasogastric tube, peripheral intravenous catheter  
• Obtaining 12-lead electrocardiogram |

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OVERLAPPING ROLES

ROLE OF RN IN AMBULATORY CARE