

131st Meeting of the National Advisory Council on Nurse Education and Practice

July 28 and 29, 2015

The National Advisory Council on Nurse Education and Practice (NACNEP) was convened for the 131st meeting from 9:30 a.m. to 5:30 a.m. EST on July 28, 2015 and July 29, 2015 from 9:30 a.m. to 3:30 a.m. EST. The meeting was held via webinar from the Department of Health and Human Services Parklawn Building in Rockville, Maryland.

In accordance with the provisions of Public Law 92-463 the meeting was open to the public for the duration of this two-day meeting.

Council Members Present

Carol S. Brewer
Katherine Camacho Carr
Lenora Campbell
Mary Ann Christopher
John Cech
Kathleen Gallo
Doris Hill
Mary Anne Hilliard
Ronda Hughes

Linda Kim
Linda Leavell
Teri Murray
Sandra Nichols
Marc Nivet
Arti Patel Varanasi
Sally Reel
Barbara Tobias
David Vlahov

Council Members Absent

Rosa Gonzalez-Guarda
Mary Burman
Margaret Wilmoth (Ex Officio)

Presenters

Polly Bednash
Barbara Brandt
Kathleen Gallo
Sara S. Koslosky
Susan Meyer
Jennifer Morton
Sally Reel
Shanita D. Williams
Fran Vlasses

Day 1: July 28, 2015

The National Advisory Council on Nurse Education and Practice (NACNEP) convened its 131st meeting at 9:30 a.m. via webinar from the Health Resources and Services Administration's headquarters in the Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Dr. Mary Beth Bigley, Director, Division of Nursing and Public Health, and NACNEP chair, greeted the committee members and welcomed the new Council members. She reviewed the agenda, and noted that the meeting topic was interprofessional practice and education with a focus on nursing. Dr. Bigley noted that the two-day discussion would contribute to an annual report to Congress, which is a legislative mandate describing the Council's activities including recommendations on the topic.

Ms. Erin Fowler, Designated Federal Official, then took roll call and welcomed the new members to the Council. She stated that the meeting is being recorded and transcribed before turning the meeting over to Ms. Becky Spitzgo, Associate Administrator for the Bureau of Health Workforce (BHW).

Ms. Spitzgo welcomed the Council members to the 131st NACNEP meeting. She thanked the new members for agreeing to serve on the Council, stating that their expertise and the important work that is done on the Advisory Council provides guidance and recommendations to Congress and the Secretary of Health and Human Services on nursing workforce, nursing education and nursing practice issues. Ms. Spitzgo urged the Council to develop broad, achievable, and expert recommendations about nurse education and the workforce that provide insight for the BHW funding opportunities.

13th Report to Congress – Presented by Kathleen Gallo, PhD, MBA, RN, FAAN, Senior Vice President and Chief Learning Officer, North Shore-LIJ Health System, Dean and Professor, Hofstra North Shore-LIJ School of Graduate Nursing and Physician Assistant Studies

Dr. Kathleen Gallo, member of the Council's writing team, presented an overview of the draft of the 13th Report to Congress. She identified the four recommendations as 1) Funding for interprofessional practice and education should increase and broaden beyond current sources to provide high quality care, 2) Additional prioritized support for interprofessional education and collaborative practice demonstration projects for practice settings is needed, 3) Develop and implement new models for interprofessional clinical practice, and 4) Develop a national strategic direction for nursing in order to assure an adequate nursing workforce and eliminate barrier to practice. The Council members asked questions and discussed whether the recommendations were concrete and broad one-by-one.

A National Perspective on Interprofessional Education: Nursing's Mandate for Action – Presented by Polly Bednash, PhD, RN, FAAN, CEO, GDB and Associates

Dr. Bednash gave an overview and history of interprofessional education work stating that its purpose is to coordinate teamwork across disciplines, building off of each profession's

competencies, to enhance the existing workforce and deliver the most cost effective care. She also noted that interprofessional education is over 100 years old and none of its current issues are new.

Dr. Bednash identified several barriers to interprofessional education. She stated that the culture of both academic and practice communities must change, lack of teamwork among faculty and faculty development, and preconceived notions that nursing students have about their roles in the hierarchy upon entering nursing programs.

Following her presentation, Dr. Bednash answered the committee's questions. She revealed that community colleges and rural settings are taking steps to incorporate interprofessional education recommendations. The issue, she explained, is with other health professions being so silo based. Dr. Bednash also commented on the role leadership within interprofessional education. This led to a discussion about the importance of a strong interprofessional education academic practice partnership, and showing evidence that teamwork is occurring. Dr. Bednash raised a question to the Council about their thoughts on issues hindering interprofessional education. Members of the Council mentioned lack of clinical resources and uncoordinated classroom to clinical settings, for both nursing students and advanced practice nursing students. Dr. Bednash also proposed that the term "collaboration" be replaced with "teams," which will promote sharing of information and knowledge, not necessarily working together all at the same time. The discussion shifted to reimbursement and holding health care organizations accountable for health care outcomes.

Institution-specific Advances in Interprofessional Education and Practice: Optimizing Partnerships and Expertise – Presented by Susan Meyer, PhD, Professor, Associate Dean for Education, Pharmacy and Therapeutics, University of Pittsburgh

Dr. Meyer noted that since 2007, the University of Pittsburgh is focusing on ways to improve the experience, outcomes, and costs of healthcare through the use of collaborative groups made up of: health professions students, professionals, patients, families, and communities. Throughout the university, Dr. Meyer revealed that there are 17 sites currently implementing models of interprofessional practice. Within eight years, Dr. Meyer mentioned that UPMC and Pitt, their practice partner, earned several grants and global recognition for their leadership in interprofessional practice and education. Every fall, the university holds an "interprofessional forum" for first year students that introduce them to the future of collaborative practice. Dr. Meyer mentioned that courses are available for faculty development as well, including a course called "*Teaching Across Teams*," which attracts faculty across various medical disciplines to reflect on collaboration, and advance evidence-based clinical education. She also mentioned that several health professions education programs will undergo a three-year review for accreditation renewal between the fall of 2016 and spring of 2019. Dr. Meyer stated that interprofessional education and preparation for collaborative practice will be incorporated into the new accreditation standards. She says that the pharmacy program will be the first to be evaluated against the new standards beginning in July 2016.

Dr. Meyer concluded her presentation by providing key recommendations: seed development and testing of educational programs across health professions programs; seed the development, testing, and use of instructional resources to promote the integration of learners from across various health professions in the classroom and clinical settings; prepare and train faculty and clinicians to deliver interprofessional education; and to focus student learning on the IPEC core competencies; and research opportunities to expand the evidence base for interprofessional education and practice.

Following her presentation, Dr. Meyer answered the Council's questions. One member asked for examples of instructional resources. Dr. Meyer explained that they are well designed, instructionally sound, resources and materials that help the integration of students, and focus on the core competencies in clinical learning situations. Next, the committee inquired about what went into developing the student experience both in the classroom and during their transition to the clinical setting. She explained that it is generally a small number of students and the process is not ubiquitous yet, but it takes a lot of time and effort on the part of the clinicians to focus on the students. This led the Council's discussion to the challenges of integration in the clinical setting and the definition of a faculty member as it relates to this setting. Dr. Meyer explained that clinicians who have a role in educating learners when they are in the clinical care environment are considered faculty. She also went on to say that one of the biggest challenges with integrating in the clinical care setting is finding time for clinicians to participate in continuing professional development.

Public Comment

Ms. Fowler asked for public comments from the participants on the phone and there were none.

Examples from the Field - Panel Presentation with Discussion – Presented by Sally Reel, PhD, RN, FNP, FAAN, Associate Vice President for Interprofessional Education, Collaborative Practice & Community Engagement, Arizona Health Sciences Center; Director, Arizona Area Health Education Centers; University Distinguished Outreach Professor, Clinical Professor of Nursing, University of Arizona College of Nursing; Fran Vlasses, PhD, RN, NEA-BC, ANEF, FAAN, Co-Director, Institute for Transformative Interprofessional Education; Chair, Health Systems, Leadership and Policy, Loyola University Chicago; and Jennifer Morton, DNP, MPH, APHN, Associate Professor and Chair, University of New England

After a lunch break, Dr. Sally Reel provided opening remarks for the beginning of the afternoon panel presentation and discussion. She revealed that interprofessional education isn't new, but rather has newly focused outcomes. Dr. Reel mentioned the need for top-level leadership and more research. Dr. Fran Vlasses, from Loyola University in Chicago, then presented on the Loyola Institute for Transformative Interprofessional Education. The institute is made up of five task forces that have individual objectives to reach the overall goal of transforming the healthcare system.

After her presentation, Dr. Vlasses took questions from the group. She explained that the poverty simulation was offered to all students, faculty, and providers, and elaborated on the process of selecting ambassadors for the institute. The next presenter was Dr. Jennifer Morton

from the University of New England. She informed the Council about the interprofessional models and programs being utilized and evaluated at the University of New England. Dr. Morton noted that the University does not have its own academic health center and relies heavily on community and clinical partnerships to provide students with experiential education. There are interprofessional courses, with small class sizes, at the undergraduate and graduate level led by adequately trained faculty. Dr. Morton took questions from Council members. Dr. Reel questioned the development of the framework for the interprofessional practice models. Dr. Morton revealed that it was simply starting small and thoroughly analyzing partnerships. The discussion concluded with Dr. Morton elaborating on the acknowledgment of lessons learned and re-organizing models as needed.

Following the panel presentation, discussion and a break, the Council members participated in small breakout group sessions. The discussion in both of the groups centered on interprofessional education and the intersect between education and practice. The members engaged in a dialogue that yielded specific strengths, weaknesses, and recommendations relative to the interprofessional education and the nexus. The small groups then reported back to the Council and they discussed the recommendations.

Group #1 Recommendations:

1. Congress amends the Affordable Care Act (ACA) to include Nurse Practitioners and the Teaching Health Center traineeship model.
2. Broaden Title VIII to include a funding category and priority for interprofessional education.
3. Schools of Nursing should focus on training students to lead care teams (nurse-led care teams) with a focus nursing's role in value-based reimbursement systems.

Group #2 Recommendations:

1. Encourage all undergraduate curriculums to require and/or enhance community health/public health training, both didactic and clinical.
2. Mandate that accreditation for clinics and hospitals include interprofessional practice & education training.
3. Mandate that licensing bodies include interprofessional education competencies (state boards of nursing, NCLEX and certifications).
4. Strengthen community-based partnerships between academic programs and service organizations to better inform the nursing curriculum and needs of the workforce.
5. Develop, in conjunction with the medical community, an outcomes-focused interprofessional education framework/model that can be used in nursing and medicine.

Dr. Bigley then urged the committee to consider how to frame the input into recommendations for the 13th Report to Congress for day two of the meeting. She provided a summary of the day.

There were no other comments made by the public or speakers.

The meeting was adjourned at 5:30 p.m.

Day 2: July 29, 2015

The second day commenced at 9:30 a.m. with the conference operator explaining housekeeping items about the webinar to participants. Erin Fowler followed with the roll call and Council chair, Dr. Bigley, greeted Council members, and did a brief overview of the previous meeting before introducing Dr. Barbara Brandt.

Aligning Interprofessional Education with Healthcare Transformation: Implications for Nursing – Barbara Brandt, PhD, Director, National Center for Interprofessional Practice and Education; Associate Vice President for Education, Academic Health Center, University of Minnesota

Dr. Brandt presented a proposal to explore new models of care for workforce development. Dr. Brandt acknowledged the main call to action; that is, to enhance the healthcare delivery system and interprofessional education. Dr. Brandt revealed that interprofessional education is over 40 years old, but a template for how it should be constructed has never technically existed. Research shows that there is no concrete evidence that correlates interprofessional education with patient population and systems outcomes today. Consequently, Dr. Brandt urged for the creation of a shared resource model to achieve goals, and encourage leadership in all aspects of partnership.

She proposed several major components that should be taken into consideration for this process begin. Institutions of higher learning have to begin preparing nursing educators to understand, and then relay profound and fundamental changes in the delivery system. Next, accreditation agencies and national associations have to become abreast with the new models of care and parameters for evaluating these programs and criteria.

Dr. Brandt took questions and comments from the Council members. Dr. Sandra Nichols asked for clarification on whether integration models included non-specialty areas such as family practice or pediatric nurses. Dr. Brandt emphasized that all areas of healthcare can integrate when feasible to provide superb healthcare to patients by using some of the same skillsets. Dr. Lenora Campbell mentioned the concern for licensure at the conclusion of the academic experience, and questioned whether licensure agencies would be involved in the implementation of interprofessional education guidelines. Dr. Brandt explained that accreditors are now writing interprofessional education into their standards. She also stated that licensure is a state responsibility that the National Center is focusing on with the National Governors Association. Another member wondered what the clinical practice settings would consist of and if there was a consideration for moving practice sites. Dr. Brandt stated that keeping students in the classroom is a disadvantage to them and informed the Council about the Nexus Innovation Network, which partners clinical practices throughout the U.S. with health professional education programs. Finally, Dr. Bigley asked about the new workforce projection data. Dr. Brandt expressed the need for workforce projection data and explained that this data is instrumental in avoiding the overproduction of professionals in certain.

Discussion: 13th Report to Congress – NACNEP

After a brief break, Ms. Erin Fowler led the Council’s discussion on the Advisory Committee’s findings and recommendations concerning the activities under Title VIII of the Public Health Service Act, in preparation for the 13th Annual Report to Congress. The Council carefully selected four key recommendation categories to address a more targeted focus on interprofessional practice and education in the nursing field: Education, Practice, Research, and Policy. The committee emphasized the importance of providing Congress with very focused and specific recommendations, including agency suggestions and clear bulleted subsections, and thereby revised the recommendations.

The committee’s first recommendation is that funding for interprofessional practice and education should increase and broaden beyond current sources to provide high quality, compassionate, and evidence based care. Recommendation 2 is to provide additional prioritized support for interprofessional education and collaborative practice demonstration projects for practice settings. Subsection 2.1 states “Congress should convene all HRSA National Advisory Councils to develop joint recommendations regarding interprofessional education and collaborative practice.” Subsection 2.2 proposes funding for workforce training and demonstration joint projects among academia and practice settings, to include current clinical staff in health care institutions as well as academic faculty that will develop innovative models of clinical education to prepare future healthcare professionals.

The Council formulated Recommendation 3 to propose that “Congress should fund research opportunities in the areas of interprofessional education and practice, including the areas of safety, quality improvement, and organizational change.” The Council also plans to include specific agencies within the subsections for Congress to fund to examine the impact of the Affordable Care Act on interprofessional practice or team-based care, and other workforce research. The final recommendation proposes that Congress develop a national strategic nursing practice that promotes an adequate nursing workforce, and that will eliminate incidental billing barriers. The committee suggests valued-based payments to be the nursing-led model.

Ms. Fowler informed the Council that the 13th Report is due to Congress at the end of September and that she will revise the recommendations before handing it off to the writing team. Dr. Nichols suggested replacing all references of the term “education”-- which she says she associates with a learning model -- with “training,” to indicate acquiring or honing skillsets. Other comments and thoughts will be solicited as the writing team finishes up the final draft.

Presentation of Title VIII Programs – Shanita D. Williams, PhD, MPH, APRN, Chief, Nursing Education and Practice Branch, Division of Nursing and Public Health, HRSA and Sara S. Koslosky, BSN, RN, MPH, Branch Chief, Advanced Nursing Education, Division of Nursing and Public Health, HRSA

After a lunch break, Dr. Williams and Ms. Koslosky from HRSA’s Division of Nursing and Public Health gave a presentation on the agency’s Title VIII programs. Dr. Williams and Ms.

Koslosky solicited advice and feedback from the Council on the various Title VIII funded programs within two branches of the Divisions Nursing Education and Practice Branch and Advanced Nursing Education Branch. The Nursing Education and Practice Branch focuses on providing grant funding for nursing education across all levels of training and supporting schools and institutions with programs that support diversity within the nursing workforce.

The Advanced Nursing Education Branch focuses on funding masters and doctoral nurses' education and training. Ms. Koslosky explained four key programs within this branch; the Advanced Nursing Education Grant, the Advanced Education Nursing Traineeship, Nurse Anesthetist Traineeship Grant, and the Nurse Faculty Loan Program. Both Ms. Koslosky and Dr. Williams sought advice and feedback on how to improve graduation rates, ensure that the programs are meeting their metrics, and how to hone in on schools that share the same values of workforce diversity during the grant selection process.

Following their presentation, Dr. Bigley identified two additional Title VIII Programs, Nurse Core Scholarship Program, and Comprehensive Education Program, before she opened the floor for comments. The Council's questions on joint interprofessional education funding led to a decision on the importance of defining the difference between public health nursing and being a nurse in the public health setting in order to effectively build policy. It was suggested to review the 12th Report to Congress which includes some mention of public health nursing definitions and recommendations for guidance.

The Council ended the day with a working session to brainstorm key focus areas for next year. More than half of the Council voted electronically to focus on population health as the topic for 2016.

Ms. Fowler restated the September deadline for the 13th Report during the next steps. The 2016 meetings are tentatively scheduled for January 12th and 13th, via webinar and June 7th and 8th, face-to-face. Ideally, meetings will be scheduled in June and December.

The meeting was adjourned at 3:30 p.m.

Meeting minutes approved by: Mary Beth Bigley, DrPH, MSN, APRN, Chair/NACNEP and Erin Fowler, MS, RN, Designated Federal Official/NACNEP