

NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE

The 132nd meeting of the National Advisory Council on Nurse Education and Practice (NACNEP) was held on January 12, 2016 from 10 a.m. to 4 p.m. EST, and on January 13, 2016 from 10 a.m. to 3:30 p.m. EST. The meeting was conducted by webinar and teleconference, based from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 5A02, Rockville, MD 20857.

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 in Attendance:

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| Carol Brewer | Ronda Hughes |
| Mary Burman | Linda Kim |
| Lenora Campbell | Linda Leavell |
| Katherine Camacho Carr | Teri Murray |
| John Cech | Sandra Nichols |
| Mary Ann Christopher | Sally Reel |
| Rosa Gonzalez-Guarda | Arti Patel Varanasi |
| Doris Hill | David Vlahov |
| Mary Ann Hilliard | Margaret Wilmoth |

Council Members Absent:

Kathleen Gallo, Barbara Tobias, Mary Beth Bigley

Others Present:

Erin Fowler, Acting Chair
Kristen Hansen, Acting DFO
Joel Nelson
Dawn Levinson
Ray Bingham
Yesenia Diaz
Kim Huffman
Kandi Barnes
Janeshia Bernard

Presenters:

Chisara M. Asomugha
Elizabeth Calhoun
John Cech
Alide Chase
Kathy Harris
Kathleen Kimmel
David Vlahov
Julie Willems Van Dijk

Day 1: January 12, 2016

Introduction

The 132nd meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was convened at 10 a.m. on January 12, 2016. Kristen Hansen, acting Designated Federal Official (DFO), conducted a roll call. A quorum was confirmed. She updated the Council members on recent news, stating that HRSA had received over 260 applications in its call for nominations for new Council members, and final selections require approval by the Secretary of the U.S. Department of Health and Human Services (HHS). She added that nominations are now accepted on a continuous basis, and a new Federal Register Notice to this effect had been published.

Erin Fowler, the acting NACNEP chair, welcomed the Council members and informed them that Dr. Mary Beth Bigley, the director of the HRSA Division of Nursing and Public Health and the NACNEP chair, was unable to attend due to extenuating circumstances. Ms. Fowler stated that the presentations and discussion of the two meetings of NACNEP for 2016 were to address population health and the nursing profession:

- The current meeting (132nd) will focus on entry-level registered nurse (RN) practice.
- The June 2016 meeting (133rd) will focus on entry-level RN education.

She added that NACNEP is required by legislation to write an annual report to the HHS Secretary and Congress with policy and programmatic recommendations for advancing nurse education and practice. Ms. Fowler introduced Mr. Raymond J. Bingham as the new technical writer/editor with DNPH, who will help oversee the writing of the report and recommendations. Ms. Fowler introduced the meeting's first speaker, Julie A. Willems Van Dijk, PhD, RN, associate scientist with the University of Wisconsin Population Health Institute.

Population Health: A Foundation for Nursing Action

Dr. Willems Van Dijk opened her presentation by stating that there are many factors that affect an individual's health and quality of life outside of traditional health care services, and as holistic caregivers nurses can influence these factors on both an individual and a population level. She provided several models and definitions of population health, and discussed the distinction between population health and public health. She noted that the United States spends more on health care but has poorer health outcomes, compared to many other developed countries.

Dr. Willems Van Dijk discussed the movement in the health care system toward the electronic health record (EHR), which facilitates data collection on populations, and the provision under the Patient Accountability and Affordable Care Act (ACA) requiring not-for-profit hospitals to conduct community health needs assessments and devise health improvement plans for the communities they serve. She provided several recommendations for the Council to consider, including enhancing the recommendations from the 13th NACNEP Report to Congress related to interprofessional education and practice, improving data collection, and requiring nurse representation on community health assessment teams.

Q&A with Discussion

In the discussion that followed, Dr. Rhonda Hughes raised the issue of accountability in public health. Dr. Willems Van Dijk responded that there has been progress toward accountability in terms of public health accreditation boards, launched in 2011, for local, state, and tribal health departments. She noted, however, that many of the goals of population health require services outside of the health care system.

Dr. Linda Leavell asked about involving community members in the design of population health plans. Dr. Willems Van Dijk saw this process as analogous to the connection between nurses and patients in working together to develop a care plan and set care goals.

Dr. Sandra Nichols asked how nurses could help advance the three dimensions of the Institute for Healthcare Improvement's Triple Aim: better patient care, better health outcomes, and a more efficient and affordable health care system. Dr. Willems Van Dijk mentioned that she was heading to discussion of health care integration, working with groups outside of the health care system. She added that Dr. Don Berwick, chief architect of the Triple Aim framework, believed that payment reform was vital to implementing population health programs, moving the system toward rewards for keeping people healthy rather than benefitting from people being sick.

To a question on use of community funds to improve access to health services, Dr. Willems Van Dijk replied that there is research on how to promote effective behavioral and health changes. She brought up the principle of health in all policies, noting that health care organizations can often exert influence as major community employers. As a result, nurses have opportunities to serve their communities and to bring their voice and expertise to policymaking. Dr. Willems Van Dijk added that nursing must keep up with initiatives and work with government, law enforcement, and other segments of society to promote population health, with an eye towards decreasing disparities in health and taking on social injustice.

The Q&A session ended at 11:30 a.m.

CMS and Population Health: An Overview Current Health IT Challenges and Opportunities in Population Health

Following a brief break, Ms. Fowler introduced the next two speakers, stating that they bring perspectives from the federal government to the topic of population health. Chisara N. Asomugha, MD, MSPH, FAAP, is the director of the Division of Population Health Incentives and Infrastructure at the Innovation Center in the Centers for Medicare and Medicaid Services (CMS). Kathleen Kimmel is a nurse advisor in the Office of the National Coordinator for Health Information Technology (ONC).

Dr. Asomugha explained that CMS plays a major role as a payer within the U.S. health care system. She described population health as being at the heart of three domains: public health, clinical care, and community/social services. She added that the recently updated CMS Quality Strategy promotes the development and integration of population health measures, incorporates population health tools and concepts into emerging models, and creates stronger linkages between clinical care and community services.

Ms. Kimmel stated that nursing needs to shift toward thinking about cohorts of patients. She described how Florence Nightingale applied innovative methods of data collection and analysis to improve the care and reduce the mortality rate of soldiers in the Crimean War, an early example of population health management in nursing. She described the role of the ONC in population health as revamping payment methods to reward quality of care, and expanding the use of EHRs to improve data collection. She stated that improved use of technology in health care can help identify gaps in care, improve coordination of care within teams of providers, and aid the assessment of health risks. She suggested for the Council to recommend augmenting nursing education to include care coordination and data analysis, and promoting the role of advanced practice registered nurses (APRNs) in providing primary care.

Q&A with Discussion

Ms. Fowler asked the presenters for their views on population health in the health care system. Dr. Asomugha stated her belief that a population health perspective will lead to a stronger and more holistic understanding of health and health care. Ms. Kimmel cited many studies that show the fee-for-service payment model drives up total costs while failing to promote preventive care. She stated that there are an increasing number of accountable care organizations (ACOs), which promote value-based payments, and that CMS is moving away from the fee-for-service model.

Dr. Cech asked about using Healthy People 2020 (HP2020) as a framework for population health measures. Dr. Asomugha stated that HP2020 helped inform the work of CMS in moving care to the community level and improving health measurement in populations. To a question about population health concepts, Dr. Asomugha mentioned use of the disparities impact statement to assess gaps in health outcomes, and learning systems models to determine how initiatives move across communities. Ms. Kimmel stated that ONC is working on the technological infrastructure to support these models, help identify patients and providers, ease referrals, and make care plans more accessible across multiple platforms. Dr. Rosa Gonzalez-Guarda cited the example of domestic violence as an area needing improved integration of social services and health care. Dr. Asomugha stated that the CMS model promotes the integration of social and health care needs, and organizations such as federally qualified health centers (FQHCs) are working to strengthen ties, and ACOs are starting to use more population health approaches. Ms. Kimmel added that the ACA includes funding to test innovative models for community-based services.

When asked about specific recommendations for Congress, Dr. Asomugha replied that there is a need for more investment in population health across HHS to create the systems needed to improve health care. Ms. Kimmel said she would like to see improved clinical and payer data integration, including greater standardization of data collection. Ms. Fowler asked the speakers if they knew of any forums within HHS to discuss population health across different agencies. Dr. Asomugha stated that the ACA called for prevention health workgroup, resulting in the National Prevention Strategy, and that other partnerships could be developed and strengthened.

Public Comment

After lunch, Ms. Fowler called the meeting back to order at 1:45 p.m., for public comment.

Nancy Ridenour called on the need to separate out nurse practitioner care, stating that nurse practitioners need to be able to bill for services

Andrea Brassard, from the Center to Champion Nursing, called for the support of team-based care. She referred to the Institute of Medicine's Future of Nursing report, adding that the IOM released a progress report in December 2015, and recommended the Council members and other interested to review Appendix G, Recommendations. She also referred to the Robert Wood Johnson Foundation's Campaign for Action, working to achieve a culture of health.

The public comment period was closed at 1:50 p.m.

Population Health and Nursing

Ms. Fowler introduced Dr. David Vlahov, PhD, RN, dean and professor at the University of California, San Francisco, School of Nursing, and a Council member. Dr. Vlahov discussed the overlap of clinical care and public health, citing the work of Lillian Wald who came to see how the health of the community affects the health of the individual through her work as a visiting nurse. She went on to found the Henry Street Settlement in New York City, among other accomplishments. Using the Triple Aim framework, he stated the goals of population health management (PHM) as keeping the patient population as healthy as possible while modifying factors that facilitate or exacerbate illness. Citing the work of the Minnesota Department of Public Health, he noted that providers who seek to implement PHM should work with community resources such as public health agencies, social service agencies, schools, and churches to promote patient, family, and community involvement in planning activities. Reinforcing the concept of health in all policies, he added that a culture of health involves making health a shared value and addressing health inequities.

Q&A with Discussion

Ms. Fowler asked what was next on the horizon for population health. Dr. Vlahov replied that he sees two parts: public health and clinical practice. Nurses need to see population health as a shared value and determine what roles they should be playing. From Congress, he would like to see greater use of IT to connect the different sectors, greater investment in public health infrastructure, and a reconceptualization of how public health agencies can work together to better serve the population. When asked if the accreditation of public health agencies could be a factor in improving population health, Dr. Vlahov replied that he saw accreditation as establishing a minimum set of standards, but it may not be the full solution. Dr. Lenora Campbell stated that the success of population health programs depends on engagement of the community. Early models have been top-down, but there needs to be a role for bottom-up models involving the community, faith-based organizations, and others. Dr. Vlahov agreed with the importance of getting the right stakeholders together and giving persons in the community a voice, citing the example of the Healthy Cities movement in Europe.

Small Group Discussions

After a short break, the Council members were divided into three groups for small breakout group discussion sessions centered on defining and understanding population health and the role of nursing in population health management. The small groups then reported back to the full Council.

From the small group reports, one group noted that the future of healthcare reform is to move away from professional silos and toward collaborative, interprofessional models and a community-based approach. There is a need to establish the boundaries of each profession and determine the mission and values that nursing brings to population health.

On the question of how to define population health, the groups generally agreed that the definition from Kindig stated in several of the presentations is well-established and widely used. However, it may need to be adapted to cover the total health of the population as measured by health status indicators (e.g., mortality, smoking prevalence, birth rate) and as influenced by social, economic, and physical environments, as well as the disparities in health outcomes between different subpopulations. The definition needs to be simple and easily translatable to a lay audience, and the Council could consider developing a vision statement.

Nurses can build on the nursing process model and apply it to problem solving for communities or population groups. The training of nurses for the future will need to cover case management, culturally relevant care, preventive care and health maintenance, with a focus on quality of life and health status. As the ACA supports team health, nurses will need to learn to work in teams with other professionals, community members, lay health workers, teachers, and others.

The shift to population health creates new expectations for nurses. One group noted the tension between focusing on the health of individuals and the health of groups. Discharge from hospital cannot be the end of a provider's involvement. In addition, healthcare is only a small component of population health, and nursing will need to apply what has been learned about the social determinants of health. In particular, one group noted that population health is a major issue in remote or rural areas, which generally have poorly funded public health systems with inadequate health resources. Many nurses working in rural settings may lack the educational preparation to address population health. One group suggested incentives for nurses to go into population health through special grants, loan repayments, or practicums. Promoting population health could encourage communities, academia, and health care institutions to work together.

RNs in primary care practice will see similar problems over again, so they have a role in identifying care gaps and addressing community health issues. RNs can also be encouraged to become more involved in data collection and analysis. For example, ACOs are developing large databases from EHR information that nurses and other providers could use to assess population health outcomes. Health information technology infrastructure needs to be developed to make proper use of this data. National programs such as Healthy People 2020 and the National Prevention Strategy both contain concepts related to population health to use as a reference. Population health will need to become a part of the accreditation process for hospitals and other health centers. Regulators will need to focus on maintaining care and communication with patients outside of acute setting, and on involving nursing in community health boards.

At the conclusion of this discussion, the meeting was adjourned for the day at 4 p.m.

Day 2: January 13, 2016

The second day of the meeting was called to order at 10 a.m. Ms. Hansen conducted a roll call. A quorum was confirmed. Ms. Fowler stated that the previous day's presentations and discussions established a foundation for defining population health. She reminded the Council members that today's meeting would focus on the role on nursing in population health.

The Promise of Nursing in Population Health: The Experience of Banner Health

Ms. Fowler introduced the speakers for the day's first presentation, Elizabeth Calhoun, PhD, MEd, Associate Vice President, Population Health, at the University of Arizona, and Kathy Harris, MS, RN, CENP, FACHE, CEO, interim, Banner Behavioral Health.

Dr. Calhoun stated that the move to population health signals a change in the way health care is being accessed and utilized, moving away from a reactive response to individual health needs, and towards a proactive approach focused on prevention efforts and reducing disparity and variations in health care delivery. She provided a model outlining the complexity of population health management in addressing health disparities. She described health care navigation, in which a trained navigator works with nursing and other services to help patients and families access health care services, as a cost-effective method to improve health outcomes.

Ms. Harris provided an overview of the Banner Health system, a pioneer ACO covering several states in the western U.S. She stated that a population health approach has helped Banner Health explore new ways of delivering care and identify best practices to assure consistency of care across all of their facilities. She described the four fundamental elements of the Banner Health Networks as: care management; real-time monitoring; actionable data analytics; and seamless transitions of care. She described nurses in the Banner system as knowledge workers, with a vital role in care coordination, triage, and surveillance. She said that future roles for nurses will involve working with informaticists to improve care communication and documentation, and quarterbacking population health initiatives. Thus, nurses will need more education in coaching skills, ambulatory care, pattern recognition, and coordination of multidisciplinary teams.

Q&A with Discussion

To open the Q&A session, Dr. Brewer asked what proportion of nurses at Banner Health work in acute care, and what qualities Banner Health looks for when hiring new nursing graduates. Ms. Harris replied that about 80% of nurses are in acute care. In regards to new grads, she said that many are only beginning to gain experience outside of acute care settings, adding that Banner Health has a 6-month on-boarding system and a simulation hospital to help new nurses become more comfortable with technology. She stated that both new and experienced nurses need to retain openness to new learning methods and approaches.

Another question focused on differences between rural and urban settings, and addressing health disparities. Ms. Harris answered that care teams in rural areas focus on identifying what kind of care is needed, and rely heavily on the use of technology for health surveillance. However, she added that internet availability and even cell phone coverage can be a barrier in more remote locations. She identified a challenge related to licensure in providing telemedicine services

across state lines. A council member asked about reimbursement models, and getting the right resources in the right places. Ms. Harris replied the Banner Health looks at what value the team brings, and that teams roles should be determined by expertise. Another member asked about the biggest successes and biggest challenges for the Banner Health system. Ms. Harris described successes in the ambulatory outpatient program and in linking services and building algorithms for excellent practice in specific health problems. She cited as challenges the focus to make all of their programs stronger, and improving the way they interface with their members.

Other questions focused on health disparities and measuring health outcomes in a community. Ms. Harris replied that Banner currently works more on a local basis with communities to address disparities. She mentioned certain measures that can be useful in assessing health status, such as levels of preventive screening, and monitoring HgA1C levels among diabetic patients.

Population Care: New Frontiers for Nursing Practice

After a short break, the meeting resumed at 11:15 a.m., and Ms. Fowler introduced Alide Chase, MS, retired senior vice president with Kaiser Permanente (KP). Ms. Chase said that KP has a membership of over 10 million, and employs over 60,000 RNs. She stated that KP embraced population health management through prevention, management of chronic conditions, and sound in-patient care. The goals were to increase utilization of primary care, improve individual health through care management, and reduce inpatient and emergency department utilization. Steps to achieving population health management include identifying and understanding the population, stratifying health risks, engaging both individuals and communities to identify goals, using technology such as the EHR to match demand to capacity, measuring outcomes, and providing feedback at the patient, provider, and community levels. She added that nurses need advanced skills in public health and community activation, and to work across professional boundaries to partner with physicians, information technology specialists, and others. In addressing the health of the whole population, she stressed the need to engage the “unseen patients,” those who do not regularly show up in clinics or access services. Nurses will also need to become proficient in providing telephonic and virtual care, and to develop new models for reimbursement.

Q&A with Discussion

In the discussion that followed, Dr. Hilliard asked Ms. Chase what advice she would give to Congress. Ms. Chase replied that nurses cannot abandon bedrock clinical care. However, they need to build confidence at the BSN level to work in community settings and within mobile technology and virtual/telephonic systems. APRNs need to play a role in designing new systems of care, bringing the unique skills of nursing. Other questions addressed the need of new RNs to learn to communicate with older patients, and role of associate degree (AD) nurses in new systems of care. Ms. Chase stated the nurses need to be sensitive to understand and detect ambivalence in patients. As for AD nurses, they still play a major role in acute care, and for population health they can learn to identify gaps in care and provide patient education.

Dr. Leavell, a Council member who works for KP, added that nurses are leading much of the work at KP on “big data” to identify disparities in care. Ms. Chase said that use of population health metrics has led to improved prevention services such as breast cancer screening. However, many KP members still do not receive basic or preventive services, and teams within

KP are examining ways to address these care gaps. Other council members noted the importance of addressing cultural perspectives, and improving orientation for new nurses. Dr. Leavell replied that KP is working to standardize procedures under a professional practice model.

At the conclusion of this discussion the Council broke for lunch, resuming at 1:15 p.m.

Population Health: Issues and Perspectives from the Rural and Frontier

After the lunch break, Ms. Fowler introduced the final speaker, John Cech, PhD, Deputy Commissioner of Higher Education for the Montana University system, and a Council member. Dr. Cech noted that many states have counties designated as frontier status. In Montana, frontier regions tend to experience several disparities in health status, such as higher rates of obesity, and many are designated as Health Professional Shortage Areas. RNs may be the only providers, and they need to have broad-based knowledge, commitment, and an ability to improvise. Residents of rural or frontier areas tend to have low incomes, lack employer-provided health insurance, and often must travel long distances to seek health care services. The health care system may need to move away from hospital-based services to community care, provide care with a cradle-to-grave perspective, and collaborate with other social services such as housing, food, mental health, and education. He recommended expanding the development of distance learning educational strategies, exploring ways to encourage young persons from rural areas to pursue careers in nursing, developing better communication and technological support for rural areas, and funding to support quality public health infrastructure and improve salaries for providers.

Q&A with Discussion

In the follow-up discussion, Dr. Brewer asked about the resources in rural Montana related to internet access, broadband, and cell phone coverage. Dr. Cech replied that such access is poor in many parts of the state, despite efforts to beef up the infrastructure. Dr. Leavell asked about the collaboration between acute care settings and rural health departments. A colleague of Dr. Cech's replied that acute care settings might have multiple roles, and the state is working on revising nurse education to improve collaboration. Dr. Burman noted similarities to issues with public health infrastructure in Wyoming, adding that Wyoming has a state-wide BSN program to link community colleges to the University of Wisconsin campuses.

Small Group Discussions

At 2:00 p.m., the Council members again broke into three groups for small group discussions. Ms. Fowler noted that, to take the information from this meeting to the next step, the Council members will need to focus on developing concrete recommendations, addressing:

- What can DNPH do?
- What can HRSA do?
- What can HHS Secretary and Congress do?

In reporting out from the small groups, the discussants referred to the IOM's Future of Nursing Report, calling for nurses to practice at the highest level of their education and training. New practice models for nurses are needed to allow flexibility and take advantage of opportunities. Nursing education programs are strongly influenced by accreditation requirements and

regulations. Programs may need to build new core competencies around population health (i.e. communication, telehealth, epidemiology, databases and data analysis). It may be useful to identify core competencies for nurses, and look at certificate programs to assure that nurses have the proficiencies and competencies in population health. However, there remain silos between health services and academic institutions. There is a need to retool faculty to provide the skills needed to lead new generation of nurses, while retaining clinical practice skills.

From the presentation on Montana's rural community, many commented that similar medical needs and lack of resources apply to rural areas of the South, other parts of the country, and tribal areas. To retain providers in remote locations, it is important to have a good fit between health care providers and the communities they serve. However, nurses in many areas are not paid based on their level of education and training, and they are not able to bill directly for their services. In telehealth, the role of the nurse is to monitor, triage, and connect patients to services. The NACNEP report will need to call out the focus of HRSA in rural/frontier health needs.

Funding is needed for research to design new models for RN leadership, identity and develop the core competencies, design new practice models, and develop evidence-based protocols to follow patient cohorts. Federal and state governments need accountability for population health, and there should be consistent funding streams (through Title VII and VIII) to allow changes to occur. The social determinants that affect population health are bigger than HHS, and other agencies (housing, education, environment) will need to be involved.

Some recommendations suggested from the small groups include:

- Create a national registry or resource exchange on effective population health interventions, to include shared measures and metrics.
- Conduct research and gather data on population health measures and metrics that address culturally appropriate access to care, health disparities and health equity.
- Improve funding for rural and frontier areas, and incentivize RNs to live and work in rural, frontier, and other underserved communities where they are committed long-term.
- Support APRNs working in areas lacking primary care providers and health care specialists. Allow APRNs to bill for services.
- Promote better relationships between health services and academic institutions
- Retool nursing faculty to better prepare them to teach nurses skills needed for population health, while retaining clinical nursing skills.
- Improve nursing workforce diversity, through increased access to educational grants.
- Promote more nurses into leadership positions on boards of health.

Conclusion and Next Steps

In closing, Ms. Fowler reminded the Council members that the next NACNEP meeting, to focus on RN educational preparation in population health, would be in-person and was scheduled for June 7 and 8, 2016. The Advisory Council Office at HRSA would be in contact to work on travel arrangements. She asked for volunteers for the planning committee for this meeting.

She also reminded the Council that the meeting minutes would be posted within 90 days, and that several members are rotating off. Ms. Fowler adjourned the meeting at 3:30 p.m.