National Advisory Council on Nurse Education and Practice

Meeting on November 5-6, 2019

The 140th meeting of the National Advisory Council on Nurse Education and Practice (NACNEP) was held on November 5-6, 2019. The meeting was conducted via webinar and teleconference, based from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Rockville, MD 20857. In accordance with the provisions of Public Law 92-463, the meeting was open to the public for its duration.

Council Members in Attendance

Chair: CAPT Sophia Russell
Dr. Marsha Howell Adams
Dr. Maryann Alexander
Dr. Cynthia Bienemy
Dr. Mary Ellen Biggerstaff
Dr. Steven Brockman-Weber
Dr. Mary Brucker
Dr. Ann Cary
Dr. Tammi Damas
Ms. Christine DeWitt
Dr. Christopher Hulin
Dr. Rose Kearny-Nunnery
Dr. Luzviminda Miguel
Dr. Maryjoan Ladden
Rev. Dr. Lorina Marshall-Blake
Dr. Patricia Selig
Ms. LaDonna Selvidge
Dr. Roy Simpson

Others Present:

Dr. Camillus Ezeike, Designated Federal Official, NACNEP
Ms. Leslie Poudrier, Division of Nursing and Public Health, HRSA
Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA
Ms. Kimberly Huffman, Advisory Council Operations, HRSA
Ms. Robin Alexander, Advisory Council Operations, HRSA
Ms. Zuleika Bouzeid, Division of Extramural Affairs, HRSA

Day 1 – Tuesday, November 5, 2019

Welcome and Introduction

Dr. Camillus Ezeike, Designated Federal Official (DFO) for the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council), convened the 140th meeting of NACNEP at 10:00 a.m. on Tuesday, November 5, 2019. He conducted a roll call and 18 members were present to establish a quorum, so the meeting proceeded. Dr. Ezeike turned the meeting over to CAPT Sophia Russell, NACNEP chair and the Director of the Division of Nursing and Public Health (DNPH), HRSA. CAPT Russell welcomed the new and returning Council members and provided a brief review of the agenda.

Bureau of Health Workforce Updates

CAPT Russell introduced the first speaker, Torey Mack, MD, Deputy Associate Administrator for the Bureau of Health Workforce (BHW), HRSA. Dr. Mack stated that the demand for healthcare jobs is growing, with a projected increase of 14 percent from 2018 to 2028. However,

there are shortages of healthcare professionals, especially in rural communities. Current challenges for the U.S. healthcare system include:

- Aging of the population, with an increase in chronic conditions,
- Aging of the healthcare workforce,
- An inadequate supply of clinicians to meet current demands, and
- Maldistribution of healthcare providers, including nurses, across many states.

She described the mission of BHW as working to "improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need." She added that BHW programs work across the continuum from education to training to service, with the aim to increase access to healthcare by improving the supply, distribution, and quality of the health workforce. Key strategies include:

- Recruiting students from the communities that HRSA serves,
- Promoting interprofessional and collaborative healthcare teams,
- Integrating oral and behavioral health into primary care,
- Training students in rural and underserved settings, and
- Supporting community-based training.

Dr. Mack reviewed BHW investments in nursing, including the Advanced Nursing Education (ANE) and the Advanced Nursing Education Workforce (ANEW) programs. Current HRSA-funded nurse training programs require new and innovative academic-clinical partnerships that provide long-term clinical practice opportunities. She stated that over half of ANE clinical sites provided interprofessional training, while ANEW program training sites included primary care settings, medically underserved communities (MUCs), and rural areas.

Dr. Mack discussed the new ANE Nurse Practitioner Residency (NPR) program, which provides a 12-month clinical and academic residency to prepare new nurse practitioners to work in primary care settings. She added that the program focuses on projects that benefit rural or underserved communities. In 2019, HRSA awarded grants to 36 programs across 24 states.

Dr. Mack also highlighted two other nurse training initiatives. The ANE Sexual Assault Nurse Examiner (SANE) Program, introduced in FY 2018, supports partnerships to recruit, train, and retain nurses as certified SANEs. In cases of sexual assault, SANEs provide both physical and mental health care to survivors, and conduct forensic examinations improve evidence collection and prosecution rates. Meanwhile, the Nurse Anesthetist Traineeship (NAT) program supports the training of certified registered nurse anesthetists (CRNAs), who are the primary providers of anesthesia care in many rural parts of the country. The NAT program works to increase the number of CRNAs who can practice collaboratively in interprofessional teams to provide safe and high quality anesthesia and pain management services. In particular, CRNAs play a vital role in the appropriate use of opioid medications in the management of acute and chronic pain, and often serve on the frontlines in rural areas facing the current opioid crisis.

Next, Dr. Mack discussed some of the behavioral health workforce development programs under DNPH, which are intended to expand the behavioral health workforce and promote the integration of behavioral health into primary care. Investments in these programs focus on

improving access to care in underserved populations, preparing a more diverse workforce to address the needs of all Americans, and training more primary care providers to obtain specialized training in the assessment and treatment of addiction.

Dr. Mack went on to present some emerging BHW data management programs. She described past BHW efforts as fragmented. However, new initiatives are working to enhance collaboration across BHW, provide greater access to and analysis of HRSA's health workforce data, and promote consistency in reporting. She said that the National Center for Health Workforce Analysis (NCHWA) within BHW conducts research to inform the planning and development of HRSA's workforce programs. NCHWA is in the process of creating new venues to share data, and serves as the federal government's focal point for reporting healthcare data to the World Health Organization. Dr. Mack added that NCHWA would be releasing the *2018 National Sample Survey of Registered Nurses* (NSSRN) report in the coming months.

Dr. Mack mentioned two HRSA programs that serve to link healthcare providers to communities. The Health Workforce Connector web site currently lists over 24,000 sites approved for the National Health Service Corps (NHSC) and the Nurse Corps programs, with over 6,000 job vacancies. In addition, HRSA conducts virtual job fairs at different times throughout the year. These online events are free and interactive, and serve to connect primary care providers with healthcare facilities in high-need communities. Dr. Mack concluded by saying that BHW will continue to strengthen the health workforce through strategic investments on its training programs across various professions.

Q and A

CAPT Russell asked what message BHW might have for the NACNEP members. Dr. Mack replied that there is a growing emphasis on maternal health and women's health across the lifespan. BHW is also working to improve the integration of behavioral health and oral health into primary care. In addition, BHW is focused on decreasing health inequities by encouraging more providers to serve in areas of greatest need to improve the access to and quality of care.

There were several questions related to the NSSRN. Dr. Mack stated that HRSA leverages data from the Census Bureau in an effort to get a representative sample of nurses from across the United States. However, it is always a challenge to obtain adequate sampling.

Another question addressed outreach to rural communities. Dr. Mack replied that programs such as the NHSC provide training in community settings, with the expectation of retaining more of the trainees in those areas. She referenced the Teaching Health Center Graduate Medical Education program as a successful initiative in longitudinal training to help more practitioners "train in place" within communities in need.

A council member raised the issue of the growing shortage of clinical preceptors, especially to provide training in rural and other underserved areas. Dr. Mack replied that BHW is working with the HRSA Bureau of Primary Health Care to expand the number of training sites and preceptors at BPHC-supported federally qualified health centers. Programs are helping to train more preceptors to increase their satisfaction and decrease burnout. She added that the DNPH

Nurse Faculty Loan Program (NFLP) is expanding its reach to include support for clinical nurses serving as preceptors.

Overview: Division of Nursing and Public Health

CAPT Russell introduced the next speaker, Alexandra Shabelski, MPA, Deputy Director, DNPH. Ms. Shabelski stated that DNPH oversees workforce development programs in nursing, behavioral health, and public health. DNPH provides support through a variety of funding mechanisms that include grants, cooperative agreements, and contracts, and awardees include academic institutions, clinical facilities, and community organizations.

Ms. Shabelski described the three branches of DNPH. The ANE branch supports the NPR, SANE, NAT, and NFLP programs already discussed. She added that the ANEW program prepares advanced practice registered nurse (APRN) students to serve in rural and underserved settings. The Nursing Education and Practice branch supports programs that promote nursing workforce diversity, behavioral health integration, and primary care practice, as well as a program to recruit and train undergraduate nursing students and current RNs who are military veterans to practice in primary care. Programs under the Behavioral and Public Health branch include Behavioral Health Workforce Education and Training, Graduate Psychology Education, and Regional Public Health Training Centers, as well as the new Opioid Workforce Expansion. She noted that DNPH was leading the HRSA response to the nation's current opioid crises.

Ms. Shabelski added that DNPH is looking for ways to improve the long-term tracking of its funded students, to aid in evaluating the effectiveness of its programs. Other challenges include addressing limitations of nursing scope of practice across different states, the uncertainty and variability of annual appropriations, and the need to drive innovation.

Q and A

Dr. Ann Cary brought up what she described as a looming faculty shortage. She asked about the status of the NFLP and how to put it to use to build a stronger PhD pipeline for nursing to attract more nurses into research and faculty positions. There was discussion on the possibility of expanding NFLP to include Doctor of Nursing Practice (DNP) students. Ms. Shabelski replied that one difficulty was variable funding for NFLP, complicating long-range planning. Meanwhile, DNPH is looking into ways to make sure that NFLP awardee schools are appropriately using the funds they receive to support students wanting to enter faculty careers. CAPT Russell stated that she appreciated the feedback to help DNPH in its planning for fiscal year 2021 programs.

Council Discussion: Roles, Responsibilities, and Functions

CAPT Russell provided a brief overview of the function of federal advisory committees, the role of NACNEP in advising HRSA on nursing workforce programs, and the responsibilities of the members. She stated that, by statute, the Council provides an annual report to the Secretary of Department of Health and Human Services (HHS) and Congress, with recommendations to strengthen nursing education and practice.

CAPT Russell outlined the report process. During the Council meetings, members discuss topics relevant to current issues in nursing and healthcare, and select one topic to focus on for its report.

In subsequent meetings, outside experts may present on various aspects of the selected topic, to help enrich the Council discussions and the report development.

The Council generally has two committees. The planning committee helps to develop the agenda for the Council meetings and may suggest expert speakers to present. The writing committee works together to prepare the report outline, draft sections or chapters of the report, and edit the report drafts, before the draft is submitted for the full Council to review and finalize.

CAPT Russell opened the floor to discussion. One member noted that the Council completed two reports in the previous year, as a result of delays in past years, and commended the members on their strength in collaboration. There was further discussion on the value of face-to-face meetings to enhance networking and facilitate the gathering of diverse viewpoints for the report development, as the final product from the Council needs to reflect the depth and breadth of the members' knowledge and experience.

The discussion moved to developing recommendations for the report, and a question was raised of how HRSA or other federal agencies had implemented past NACNEP recommendations. CAPT Russell replied that a presentation on recommendation development was scheduled for the second day of the meeting. She added that recommendations need to be clear and actionable, and the body of the report must develop a logical, evidence-based rationale to support the recommendations. She added that she would also identify some specific examples to share with the Council.

Health Professions Training Program: Data Dashboards

CAPT Russell introduced Isaac Worede, Branch Chief, Performance Metrics & Evaluations, NCHWA. Mr. Worede provided an overview of the HRSA health professions dashboard, located at data.hrsa.gov. He said that the dashboard contains performance data on HRSA's workforce training programs dating back to academic year 2012-2013, aggregated by year, program, and state. The information available on the dashboard includes participant and graduate counts and demographics, program infrastructure outputs, and clinical training site locations. He provided a brief demonstration of how to access the dashboard, search for information and download data, and find data fact sheets.

Ethics Overview

After a brief break, CAPT Russell introduced Laura Ridder, Ethics Advisor, Division of Workforce Relations at HRSA. Ms. Ridder provided a brief review and update of the federal ethics rules and guidelines for members of federal advisory committees.

Public Comment

Dr. Ezeike opened the floor for public comment. There were no comments so he turned the meeting back over the CAPT Russell.

Bureau of Health Workforce Clinical Tracker

CAPT Russell introduced Michael Dembik, Branch Chief, Division of Business Operations, BHW. Mr. Dembik provided a brief overview and demonstration of a new data tool in development, currently referred to as the BHW Clinician Tracker. He said the goal was to

develop a framework to increase information sharing across the Bureau, as well as with stakeholders and the public. The Clinician Tracker model uses National Provider Identifier (NPI) numbers for students and clinicians to link provider data to HRSA's database of program participants. When completed, it would provide information on:

- Where BHW-supported students and clinicians are training,
- Where these clinicians practice after graduating, and
- How long they remain at each location.

The Clinician Tracker is expected to contain different levels of dashboards and interactive maps. Some would be internal to HRSA only, but others would be external and accessible to the public. Mr. Dembik stated that HRSA expects to deploy the site within the upcoming year.

Council Business

CAPT Russell stated that the Advisory Council Operations office would compile the NACNEP roster and member bios for distribution. There was a question raised regarding a possible extension of the terms of some members. CAPT Russell replied that HRSA is bound by the term dates provided in the original appointment letters from the HHS Secretary, and the decision had been made not to seek extensions unless necessary to maintain the function of the Council.

CAPT Russell adjourned the meeting for the day at 3:30 p.m. ET.

Day 2 – Tuesday, November 6, 2019

Dr. Ezeike convened the second day of the meeting at 8:30 a.m. ET. He took a roll call and 18 members were present, confirming the presence of a quorum and allowing the meeting to proceed. He turned the meeting over the CAPT Russell.

Recap and Opening Remarks

CAPT Russell quickly recapped the previous day's presentations and discussions. In response to a question raised on Day 1 regarding the impact of NACNEP, CAPT Russell stated that DNPH reviews the report recommendations and develops or revises its notices of funding opportunities (NOFOs) in response. In particular, CAPT Russell provided two examples of NACNEP recommendations that helped frame the development of new HRSA funding opportunities.

First, the NACNEP 13th report, *Incorporating Interprofessional Education and Practice into Nursing*, included a recommendation to Congress to "fund joint demonstration projects between academia and practice, to include community-based and rural settings, that develop innovative models of clinical education to prepare health professionals for team-based care." From that recommendation, the ANE and ANEW programs designed funding opportunities focused on building academic-clinical partnership infrastructure and curricular enhancement to provide training in community-based settings that incorporate interdisciplinary team-based clinical practice models. In addition, the Nurse Education, Practice, Quality, and Retention: Interprofessional Collaborative Practice program designing a funding opportunity focused on developing collaborative practice environments that deliver high-quality patient- and population-centered healthcare, promote interprofessional teamwork, and support team-based care.

Second, in its 14th report, *Preparing Nurses for New Roles in Population Health Management*, NACNEP recommended that Congress "provide funding to develop a more comprehensive public health infrastructure in rural, frontier, inner city, and other underserved areas." As a result, DNPH designed several programs to expand nurse-led primary care teams, with a focus on rural and underserved areas. The ANEW program supported grantees to adopt telehealth and other healthcare technologies, and to prepare nurse practitioners in primary care to expand access to high-quality care. Also, the ANE: SANE program encouraged awardees to establish innovative training and practice modalities including tele-education and telehealth. Lastly, the ANE: NPR program included a funding preference for awardees to develop and implement clinical field placements focused on serving rural and/or underserved populations, and to provide trainings on telehealth and related healthcare technologies to increase the exposure of nurses to innovative training modules and healthcare practices.

From Council Recommendations to Policy: The Process

CAPT Russell introduced Gail Lipton, Senior Advisor and Acting Chief, Health Workforce Policy Branch, in the Division of Policy and Shortage Designation, BHW, HRSA. Ms. Lipton said HRSA's advisory committees and other stakeholder engagement activities serve to inform decisions on policy and program development. HRSA uses this feedback to develop a strong, diverse healthcare workforce capable of providing quality care to communities in need. She reviewed the NACNEP charge relating to the nurse workforce and nursing education and practice improvement.

Ms. Lipton said that advisory committee recommendations are strongest when they consider areas where HHS and the Secretary have the authority to make changes in programs or in the allocation of resources. In making recommendations, the members should consider:

- Is the recommendation directed toward legislation or policy?
- Does HHS have the authority to make the recommended change?
- Who is the appropriate audience (i.e., the HHS secretary, Congress, professional associations, the general public)?
- What is the appropriate vehicle to share the recommendations?

Ms. Lipton stated that most advisory committee recommendations are provided in a report, but other methods include a white paper, a policy brief, or a letter to the Secretary. In addition, a legislative recommendation, advising Congress to make a specific change in a law, could be sent through the Office of Management and Budget A-19 circular (referred to as the A-19 process).

Policy recommendations generally cover changes to regulations, programs, or funding priorities. Strong recommendations propose a precise remedy that can be tied to a specific action of the Secretary or Congress. She provided some examples of strong recommendations from several HRSA advisory committees.

Q and A

Dr. Ann Cary noted that both the wording and the intent of a recommendation matter. She referenced a recent NACNEP letter to the HHS Secretary on a rule revision under consideration by Medicare, stating that she believed the letter was effective in promoting the requested change.

CAPT Russell noted that regulatory recommendations can address changes in authorizing statutes, and can include broader language to help influence outside agencies as well. Programmatic recommendations often lead to changes in how NOFOs are written, and provide guidance as DNPH revises existing programs or develops new initiatives. Funding recommendations can help HRSA prioritize its investments, such as to provide more funding to train veterans, or to expand behavioral health training to address the opioid crises. She added that recommendations are most helpful when they align with HHA and HRSA priorities.

Council Discussion: Future Directions and Strategic Priorities

CAPT Russell moved to the next agenda item, a discussion on the future directions and priorities of the Council.

There was mention that over one-third of the current nursing workforce is over 50 years of age, leading to concerns of a coming workforce shortage in the wake of impending retirements. There was discussion on the need to retain nurses in the workforce longer, given the increasing complexity of care, the aging of the population as a whole, and the rise in chronic health conditions. Further discussion focused on attracting younger students to come into the profession. However, concern was expressed over a lack of clinical preceptors to provide high-quality training to new students. Council members noted issues on the quality and safety of care, quality of life and the work environment of healthcare, and the need to promote work-life balance. There was discussion of incentives to retain nurse in the clinical setting and mention of the need to reframe nursing expertise to retain older nurses for their knowledge and experience, rather to looking just at staffing levels.

Council members raised the issue of bullying and violence in the workplace, which contributes to professional burnout and drives some nurses out of the profession. There was also mention of the elevated rate of nurse suicide, although precise statistics are difficult to obtain. Thus, there is a need to focus on promoting wellness and self-care for nurses within interprofessional teams.

Another topic of discussion related to a recent executive order on improving Medicare and lowering healthcare costs for the nation's seniors, which may provide some areas for NACNEP recommendations.

There was extensive discussion about the shortage of nurse faculty as a crisis area. One concern is faculty salaries, which are significantly lower that clinical salaries, creating difficulties in developing and retaining nurses in academic and research settings. In addition, there is a growing shortage of qualified nurse preceptors, resulting in nurses with as little as one year of experience serving as preceptors for new students in clinical settings. Council members noted a concern with the NFLP, which focuses on repayment of student loans and may create difficulties for nurses from minority or disadvantaged backgrounds. The question was raised on the

possibility of providing educational grants or stipends for nurses wanting to serve as faculty. There was further discussion on broadening the diversity of nurse faculty to better mirror the population served.

Council Discussion: Topic Proposals and Selection

CAPT Russell moved to the next agenda item, a discussion on topic proposals for the Council's 17th Report to Congress. In their deliberations, the Council members raised several issues:

- Clinician wellness, to include:
  - Resilience and the prevention of burnout
  - Nurse suicide
  - Compassion fatigue
  - Violence against nurses
  - Substance use disorder assessment and treatment in nurses

- Preparing nurse faculty and addressing preceptor and faculty shortage across the continuum of nursing education, to include:
  - Retooling faculty to be competency-based
  - The PhD vs. DNP pipeline for nurse faculty preparation
  - Faculty diversity
  - Technological innovation in pedagogic approaches
  - Exemplars:
    - Preparation of psychiatric health nurses
    - Competency-based education in the preparation of certified nurse midwives

- The nation's opioid crisis, to include:
  - The preparation of psychiatric nurse practitioners and other behavioral/mental health practitioners to assess and treat opioid use disorder (OUD) and other substance use disorders (SUDs)
  - Removing the waiver on medication-assisted treatment to improve access to care.
  - Nursing roles in addressing pain management and opioid addiction

- Maldistribution of the nursing workforce, and areas of workforce shortage, to include:
  - Nurse retention
  - Workplace environment, bullying
  - Reimbursement discrepancy – rural vs. urban
  - Aging workforce
  - Nurse residency programs, readiness for practice
  - Quality indicators, data review
  - Nursing pipeline, recruitment

- Developing or improving bridge programs to move nurses from associate to baccalaureate degree programs

- Maternal, obstetric, and postpartum health in relation to certified nurse midwife preparation

- Addressing the Executive Order on protecting and improving Medicare for our nation's seniors, including the role of nurses in:
    - Improving the care of geriatric patients
    - Reducing costs
    - Enabling providers to spend more time with patients

Topic Selection

There was a proposal to conduct a vote on the topic via a poll after the meeting. However, Dr. Ezeike told the Council members that the topic selection needed to take place during the public forum or the meeting. After further discussion, a vote was taken among the Council members, resulting in the topic selection: *Preparing nurse faculty, and addressing the shortage of nurse faculty and clinical preceptors*.

Business Meeting and Adjourn

The Council discussed plans and the agenda for the February 2020 meeting. CAPT Russell requested volunteers for the NACNEP planning and writing committees.

Planning Committee (tentative):
- Dr. Tammi Damas
- Dr. Steve Brockman-Weber
- Ms. Donna Meyer
- Dr. Marsh Howell Adams

Writing Committee:
- Dr. Ann Cary
- Dr. Maryjoan Ladden
- Dr. Patricia Selig
- Dr. Lorena Marshall Blake
- Dr. Mary Ellen Biggerstaff
- Dr. Janice Phillips

Dr. Ezeike adjourned the meeting at 2:15 p.m.

Acronym and Abbreviation List

ANE	Advanced Nursing Education
ANEW	Advanced Nursing Education Workforce
APRN	Advanced Practice Registered Nurse
BHW	Bureau of Health Workforce
CMS	Centers for Medicare and Medicaid Services
CRNA	Certified Registered Nurse Anesthetist
DFO	Designated Federal Official
DNP	Doctor of Nursing Practice
DNPH	Division of Nursing and Public Health
FY	Fiscal Year
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
MUC	Medically Underserved Community
NACNEP	National Advisory Council on Nurse Education and Practice
NAT	Nurse Anesthetist Traineeship
NCHWA	National Center for Health Workforce Analysis
NFLP	Nurse Faculty Loan Program
NHSC	National Health Service Corps
NOFO	Notice of Funding Opportunity
NPI	National Provider Identifier
NPR	Nurse Practitioner Residency
NSSRN	National Sample Survey of Registered Nurses
OUD	Opioid Use Disorder
SUD	Substance Use Disorder
SANE	Sexual Assault Nurse Examiner