

Educating DNP Students About Health Policy and Its Impact on Chronic Illness Management

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Why teach policy?



American Association of Colleges of Nursing (AACN):
Essentials of Doctoral Education for Advanced Nursing Practice

Essential II: Organizational and systems leadership for quality improvement and systems thinking

Essential VI: Interprofessional collaboration for improving patient and population health outcomes



Political activism and a commitment to policy development are central elements of professional nursing practice, and the DNP graduate has the ability to assume a broad leadership role on behalf of the public as well as the nursing profession.

Ehrenreich, AACN, 2006,
p. 13



National Organization of Nurse Practitioner
Faculties (NONPF) Competencies
Competency VII—Policy

- Analyzes ethical, legal, and social factors in policy development
- Influences health policy
- Evaluates the impact of globalization on healthcare policy



Chronic Illness Management

- Course taught end of first year of DNP program at Columbia University School of Nursing (CUSN)
- 2 credits
- NOT a disease management course
- IS a course elucidating different chronic illness management models and the impact of policy on how we care for patients



Chronic Care Models

Course looks at two:

- Transitional Care Model (TCM)

- Chronic Care Model (CCM)



Transitional Care Model (TCM)

- Mary Naylor, University of Pennsylvania

- Bridging the gap between acute care settings and return to primary care

- APN-led interdisciplinary interventions for transition between hospital and community→
 - ↓ readmissions of chronically ill patients
 - ↓ total hospital days
 - ↑ cost savings



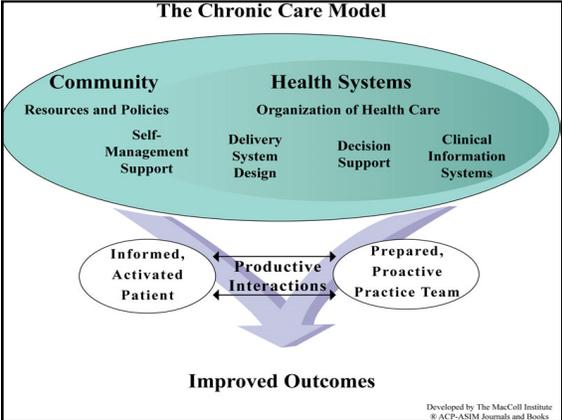
Chronic Care Model (CCM)

- Edward Wagner, MD and colleagues—MacColl Institute, The Improving Chronic Illness Program

- The Model can be applied to a variety of chronic illnesses, health care settings and target populations. The bottom line is healthier patients, more satisfied providers, and cost savings.

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6 Elements of the CCM

Health System

Major predictor of success-- visible support and promotion by organizational leaders

REMOVAL OF DISINCENTIVES!!! Stop the minimum number of patients/day routine to encourage experimentation with **PROVEN** alternatives— e.g. group visits

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Community Resources

Negotiation with other health care agencies to provide services not available in your agency— links especially useful for smaller agencies

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Delivery System Design

planning and coordinating the actions of multiple caregivers

delegating non-professional tasks, e.g. telephone reminders

use of case management prn

planned visits, group visits,
e.g. no appt. necessary for DM eye exam

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Decision Support

incorporating guidelines into medical record—
e.g. health summary reports that include reminders

incorporating flow sheets, patient assessment tools
into the record

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Clinical Information System

Registry using claims diagnoses for chronic diseases

Capability for the registry to produce treatment
planning reports that serve as the visit record

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Self-Management Support

Emphasize the patient's central role in managing their health

Use effective self-management support strategies that include assessment, goal-setting, action planning, problem-solving and follow-up

Organize internal and community resources to provide ongoing self-management support to patients

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Political Involvement

“One of the penalties for refusing to participate in politics is that you end up being governed by your inferiors.”



--Plato



Components of Political Action

Three C's—
Collectivity,
Communication,
Collegiality



Collectivity

- ❖ Build relationships within profession, other organizations, client groups with interest in health care (networking)
- ❖ Have clients communicate with legislators, advocacy groups



Communication

- Listen and learn about the political process—know how bills get passed
- Know when important bills coming up, contact legislators
- Testify at public hearings, campaign, get your message out



Collegiality

- Spirit of cooperation and solidarity with associates
- Don't take it personally—express views on issues, not making attacks on opponents
- Work with supporters—political change requires patience, perseverance & compromise

Source: Lubkin, I and Larsen, P. 2002. Chronic Illness Impact and Interventions. Sudbury, Massachusetts. Jones and Barlett Publishers



**Health Care Reform
Affordable Care Act**

- **Passed in March, 2010**
- **You can read the full law...**
<http://www.healthcare.gov/law/about/index.html> (simplified)

<http://docs.house.gov/energycommerce/ppacacon.pdf> (legalese)
- **955 pages in its entirety**



**Some features affecting chronic illness
management**

The Prevention and Public Health Fund

- **Creating additional primary care residency slots:** \$168 million for training more than 500 new primary care physicians by 2015;
- **Supporting physician assistant training in primary care:** \$32 million for supporting the development of more than 600 new physician assistants, who practice medicine as members of a team with their supervising physician, and can be trained in a shorter period of time compared to physicians;



**Some features affecting chronic illness
management**

- **Increasing the number of nurse practitioners trained:** \$30 million will train an additional 600 nurse practitioners, including providing incentives for part-time students to become full-time and complete their education sooner. Nurse practitioners provide comprehensive primary care;



Some features affecting chronic illness management

- **Establishing new nurse practitioner-led clinics:** \$15 million for the operation of 10 nurse-managed health clinics which assist in the training of nurse practitioners. These clinics are staffed by nurse practitioners, which provide comprehensive primary health care services to populations living in medically underserved communities.



Some features affecting chronic illness management

The Affordable Care Act will help reduce disparities by making improvements in:

- **Preventive care.** Medicare and some private insurance plans will cover recommended [preventive services](#) like regular check-ups, cancer screenings, and immunizations at no additional cost to eligible people.



Some features affecting chronic illness management

- **Coordinated care.** The law calls for new investments in community health teams to manage chronic disease. This is important, because minority communities experience higher rates of illness and death for chronic diseases such as diabetes, kidney disease, heart disease, and cancer. Because infant mortality and post-birth complications are also higher in minority and low-income groups, the law includes new funds for home visits for expectant mothers and newborns.



Some features affecting chronic illness management

- **Diversity and cultural competency.** The Affordable Care Act expands initiatives to increase racial and ethnic diversity in the health care professions. It also strengthens cultural competency training for all health care providers. Health plans will be required to use language services and community outreach in underserved communities. Improving communications between providers and patients will help address health disparities particularly in Hispanic communities, which currently have high numbers of uninsured people.



Some features affecting chronic illness management

- **Health care providers for underserved communities.** The Affordable Care Act [expands the health care workforce](#) and increases funding for community health centers, which provide comprehensive health care for everyone no matter how much they are able to pay. Health centers serve an estimated one in three low-income people and one in four low-income minority residents. The new resources will enable health centers to double the number of patients they serve. Combined with investments made by the American Recovery and Reinvestment Act, the new law will support 16,000 new primary care providers.



And much more...



Assignment—Chronic Illness Policy Presentation

- 10 minute verbal/power point presentation
- Choose any political/regulatory/legislative issue of interest to you related to chronic illness and describe it --**student is working on something that has meaning for him/her in work and/or personal life**
- How does it affect your work? Your clients/patients? You personally?



- *Identify at least two components of the Affordable Care Act* and discuss how they might affect your policy/regulatory/legislative issue--**most students had little idea of what was included in the act and how it could potentially affect their work**
- Contact in writing someone who can contribute to making the change you would like to see in the policy (editor of newspaper/journal, legislator, etc) -- Show your correspondence in your presentation and the response you receive--**many students have not had the experience of writing to their legislators, editors, etc.**



- What other steps might you take to see that that policy/regulation/legislation is fostered or negated?
- References/citations of work used
- Clarity, professionalism, thoroughness of presentation
- Total points for assignment=50



Assignment—Chronic Illness Management System

Presentation

- Choose a chronic illness with which you work on a routine basis. Each student will *individually* present his/her conceptualization of the ideal management of *one aspect* of the chronic illness in his/her practice setting using Wagner's Chronic Care Model framework. **Even students in acute care settings work with patients with chronic illnesses**
- The maximum amount of time for each presentation is 10 minutes. Power Point projector and computer are available to you in the classroom; please prepare power point slides.
- **Students need to get comfortable with presenting to peers and others since they may potentially be in leadership roles if not already**



The presentation must include the following:

- 1. Description of the population with whom you work, the chronic illness, and a brief summary of the methods of chronic illness management currently used in your practice-- **students often have ideas of how to change their work policies but don't have the structure or framework to know how to go about it**
- 2. Describe the challenges/functional problems of the current system



- 3. Discuss how your model will be different, improved, better including the following factors—
 - self-managment support
 - delivery system design
 - decision support
 - clinical information systems
 - community support
 - health system
- **There is much evidence to support the value of using the Chronic Care Model. Using these components in one's own practice setting may improve outcomes and enhance work satisfaction**



- 4. Design an evaluation of proposed outcomes—
 - **Usually the hardest part—knowing how to quantify your changes**
- 5. References/citations for work used/thoroughness of presentation/professionalism
- TOTAL POINTS FOR PRESENTATION=50%



Examples of Student Work

- Making Q Fever vaccine available to active US military
- NP Modernization Act of New York State
- Pre-existing Conditions Insurance Plans and Neuromuscular Disorder Patients
- CRNA Autonomy
- Risk Evaluation Mitigation Strategies in Opioid Prescribing
- Melanie Blocker-Stokes Postpartum Depression Research and Care Act
- The Neighborhood Nurse Practitioner Clinic (NNPC) (concept invented by the student)



Student Feedback

*"...your teaching has been useful in my setting, in my little practice, where every day I deal with those who have no insurance or poor insurance and try to help them get the care they need. **I've testified before legislative committees this year, fought with huge insurance companies (and won a few times), and structured my practice with all of your teachings in mind.**"*



*"Chronic illness management is a critical component of our vast medical landscape. **Incorporating health policy into a chronic illness curriculum only serves to underscore the importance and necessity of making chronic illness a top priority in clinical and research arenas. It is chronic illness that is challenging our medical establishment to prevent disability and mortality in young and old populations alike. Therefore, health policy, one of the most impactful ways society can make lasting changes, must be called upon to help guide our behaviors towards health.**"*



"Funny, when I saw that we were doing health policy in the course, I did not see how it fit...but after taking the class and doing the research I found it helpful. To me it sort of tied chronic illness/public health/epidemiology all together...and that was helpful. I learned from each presenter."



"We learned ... appreciation of policies, that we each have a stake in changing to promote better health care delivery systems."



"I think learning about the politics of medicine and nursing and how this effects the care of patients with a chronic illness is absolutely critical to learn. I learned so much researching my "policy" to present to the class and in turn I learned so much more when each of my classmates presented their researched policy topic. I had very little knowledge about what policies affect my practice and treatment of patients. This course has given me the means to research and further explore issues I can be involved with and potentially implement change and network with others that share the same practice goals. I know I will reference the websites and information learned in this class throughout my practice. Classmate presentations were very interesting and meaningful to my practice."



"It made us read and search through current chronic disease management models, and more importantly affordable care act which some of us might not do whatsoever. Wish we have more time to develop ideas and suggestions"



