THE ROYAL FLUSH

LEVERAGING DNP STUDENTS TO CHANGE HEALTH POLICY

SHANNON IDZIK, DNP, ANP-BC, FAANP, FAAN
Associate Dean, Doctor of Nursing Practice

UNIVERSITY *of* **MARYLAND**
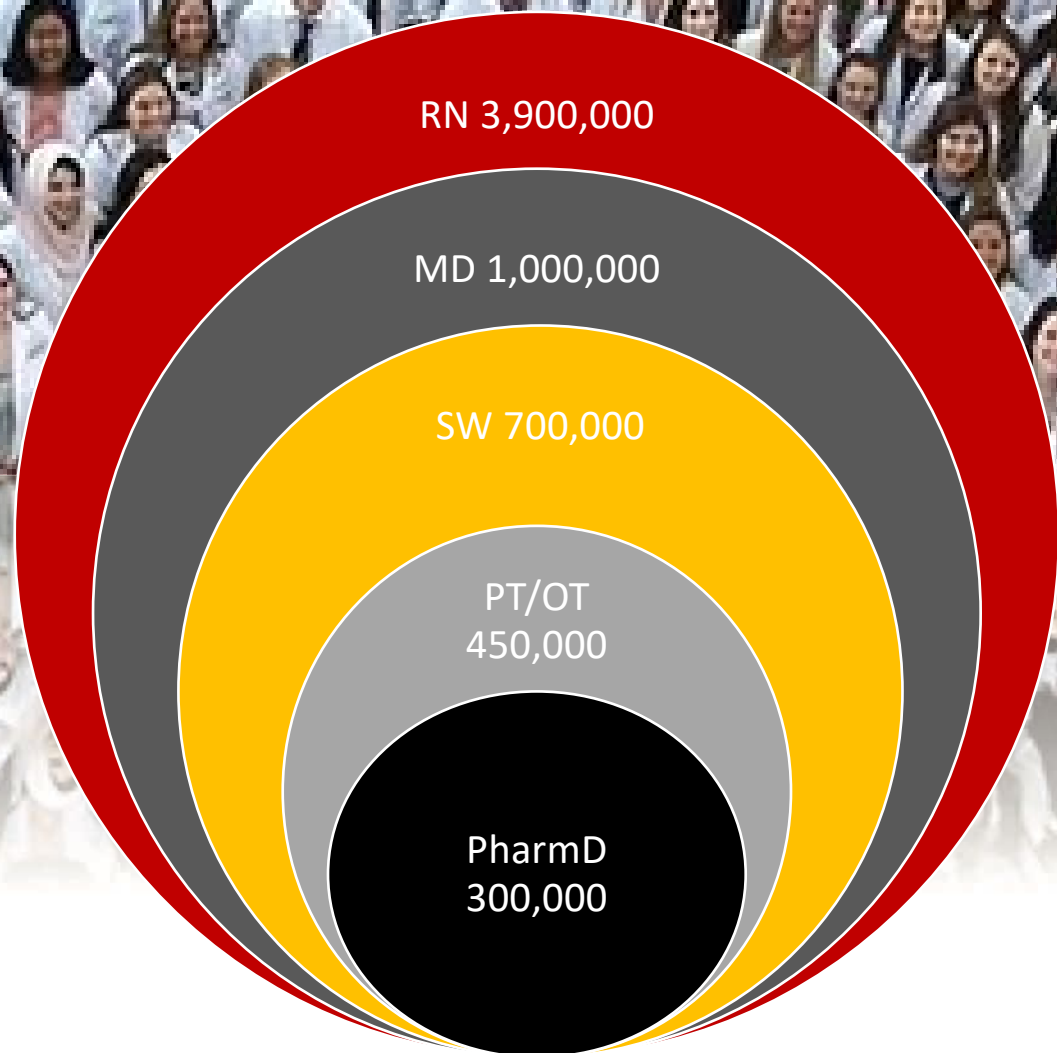**SCHOOL OF NURSING**

What is a Royal Flush?

-top cards, in a row, in the same suit

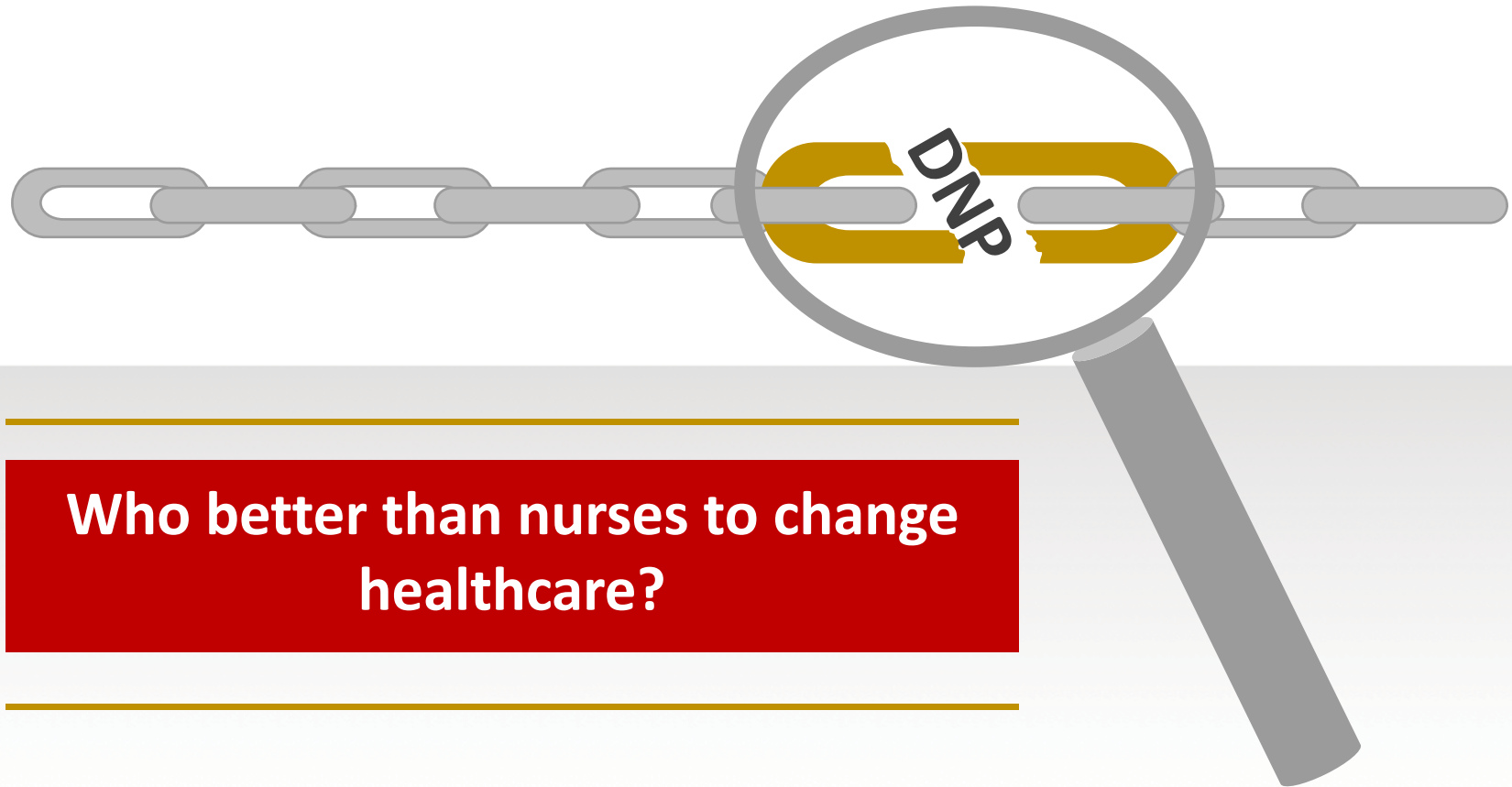-the best possible hand in high games when not using wild cards
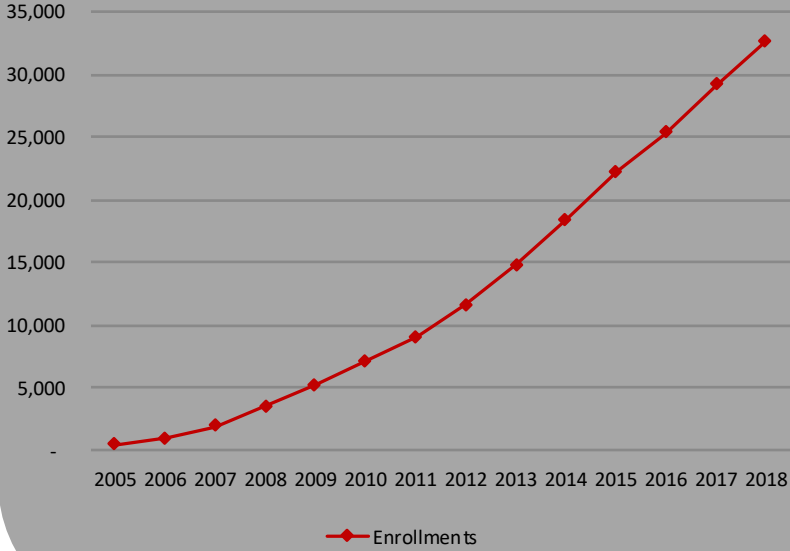
-an unbeatable hand

3.9 million nurses in the US

RN 3,900,000

MD 1,000,000

SW 700,000

PT/OT 450,000

PharmD 300,000

The Missing Link

Who better than nurses to change healthcare?

What if every student worked on a policy project?

2018
32,678
DNP students

35,000														
30,000														
25,000														
20,000														
15,000														
10,000														
5,000														
-	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018

Enrollments

AACN, 2019

OBJECTIVES

Curriculum guides
Discuss national guidelines related to policy in DNP curriculum.

Incorporating policy
Describe ways to successfully incorporate policy into diverse DNP curricula.

Examples
Describe examples of incorporating policy into DNP curriculum.

The Essentials of Doctoral Education for
Advanced Nursing Practice

Essential V: Health Care Policy
for Advocacy in Health Care

AACN, 2006

American Association of Colleges of Nursing

The Essentials of Doctoral Education for Advanced Nursing Practice

Essential V

- "Health care policy--whether it is created through governmental actions, institutional decision making, or organizational standards--creates a framework that can facilitate or impede the delivery of health care services or the ability of the provider to engage in practice to address health care needs."

AACN, 2006

The Essentials of Doctoral Education for Advanced Nursing Practice: Essential V

The DNP program prepares the graduate to:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.

2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.

3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.

4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.

5. Advocate for the nursing profession within the policy and healthcare communities.

6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.

7. Advocate for social justice, equity, and ethical policies within all healthcare arenas

AACN, 2006

Common Advanced Practice Registered Nurse Doctoral-Level Competencies

Common Advanced Practice Registered Nurse Doctoral-Level Competencies
October 2017

Introduction

Discussion regarding competency-based education is not new to nursing. Nurse educators have led in the identification of behavioral competencies as a framework for assessment in educational programs. In advanced practice registered nurse (APRN) education, in particular, for more than three decades, various professional organizations have identified education competencies or expected outcomes that have provided a foundation for both curricular development and individual student assessment for each of the four APRN roles. Nationally accepted competencies exist for each of the four APRN roles. In addition, the American Association of Colleges of Nursing (AACN) *Essentials* documents delineate the expected outcomes for all master's and Doctor of Nursing Practice (DNP) graduates.

Despite this long history of commitment to competency-based education, there is still work to be done. Much of the progress to date has occurred in parallel processes with little cross-organizational dialogue, particularly across APRN roles. Additionally, there has been no widely accepted definition of what constitutes an individual competency, and many of the competencies

AACN, 2017

Competency:

- An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. (Frank JR, Snell LS, Cate OT, et al, 2010)

Common Advanced Practice Registered Nurse Doctoral-Level Competencies

The competencies are designed to be observable, realistic, and measurable.

- First progression indicator (Time One): expected level of achievement when the student begins the first meaningful clinical experience

- Second progression indicator (Time Two): expected level of performance at completion of the student's APRN doctoral program

Common Advanced Practice Registered Nurse Doctoral-Level Competencies

Domain 6: Systems-Based Practice

Domain Descriptor: Demonstrates organizational and systems leadership to improve healthcare outcomes.

Competency	Time 1	Time 2
3) Shape healthcare policy at local, state, and national levels to optimize access to and delivery of quality, cost-effective, health care.	Analyzes a systems-level policy considering issues of access, quality and cost.	Engages policy makers to develop and implement healthcare policies at a systems level to improve healthcare outcomes.

AACN, 2017

Common Advanced Practice Registered Nurse Doctoral-Level Competencies

Domain 5: Professionalism

Domain Descriptor: Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competency	Time 1	Time 2
5) Demonstrate a commitment to the nursing profession.	Articulates the role of professional organizations in sustaining and advancing the profession.	Develops a plan of professional engagement that includes participation in professional organization(s) and precepting.
6) Advocate for patients and populations considering social justice and equity.	Articulates the impact of health disparities, social justice, and equity on healthcare outcomes of diverse populations.	Engages in advocacy efforts to address health disparities, social justice, and equity to improve healthcare outcomes.

AACN, 2017

Common Advanced Practice Registered Nurse Doctoral Level Competencies

• Competency: An **observable ability** of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. (Frank JR, Snell LS, Cate OT, et al, 2010)

NP Core Competencies

NONPF

Nurse Practitioner Core Competencies Content

A delineation of suggested content specific to the NP core competencies

2017

NP Core Competencies Content Work Group

Anne Thomas (Chair), PhD, ANP-BC, GNP, FAANP
M. Katherine Crabtree, DNSc, APN-BC, FAAN
Kathleen Delaney, PhD, PMH-NP, FAAN
Mary Anne Dumas, PhD, RN, FNP-BC, GNP-BC, FAANP, FAAN
Ruth Kleinpell, PhD, RN, FAAN, FCCM
Julie Marfell, DNP, APRN, FNP-BC, FAANP
Donna Nativio, PhD, CRNP, FAAN, FAANP
Kimberly Udlis, PhD, FNP-BC, APNP
Andrea Wolf, DNP, CRNP

Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on healthcare policy development.
7. Advocates for policies for safe and healthy practice environments.

Leadership Competencies

7. Participates in professional organizations and activities that influence advanced practice nursingand/or health outcomes of a population focus.

Nurse Executive Competencies

AONL
American Organization for Nursing Leadership

AONL, 2015

C. HEALTH CARE ECONOMICS AND POLICY

- Understand regulation and payment issues that affect an organization's finances
- Describe individual organization's payer mix, CMI and benchmark database
- Align care delivery models and staff performance with key safety and economic drivers (e.g., value-based purchasing, bundled payment)
- Take action when opportunities exist to adjust operations to respond effectively to environmental changes in economic elements
- Use knowledge of federal and state laws and regulations that affect the provision of patient care (e.g., tort reform, malpractice/negligence, reimbursement)
- Participate in legislative process on health care issues through such mechanisms as membership in professional organization and personal contact with officials
- Educate patient care team members on the legislative process, the regulatory process and methods for influencing both
- Interpret impact of legislation at the state and federal level on nursing and health care organizations

Nurse Executive Competencies

AONL

C. HEALTH CARE ECONOMICS AND POLICY

- Understand regulation and payment issues that affect an organization's finances
- Describe individual organization's payer mix, CMI and benchmark database
- Align care delivery models and staff performance with key safety and economic drivers (e.g., value-based purchasing,

- opportunities exist to to respond effectively changes in economic

- f federal and state laws at affect the provision of tort reform, malpractice/ ursement)
- slative process on health uch mechanisms as al organization h officials
- e team members on the s, the regulatory process nfluencing both
- interpret impact of legislation at the state and federal level on nursing and health care organizations

Participate in legislative process on health care issues through such mechanisms as membership in professional organization and personal contact with officials

AONL, 2015

Community/Public Health Nursing [C/PHN] Competencies

Domain 2: Policy Development/Program Planning Skills

Policy Development/Program Planning Skills focus on determining needed policies and programs; advocating for policies and programs; planning, implementing, and evaluating policies and programs; developing and implementing strategies for continuous quality improvement; and developing and implementing community health improvement plans and strategic plans.

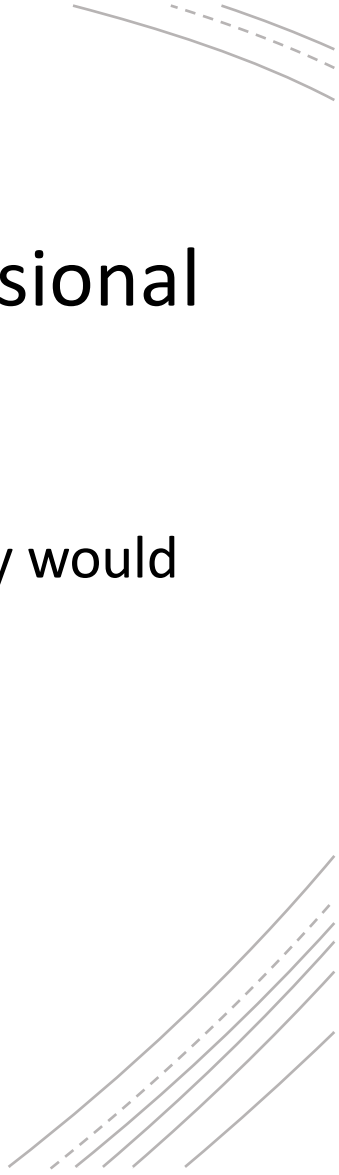|		
2A1. Identify local, state, national, and international policy issues relevant to the health of individuals, families, and groups.	2B1. Use valid and reliable data relevant to specific populations to support policies that improve health outcomes.	2C1. Design data collection methods and processes that inform public health policy creation and modification.
2A2. Describe the implications and potential impacts of public health programs and policies on individuals, families, and groups within a population.	2B2. Plan population-level interventions guided by policy, relevant models and research findings that impact communities and populations.	2C2. Evaluate complex policy options to plan public health services at the systems level.
2A3. Identify outcomes of health policy relevant to public health nursing practice for individuals, families, and groups.	2B3. Use policy analysis methods to align with public health nursing practice and public health issues.	2C3. Plan methods of policy analysis to address specific public health and systems issues and to influence public health nursing practice.
2A4a. Provide information that will inform policy decisions. 2A4b. Implement programs and services based on policy decisions.	2B4. Use existing concepts, models, theories, policy and evidence to plan, conduct and evaluate population-level interventions to address specific public health issues.	2C4. Use existing models and evidence to develop policies for public health systems within the framework (i.e., Board of Health, County Commissioners, City Council, Advisory Boards) of the organization's governing body.
2A5. Use organizations strategic plans and decision-making methods in the development of program goals and objectives for individuals, families, and groups.	2B5a. Select appropriate methods of decision analysis to address public health issues relevant to an identified group, community, or population. 2B5b. Use planning models, epidemiology, and other analytical methods in the development, implementation, and evaluation of population-level interventions.	2C5a. Create a system of decision analysis using the strengths and appropriateness of various policy models and methods. 2C5b. Evaluate health and public policy to address current and emerging public health problems and issues. 2C5c. Advocate for the role of public health in providing *population health* services.
2A6a. Demonstrate knowledge of laws and regulation relevant to public health nursing services. 2A6b. Plan public health nursing services consistent with laws and regulations.	2B6a. Analyze compliance with public health laws and regulations at the programmatic level. 2B6b. Assure compliance with public health laws and regulation in the planning and evaluation of community/population-based health services.	2C6a. Design public health programs and services consistent with laws and regulations. 2C6b. Justify public health programs and services to improve community/*population health*.

Quad Council, 2019
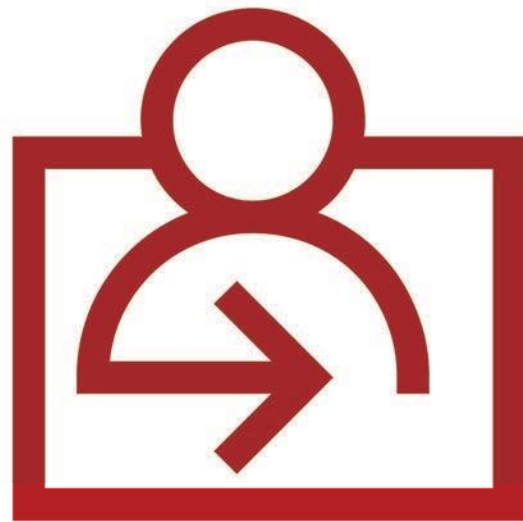
How to make this happen?

- Academic – Practice partnerships
- Academic – Professional organization partnerships
- Academic – Advocacy group partnerships

For Educators: Starting with the location and open the door

Reach out to local professional and civic organizations

- Think "big and small"

- Is there a health related issue they would like a nurse to work on?

- Examples:
  - Parent Teachers Association
  - Montana Nurses Association
  - Friends of Jerusalem

For Educators: Starting with the location and open the door

Reach out to national organizations

- Think "professionals, patients, etc"
- Examples
  - Death with Dignity
  - AARP
  - AANP
  - NONPF
  - Alliance to End Plastic Waste
  - American Autism Association
  - Futures Without Violence
  - National Patient Advocate Foundation

For Educators: Starting with the location and open the door

Reach out to industry

- Think "human race"

- Examples:
  - National Cannabis Industry Association
  - Iowa Association of Business and Industry

For Educators: Start with the problem

- Identify an issue then identify the organizations who would be involved
- See if it is on their policy docket, if not ask
  - Example: **Overuse of Antibiotics in Animals**
    - Maryland Public Health Association
    - Maryland Sierra Club
    - Maryland Nurses Association
    - United Health Care Workers
    - Society of Infectious Disease Pharmacists
    - Fair Farms
    - Waterkeepers Chesapeake
    - Maryland Conservation Council
    - Maryland Votes for Animals
    - Natural Resources Defense Council
    - Clean Water Action

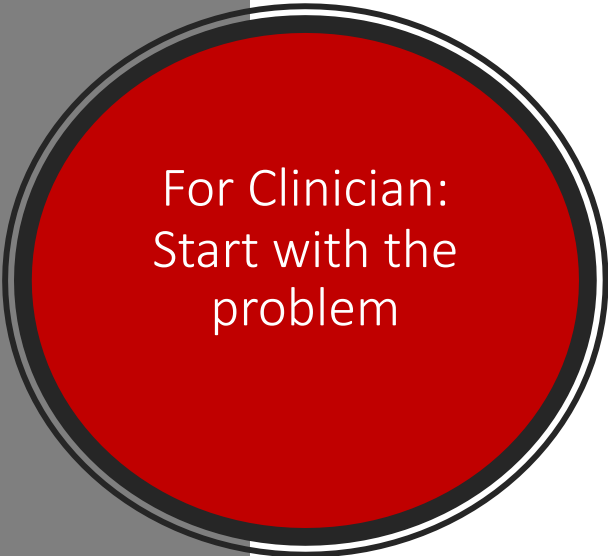# For Educators: Start with the problem

Ask the students- what in health related thing do they want to work on

- Identify an issue then identify the organizations who would be involved
- See if it is on their policy docket, if not ask
  - Example: **Prior Authorizations**
    - Maryland Public Health Association
    - Maryland Nurses Association
    - Nurse Practitioner Association of Maryland
    - Maryland Pharmacist Association
    - Maryland Insurance Administration
    - Health Services Cost Review Commission
    - AARP
    - Healthcare Information and Management Systems Society
    - Insurance Companies

For Clinician: Start with the problem

Contact the school-what impacts your ability to provide patient care

- What "ticks" you off everyday?
- What would you use your magic wand for?
  - Find a school
  - Find a student

Different ways DNP students should be doing policy

Projects-

Every student has to do a project, why not policy?

Practicum-

Every DNP student has to complete 1000 hours, why not policy?

DNP projects

- Focus on a change that impacts healthcare outcomes either through direct or indirect care.

- Have a systems (micro-, meso-, or macro- level) or population/aggregate focus.

- Demonstrate implementation in the appropriate arena or area of practice.

- Include a plan for sustainability (e.g. financial, systems or political realities, not only theoretical abstractions).

- Include an evaluation of processes and/or outcomes (formative of summative). DNP Projects should be designed so that processes and/or outcomes will be evaluated to guide practice and policy. Clinical significance is as important in guiding practice as statistical significance is in evaluating research.

- Provide a foundation for future practice scholarship.

AACN, 2015

American Association
of Colleges *of* Nursing

The Doctor of Nursing Practice:
Current Issues and Clarifying Recommendations

Report from the Task Force on the Implementation of the DNP

August 2015

The following are examples of settings, areas of practice, and final projects that could be considered to provide a broader array of opportunities particularly in geographic areas with limited access to traditional practice sites. A project developed in any of these settings or areas of practice delineated here should include planning, implementation, and evaluation.

- Organizational Systems Leadership: Work with the Director of the Red Cross exploring ways to improve disaster preparedness; Work with a director of system IT exploring the preparedness strategies to prevent an IT shutdown and strategies for communication and charting to continue during a shutdown, or focus on the nursing leadership role in leading IT design and implementation issues; Work with the System Safety Office evaluating the disaster plan incorporating national best practices and making recommendations for quality improvement of the system plan.

- Policy Projects: Evaluate evidence to develop a policy to reduce major events that trigger an ED visit, e.g. by notifying a provider that a fall has occurred, document evidence of need for the policy change; Evaluate geriatric trauma screening for triage; make a recommendation for policy change to revise criteria.

AACN, 2015

DNP practicum

- Systematic opportunities for feedback and reflection.

- In -depth work/mentorship with experts in nursing, as well as other disciplines.

- Opportunities for meaningful student engagement within practice environments.

- Opportunities for building and assimilating knowledge for advanced nursing practice at a high level of complexity.

- Opportunities for further application, synthesis, and expansion of learning.

- Experience in the context of advanced nursing practice within which the final DNP Project is completed.

- Opportunities for integrating and synthesizing all of the DNP Essentials and role requirements necessary to demonstrate achievement of defined outcomes in an area of advanced nursing practice.

Getting students excited

- Peephole-likely their last chance in the backdoor?

Can this really be done?

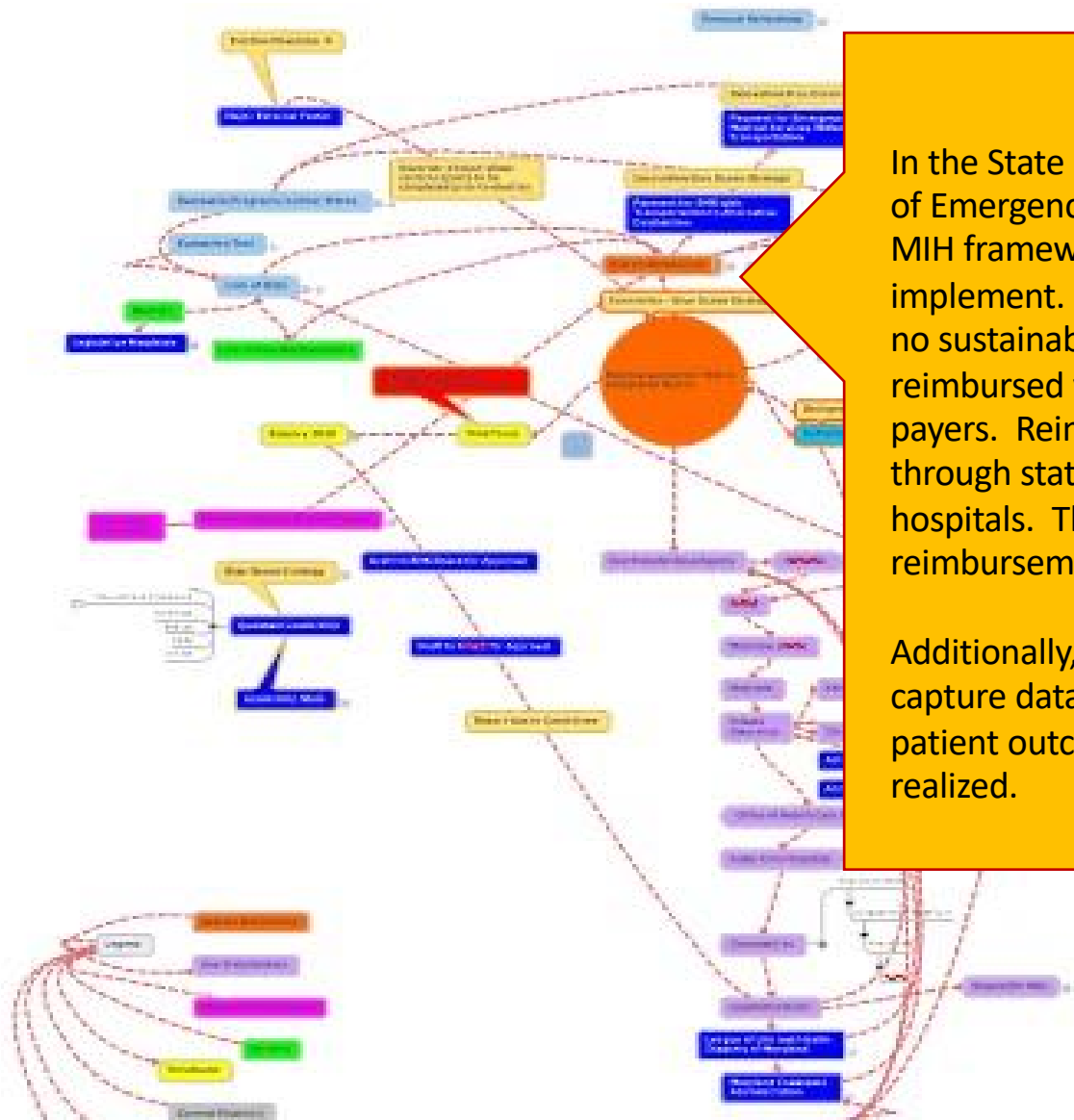# Changing Healthcare One Student at a Time

Karen Doyle

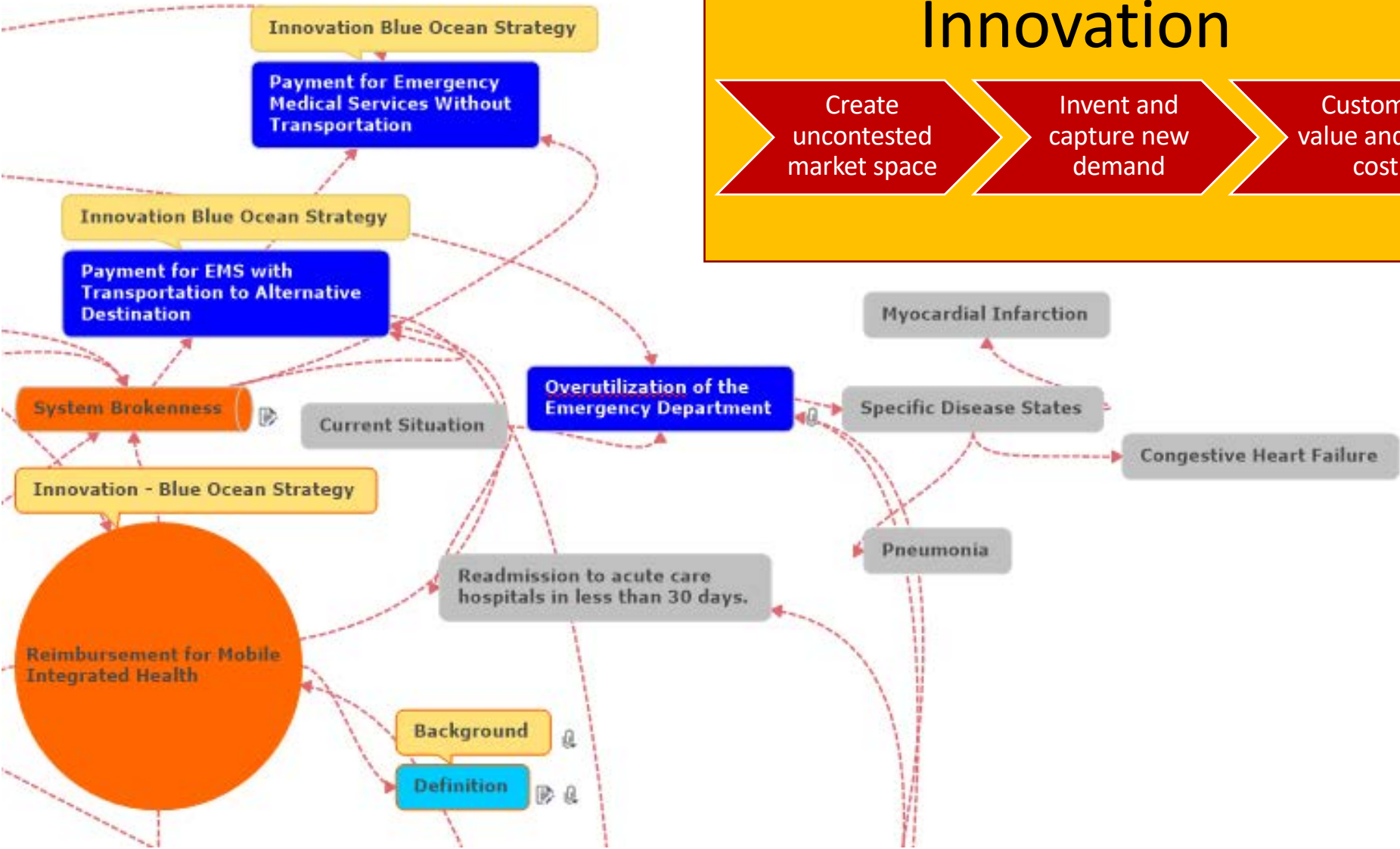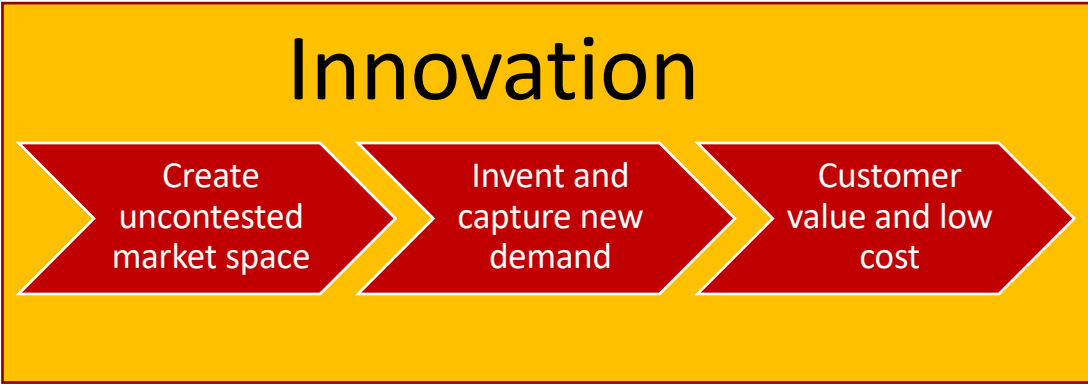Katherine Fornili
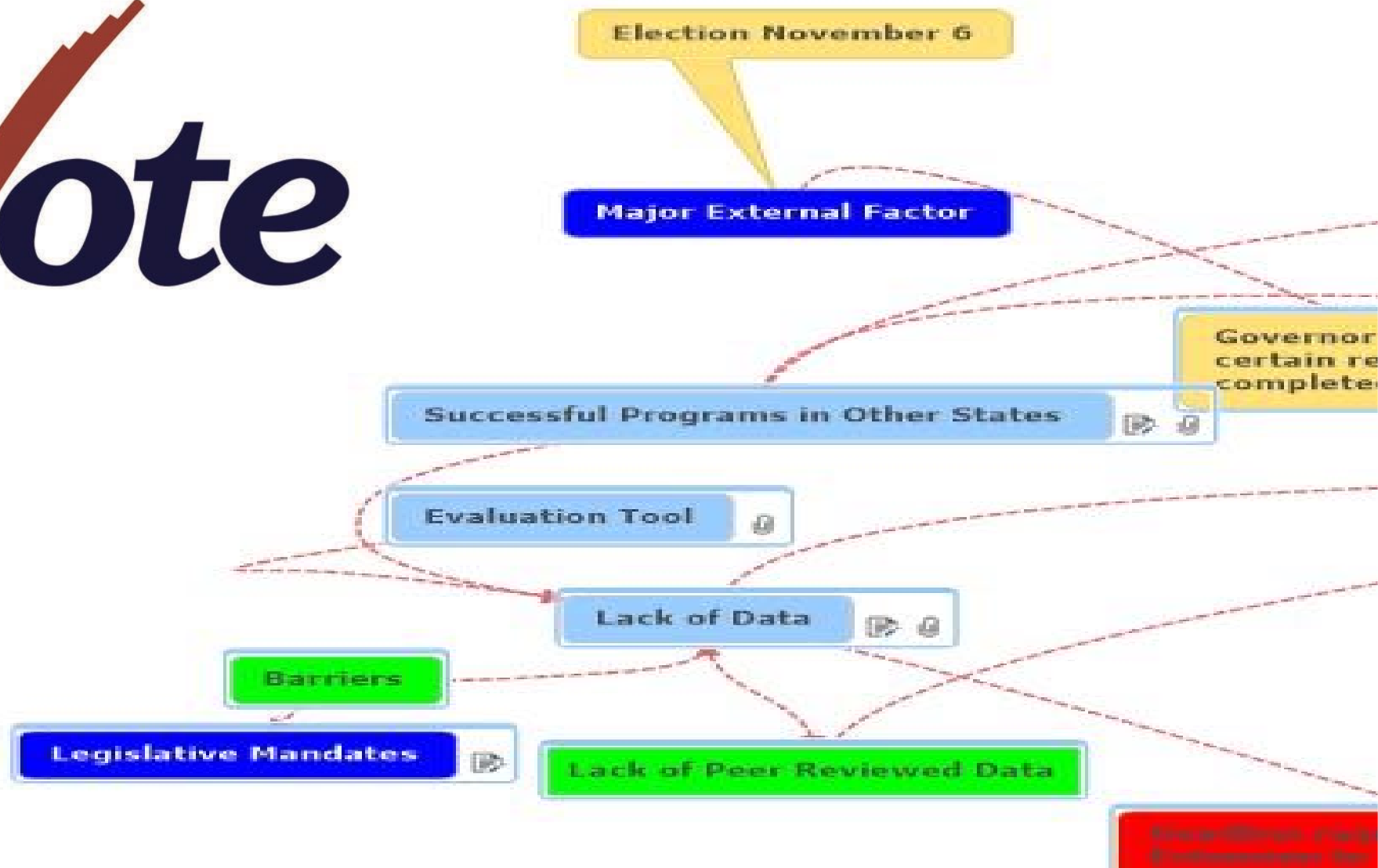
Joan Ejiofor-Okoli

Nicole Grass

In the State of Maryland, the Maryland Institute of Emergency Medical Systems has approved a MIH framework for the state jurisdictions to implement. The overarching issue is that there is no sustainable mechanism for EMS to be reimbursed via Medicare, Medicaid or private payers. Reimbursement thus far has been through state grants or partnerships with hospitals. Thus, the brokenness is the lack of reimbursement.
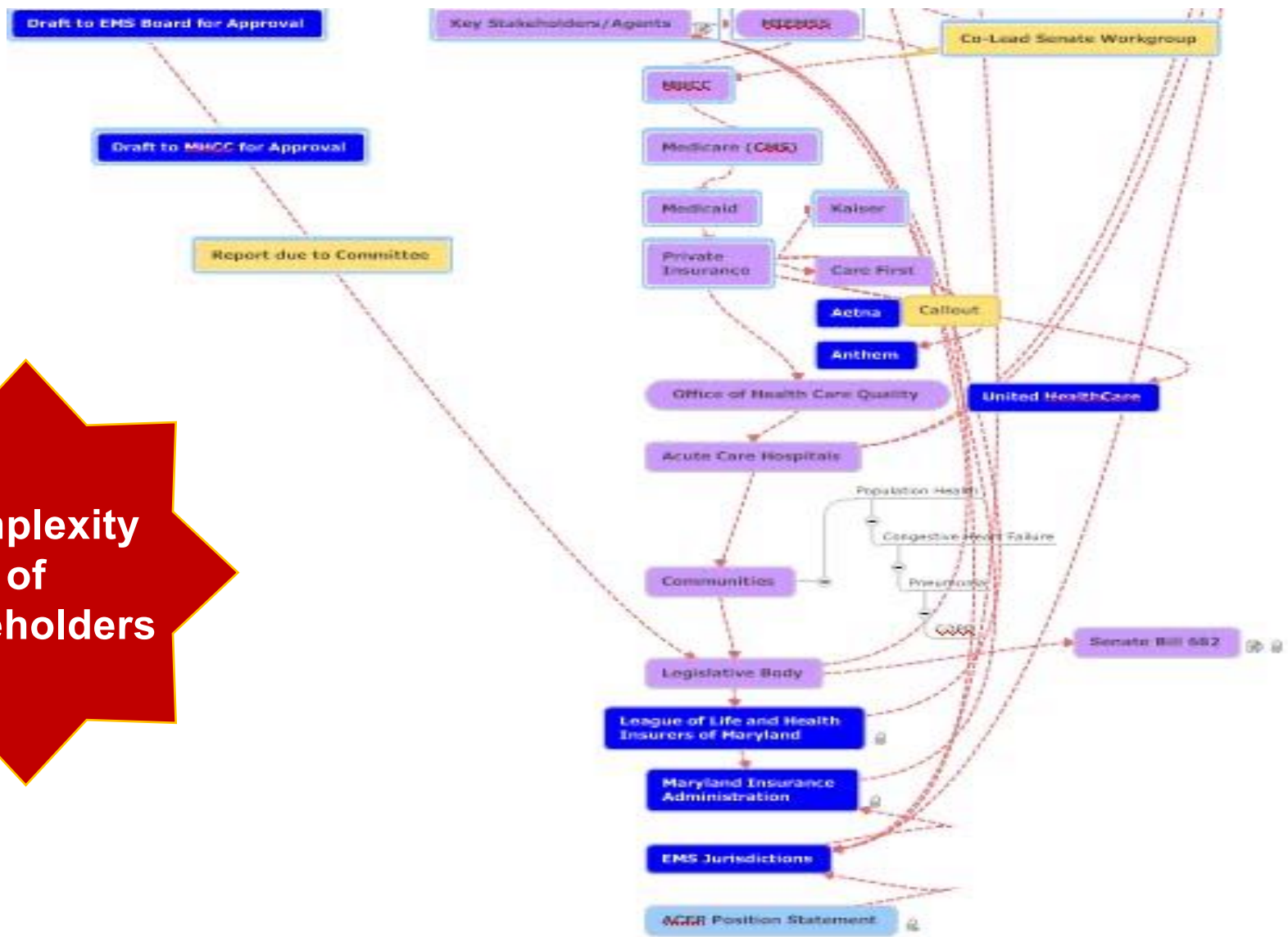
Additionally, there is no formal mechanism to capture data to determine whether or not patient outcomes improve or cost savings are realized.

Vote

Election November 6

Major External Factor

Governor
certain re
complete

Successful Programs in Other States

Evaluation Tool

Lack of Data

Barriers

Legislative Mandates

Lack of Peer Reviewed Data

SENATE BILL 682

C3, J1   8lr1461

By: Senators Hershey ~~and Middleton~~, Middleton, Astle, Benson, Feldman, Jennings, Klausmeier, Mathias, Reilly, and Rosapepe
Introduced and read first time: February 2, 2018
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 21, 2018

CHAPTER _____

1   AN ACT concerning

2   ~~Medical Assistance Program and Health Insurance –~~ Emergency Medical
3   Services Providers – Coverage and Reimbursement of Services – Reports and
4   Plan

5   FOR the purpose of requiring the ~~Maryland Department of Health to reimburse certain~~
6   ~~emergency medical services providers for certain services provided to Maryland~~
7   ~~Medical Assistance Program recipients; requiring insurers, nonprofit health service~~
8   ~~plans, and health maintenance organizations that provide health insurance benefits~~
9   ~~under certain insurance policies or contracts to provide coverage for certain services~~
10   ~~provided by certain emergency medical services providers; defining certain terms;~~

Changing Healthcare One Student at a Time

Karen Doyle

Katherine Fornili

Joan Ejiofor-Okoli

Nicole Grass

Experience in the Complexity of Health care and Federal Health Care Policy

- White House Office of National Drug Control Policy (ONDCP)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Centers for Medicare and Medicaid (CMS)
- National Disaster Medical System (NDMS)
- National Institutes of Health (NIH)

Katherine Fornili

Changing Healthcare One Student at a Time

Karen Doyle

Katherine Fornili

Joan Ejiofor-Okoli

Nicole Grass

NPs ordering home health in Maryland

- Collaborate with local organizations to develop a toolkit and presentation to prepare NPs in the state to order home health (starting Jan 2020)

- Collaborate with many groups (including but not limited to MDAC, GAPNA, NPAM, MNCHA, VNA, MHA).

Joan Ejiofor-Okoli

NPs ordering home health in Maryland

CMS
Review CMS requirement for home health ordering

Current tx
Review current treatment modalities delivered in home care

Knowledge gap
Collaborate with NP organization to identify knowledge gaps

Collaboration
Collaborate with home health care agencies to develop toolkit

Webinar
Collaborate with NPAM to develop webinar

Dissemination
Reach Maryland NPs with the information

NPs ordering home health in Maryland

Hospital rate regulation in Maryland was established by an act of the Maryland legislature in 1971. The law created the Health Services Cost Review Commission (HSCRC), an independent State agency with seven Commissioners appointed by the Governor. After a three-year phase-in period, the Commission began setting hospital rates in July 1974. At that time, its authority extended only to the rates hospitals charged to the non-governmental purchasers of care. In 1977, however, Maryland was the first of five states granted a waiver by the federal government exempting the State from national Medicare and Medicaid reimbursement principles. Maryland remains the only state to retain such a system. –HSCRC, 2019

Joan Ejiofor-Okoli

Changing Healthcare One Student at a Time

Karen Doyle

Katherine Fornili

Joan Ejiofor-Okoli

Nicole Grass

Nurses on Boards

#6308

(nursesonboardscoalition.org, 2019)

1 Most trusted profession

2 Nurses offer a unique, front-line prospective

3 3+ million of us
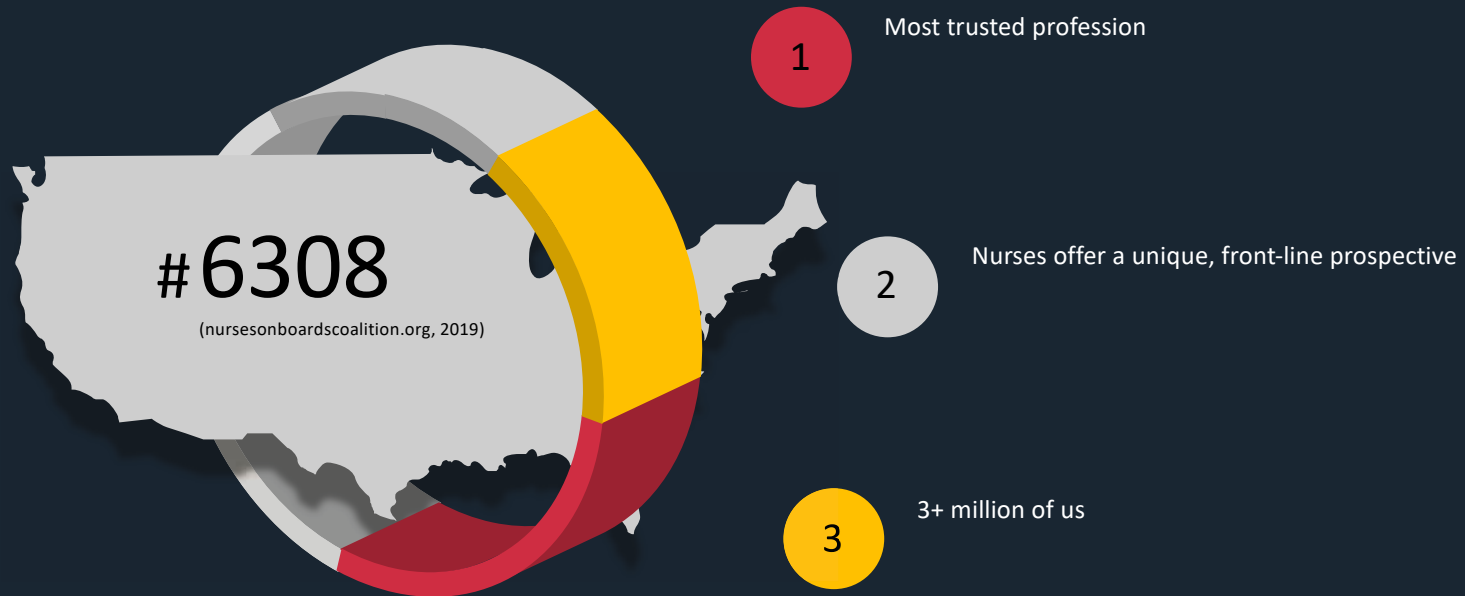
Nurses on Boards

Nicole Grass

Investigate composition of health care related boards in Maryland (including but not limited to HSCRC groups, Maryland Hospital Association, Hospital Boards, Insurance Boards, Consumer groups r/t health). Develop talking points about importance of nurses on boards and a sample letters to send to legislators, consumers and news outlets about nurses on boards.

a) identified list of 10-15 boards r/t health care in Maryland

b) reviewed composition of membership identifying key characteristics of race/gender/profession/interests

c) Developed talking points r/t diversity on boards (in particular nurses on boards)

d) led meeting with NPAM/MNA lobbyist to develop letter to legislators r/t legislation requiring nurses on health care boards

e) drafted letter to consumer groups, op-eds. news outlets r/t composition on key health care boards

The winning hand!

Karen Doyle

Katherine Fornili

Joan Ejiofor-Okoli

Nicole Grass

Shannon Idzik

All Together Now!

We are Doctors of Nursing Practice and we can change health care!

Thank you!

Questions!

REFERENCES

American Association of Colleges of Nursing (2004). AACN Position Statement on the Practice Doctorate in Nursing. Washington, DC, AACN.

American Association of Colleges of Nursing (2006a). DNP Roadmap Task Force Report. Retrieved from: www.aacn.nche.edu/dnp/roadmapreport.pdf

American Association of Colleges of Nursing (2006b). The essentials of Doctoral education for advanced nursing practice. Retrieved from: http://www.aacn.nche.edu/education-resources/essential-series

American Association of Colleges of Nursing (2015). The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations. Washington, DC, AACN.

Commission on Collegiate Nursing Education, (2013) Standards for Accreditation of Baccalaureate and Graduate Nursing Programs. Retrieved at http://www.aacn.nche.edu/ccne-accreditation/Standards-Amended-2013.pdf

Institute of Medicine. (2003). Health professions education: A bridge to quality. Washington, DC: National Academies Press.

Crowder SJ, Ironside PM, Cangany M, Roddy WS. Implementation of a state legislative fellowship for doctor of nursing practice students. Nurs Educ. 2016;41(3):156-159.

Gallup. Honesty/ethics in professions. Gallup Web site. Avail- able at http://www.gallup.com/poll/1654/Honesty-Ethics- Professions.aspx. Accessed June 11, 2019.

Hahn J. Integrating professionalism and political awareness into the curriculum. Nurs Educ. 2010;35(3):110-113.

Institute of Medicine. (2010). The future of nursing: Focus on education. Washington, DC: National Academies Press.

Kostas-Polston EA, Thanavaro J, Arvidson C, Taub L-FM. Advanced practice nursing: shaping health through policy. J Am Assoc Nurse Pract. 2015;27(1):11-20.

Manning ML, Grosso D. Doctor of nursing practice students advocating for health care access, quality, and reform: from the virtual classroom to capitol hill. J Nurs Educ. 2011;50(1):14-20.

Moran, K. , Burson, R. & Conrad, D. 2020. The doctor of nursing practice scholarly project: A framework for success. In Press. Sudbury, MA: Jones and Bartlett Learning.

National Organization of Nurse Practitioner Faculties (NONPF) (2012). Domains and competencies of nurse practitioner practice. Washington, D.C.: Author.

National Organization of Nurse Practitioner Faculties (NONPF) (2013b). DNP Competency Toolkit: Process and approach to DNP competency based evaluation. Washington, D.C.: Author.

National Organization of Nurse Practitioner Faculties (NONPF) (2013c). Sample curriculum templates for doctorate of nursing practice (DNP) NP education. Washington, D.C.: Author.