



A Stepwise Approach to Preparing DNPs to Influence Policy Development and Implementation:

A Condensed, Web-based and Synchronous
Course Does It!

Deborah Johnson, DNP, PMHNP-BC
Associate Health Sciences Clinical Professor



Purpose & Objectives:



By the end of this mini podium presentation, participants will be able to:

1. Describe a successful stepwise approach to teaching DNP students about health policy and advocacy using a condensed 5-week course model.
2. Gain insight into the essential elements required to prepare nursing professionals to participate in policy development and implementation and collaboratively influence change.



Disclosure: The presenter has no financial ties to this presentation.

Teaching health policy & advocacy to DNP students

Using a Condensed 5-Week Course Model



- Course Structure
- Course Deliverables
- Examples of Student Outcomes
 - Demonstrating increased knowledge, understanding and self-efficacy to influence health policy

Course structure

- Moodle Collaborative Learning Environment (CLE)
- Zoom for synchronous class sessions
- Discussion forum for asynchronous learning
- Course Objectives 
 1. Discuss key characteristics and components of the US healthcare system
 2. Examine current broad health policy initiatives addressing cost, quality, access and market reform.
 3. Evaluate the impact of health policy on target populations.
 4. Integrate health policy and economic principles in a comparative analysis of the US healthcare system with those of selected countries.
 5. Articulate the leadership role of the DNP in advocacy for health system change through policy initiatives



Week 2 Discussion Forum

Topical organization by weeks:



1. Introduction to Health Policy Development and Analysis in the US Healthcare System
2. Political influence, policy analysis and quality of care
3. Policy, politics and professional ethics in contemporary healthcare settings
4. Healthcare cost, quality and access and implications of health policy initiatives on patient outcomes
5. Comparative analysis of international healthcare systems; and the role of the DNP in translating research and other evidence into policy initiatives

Deliverables by weeks:



1. **Zoom** participation and **Health Policy Memo** topic submission due
2. **Discussion forum** and **Health Policy Memo** draft due
3. **Zoom** participation and **Health Policy Memo** peer review due
4. **Discussion forum**, **Elevator Speech** and final version of **Health Policy Memo** due
5. **International Healthcare Systems** recorded presentation due followed by **Zoom** class participation to synthesize knowledge of local and international healthcare policy



Examples of student outcomes

Demonstrating increased knowledge, understanding and self-efficacy to influence health policy

UCSF School of Nursing
Doctor of Nursing Practice
N263.15 Advanced Health Policy and Advocacy

Week 3 Assignment: Health Policy Memo Draft Critique (15 pts)

Instructions and Rubric

The purpose of this critique is to help your classmate refine his/her memo. You will have one week to discuss & critique memo drafts. Each student will critique the draft of one other student. Be sure to identify strengths and weaknesses of each component and offer suggestions for improvement. Comments such as "she did a good job" are not sufficient. The comments should be meaningful and reflect critical thinking. Please write your critique in complete sentences and pay attention to style, spelling, and grammar.

You will be graded on how well you appraise the strengths and weakness of each draft and assess the logical consistency and clarity of writing.

In the discussion forum where you post your critique, please copy-and-paste your critique directly into your post-DO NOT attach word documents. This makes it easier to view the responses so you may all benefit from each other's expertise. Follow the template below exactly, including bolded headings.

Template

Subject:

Executive Summary:

Strengths/Weaknesses:

Issues:

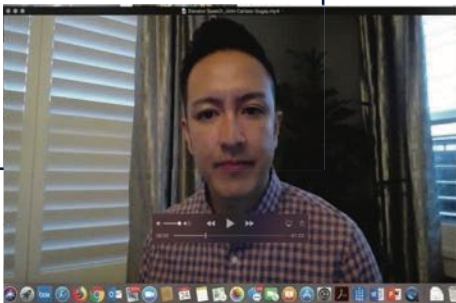
Strengths/Weaknesses:

Options:

Strengths/Weaknesses:

Recommendation:

Strengths/Weaknesses:



To: Senator Charles Schwerner, Chairman of Senate Committee on Health and Human Services
From: Name Nancy, MSN, UCSF | Doctoral Student
Subject: Support for updating APRN scope of practice regulations (SB 681)
Date: May 2017

Executive Summary

I urge you to approve SB 681, relating to the licensing and authority of advanced practice registered nurses (APRNs). APRNs are registered nurses with postgraduate education and board certification, licensed to treat specific patient populations as nurse practitioners (NPs), certified nurse specialists (CNS), nurse midwives (CNM) or nurse anesthetists (CRNA) (National Council of State Boards of Nursing [NCSBN], 2017). This critical legislation removes outdated and costly barriers to practice, allowing Texas APRNs to provide much-needed services, particularly in underserved areas where NPs may be the only providers available (Bartmann, DesRoches, Dittus, & Donelan, 2015). Fewer than half of uninsured adults in Texas (48%) report they have a usual source of health care, or a provider other than emergency rooms (Young & Garfield, 2014). Texas continues to rank last in affordability and access to care, and second to last in prevention and treatment (The Commonwealth Fund, 2015). While more than 80% of the 16,919 NPs in Texas were trained in primary care (Health Resources & Services Administration, 2014; Texas Board of Nursing, 2016), county and outdated scope-of-practice (SOP) policies contribute to the ongoing shortfall (Bauer, 2016). This bill removes barriers to fully practice providing a robust solution to meeting the health needs of all Texans.

Background

- NPs have provided exceptional healthcare for nearly 50 years. This track record is supported by with over four decades of research demonstrating the consistent quality and safety of NP-provided healthcare with at least comparable outcomes to physicians (Bauer, 2010; Newhouse, et al., 2011; National Governor's Association Center for Best Practices, 2012; Oliver, Pennington, Revell, & Ranta, 2014; American Association of Nurse Practitioners [AANP], 2015).
- SOP regulations restrict Texas APRNs from practicing at the full level of competence, creating barriers to providing needed medical care and increasing cost (Bauer, 2016; Weinberg & Kallerman, 2014; The Commonwealth Fund, 2015). Oliver, et al. (2014, p. 484-484) compared state health outcomes, reporting higher health rankings and lower hospitalization rates of Medicare and Medicaid beneficiaries in states with full NP practice than states with reduced or restricted practice. Bauer, a medical economist, advises "economic and clinical gains can be realized by allowing NPs to be independent caregivers and delivery team leaders for a large number of health services in a wide variety of settings." (p. 228).
- Healthcare reform and access to care remain subjects of state and national concern. The Institute of Medicine (IOM, 2010) submitted on the future of nursing addressed legal barriers prohibiting nurses from practicing to the full scope of their education and training, recommending state regulatory reform to reflect the full extent of APRN education and training, as outlined by the NCSBN (2012). This correlates with greater efficiency and quality of care, and reduction in unnecessary hospitalization by as much as 50% (Kane, et al., 2003; Bauer, 2010; Speer, Pariente, Town, & Buzarke, 2013; AANP, 2013; Oliver, et al., 2014).
- Aligning with educational training and scope, patients supporting full practice authority of APRNs correlate with increased primary care capacity, improved health care utilization, and overall reducing cost (Health Policy Briefs, 2012; Kuo, Lovren, Revell, & Grobwin, 2013; Speer et al., 2013; Oliver et al., 2014). A systematic review of the impact of state SOP on healthcare regulation delivery revealed that states with full SOP regulations (independent practice and prescriptive authority) demonstrated a) growth in NP workforce, b) improved access to care and health care utilization, and c) reduced health care costs (Kim, Ye, Bravner, & Spota, 2016). Also significant in Texas, states with full practice authority report growth in their number of NPs compared to states with moderately or significantly restrictive laws (Reagan & Sahberry, 2013).
- Restricted SOP of any one profession by another is unethical and may adversely impact public access to care. Qualifications, standards and educational oversight are the responsibility of each profession's licensing and board certification entity. Academic, clinical and continuing education requirements establish competence and safety of

Recommendation

I urge you, as a member of the House of Representatives and House Appropriations Committee, to approve SB 681. Texas patients deserve access to high quality, affordable care. This bill modernizes state licensure laws to enable APRNs to practice to the full extent of their training and education, and removes costly barriers to providing much-needed healthcare. Your vote in favor of SB 681 will demonstrate an understanding of the indispensable role APRNs play in meeting the growing and changing health care needs of Texas.

practitioners-to-meet-rising-demand-for-primary-care/

Weinberg, M. & Kallerman, P. (2014). Scope of practice: Full practice authority for nurse practitioners increases access and controls cost. *Bay Area Council Economic Justice*. Retrieved from http://www.bayareacouncil.org/files/pdf/BACEJ_NP_Report.pdf



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