Facilitating DNP Student Engagement in Health Policy:
Informing and Advocating Through a Policy Brief

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Learning Objectives

- By the end of this presentation, participants will be able to:
  - Identify one strategy to promote early engagement of the DNP student in the health policy process
  - State two pedagogical approaches used to assist the DNP student with integration of clinical, economic, and political knowledge with legislative process to analyze health policy agendas
  - Identify the purpose, aim, and importance of advocacy for four current, clinical issues presented in student policy briefs.

Health Care Policy, Economics and the Law in Clinical Practice

- Course Overview
- Setting the stage for engagement
- Tools for success

Engaged Pedagogy

- Active Learning Strategies
  - Discussion Boards with Peer Review
  - Focusing on a new way of writing
- Context-based Learning
  - Experiential learning
  - Taking clinical expertise to the next level

Teaching and Assessing Communication

- Health Policy Brief
- Policy Analysis
- Issue letter

Taylor Brazelton, APRN

DOCTORAL CANDIDATE

Fall Prevention in Michigan

- Writing a Policy Brief:
  - Other health policy briefs
  - What are other states doing?
  - www.ncsl.org
    National Conference of State Legislatures
- Data sources:
  - CDC, WHO, MDHHS, U.S. Census Bureau
  - CINAHL/Pubmed

POLICY BRIEF

Fall Prevention in Michigan

Percentage of Adults Aged 65 or Older Reporting Falls in the Preceding 12 months

FEBRUARY 2019

Key Facts

Annually, falls among older adults are responsible for more than 25,00 deaths, 2.5 million emergency department visits, and more than 700,000 hospitalizations.

In 2015, total medical costs to treat older adult falls exceeded $50 billion, of this total amount, medical costs for fatal falls accounted for $750 million.

National Conference of State Legislatures. (2018)

Policy Brief Aim

Despite being in the highest ranking for older adult falls among states in the U.S., Michigan is one of three states that does not have a Fall Prevention Coalition and lacks legislation to help regulate fall prevention efforts and reduce falls. This brief examines the current problem, describes other states legislative efforts, and provides a solution to introduce legislation in the state of Michigan and to have once again an active statewide Fall Prevention Coalition.

The State of Fall Prevention in Michigan

Executive Summary- Falls are largely preventable and can result in severe disability or death in older adults. As displayed in the graphic above, in Michigan 31.6-34.3% of individuals aged 65 and older have fallen within the last year. Additionally, 10.3-10.5% of those aged 65 and older have reported an injury after falling within the last year (National Conference of State Legislatures, 2018). Falls in our older adult population will not be declining soon, unless we act. Our population is aging at a rapid rate. "In 2014, 14.5% (46.3 million) of the US population was aged 65 or older and is projected to reach 23.5% (98 million) by 2060" (Colby & Ortman, 2016). Currently, the state of Michigan has no legislation or statutes in place to protect older adults and guide fall prevention efforts. This policy brief aims to describe the significance of fall prevention and the necessity of legislation to assist individuals and communities to prevent falls in the elderly. It is recommended that Michigan should adopt legislation similar to Connecticut's statute, and also include reactivation of the Fall Prevention Coalition.

Fall Prevention in Michigan cont.

- Knowledge generated:
  - Legislatures want to know what we know
  - Increased familiarity with government websites
  - The need for updated information and education on state websites for constituents
  - Recognizing gaps and where we can make a difference

Louis Davis, APRN

DOCTORAL CANDIDATE

Full Practice Authority for Nurse Practitioners in Michigan

- Shortage of Primary Care Providers (PCPs) in Michigan
- Nurse Practitioners (NPs) are uniquely qualified to fill in the gap
- Legislative changes regarding NP scope of practice are happening in many states throughout the U.S.
- The National Council of State Boards of Nursing (NCSBN) Model Nursing Practice Act calls for NPs to be recognized with full practice authority in all 50 states

Public Act 499 of 2016

- Defined "Advanced practice Registered Nurse" for the first time
- Allows for NPs to go on hospital rounds , long term care facilities, prescribe physical therapy without oversight and prescribe non-scheduled drugs autonomously
- Does not eliminate the need for a collaborative agreement with a non-nursing healthcare provider in order to practice

- Recommendation: End restrictions on NP practice in order to expand healthcare access for Michigan residents and reduce healthcare costs by eliminating the cost of physician oversight

Mary-Sunithi Echols, APRN

DOCTORAL CANDIDATE

THE RISING COST OF INSULIN: A MATTER OF LIFE & DEATH

Policy & Brief

Facts:

- Out of Pocket Insulin can exceed $600 dollars a month.
- Approximately 7.4 million Americans with diabetes use one or more formulations of insulin
- One vial of Insulin cost $270 dollars- 2019 vs $21 in 1996
- High rate of mortality and morbidity is related to poor metabolic control poor glycemic control

Policy Brief Aim: Accessible and Affordable Insulin for Diabetic patients in the United States of America.

Statement of Issue: Diabetes mellitus, a chronic degenerative disease that affect more than 30 million Americans, costing the United more than $327 billion per year. The prevalence of diabetes has been rising rapidly throughout the world, increasing from an estimated 4.3% in 1990 to 9.0% in 2014 in men from 5.9 % to 7.9% in women. In the United States, the prevalence of diabetes among adults aged 20+ rose from 8.4% in 1988-1994 to 12.1% in 2005-10 (Stokes, A., Preston, H (2017).

Achieving glycemic control and controlling cardiovascular risk factors have been conclusively shown to reduce diabetic complications. Insulin is a life-saving medication (https://medlineplus.gov/druginfo/meds/a682611.html. Achieving glycemic control and controlling cardiovascular risk factors have been conclusively shown to reduce diabetes complications, comorbidities, and mortality (William T. Cefalu,2018). The cost of Insulin has tripled between 2002 and 2013 causing millions of Americans to choose between food, shelter or life.

- **Cost of Insulin contributes to poor health outcomes** according to The New York Times, individuals are using less insulin than prescribed due to the rising cost of the drug-resulting in serious complications Hutter, R.Strodel,R.,2018).
- **Affordable and Accessible Insulin should be a right not a privilege**: The Senate Supports Insulin Affordability and Accessibility for all Americans and calls for Congress to open investigation and ensure transparent drug pricing system (Sullivan, T.,2018).

- **Current practices act as a barrier to affordable insulin:** manufacturers extend market exclusivity by seeking additional patents on variations of the original drug known as "evergreening". According to Senators this keep prices artificially higher than need to be(Sullivan,T.,2018)

Key Facts

- Currently there are only 3 insulin manufactures serving the U.S. market– which include: Eli Lilly, Novo Nordisk and Sanofi. The patents for many of the human insulin and insulin analog formulations in current clinical use have expired
- The average U.S. list price (WAC) of the four insulin categories increased by 15% to 17% per year from 2012 to 2016
- The average U.S. list price (WAC) of the four insulin categories increased by 15% to 17% per year from 2012 to 2016
- Patient out-of-pocket costs have increased, between 2006 and 2013, average out-of-pocket costs per insulin user among Medicare Part D enrollees increased by 10% per year for all insulin
- Pricing and distribution of Insulin is a complex process that involves numerous stakeholders, health plans, employers pharmacies, manufactures

The Solution: Policy /Advocacy Change Policy –Change the World

- **Government**

(1) Insulin Access for All **(Congressman Rush)H.R..366**

(1) Start a conversation

(2) Does not have sustainability power to impact the nation

(1) Financial challenges

(2) Des not regulate insulin manufactures

(2) Reduce Insulin Prices: **(Congressman Roberts) HB19-1216**

Support accountability

Does not fix the problem 100%

Only for state of Colorado

- **DNP Nurses**
- Function in DNP Essential II,III,V,VI,VIII
- **Advocate**
  - Representatives/Senators
- **Education**
  - Stay current with research and policy initiatives
- **Professional Organization**
  - Be active with to lead change
    - Lead groups: letter writing /committees
- **Dissemination**

DNP Moving Forward

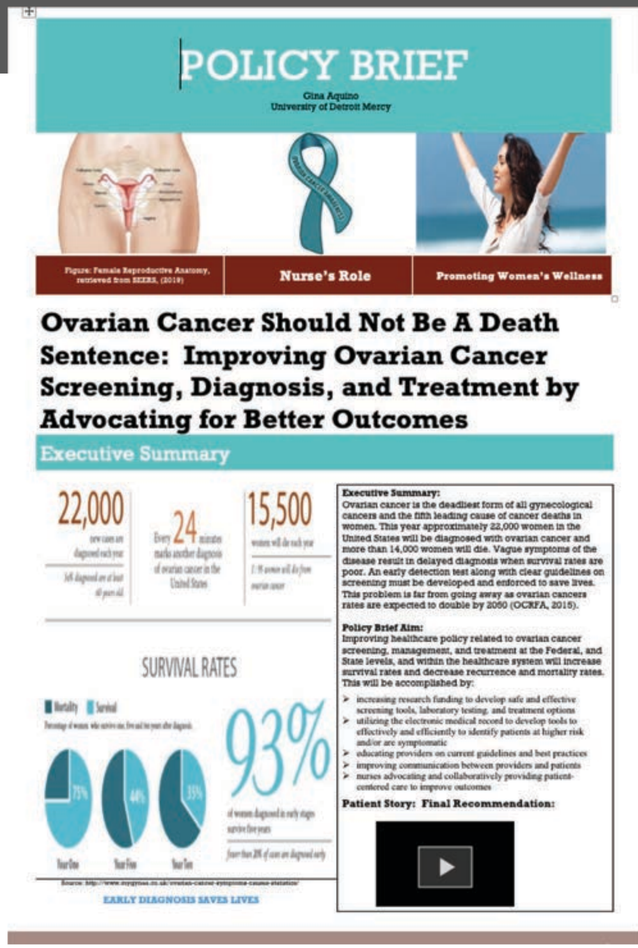
DNP Nurses

- Change Policy → Change the World
- Impact the world by linking research and clinical application to develop policy initiatives that will improve the world health care
- DNP nurses together:

Working together as 1 collective voice to lead change

Gina Aquino, APRN

DOCTORAL CANDIDATE



POLICY BRIEF

Gina Aquino
University of Detroit Mercy

Figure: Female Reproductive Anatomy, retrieved from SEERS, (2019)

Nurse's Role

Promoting Women's Wellness

Ovarian Cancer Should Not Be A Death Sentence: Improving Ovarian Cancer Screening, Diagnosis, and Treatment by Advocating for Better Outcomes

Executive Summary

22,000 new cases are diagnosed each year

Every 24 minutes marks another diagnosis of ovarian cancer in the United States

15,500 women will die each year

SURVIVAL RATES

93%

Source: http://www.mygynae.co.uk/ovarian-cancer-symptoms-causes-statistics/

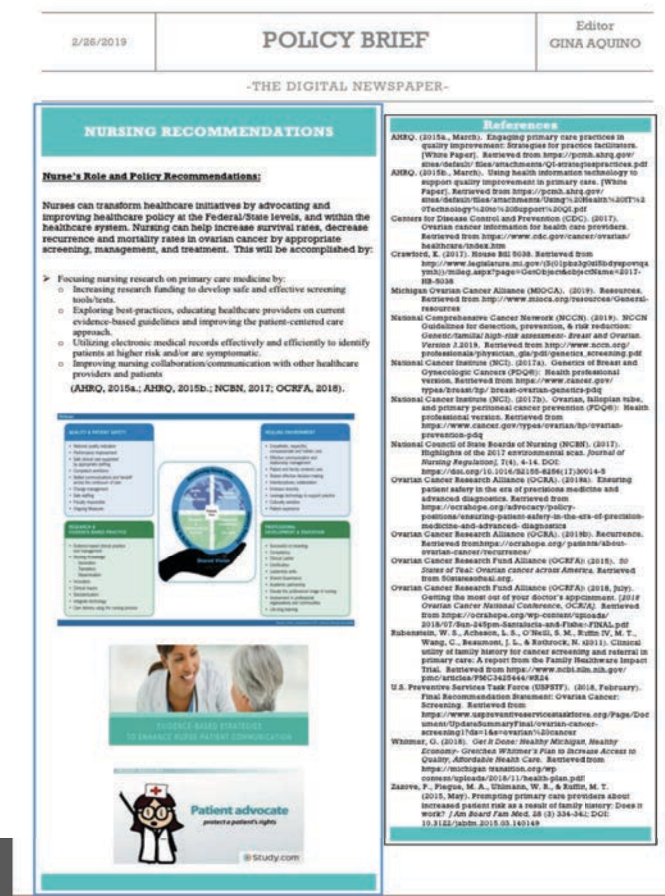
EARLY DIAGNOSIS SAVES LIVES

Executive Summary:
Ovarian cancer is the deadliest form of all gynecological cancers and the fifth leading cause of cancer deaths in women. This year approximately 22,000 women in the United States will be diagnosed with ovarian cancer and more than 14,000 women will die. Vague symptoms of the disease result in delayed diagnosis when survival rates are poor. An early detection test along with clear guidelines on screening must be developed and enforced to save lives. This problem is far from going away as ovarian cancers rates are expected to double by 2050 (OCRFA, 2015).

Policy Brief Aim:
Improving healthcare policy related to ovarian cancer screening, management, and treatment at the Federal, and State levels, and within the healthcare system will increase survival rates and decrease recurrence and mortality rates. This will be accomplished by:

- increasing research funding to develop safe and effective screening tools, laboratory testing, and treatment options
- utilizing the electronic medical record to develop tools to effectively and efficiently to identify patients at higher risk and/or are symptomatic
- educating providers on current guidelines and best practices
- improving communication between providers and patients
- nurses advocating and collaboratively providing patient-centered care to improve outcomes

Patient Story: Final Recommendation:



2/26/2019 | POLICY BRIEF | Editor GINA AQUINO

-THE DIGITAL NEWSPAPER-

NURSING RECOMMENDATIONS

Nurse's Role and Policy Recommendations:

Nurses can transform healthcare initiatives by advocating and improving healthcare policy at the Federal/State levels, and within the healthcare system. Nursing can help increase survival rates, decrease recurrence and mortality rates in ovarian cancer by appropriate screening, management, and treatment. This will be accomplished by:

- Focusing nursing research on primary care medicine by:
  - Increasing research funding to develop safe and effective screening tools/tests.
  - Exploring best-practices, educating healthcare providers on current evidence-based guidelines and improving the patient-centered care approach.
  - Utilizing electronic medical records effectively and efficiently to identify patients at higher risk and/or are symptomatic.
  - Improving nursing collaboration/communication with other healthcare providers and patients

(AHRQ, 2015a.; AHRQ, 2015b.; NCBN, 2017; OCRFA, 2018).

EVIDENCE-BASED STRATEGIES TO ENHANCE NURSE-PATIENT COMMUNICATION

Patient advocate
protect a patient's rights

Study.com

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Ovarian Cancer Awareness & Patient Advocacy:
Research & Literature Review

Issue/Significance/Background

- This year approximately 22,000 women in the United States will be diagnosed with ovarian cancer and more than 14,000 women will die.
- An early detection test along with clear guidelines on screening must be developed and enforced to save lives.

(OCRFA, 2015)

Current Policy/Law/Recommendations

- Michigan House Bill 5038 (2017) proposed requirements based on the US Preventive Services Task Force (USPSTF), Grade B recommendations directed towards health care providers.
- USPSTF recommends **against** screening for ovarian cancer in the general population.
- Healthcare policy is lacking at the Federal, State and health system level.

What's Next & Policy Recommendations:
Addressing the Issues

Issues identified at the Healthcare System Level

- Primary care providers unfamiliar with current guidelines and lack effective tools to screen, identify, and track symptomatic patients for prompt referral
- Women are often diagnosed at advanced stages with poorer outcomes and increased mortality rates
- Lack of communication between care team providers
- Patient-centered care is not provided consistently
- Nursing role in patient-centered care is limited in ambulatory care settings
  - Nurses lack autonomy
  - Lack of Nurse Advocacy Programs and Policies
- Access to genetic counseling, testing, and care is limited and untimely (OCRA, 2019)

Nurses can transform healthcare initiatives

- Advocate and improve healthcare policy at the Federal, State and healthcare system levels
- Advocate for increased research funding to develop safe and effective screening tools
- Educate providers on current evidence-based guidelines and improve the patient-centered care approach
- Improve nursing collaboration and communication with other healthcare providers/patients
- Appropriately assess family history, screening, and provide timely genetic counseling/testing, and care management
- Collaborate with community partners to obtain resources to help patients afford cancer treatments, obtain respite care and transportation, and to offset other financial burdens

Reducing Criminal Action against the Mentally Ill by use of Innovative Means

Noel Koller-Ditto, McAuley School of Nursing

Executive Statement/Summary

When one endures a Mental Health crisis, they are more likely to be confronted by the police, rather than receive medical attention. Each year in the Unites States, nearly 2 million people living with mental illness, end up in jails and have twice the length in stay versus another individual without mental illness, facing similar charges. This disproportionate amount often represents non-violent offenders, committed of a minor offense. Often times there is not adequate resources or treatments and illnesses become worse. Policy aid to assist programs that allow a detour for these individuals to treatment rather than cells, can not only provide better outcomes for the individuals and the communities, but also reduce the costs to the taxpayers of the system. A reduction in federal funding, will undoubtedly create worse outcomes as there already are. It is time to be proactive, not reactive.

Brief problem statement with recommended options

- Problem: Across our nation, police officers often respond to individuals in a mental health crisis and when not properly trained on crisis intervention, these individuals often end up a victim of excessive police force or repeated criminal charges, instead of needed mental health treatment and rehabilitation.
- Recommendation 1: Local/District use of the BJA's Edward Byrne Memorial Justice Assistance Grant (JAG) Program.
- Recommendation 2: Adaption of a Crisis Intervention Team (CIT) and use of Trauma Informed Care (TIC) principles.
- Recommendation 3: Use of a Mental Health court, which combines court supervision with community-based treatment services, usually in lieu of a jail or prison sentence.

Policy Aim

The President has proposed a $42.8 million reduction in funding towards criminal justice/mental health initiatives. Current resources through grants such as the Edward Byrne Memorial Justice Assistance (JAG) program, has funded (FY 2017, $375.3 million) initiatives to reduce arrest and incarceration numbers for those suffering with mental illness. We must support continued or increased funding to provide grants to state and local jurisdictions to continue to support a wide range of initiatives, including Crisis Intervention Teams and treatment courts. Studies indicate that a singular approach is no more effective than another, and that there is a need for a multi-

"In a mental health crisis, people are more likely to encounter police than get medical help"

Noel Koller

Paid Family and Medical Insurance Leave (FAMILY) Act
THE IMPACT ON MOMS AND BABIES

Cheryl Larry-Osman, RN, MS, CNM, CNS
2/26/2019

POLICY BRIEF

Nearly all people may need to take time away from work due to an illness or to care for a sick loved one or birth of a new baby. However, most working people in the United States are not able to take needed time off without risking losing their jobs or financial security. "In contrast to almost every other developed nation in the world, the United States has no federal law that guarantees paid family or medical leave", (Health Policy Brief: Paid Family and Medical Leave, 2016). In fact, United States and South Korea are the only two industrialized nations which do not guarantee its citizens paid medical leave for serious illness.

In the United States, the Family Medical Leave Act (FMLA) of 1993 was created to balance work and family needs. As an alternative to the FAMILY Act, FMLA offers some employers to offer up to 12-weeks of job protection and unpaid leave in a 12-month period for serious medical illness and to care for family needs, including pregnancy, adoption, foster care placement, personal or family illness, or family military leave. (www.dol.gov). However, the financial burden on individuals and families can create additional life stressors. FMLA also has limitations, applying only to businesses that employ

year, work on site or within 75-mile radius, employee worked 12 months and at least 1250 hours, documentation for leave request is required). "The FMLA's limitations mean that between 55% - 60% of all workers in the US are covered by the law." The remaining 40%-45% of workers have no coverage. (Health Policy Brief: Paid Family and Medical Leave, 2016).

The Family and Medical Insurance Leave (FAMILY) Act is a proposed option for all states that would offer paid family and medical leave for virtually all working people in the United States-for a limited number of weeks per year for specific purposes. Four states have enacted laws related to paid medical and family leave-California, New Jersey, New York, and Rhode Island. Studies in California, other countries, and the private sector have found the benefits of paid leave to be win-win for improved family financial stability, public health, and business outcomes.

FAMILY ACT BENEFITS

1. Employer Benefits
   - Increases employee loyalty
   - Reduces turnover: employees are more likely to return to their jobs after a paid leave for illness or birth of a child
2. Promotes an egalitarian workplace which addresses social equity issues related to lower-wage workers and minority groups less likely to have access to paid leave compared to higher-income workers.
3. Older family members
   - Helps recover from illness, complete treatment plans, and avoid medical complications and readmissions to the hospital.

Cheryl Larry-Osman

POLICY BRIEF AIM

The aim of this brief is to provide an overview of the quality of healthcare , how adverse events impact patient safety and healthcare organizations, the importance of improving patient safety for patients and provider, and how changes in processes and practices can occur on the national and local level to improve the healthcare system. In addition the brief will discuss recommendations on how to improve safety and prevent adverse event.

DESCRIPTION OF THE PROBLEM

Healthcare is complex and error prone. Despite some progress in preventing adverse events and medical errors the healthcare system still faces many challenges in creating a system that is less error-prone. In addition to the thousands of lives affected, adverse events has a financial impact to the economy. The cost due to medical errors is approximately $4.4 billion annually.

DESCRIPTION OF THE OPTIONS

The IOM report brought patient safety and the faults of the healthcare system to light. One of the initiatives implemented is the Affordable Care Act of 2010. The act includes many quality related efforts such as:

- Reducing 30 day hospital readmission rates and better coordination of patients once they are discharged from the hospital
- Creation of a National Strategy for Quality Improvement in Health care by the US Department of Health and Human Services
- HHS created "Partnership for Patients" to reduce preventable hospital acquired conditions during patient transitions from one care setting to another
- Pay for performance programs which hospitals will receive reimbursements from Medicare based on quality scores for patient care.

Several organizations have initiated quality improvement efforts as a result of the IOM report with positive outcomes.

- The 100,000 Lives Campaign conducted by the IHI (Institute for Healthcare Improvement) implemented practices to reduce mortality rates
- Michigan Regional Collaborative Improvement Program was initiated by Blue Cross Blue Shield of Michigan and improved outcomes with surgical complications and has saved about $20 million a year in payer costs
- The Comprehensive Unit based Safety Program (CUSP) resulted in a reduction in central line-associated bloodstream infections in Michigan hospitals. The program included a five-step checklist which standardized practices and helped to create a safety-focused culture

Jeanette Tanafranca

Questions