Report of the 2021 MNORN Dialogue Forums

Background for the MNORN Dialogue Forums:

MNORN has a practice of having a meeting to discuss ANA Dialogue Forum topics prior to the ANA Membership Assembly.

What is Membership Assembly? The Membership Assembly is the governing and official voting body of ANA. It shall identify and discuss issues of concern to members and provide direction to the ANA Board of Directors.

It provides stewardship for the profession through the creation of policy and positions that support the purposes of ANA.

Among its responsibilities:

- Determine policies and positions for ANA,
- Advise the ANA BOD on environmental trend data related to professional nursing issues, and,
- Engage in environmental scanning to advise the ANA BOD

One way the Membership Assembly fulfills these responsibilities is through Dialogue Forums.

The Dialogue Forum topics for this year's Membership Assembly are:

1. Universal Coverage that Recognizes the Value of Nurses
2. Precision Health and Genomics
3. APRN Full Practice in Nursing Homes
4. Lessons Learned: COVID-19 Pandemic Crisis Standards of Care

ANA has provided background documents on each of these topics.

- Health Care Delivery Systems that Fully Incorporate Nursing Services
- Precision Health and Genomics
- APRN Full Practice in Nursing Homes
- Lessons Learned: COVID-19 Pandemic Crisis Standards of Care

Discussion #1: Universal Coverage that Recognizes the Value of Nurses

Presenter: Mary Chesney

Objectives:

•Describe at least two reimbursement models that reflect the value nurses bring to health care.
•Explain the benefits and value nurses bring to health care when they exercise full practice authority.

Mary Chesney gave an overview of the topic, beginning with the World Health's Definition of Universal Coverage:

> **Universal health coverage** is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship.
>
> WHO, 2021, para 1

Bottomline: all people should have access to health care that has quality that is affordable.

She explained that Universal Coverage can take place in a variety of payment structures, including:

- Current mix of publicly funded & private or employer-funded health insurance
- Single-payer option, while still allowing private/employer-based insurance (Medicare option)
- Single-payer only (Medicare for All)
- Value-based care, which is reimbursement based on outcomes for populations of care (risk adjusted)

Current models of payment do not often recognize the value/contributions of nurses. As we all know, value is about importance, worth and usefulness (Mirriam-Webster) Nurses have knowledge, skills and critical decision-making ability, allowing them to be effective in care coordination, leadership, quality improvement and research to:

- Promote health, wellness, prevention
- Treat illness and disease processes
- Respond to human response to illness and disease (e.g., symptom management, fostering coping skills, patient self-management)

Value recognition would demonstrate these three things: reimbursement/payment; coverage for direct access to nursing care; and provision of full practice authority for all nurses.

So, what are the problems with the current reimbursement/payment models? Mary listed some of them:

- Current reimbursement based on patient diagnosis
- Current models do not provide recognition of direct nursing care
- Inpatient care - nursing care is part of the "room and board" (Welton & Harris, 2007)
- Outpatient care - reimbursement based on diagnosis and CPT code level of care provided by physician, NP, PA

Current payment models lead to the sense of "invisibility" of nurses, both inpatient and outpatient. Nurses are not able to practice to their full scope in areas such as symptom management, patient education, promotion & prevention. Many times nurses are eliminated from outpatient settings altogether, replaced by CMAs and nursing assistants.

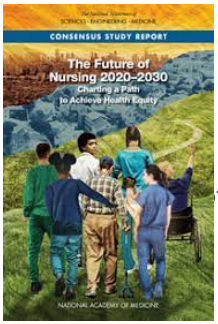
There are models of care that we can look to that DO recognize RNs and APRNs! Examples include:

- Visiting Nurse Association programs: directly pays for nursing care delivered during home visits (nursing assessment, education, health promotion, care coordination and physical care).
- CNP and CNM-led clinics in states with APRN full practice authority. These clinics allow direct reimbursement for CNP or CNM care, however, they DO NOT recognize RN care.
- Value-based models (e.g., ACOs) where reimbursement is a per-capita rate per month (with risk adjustment for people with complex social or physical/mental conditions) that recognize the value of RNs and APRNs to deliver care that is tailored to prevention, promotion, symptom and condition- management.

So, what are some of the problems we need to solve?

- Access to RN care outside of hospitals, because it is still limited by physician/provider gatekeeping and lack of reimbursement.
- Inpatient care reimbursement that, based on the "room and board" model, does not recognize the intensity and volume of nursing care provided.
- Both insurance and publicly funded reimbursement primarily based on diagnosis. not the care provided.

The National Academy of Medicine's report "*Future of Nursing 2020-2030: Creating a Path to Achieve Health Equity*" includes key



messages that are relevant to this discussion:

- Key Message 1: Policymakers need to **permanently** remove barriers that prevent nursing from practicing to the fullest extent of their education and training.
- Key Message 2: Public and private payers need to establish sustainable and flexible payment structures that support nurses in health care and public health, including school nurses.

The Report also includes some relevant recommendations/ideas:

- Remove institutional and state/federal regulatory limitations/barriers
- National Nurse Identifier numbers
- Allow school nurses to bill Medicaid or insurers for school-based services
- Improve school health and public health funding

Discussion:

- The importance of using professional credentials - real titles
- Teach as we provide care, introduction as "nurse"
- While we all know of the importance of "getting nurses to the tables', it hasn't gotten any easier
- Need for nurse leaders to continue to use their RN credentials, even (or especially) from the C-suite
- Challenge of blurring of roles from RN to nursing assistant in clinic settings
- Challenges for the public to understand nursing and all the entry points - CMA's, NA's, LPN's, RN's, APRN's. Very confusing to the public - roles and acronyms.

References:
Welton, J. M., & Harris, K. (2007). Hospital billing and reimbursement: Charging for inpatient nursing care. JONA, 37, 164-166. 10.1097/01.NNA.0000266846.77178.23

WHO. (2021). Universal Coverage. Health Topics

Discussion #2 Precision Health and Genomics

Presenter: Joseph Alexander

Objective: Engage in a MNORN Dialogue focused on the 2021 ANA Dialogue Forum topic about establishing a strategic initiative to integrate precision health and genomics into basic and advanced nursing practice.

Joseph began by focusing our conversation - what are we talking about?

- Using nurses' knowledge of genetics and genomics to optimize care for people living with conditions that have a genetic basis or component.
- Conditions that arise from genetic mutations or genetic alterations. Conditions that are impacted by a genetic compound - "*It runs in the family*"
- Professional nurses at every level of practice, in research, and in education have a role in precision health from a nursing perspective.

Genetics is the study of heredity and the variation of inherited characteristics

Genomics is the entire set of genetic instructions found in a cell, including their interactions with each other, the environment, and the influence of other psychosocial and cultural factors

Precision Health is an approach to wellness which is underpinned by genomics and is respectful of individual lifestyle, behaviors and environmental contexts of our uniqueness

Examples of conditions:

- "Top 10": heart disease, cancer, cerebrovascular disease, diabetes, chronic lower respiratory disease, accidents, Alzheimer's, respiratory infections, kidney disease, and septicemia.
- Higher risk groups for some types of cancer
- Genetically based diseases such as Huntington's
- Conditions such as Edwards and Down's syndromes

Roles for Professional Nurses:

- Intimacy with patient data obtained through patient/family histories
- Knowledge of health conditions that are genetically based or influenced
- Guiding families in health-related decision making
- Awareness of interventions that target genetic and genomic vulnerabilities
- Nursing research to improve the quality of healthcare
- Educating nurses to previously unconsidered levels of knowledge about genetics and genomics
- Policy and ethics

Discussion Questions:

1. What roles for nurses in precision health and genomics stand out to you, from your own experience?
2. What is important and what are the priorities?
3. In what ways would you like to see ANA and the nursing profession approach the future of healthcare with regards to precision health and genomics?

Discussion:

- Some medications are hugely expensive when they are genetically targeted.
- Nurses' role in education and advocacy.
- Impact of pharmaceutical costs on self-insured companies.
- Rapidly emerging with all of the research going on - treating common illnesses
- ANA to promote improving education for nurses about current genetic research and implications.
- Need for collection of data that is impactful
- Currently there is a lack of "cross-talk" between disciplines that would be helpful, e.g., environment, engineering, healthcare
- Broad view of nurses important in addressing this issue
- Need to examine through equity lens, impact on minority communities
- Conduct research in minority communities, even if the numbers are small
- Ethics - we can't even provide basic healthcare to everyone in this country. Feels like "fancy stuff" when we can't get people the care they need in ED's.

Reference

January 2010 Nursing Outlook - Nurses Transforming Health Care Using Genetics and Genomics

A member of MNORN offered the following comments after attending the MNORN Dialogue Forum and subsequently reading the ANA Background Document.

- I support all the suggested ANA recommendations but wish they had placed more emphasis on the educational aspects as I believe that is where we face a significant deficit in our knowledge and application to practice.
- I'd like to hear from faculty about the level of content in nursing curricula and continuing nursing professional development, particularly related to pharmacogenomics. The field is evolving rapidly with implications for education and counseling for patients to manage chronic cardiovascular, GI, metabolic and other conditions. I'm not sure how most nurses would respond if a patient asked them about whether they should have a blood test to find out if a certain medication was the best way to manage their high cholesterol.
- One area not well addressed in the background document relates to ethical aspects. As costs of genetic testing decrease and access increases, we may face dilemmas about when/why it is appropriate, insurance coverage, and other equity

issues. Example: if genomic testing shows that medication X would be most effective but it's more expensive than Medication Y, how is that processed for decision-making? **In healthcare, we seem to be good at having the development of technology outpace our ability to ethically apply it to practice so I think that aspect merits discussion**.

- Many of the ANA references are great sources of information, particularly Calzone's articles and the GTR that has lots of info to unpack.

APRN Full Practice in Nursing Homes

Presenters: Sara McCumber, Cami Peterson-Devries.

Objectives:

- Describe the need for regulatory and reimbursement change of APRN practice in nursing homes to improve care quality and reduce costs.
- Discuss the opportunity to realign education programs to include public health and offer a wider variety of clinical opportunities.

The role of the APRN in Nursing Homes:

- Provide safe-therapeutic resident care
- Provide education to the staff
- Case management
- Be a part of the quality improvement team (currently requires MD membership)
- Cost-effective provider

> "APRNs significantly reduce avoidable hospitalizations by 50%, ED visits by 56%, and expenditures for these services…. More importantly, APRNs improve illness recognition of all staff and improve care delivery systems to prevent dehydration, promote activity, nutrition, communication and helping residents, families and staff agree on goals of care."
>
> (Rantz & Popejoy, 2021)

Moving successful models into practice:
Rantz et al., (2017) described a CMS Innovation Center initiative to reduce avoidable hospitalizations among nursing facility residents. The Missouri Quality Initiative (MQI) utilized an inter-professional model in a nursing home with APRNs which significantly

reduced hospitalizations, ER visits, Medicare and Medicaid expenses for hospitalizations. It reinforced many decades of research supporting cost-effective, safe APRN care.

Hospital care is not good for older adults:
"Residents get better are within the familiar environment of their nursing home from staff who know them and their individual needs. They recover faster as well as maintain physical function that is lost during debilitating hospitalizations." (Rantz & Popejoy, 2021). This has been particularly evident during COVID-19, when family and familiar support has not been allowed during hospitalizations.

It's time to move from a 1965 CMS model to a 21st century model! The 1965 patient is not the 2021 nursing home patient - more complex, older, increased frailty, poly pharmacy, shorter length of stay, families dispersed, increased technology, ethical and advanced care planning issues, and requires more frequent care plan modifications and more frequent care monitoring.

Discussion questions:

- What do we want to promote for change?
- Does the model change make sense?
- What is important in advancing the practice of the APRN in nursing homes?

Discussion:

- Concern that the relaxing of regulations during COVID-19 will go away once the pandemic is over.
- Importance of geriatric APRNs especially with the shortage of geriatric MDs. APRN scope is very important in long term care.
- Evidence is strong for the value of the LTC facility hiring the APRN - this is ideal.
- Residents should be able to chose an APRN to be their primary provider. CMS uses the language "residents have the right to chose…." so residents should have the right to chose an APRN!
- Important to remember that when talking about CMS reimbursement, we are talking about "skilled nursing facilities," not "assisted living facilities."
- Currently, regulations do not allow the APRN to be the attending provider.
- VA model of use of APRNs hasn't influenced other APRN practice as much as had been hoped for.
- 23 states plus the District of Columbia have full practice authority for APRNs - fear that national licensure could negatively impact these states/DC by moving all APRNs down to the lowest common denominator.
- The positive impact of Telehealth during the pandemic may help other areas change.

- The state-level opt out of MD anesthesia care might be a model for nursing homes (In 2001, the Centers for Medicare & Medicaid Services (CMS) changed the federal physician supervision rule for nurse anesthetists to allow state governors to opt-out of this facility reimbursement requirement.)
- The complexity of rules/regulations from CMS in regards to nursing homes makes changes challenging.

Lessons Learned: COVID-19 Pandemic Crisis Standards of Care

Presenters: Celeste Knoff and Colleen Quesnell

Objective #1

Describe changes to practice applications necessitated rapidly due to the COVID-19 pandemic and discuss ways to create plans to formally initiate these practices going forward in the event of another crisis.

Transformational Opportunities, as identified by the Tri-Council for Nursing Report (2021) "*Transforming Together: Implications and Opportunities from the COVID-19 Pandemic for Nursing Education, Practice and Regulation.*"

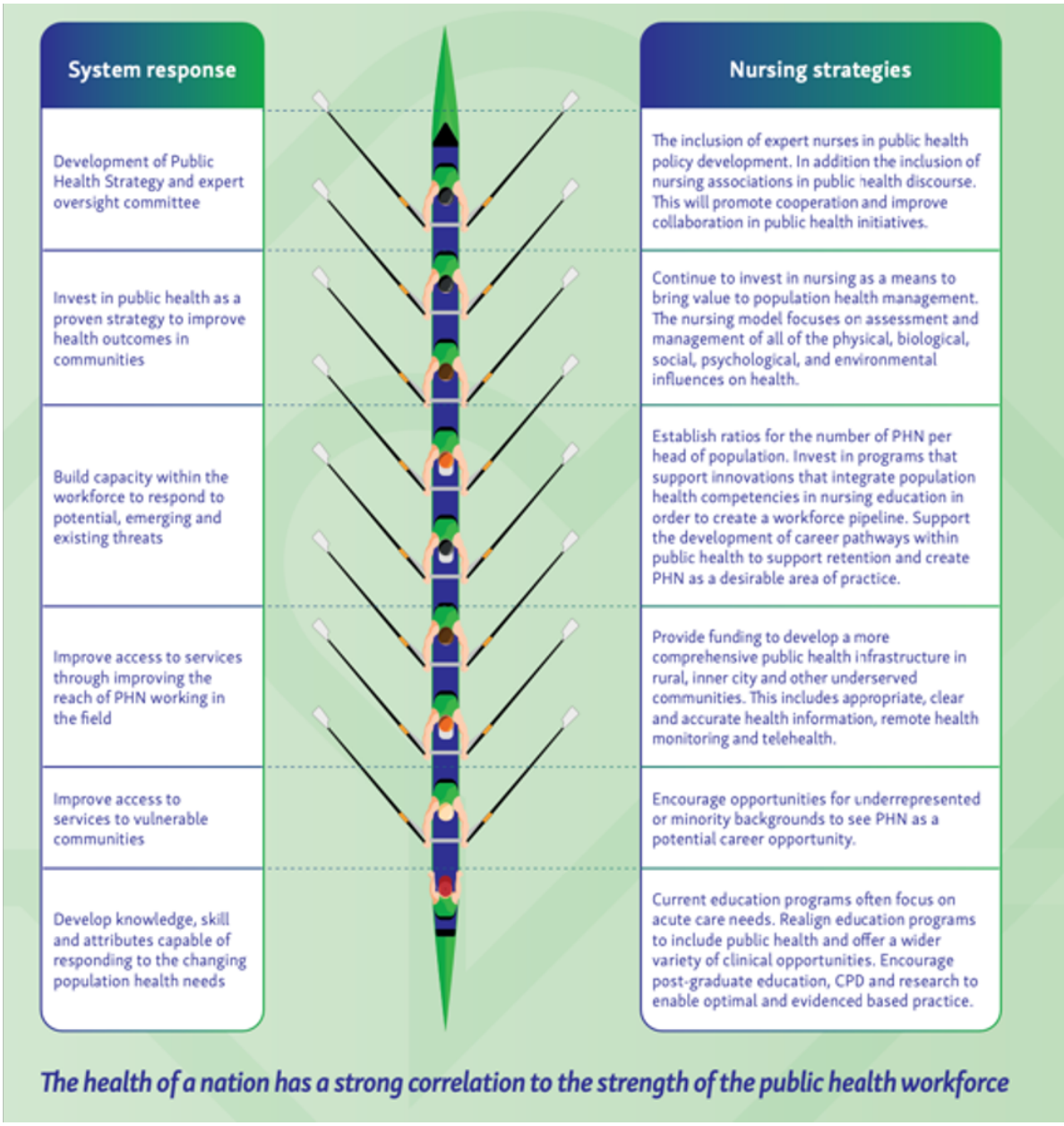
Equity and Health Equity	**Ethics**	**Nursing Workforce**
1. Healthcare Access for All 2. Culturally Informed Care 3. Determinants of Health	1. Ethical Guidelines During a Crisis 2. Duty to Care for All Patients During a Crisis 3. Duty to Self During a Crisis	1. Dynamic Care Team Models 2. Public & Population Health Linkages 3. Workforce-Patient Safety
Innovation	**Inter-Professional Emergency Planning and Response**	**Mental Health and Wellbeing**
1. National Compact for Telehealth Reimbursement 2. Mapping and Managing the Spread 3. Surge Capacity 4. Unbounded Nursing Education 5. Virtual Teaching and Learning 6. APRN Full Scope Model	1. Consumer Communication 2. Responder Communication 3. Rapid Research-Practice Application 4. Rapid Resource Mobilization	1. Mental Health and Wellbeing During a Crisis 2. Long-Term Mental Health Impacts

What is the Problem?

- Evidence has demonstrated that PHNs are reliable and effective responders during infectious disease emergencies, providing safe, effective and nondiscriminatory care to the communities they serve.

- Despite their critical role, in many countries PHN positions have been underfunded, often eliminated or under-resourced.
- This has resulted in **a diminished public health mandate and reduced access to institutional experience to provide public health services, resulting in making communities more vulnerable** to both chronic and infectious disease threats (Edmonds et al., 2020).

What is the Desired Outcome?



ICN, 2021

Recommendations:

- Expand content on public health, crisis management, equity, mental health, and determinants of health into nursing curricula and interprofessional education (IPE). (Tri-Council, 2021)

- Core public health education across all health care professions
  Support public health infrastructure
  Enhance nursing leadership in public health
  Public health education for existing health care providers (CE) (Tri-Council, 2021)

- Realign education programs to include public health and offer a wider variety of clinical opportunities. (ICN, 2021)

- Establish ratios for the number of PHN per head of population. Invest in programs that support innovations that integrate population health competencies in nursing education in order to create a workforce pipeline. Support the development of career pathways within public health to support retention and create PHN as a desirable area of practice. (ICN, 2021)

Implementation:

1. Identify communication source to be the voice of trusted public and population health data for the health care professions, ex CDC, JHI, NYT coalition.

2. Define accepted, single source of objective public and population health data to inform curricula and training design.

3. Virtual education and simulation works for nursing; apply these lessons learned for future educational changes.

4. Develop inventory of health care workforce/resources, to help us plan for addressing health care needs on a broader national scale.

5. Collaboration and development of communication principles to educate population on health related issues, in a regular matter.

6. Learn from the pandemic and use disaster preparedness model to maintain support for the public health infrastructure to prevent future occurrences.

7. Enhance nursing leadership in public health.

8. Public health education for existing health care providers; CE; opportunity for nursing re-entry (clinically)

Potential Impact of Implementation Actions:

1. Ability to rapidly design and implement new curricula and training during a crisis.

2. Ability to provide higher quality care during a crisis.

3. Able to impact public health outcomes.

4. Ability to mitigate the crisis and minimize harms.

5. Impact needs to be on the health of the public, not just the professions.

References:
American Nurses Association. (2021). *Nursing: Scope and Standards of Practice, Fourth Edition*

American Nursing Association (2021). Membership Assembly Policy Development Guide.

International Council of Nurses (ICN), 2021. *Nurses: A Voice to Lead A vision for Future Healthcare.*

Tri-Council for Nursing. (2021). *Transforming Together: Implications and Opportunities from the COVID-19 Pandemic for Nursing Education, Practice and Regulation*.

Objective #2

Discuss the opportunity to realign education programs to include public health and offer a wider variety of clinical opportunities.

What Happened?

1. Lockdowns, quarantining, misinformation, resource shortages, occupancy rates in hospitals and a culture of fear created a dramatic change in health care pursuit and availability.
2. Healthcare services were scaled back, and staff and resources re-prioritized.
3. Care for many health conditions including chronic conditions, mental health conditions and non-acute concerns were disrupted. This included early hospital discharges, rescheduling of non-urgent elective procedures, outpatient appointments and redeployment of staff.

Practice Changes necessitated by COVID-19:

- Increased use of telemedicine
  - Phone visits
  - Video Visits
- Other supportive health technologies/technology (Reed, 2021)

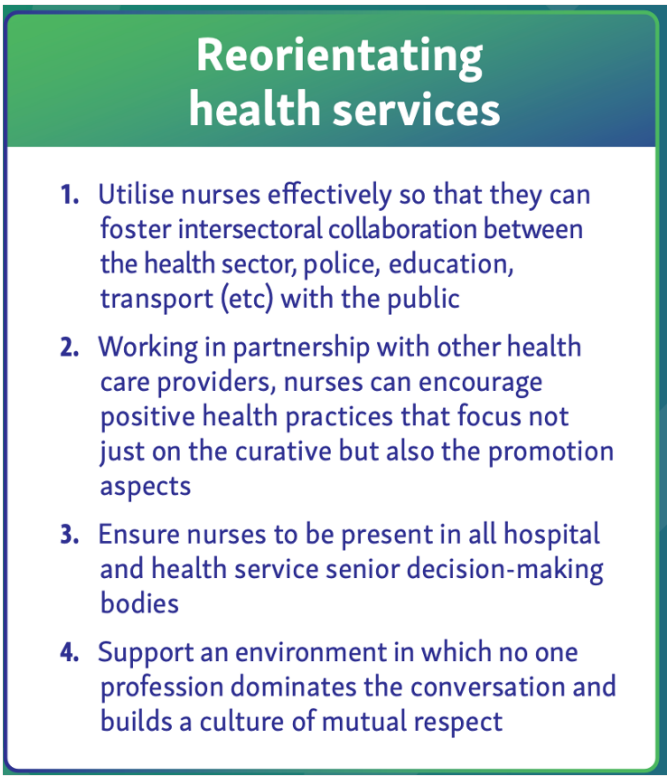
Non-contact physiological information detection
Remote interactive medical platform
Simultaneous tele-imaging

- Hospital-at-home technology (Snowbeck, 2021)
- Drive-up options for care
  - COVID-19 testing
  - COVID-19 vaccinations

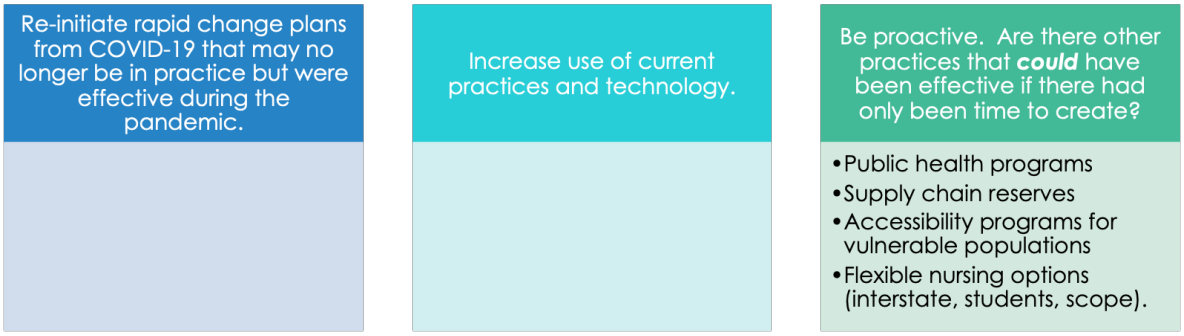
Will the rapid care changes be sustained?
The rapid changes could set the foundations for improved access and care delivery if they are:

- Financially stable
- Safe
- Of quality in care delivery
- Accessible
- Provide a positive consumer experience
- (ICN, 2021)

Overall goal: Ensure that nurses are at the table for decisions that effect healthcare practices. (ICN, 2021)



In the event of another similar healthcare crisis….



References:

American Nurses Association. (2021). *Crisis Standard of Care COVID-19 Pandemic. Retrieved from* https://www.nursingworld.org/~498211/globalassets/covid19/final-crisis- standards-of-care--1.pdf

International Council of Nurses. (2021). *Nurses: A voice to Lead, A vision for future healthcare. Retrieved from* https://www.icn.ch/system/files/documents/2021- 05/ ICN%20Toolkit_2021_ENG_Final.pdf

Reed, S. (2021). 8 lessons learned from the COVID0-19 pandemic. *American Nurse Journal. 3(2021), 19-21.*

Snowbeck, C. (2021). Mayo invests in 'hospital at home' technology. *Star Tribune. May 13, 2021. D1-D4.*

Discussion:

- Importance of bringing the ICN Report and the Tri-Council Report together. The Tri-Council Report brings specific actions to issues identified in the ICN Report - "how to get it done."
- What happened during the pandemic? Things we would have never expected to see in the U.S.
- Nurses need to be at tables during pandemics
- When thinking about hospital-at-home options, make sure nursing standards are being met
- Challenges of organizations who are generally in competition with each other now having to work collaboratively. Sometimes conversations are too "politically correct." Nurses need to be forthright.

- Board of Nursing - reasonable nursing care
- Concern that in discussions about the "next pandemic" that COVID-19 is considered the ceiling, while it should be considered the floor. 61% of the deaths occurred in long term care. What if they had occurred with younger, healthier people (like the 1918 flu)?
- When considering then next pandemic, remember that it could be much worse. Think about prisons… public health emergency.
- Need RN research on telemedicine. Are students learning? What is our role as nursing? Nurses need to be involved in clinical research.
- Telephonic nursing - is that language visible?
- Benefit of robust public health response on pediatric health
- Rural health - mental health care improved with telehealth, reduction of stigma from others knowing they were accessing care
- Need to elevate school nurses to improve pediatric outcomes
- Future of Nursing report calls for an improvement in public health to reduce disparities
- Frontier Nursing Service as a model
- Ratio of school nurse to student still too high

Next Steps

The ANA Membership Assembly Dialogue Forums will occur on Tuesday, June 1st and Thursday, June 3rd. MNORN Representatives Heidi Orstad, Sara McCumber, Kelli Greder, and Molly Maxwell (alternate) will participate in the Dialogues along with MNORN ED, Kathi Koehn.

Following the Dialogue Forum(s),the Professional Policy Committee prepares a report for consideration by the Membership Assembly.
For each Dialogue Forum, the report will include a summary of the Membership Assembly's discussion along with broad recommendations for each.
For proposals requesting the development of a new or revision of an existing policy or position, the Professional Policy Committee will take one of the following actions:

- Recommend adoption of the proposal as submitted;
- Recommend adoption of a revised proposal; or
- Propose a motion without recommendation.

For recommendations approved by the Membership Assembly, the ANA Board of Directors determines the specific actions that will be taken to implement the recommendations in keeping with its corporate and fiduciary authority and responsibility. MNORN will inform you of the outcomes of each of the Dialogue Forum topics.