

Public Health Nursing Contributions to the Affordable Care Act

Nursing and the Public Health's Conference
OPHA Nursing Section

Joyce K. Edmonds, PhD, MPH, RN, APHN-BC, CPH

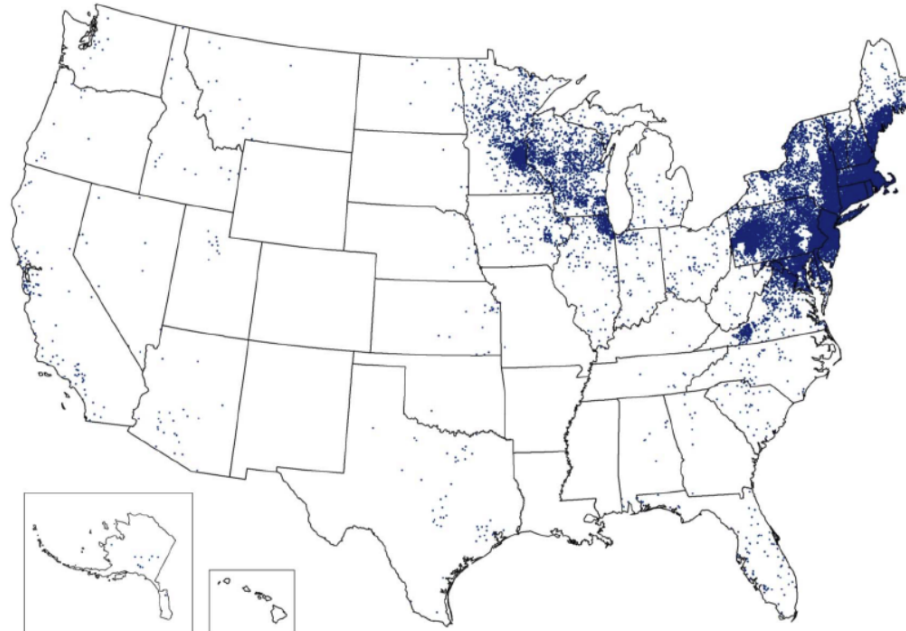
Keynote Address

May 4th, 2015

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MAPHN Greetings





Cities are in capital letters. * Indicates County Seat.

There are 14 Counties, with 39 cities and 312 towns.

There are sixteen communities that have applied for, and been granted, city forms of government, though they wish to be known as "The Town of". They are: **AGARDIM, ANESBURY, BORNSTABLE, BRAINTREE, BRIDGEWATER, EASTHAMPTON, FRANKLIN, GREENFIELD, METHUEN, DALMA, RANDOLPH, SOUTHBRIDGE, WINTER TOWN, WEST SPRINGFIELD, WEYMOUTH and WINTHROP.** They are in *italics*.

The geographic center of Massachusetts is the Town of Rutland, Worcester County.

Oldest Town: Plymouth - 1620

Oldest City: Boston - 1822

Newest Town: East Braintree - 1920

Newest City: GARDNER - 1923

Smallest by population: Town of Gosnell - 75, City of North Adams - 13,708

Largest by population: Town of Framingham - 68,518, City of Boston - 617,594



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MASSACHUSETTS CITIES AND TOWNS

Updated 10/2011 (population figures are based on the 2010 Census)

Acknowledgements



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Office of Patient Safety, Baylor Healthcare

Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.
-APHA PHN Section Definition



Public health nursing during the New Deal in the US, from the FDR Library



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SPECIAL FEATURES: THEORY

Updating the Definition and Role of Public Health Nursing to Advance and Guide the Specialty

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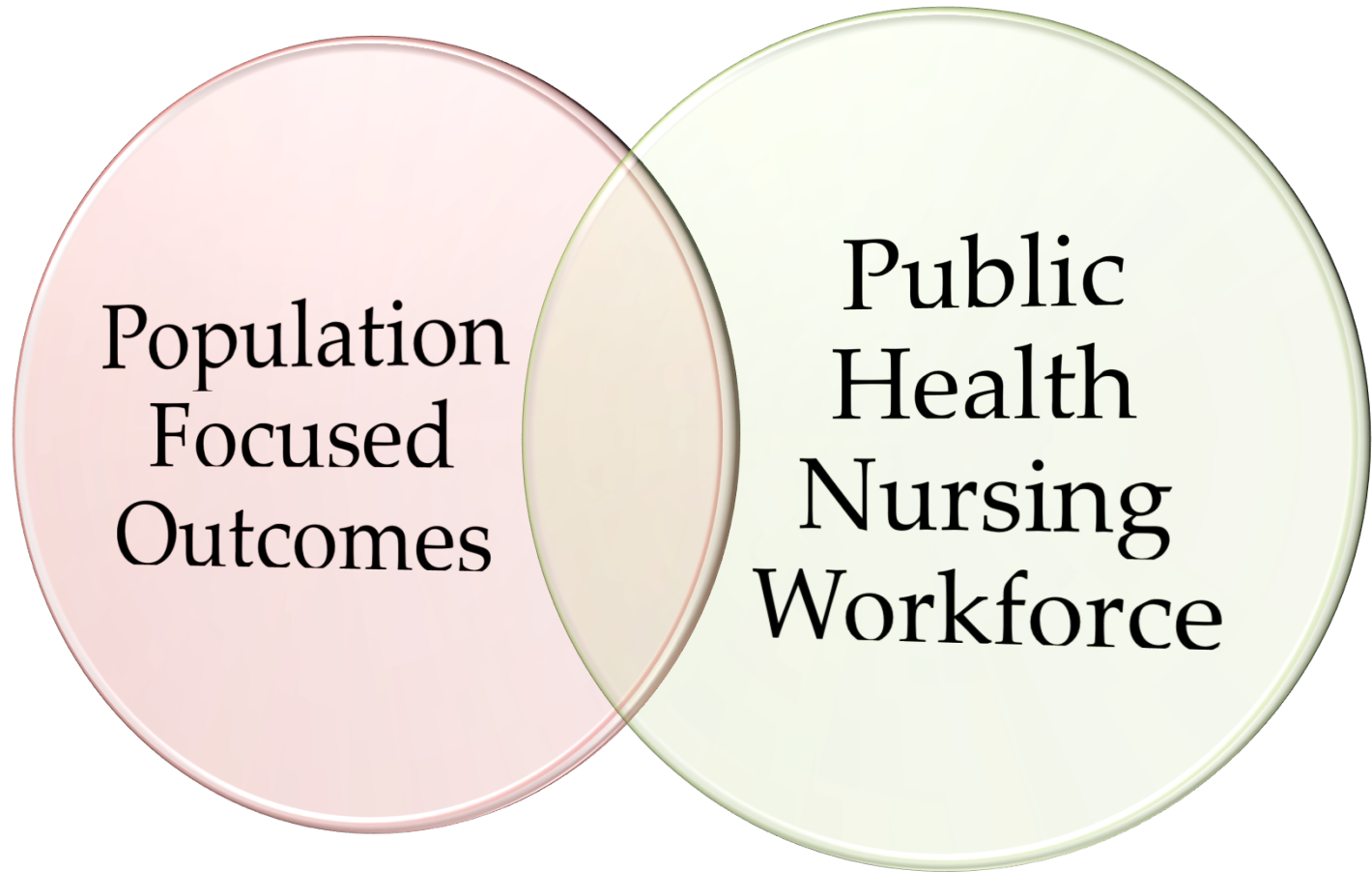
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ABSTRACT National changes in the context for public health services are influencing the nature of public health nursing practice. Despite this, the document that defines public health nursing as a specialty—*The Definition and Role of Public Health Nursing*—has remained in wide use since its publication in 1996 without a review or update. With support from the American Public Health Association (APHA) Public Health Nursing Section, a national Task Force, was formed in November 2012 to update the definition of public health nursing, using processes that reflected deliberative democratic principles. A year-long process was employed that included a modified Delphi technique and various modes of engagement such as online discussion boards, questionnaires, and public comment to review. The resulting 2013

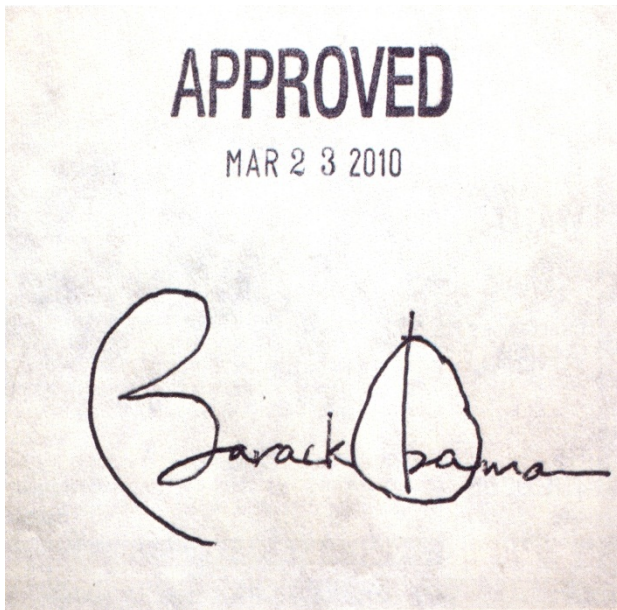






The Affordable Care Act (ACA)

- The Patient Protection and Affordable Care Act (H.R. 3200)
- The Health Care Education and Reconciliation Act (H.R. 4872)
- Totals more than 2,000 pages
- Became effective March 23, 2010
- Most provisions upheld by the U.S. Supreme Court on June 29, 2012
- June 2015-Supreme Court will decide on whether subsidies should be available to all Americans who qualify or only to those who purchase insurance through exchanges “established by the state.”



The Affordable Care Act's Ten Titles

Title
I

Affordable and Available Coverage

Title
II

Medicaid and CHIP

Title
III

Delivery System Reform and Medicare

Title
IV

Prevention, Wellness, and Public Health

Title
V

Workforce Initiatives

Title
VI

Fraud, Abuse, Transparency and more

Title
VII

Pathway for Biological Similar

Title
VIII

CLASS – Community Living Assistance Services & Supports

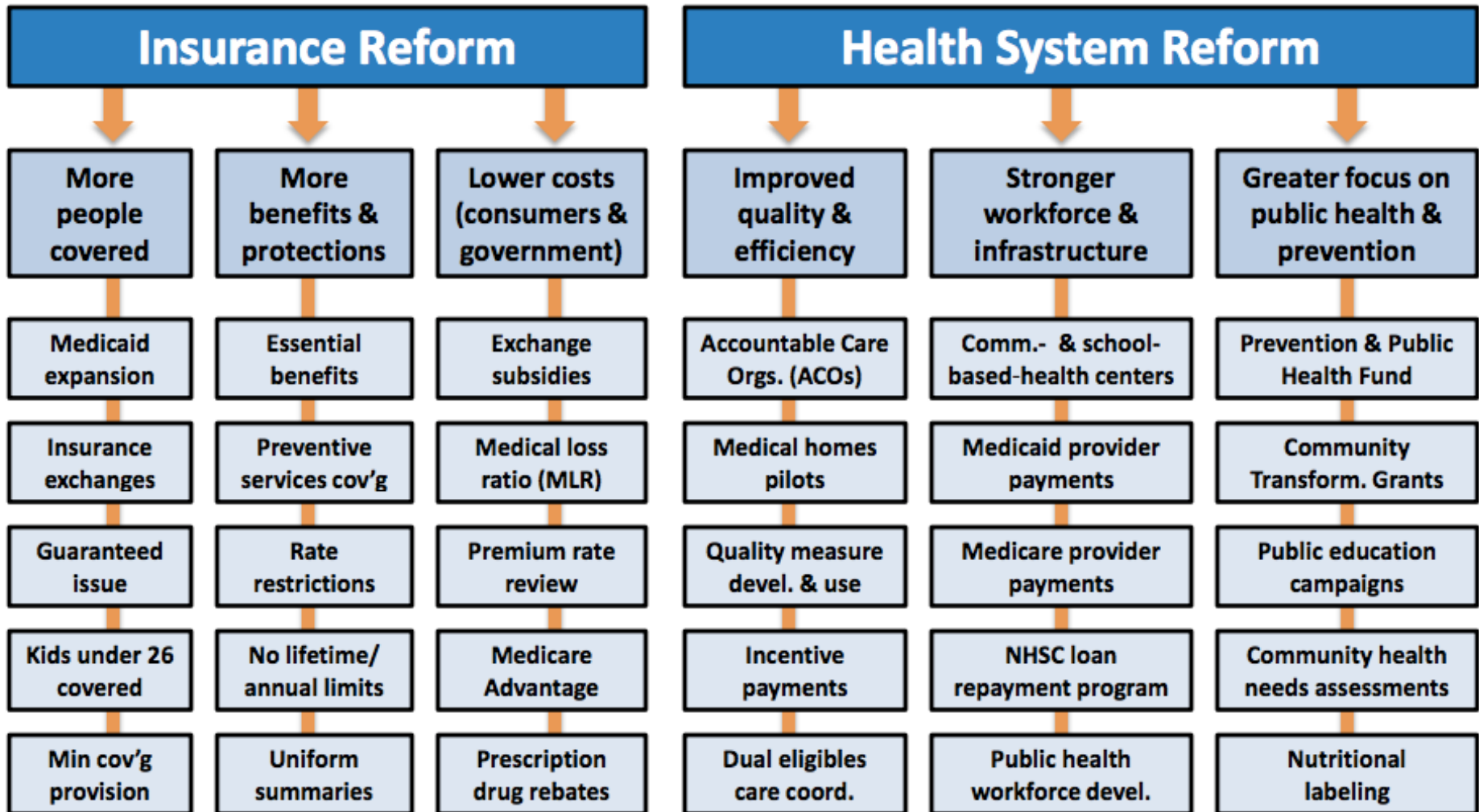
Title
IX

Revenue Measures

Title
X

Manager's Amendments (to Titles I-IX) Plus Health Care & Education Reconciliation Act (HCERA)

Overview of the ACA



ACA and Changes in Care

- Health insurance expansions → higher demand for all health care services.
- Requirements, guidelines, and incentives that **emphasize preventive care.**
- Bundled payments → effort to increase continuity of care.

Background and Significance

- Public health nurses by definition play a critical role in ensuring population health.
- The Affordable Care Act has brought fundamental transformations to the public and private health care system in the United States.
- Yet, little is known about how the PHN role is adapting to the change brought about by the ACA or the extent to which PHNs are implementing activities associated with the provisions delineated under the ACA.

Study Aims

- The study aims were:
 - To describe the knowledge and perceptions that public health nurses have of the United States health care system and health reform (Affordable Care Act).
 - To characterize involvement of public health nurse's in work related activities associated with the health reform.

Methods



- Web-based survey was administered to a national sample of *self-identified* PHNs currently employed in the United States.
- Launched at APHA Annual Meeting and publicized via professional e-mail lists, flyers and announcements November 15th - December 15th, 2014.
- Dillman method to advertise, recruit, and increase number of responses.
- Descriptive statistics were calculated for all study variables. Frequency and ranking of PHN involvement in ACA activates.
- Responses to two open ended questions were subject to content analysis.
- The study was approved by the Institutional Review Board of Texas Tech Health Science Center (#L15-125).

Survey Instrument

- Robert Wood Johnson Enumeration Survey Questions
- Kaiser Family Polling Questions
- ACA Activity Questions
 - Derived from review of literature and national discussions
- Two Open Ended Questions
 - Describe any changes in your current job as a result of the ACA
 - Comment on the future roles public health nurses may have in the implementation of the ACA in the next two years.

ACA Activity Questions

“To what extent are you now involved in [] in your community as a result of the ACA?”

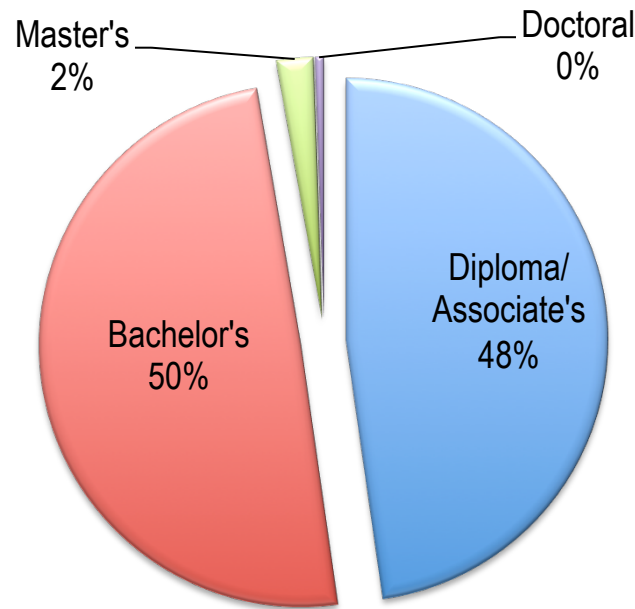
- Community health assessments linked to ACA
- Integrating primary health care and public health
- Involved in Accountable Care Organizations
- Involved in Medical Home
- Establishing public-private partnership
- Care coordination
- Patient navigation
- Population health data assessment and analysis
- Population health strategy
- Clinical preventive services
- Maternal and child health home visiting

Respondent Characteristics

- A total of 1283 responded with 1070 completed and subjected to analysis
- All states
- Average age was 50 years (SD 11.7)
- Majority White
- Majority Female
- 81.7% were employed full-time

Characteristic	No	%
Age		
25 years or less	18	1.7%
26-35 years	125	11.9%
36-45 years	182	17.3%
46-55 years	296	28.1%
56-65 years	374	35.5%
More than 65 years	59	5.6%
Race		
White	982	76.5%
Black/ African American	96	7.5%
Asian	32	2.5%
American Indian/ Alaskan Native	18	1.4%
Native Hawaiian/ Pacific Islander	4	0.3%
Ethnicity		
Hispanic/ Latino	72	5.6%

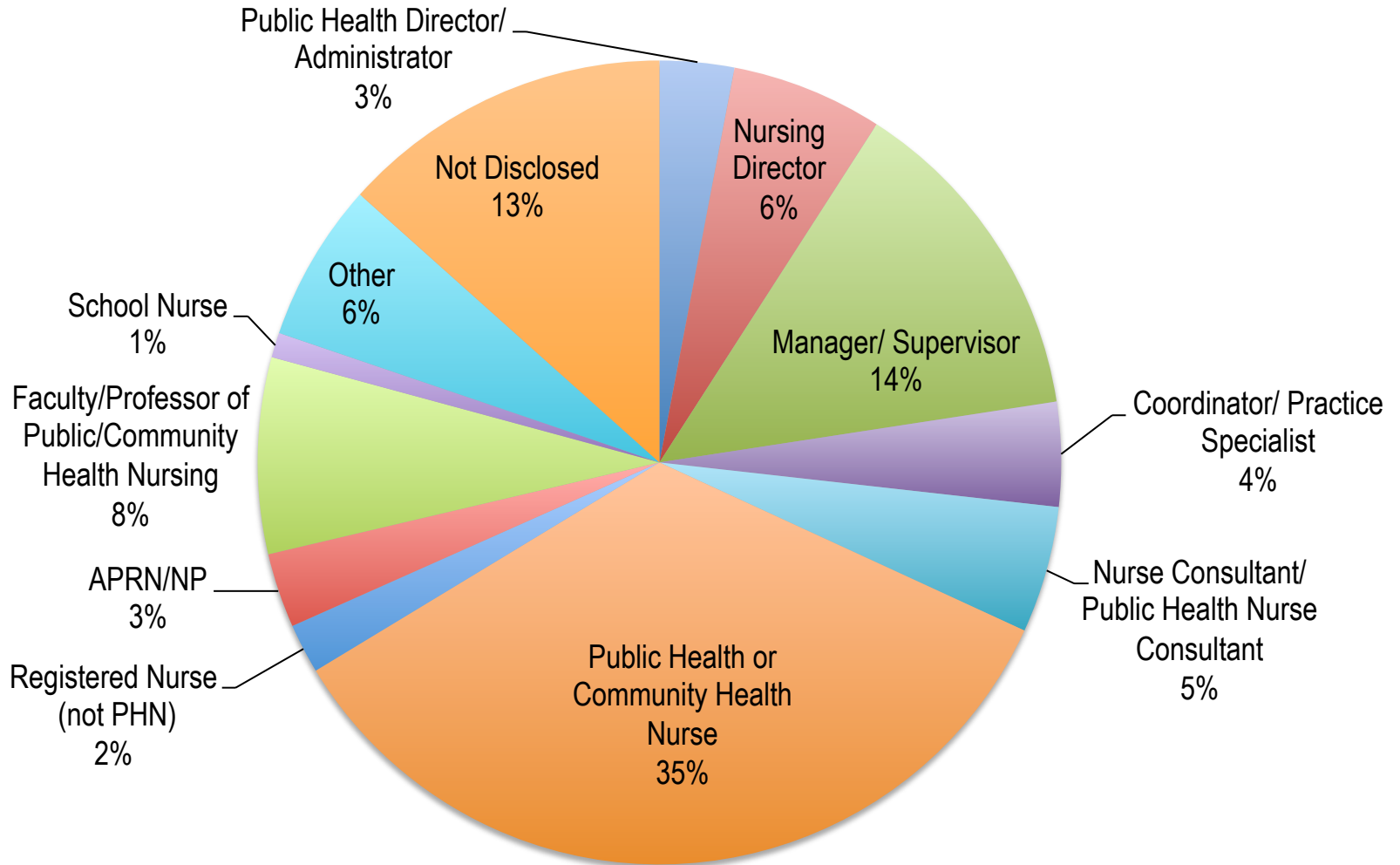
Distribution by Highest Nursing Degree



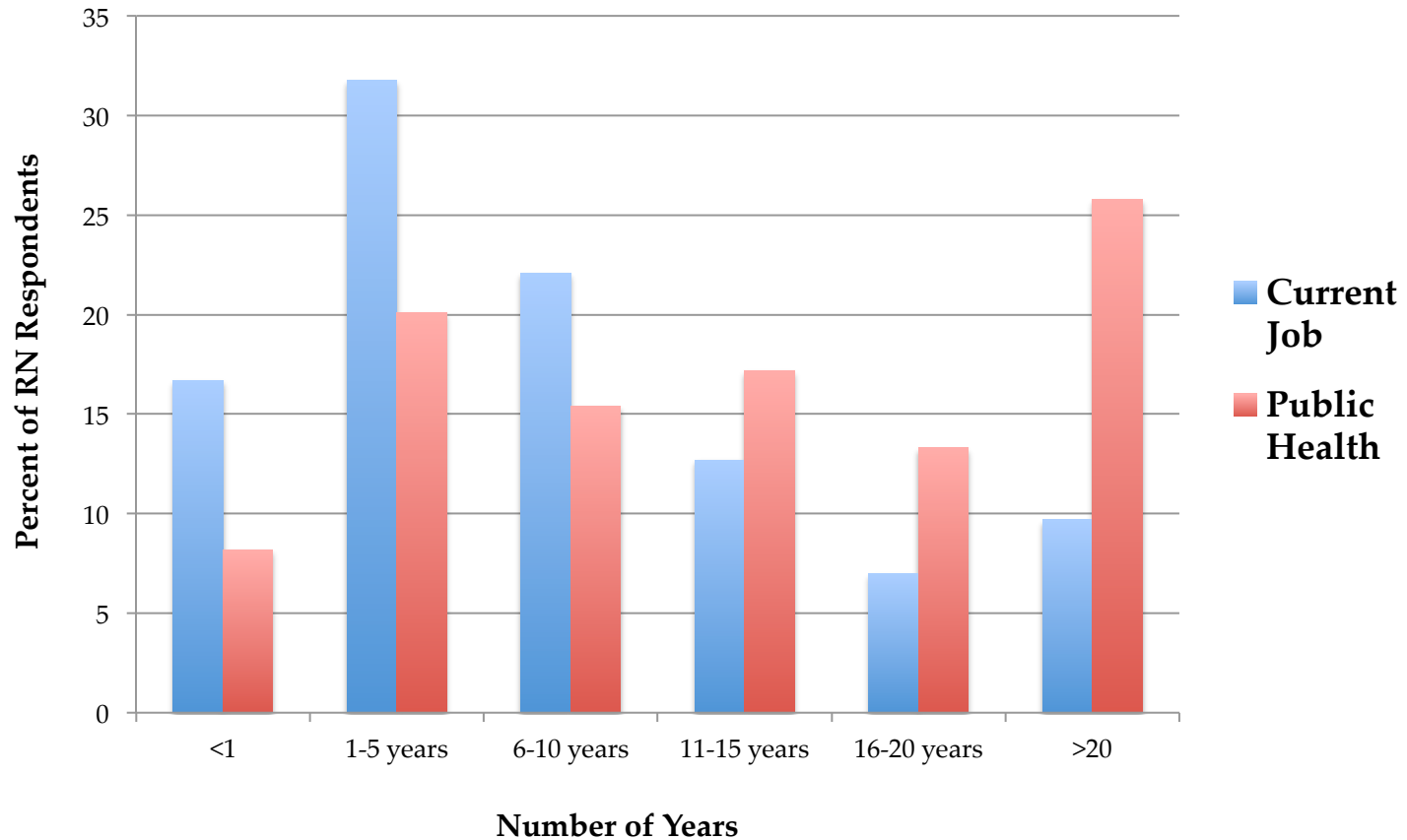
IOM Report on the Future of Nurses: Increase the proportion of nurses with baccalaureate degree to 80 percent by 2020.

RWJ Enumeration Survey = 39% of reported having a diploma/associates as highest Nursing degree

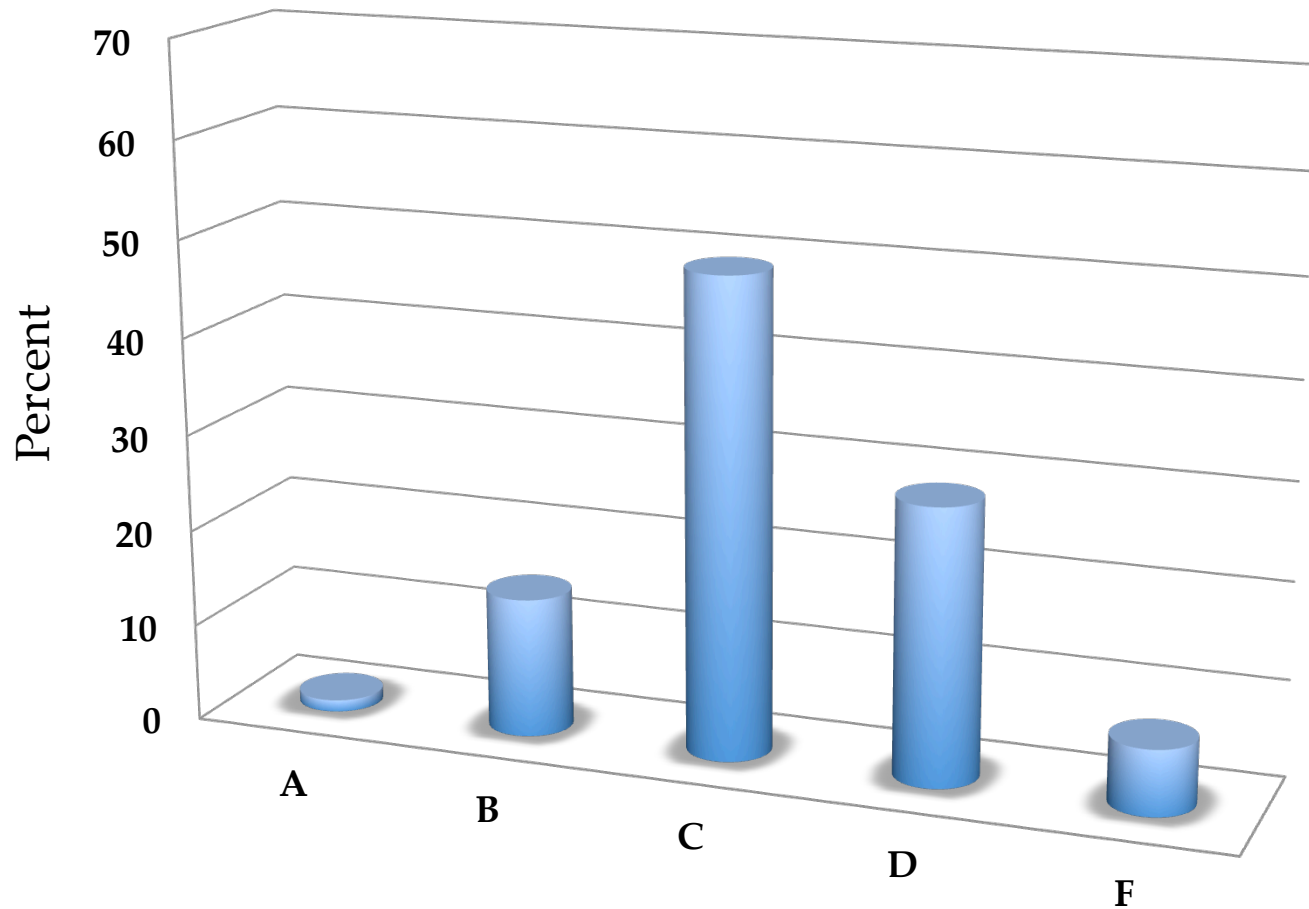
Distribution by Job Title



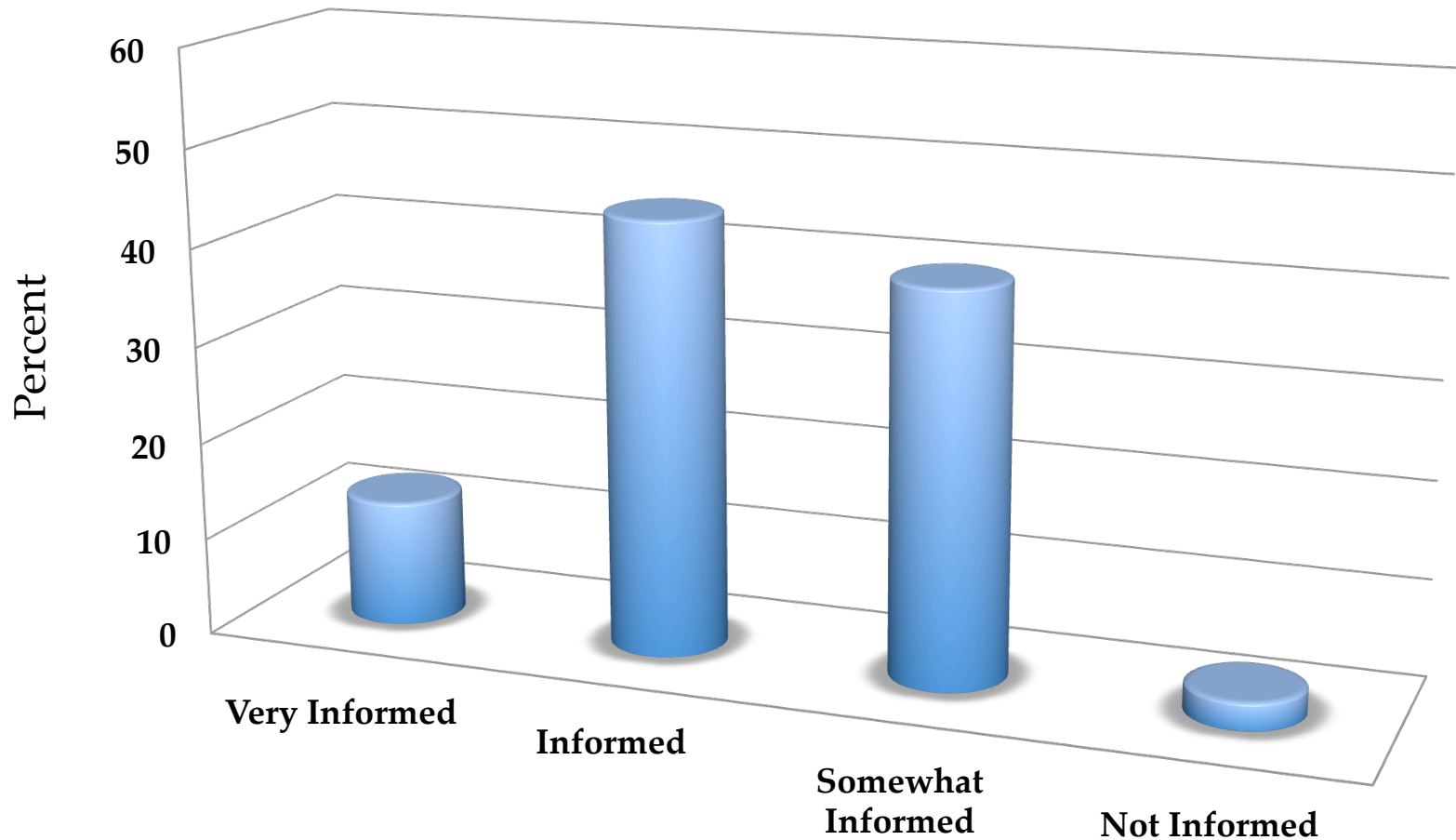
Distribution of Years of Work Experience in Current Job and Public Health



What Grade Would You Give the US Health Care System?

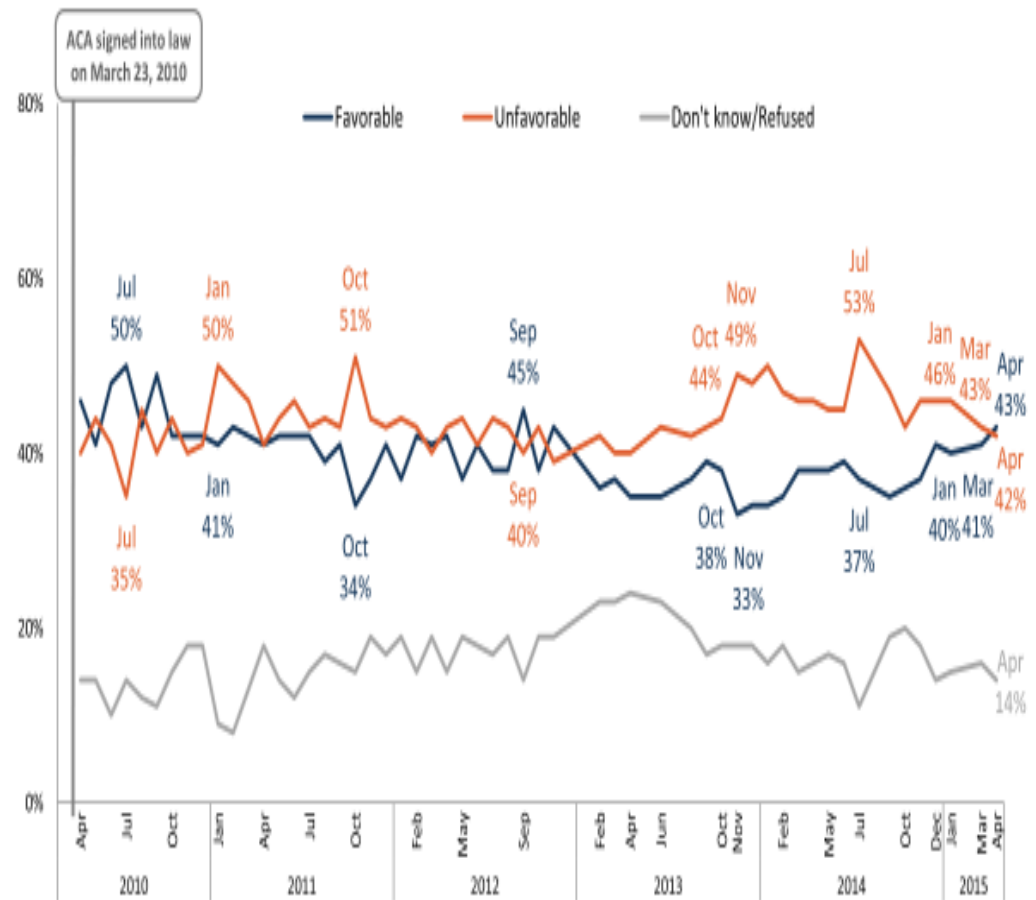


How informed would you say you are about the Affordable Care Act (ACA) legislation?



As you may know a health reform bill was signed into law in 2010. Given what you know about the law, do you have a generally favorable or generally unfavorable opinion of it?

- The *majority* of PHN respondents (57.7%) were favorable toward the ACA above the average (~40%) reported by the general public.

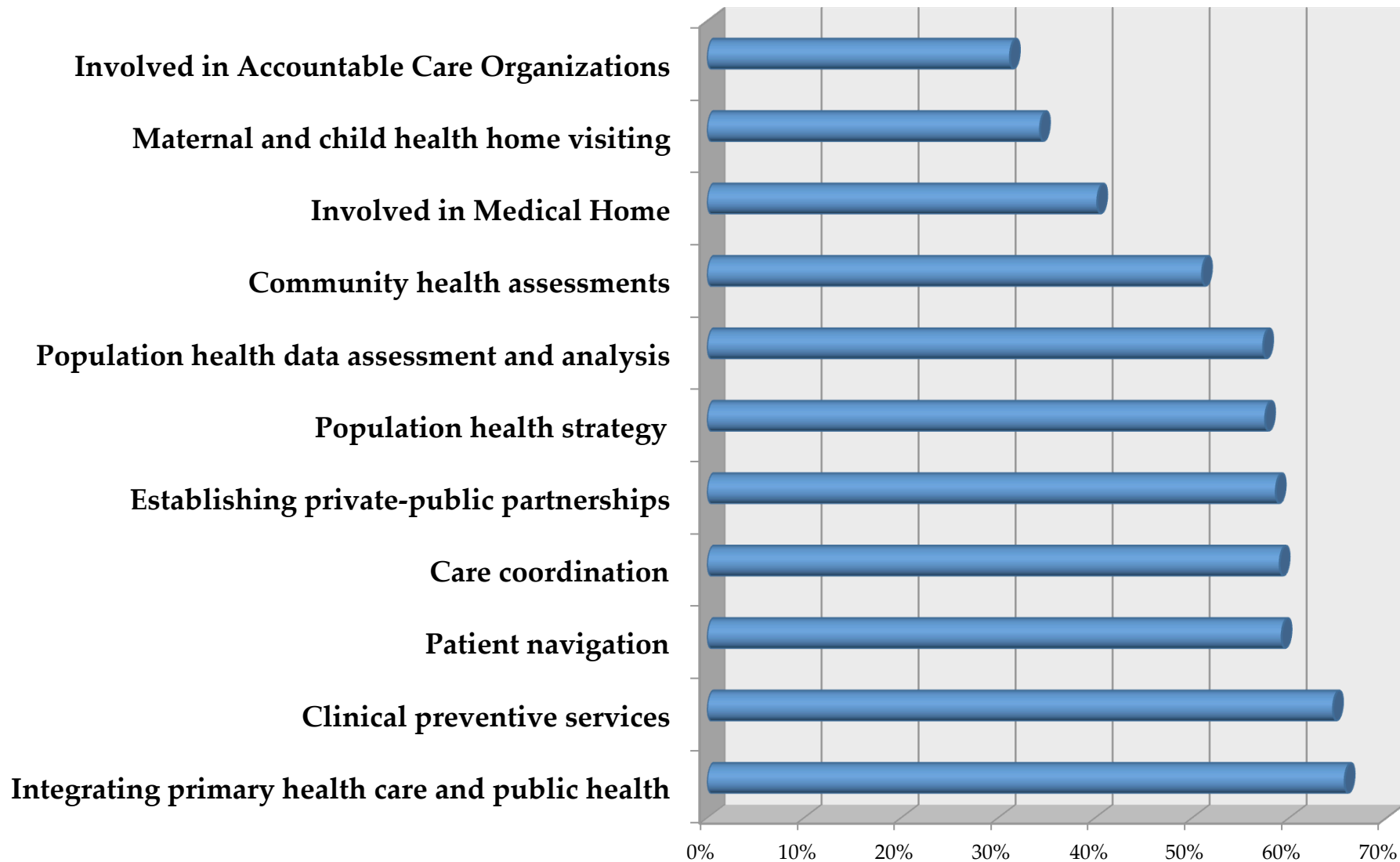


NOTE: Data not collected for Dec 2012, Jan 2013, May 2013, Jul 2013, Aug 2014, and Feb 2015.

SOURCE: Kaiser Family Foundation Health Tracking Polls

PHN Contribution to ACA

Rank		% Very or Somewhat Involved
1.	Integrating primary health care and public health	65.7%
2.	Clinical preventive services	64.5%
3.	Patient navigation	59.2%
4.	Care coordination	59.0%
5.	Establishing private-public partnerships	58.6%
6.	Population health strategy	57.5%
7.	Population health data assessment and analysis	57.3%
8.	Community health assessments	51.0%
9.	Involved in Medical Home	40.2%
10.	Maternal and child health home visiting	34.3%
11.	Involved in Accountable Care Organizations	31.2%



Job Changes

- 38% reported that the daily functions and tasks of their current job have changed a great deal or somewhat as a result of the ACA.



Future Role

- 25.2% of respondents foresee that PHNs will have a primary role in the future implementation of the ACA.
- 37.6% of respondents foresee that PHNs will have a moderate role in the future implementation of the ACA

Job Changes

“There have been a number of changes:

- the number of patients we are allowed to serve (there has been a decrease)
- the increase screening of patients to verify eligibility
- the need to bill insurance
- requirement to switch to EHR
- decrease in state funding available to us
- perception of the health department to our public has changed in a negative way-due to the screening process, requirement of payments, decrease the availability of services”

Job Changes-Navigator

“We provide a **Navigator to assist clients to medical homes and to** partner agencies who are helping folks sign up to the Marketplace or expanded Medicaid in Ohio. As of Dec 4th, we will be establishing an area in our public health department building where these partner agencies will staff computers and assist the public in this insurance sign-up.”

“Our health dept. clients now have health insurance coverage and we have a new FQHC to refer them to for care. Some elements of our care coordination program have changed to include **more navigation.**”

“I work with the MT Cancer Control Program and some of our former clients are getting insurance **so I then play more of a Patient Navigator Role.**”

Job Changes

“My job has shifted from serving the uninsured/underinsured **to more care coordination, linking, assisting in navigating** a more complex (and yet more equitable) healthcare system. “

Job Changes

“ACO's and bundled funding being explored. Work with community health teams that have been established as part of the Blueprint in VT or health care reform”

Job Change-Community Assessment

“Most significant change at the local level is that hospitals are now "open" to discussion with us about community assessment activities, which did not occur until the law compelled this activity on their part.”

Job Change-Home Visiting

“I am the project director for our state's Affordable Care Act, Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant. Therefore, our state has had the opportunity to significantly expand evidence based MIECHV services and my role/functions have increased accordingly.”

Job Changes

“We have seen a **decrease in clients for services** in Family Planning/Women's Health programs due to client's no longer qualifying for the public health programs due to having insurance.

“The number of women enrolled in the Wisconsin Well Woman program in our county has **greatly decreased** due to the ACA. For our county most remaining eligible women will be the Hispanic population of undocumented citizens.”

Job Change

“Many more referrals for routine immunizations for individuals who have insurance that is not accepted by their PCP or individuals who have switched to Medicaid.”

Skeptics



“I don't think that Public Health
"commissions" etc. even think of nurses as
having a role in much of anything !!!”

“Based on the current political change, disagreement over ACA, uncertainty of its future, questionable implementation...I believe it to be a waste of resources and time to assume it will remain in its current form. **To train, attempt to implement and put in practice a very questionable program (going forward) will only serve to frustrate and tax public health nurses....**There is simply too much political uncertainty with the change of House/Senate Membership that could completely change ACA. Ignorance or unwillingness to accept this possibility is unwise. “

“PHNs have an opportunity to bridge the gap between clinical and community/population level preventative services. However, I think that both PHNs and public health decision-makers will need to reassess the skill sets required for PHNs to participate in these activities, and to refocus PHNs toward policy, systems and environmental level skills and competencies. **Currently, I do not see that this capacity exists among the general PHN workforce.**”

“Nurses should be heavily involved, but in most institutions in my region (New York City) they are not in the forefront of the planning and implementation of programs. Physicians and administrators pass us by becoming more knowledgeable so that they can engage local health care providers about opportunities for collaboration around Accountable Care Organizations and integration of public health and primary care.”

“I see Public Health in rural areas being phased out. I see rural health in general as becoming a "thing of the past". All grant funding I have been looking at are aimed at populations > 150,000 or more. What about rural health???”

Optimists



Future Role

“If the profession can be visionary there is abundant opportunity for PH nurses to become involved in community level work, formal liaisons between the community and the clinical system, increased home visiting for prevention, and in general changing the viewpoint of society from individual focused sickness care to health as a PHNs have an opportunity to bridge the gap between clinical and community/population level preventative services.”

Future Role

“I foresee a public/private partnership that allows Public Health to provide prevention services (immunization, family planning, health education, WIC), and communicable disease investigation and follow-up while reserving our limited resource of physicians to provide personal health care.”

Future Role

“I see the greatest role for public health nurses as care coordination. Fragmentation and lack of coordination increases cost and due to hospitalization and visits to the ED.”

“More coordination with other systems/services/providers. Innovation in system design and reaching populations”

Future Role

“More people will turn to public health for their medical care when their providers will no longer offer a needed service or even be willing to accept them as their patient, due to decreased reimbursements.”

“I see a return of Visiting Nurses outside of the Home Health reign in order to meet the needs of uninsured through health promotion and education.”

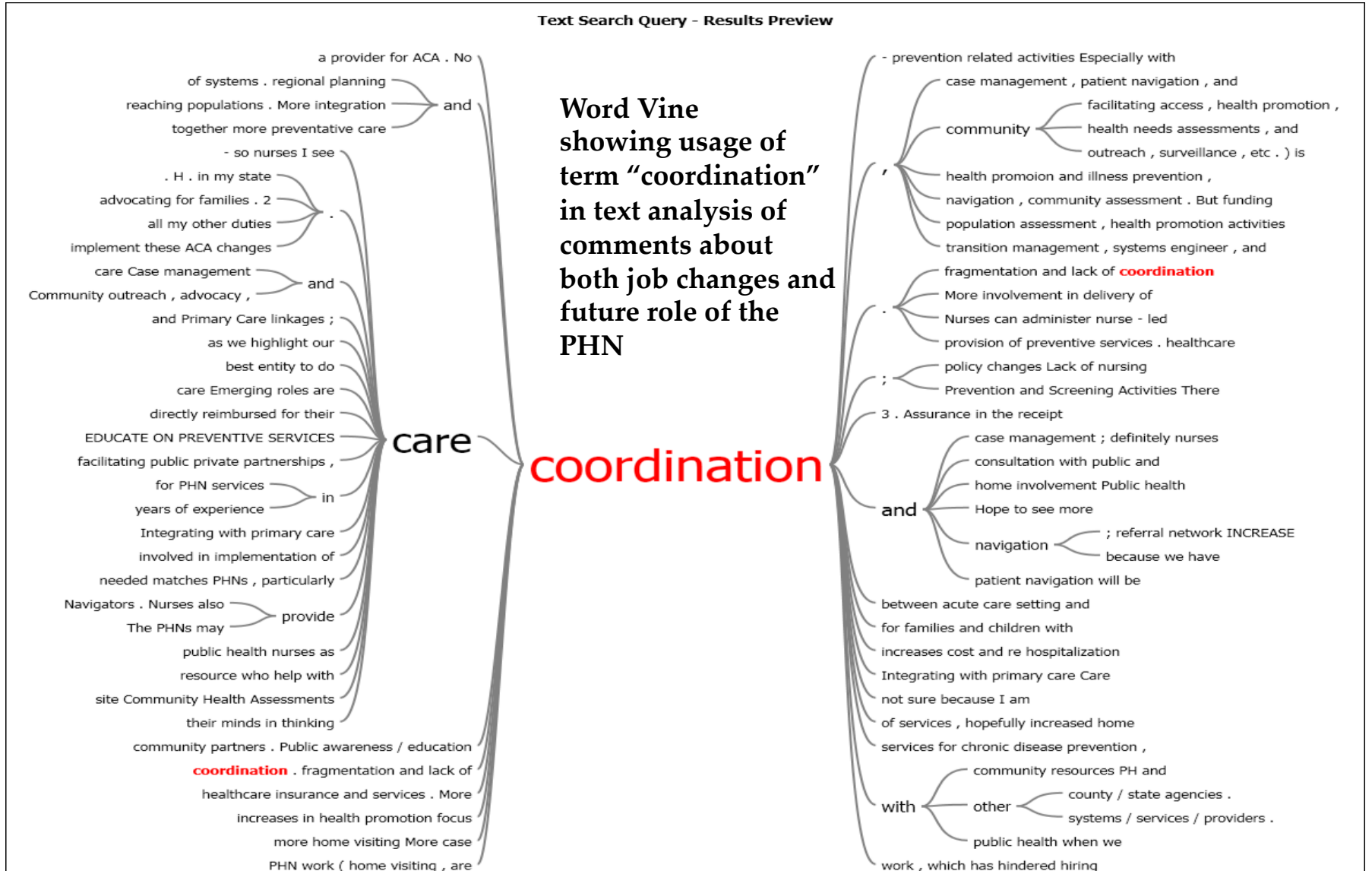
Barriers

“It is the "politics" that is holding back the involvement of PHN's in regards to to the ACA currently.”

“Our department of health is slow to change and it frustrates me that public health nursing leadership cannot be more proactive in seizing the opportunity to do primary prevention, collaboration and partnership with community providers and organizations.”

Coordination-Common Theme

Text Search Query - Results Preview



Care Coordination vs. Navigation

- **Care Coordination**-Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care.
- **Navigator**-An individual or organization that's trained and able to help consumers, small businesses, and their employees as they look for health coverage options through the Marketplace, including completing eligibility and enrollment forms. These individuals and organizations are required to be unbiased. Their services are free to consumers.

Opportunities Identified

- Community Transformation Grant Funded Programs
- Clinical Care Provision for Preventive Services
- Coordinate with Hospitals on Community Needs Assessments
- Collaborate with FQHCS
- Partner with Medicare ACOs

Obamacare trimming charity expenses at hospitals in Oregon

■ Oregon hospitals see drop in uncompensated care

Simply put: Fewer Oregonians needing charity; more funding for community health needs.

All but two of Oregon's hospitals are nonprofit organizations, requiring them to benefit the community to retain their tax-exempt status. Charity care has historically been a significant portion of their community benefit portfolio.

If charity care spending drops, the hospitals will make up for it with more spending on other public services, the group said.

Limitations

- Cross-sectional design
- Self report data
- Self identified PHN
- Involvement in activities pre or post ACA implementation

“ACA has not affected my roles, because I was doing them before the ACA.”

- Data presented is from preliminary analysis. Presentation at APHA Meeting 2015 in Chicago Oct. 31-Nov 1.

Conclusions

- Public health nurses are currently making a contribution to ACA implementation.
 - Integrating primary health care and public health
 - Provision of clinical prevention services
 - Care coordination and navigation
- While public health nursing practices are changing, the ultimate goal of public health nursing remains unchanged.
- Overall, public health nurses foresee a future in ACA implementation in their communities although some are uncertain about the future.
- Leadership in policy, education, and practice are needed for PHNs to assume a future role in health care reform.

Implications

- Inform strategies to promote public health nurses' involvement in activities associated with the ACA
- Support the evolving role of the public health nurse in affecting systems and improving population health outcomes.
 - The Quad Council of Public Health Nursing Organizations Priority = *“identify and support current and emerging roles of public health nurses”*
 - RWJ PHN Advisory Committee Recommendation = *“Determine how changes in the functions of public health departments, due to health care reform and the transformation of public health agencies' work, will impact the tasks and function of the public health nurses.”*
 - The National Advisory Council on Nurse Education and Practice, recommendations to the Secretary of the United States Department of Health and Human Services and the Congress = *Support efforts to establish an evidence base of best practices in public health nursing education and practice models with attention to their roles on interdisciplinary teams*

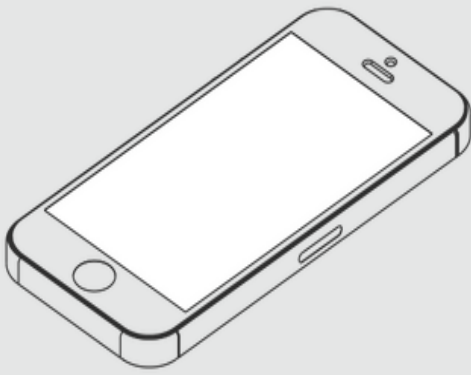
Questions for Public Health Nursing Policy and Practice

- Should public health nursing become more involved in the direct provision of certain types of clinical preventive services to assure that equitable access is realized?
- How can public health agencies and nurses most effectively engage with hospitals around assessment and planning?
- How might public health nurses be involved in the creation of more integrated systems of care for people with chronic conditions who depend on health-care and public health programs?
- How might public health nurses be working with exchanges and/or health plans to assure that they offer quality products whose performance can be measured?
- What role will public health nurses continue to have with the uninsured populations that remain and the communities in which they live?

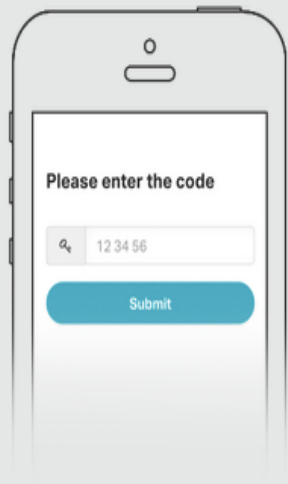
Question

To what extent do you foresee public health nurses having a role in the implementation of the ACA in the next two years?

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19 32 44 and vote!

