

## NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE

The 137<sup>th</sup> meeting of the National Advisory Council on Nurse Education and Practice (NACNEP) was held on Monday, January 28, 2019, from 8:30 a.m. to 4:30 p.m., and Tuesday, January 29, 2019, from 8:30 a.m. to 1:30 p.m. The meeting was conducted in person and by webinar and teleconference, based from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 5W07, Rockville, MD 20857.

In accordance with the provisions of Public Law 92-463, the meeting was open to the public for its full duration.

### **Council members attending in person:**

CAPT Sophia Russell, Chair  
Dr. Marsha Howell Adams  
Dr. Maryann Alexander  
Dr. Cynthia Bienemy  
Dr. Ann Cary  
Dr. Tammi Damas

Ms. Mary Anne Hilliard  
Dr. Ronda Hughes  
Dr. Christopher Hulin  
Rev. Dr. Lorina Marshall-Blake  
COL Bruce Schoneboom

### **Council members attending via webinar:**

Dr. Linda Kim  
Dr. Roy Simpson  
Ms. Dona Meyer  
Dr. Teri Murray

### **Council members absent:**

Dr. Mary Brucker  
Dr. John Cech  
Ms. Mary Ann Christopher  
Dr. Maryjoan Ladden

### **Others present:**

Ms. Tracy Gray, Designated Federal Official, NACNEP  
Ms. Kasey Farrell, Nursing Education Practice Branch, HRSA  
Ms. Kimberly Huffman, Advisory Council Operations, HRSA  
Dr. Luis Padilla, Bureau of Health Workforce, HRSA  
Mr. Isaac Worede, Performance Metrics & Evaluation Branch, HRSA

## **Day 1: Monday, January 27, 2019**

### **Welcome and Meeting Purpose**

*Tracy Gray, MBA, MS, RN, Designated Federal Officer (DFO) and Chief, Advanced Nursing Education Branch, HRSA*

Ms. Tracy Gray, Designated Federal Official (DFO) for the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council), convened the 137<sup>th</sup> NACNEP meeting at 8:37 a.m. on Monday, January 27, 2019, and conducted roll call. The legislative requirement of a quorum was confirmed.

Ms. Gray introduced CAPT Sophia Russell, director of the Division of Nursing and Public Health (DNPH) within the Bureau of Health Workforce (BHW) at the Health Resources and Services Administration (HRSA). By the Council's charter, the DNPH Director serves as the NACNEP chair. CAPT Russell welcomed Council members and provided a brief overview of the meeting agenda.

### **Opening Remarks**

*CAPT Sophia Russell, DM, MBA, RN, NE-BC, NACNEP Chair and Director, Division of Nursing and Public Health, HRSA*

CAPT Russell provided a brief overview of the meeting agenda and NACNEP's charge. She reminded participants that NACNEP recommendations and reports are acted upon in a variety of ways. Congressional staff members often refer to reports for information to guide decision-making. In addition, the Council's recommendations have influenced nursing programs and policy development under Title VIII.

Notices of Funding Opportunities (NOFOs) were presented for two programs: the Advanced Nursing Education Nurse Practitioner Residency (NPR) Program and the Sexual Assault Nurse Examiners (SANE) Program. CAPT Russell walked participants through the contents of their folders, which included minutes from the previous meeting.

CAPT Russell explained that the Title VIII legislation was signed into law by President Johnson in 1964 to address an anticipated nursing shortage. The Administration, Congress, and the nursing community demonstrated a high level of support for legislation to support the nursing profession. These recommendations were woven into legislation resulting in the Nurse Training Act of 1964. Title VIII was added to the Public Health Service Act that same year.

Nursing workforce programs within Title VIII support faculty development and educational loans. The programs also prioritize education, practice, quality, and retention, in addition to enhancing the nursing training curriculum and increasing the number of qualified registered nurses, advanced practice registered nurses, and nurse anesthetists in rural and underserved areas. In addition, the programs increase nursing educational opportunities for individuals from disadvantaged backgrounds. In FY18, the Bureau of Health Workforce, Division of Nursing and Public Health, was level-funded at \$249 million.

## **Bureau of Health Workforce Updates**

*Luis Padilla, MD, Associate Administrator, Bureau of Health Workforce, HRSA*

Dr. Padilla provided an overview of the Bureau of Health Workforce (BHW). From education and training to service, BHW's vision is to make a positive and sustained impact on health care delivery for underserved communities. Its mission is to improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need.

The bureau's priorities are to:

- Transform the health care workforce by creating training opportunities, incentives, and sustained support for clinicians working in rural and underserved areas.
- Increase access to behavioral health services, including substance use disorder treatment.
- Use health care workforce data to inform program and policy.
- Infuse BHW values and priorities across the organization to guide decision-making.

Dr. Padilla provided more information about each of the above priorities. Through BHW, providers have been trained to deliver quality behavioral health care, including substance use disorder treatment and medication-assisted treatment. A total of \$79.4 million has been invested in behavioral health workforce education/training, while \$39.6 million has been invested in mental/behavioral health education and training. In addition, during the 2017-2018 academic year, BHW-sponsored programs supported more than 5,000 sites that provide substance use treatment services.

In FY18 and FY19, HRSA's National Health Service Corps (NHSC) received \$225 million in funding. These funds are destined to expand and improve access to quality opioid and substance use disorder treatment. Funding includes support for opioid response in rural communities and loan repayment programs for workforce in the area of substance use disorder. This support has allowed the NHSC to expand its services and include a focus on outpatient treatment sites.

To help improve care in underserved communities, more than 145,000 students and trainees from rural backgrounds have participated in BHW-sponsored grant programs. Also, 60 percent of BHW-supported health professions trainees received training in medically underserved communities. This is important because clinicians who receive training in community-based and underserved settings are more likely to practice in such settings.

With respect to the use of workforce data to inform programs and policy, the National Center for Health Workforce Analysis recently released a series of reports containing estimates and projections of the country's behavioral health workforce through 2030. Two scenarios are presented in the projection report; both scenarios contain a number of shortages in various behavioral health disciplines.

BHW's three core values are innovation, collaboration, and being results driven. These values are exhibited both within and outside the organization as well as incorporated into its NOFOs.

DNPH is authorized under Title VII and VIII of the Public Health Service Act. Entities eligible for funding include specific health professions programs as well as schools of nursing, nursing

centers, academic health centers, state or local governments, and other public or private nonprofit entities approved by the Secretary of HHS. Funding factors include preference, priority, and special consideration.

A total of \$249 million are earmarked for the division to fund a variety of programs. There are two new programs in the area of Advanced Nursing Education: SANE and NPR. SANE aims to increase the number of registered nurses, advanced registered nurses, and forensic nurses trained and certified as sexual assault nurse examiners in communities. The residency program prepares new Nurse Practitioners (NPs) in primary care for practice in community-based settings through both clinical and academic-focused 12-month residency programs.

BHW has begun the process of developing a system that will allow for the use of a National Provider Identifier (NPI) to track National Service Corps participants. This year, BHW will be adding the Children's Hospitals Graduate Medical Education program and the Teaching Health Center Graduate Medical Education program. The children's program alone includes more than 10,000 residents who will be tracked beyond the completion of their residencies to determine where they are practicing. The Nurse Practitioner Residency Program also requires capturing an NPI.

In FY18, BHW awarded over \$1 billion to more than 8,000 organizations and individuals through more than 40 workforce programs. The FY19 budget allocates a total of \$1.6 billion to HRSA workforce programs.

### *Discussion*

- Dr. Simpson explained that, due to mergers and acquisitions, 20 major multi-hospital systems now control approximately 70 to 80 percent of the nursing workforce. He asked Dr. Padilla how one should look at the distribution of nursing through channels that claim community engagement as nonprofit organizations when they are part of multi-organizations. He also asked whether Dr. Padilla's division had analyzed the impact of mergers and acquisitions.
- Dr. Padilla replied that BHW currently focuses on the populations of the communities those systems are serving, whether or not they are in a consolidated network or system. He said he would ask the National Center for Health Workforce Analysis to look into the impact in terms of the change in health care delivery as it pertains to HRSA's programs.
- Dr. Simpson said that getting nurses to sign on to an NPI would be helpful from a data standpoint, especially with respect to electronic health records. Dr. Padilla said he is encouraged by the fact that some states are considering making NPI a requirement for graduating nurses. It would also be helpful, on a long-term basis, to be able to tie NPI and other data together to learn more about the community and patients being served as well as the kinds of services being provided.
- Dr. Bienemy said she is the immediate past president of the National Forum. One of the Forum's concerns is that, for many states, especially those maintaining state-level data, the workforce projections in the reports do not always reflect what is happening within

the state. One of the report's assumptions is that supply equaled demand at the time of projection. However, in Louisiana this is not the case. The number of graduates is decreasing, as is the number of students enrolled.

- Dr. Padilla thanked Dr. Bienemy for her comment. He said that HRSA would continue to dialogue with her, the National Forum, and other organizations on the matter at hand. He added that the report includes information about the model's limitations. At a national level, the numbers show an oversupply of nurses, though in some states there is a maldistribution of nurses while in others there are shortages. He said that another report will be coming out soon and will provide additional information about what is happening at the state level.
- Dr. Hulin said he has not seen funding to support the preparation of nurse anesthesia providers. In 60 percent of rural hospitals, nurse anesthesia providers are the sole providers of anesthesia care. This is important because studies show that 6 to 8 percent of patients undergoing surgery have a persistent opioid problem. Dr. Padilla replied that a high number of graduates of the Nurse Anesthetist Traineeship program serve in rural and underserved areas. He said he would like to learn more about how Certified Registered Nurse Anesthetists (CRNAs) provide preventive services so that BHW can tailor its funding opportunities. However, one must recognize that the effort will require a big lift from all disciplines supported in various settings.
- Dr. Cary asked if it would be possible to tie a funding preference for CRNA training to existing funding for schools that have prevention built into their curricula. Dr. Padilla said BHW leverages preference with respect to rural and underserved areas.
- Dr. Cary explained that the University of Missouri, Kansas City hosts SAMHSA Federal Training Centers for distributing best practices in substance use. She asked if SAMHSA and HRSA funding priorities could be aligned in terms of opportunities to connect the dots with those graduating and those in the field to take advantage of the dissemination of best practices. Dr. Padilla said HRSA is working toward leveraging such efforts. There are various activities across the country at the federal, state, and local levels and the hope is that propping up a technical assistance center will help with this matter.

## **Review and Final Comments: NACNEP 15<sup>th</sup> Report to Congress**

*NACNEP Writing Committee*

### **Council Business**

*CAPT Sophia Russell, DM, MBA, RN, NE-BC, NACNEP Chair and Director, Division of Nursing and Public Health, HRSA*

*Kim Huffman, Director, Advisory Council Operations, Bureau of Health Workforce, HRSA*

*Ann Cary, PhD, MPH, RN, FNAP, FAAN, Lead, NACNEP Writing Committee*

CAPT Russell moved to the next item on the agenda: a discussion of Council business. Ms. Gray said the Council should be composed of 21 to 23 members. Six Council members are scheduled to roll off in March 2019. However, because the nomination and vetting process can take a year or longer, a request has been made for an extension lasting until the end of the fiscal year (September 30, 2019). This will provide sufficient time for new members to join.

She explained that NACNEP should comprise leading authorities in various fields of nursing, higher and secondary education, and associate degree schools of nursing; representatives of advanced education nursing groups (such as NPs, nurse midwives, and nurse anesthetists); hospitals and other institutions and organizations that provide nursing services; practicing professional nurses; the general public; and full-time students enrolled in schools of nursing.

Council members are appointed by the Secretary of HHS and membership should encompass a broad geographic representation, adequate representation of minority populations, and a balance between urban and rural areas.

Interested individuals can submit an application for nomination via the HRSA website at any time. Ms. Gray explained the nomination process and noted that additional information about requirements and the nomination procedure can be found online.

A question was asked as to whether more than one Council member could be affiliated with the same institution. In such cases, a waiver process is needed to justify why more than one individual is being proposed from the same institution. A Council member suggested that HRSA reach out and present to the National Student Nurses' Association to encourage students to apply.

CAPT Russell provided a brief summary of the meeting with the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCD), which took place on January 9-10, 2019.

ACTPCD provides advice and recommendations to the Secretary of HHS concerning policy and program development and other matters of significance concerning medicine and dentistry. During the meeting, there were discussions about how NACNEP and ACTPCD could collaborate and create synergy around recommendations.

One of the questions arising from the discussion was about developing joint funding opportunities under Titles VII and VIII to foster interprofessional collaboration. It was explained that funding opportunities are not inclusive of both nursing and medicine because they are funded under different statutes and sections of the Public Health Act. The group also discussed the potential development of a parallel track so that a NOFO could be implemented in two different divisions and have two different funding buckets.

In addition, the group discussed the possibility of identifying common areas of focus in NACNEP and ACTPCD reports, coordinating recommendations, and identifying an interdisciplinary funding opportunity that would allow both nursing and medicine to collaborate on researching/solving problems.

Overall, the three key areas identified for collaborative focus were 1) Cowriting

recommendations around leadership training on prevention and on complex medical and social needs to achieve health equity, 2) Simultaneously addressing the opioid crisis, and 3) Training opportunities to model teams working effectively within larger health networks (e.g., the Veterans Administration).

Ms. Kauffman reviewed the Council's stipend and travel policy and procedures. She covered specifics regarding stipends, payment of stipends, travel requirements, the process of making travel arrangements, hotel reservations, itinerary changes, reimbursable/non-reimbursable expenses, reimbursement vouchers, and the travel expense form. She answered questions from Council members related to these areas.

The minutes for the September 26-27, 2019 NACNEP meeting were approved by all Council members with only COL Bruce Schoneboom abstaining.

Dr. Cary called for volunteers for the Writing Committee of the 16<sup>th</sup> Report. The following individuals volunteered for the Writing Committee: Dr. Hughes (Chair), Dr. Alexander, Dr. Bienemy, Ms. Hilliard, Dr. Murray, and Dr. Simpson. The following individuals volunteered for, or are already part of, the Planning Committee: Dr. Damas (Chair), Dr. Howell Adams, Dr. Kim, Dr. Ladden, Rev. Dr. Marshall-Blake, Ms. Meyer, and Dr. Simpson.

Dr. Cary asked about the status of the letter to the Secretary developed by the Council. Ms. Gray replied that the letter is en route to the Secretary.

## **Overview of Division of Nursing and Public Health/Title VIII Programs**

*Tracy Gray, MBA, MS, RN, DFO and Chief, Advanced Nursing Education Branch, HRSA*

*Kasey Farrell, MS, Chief, Nursing Education Practice Branch, HRSA*

Ms. Farrell discussed programmatic implementation, Title VIII, and some changes and new programs released since the last Council meeting,

The Nursing Education and Practice Branch has released a new veteran's investment called the Veteran Nurses in Primary Care (VNPC) training program. The program's goal is to recruit and train military veteran undergraduate nursing students as well as practicing registered nurses and preceptors within primary care to practice to the full scope of their licenses in community-based primary care teams. Another new program is the Registered Nurses in Primary Care Program (RNPC), which prepares nursing students and current registered nurses to practice at the full scope of their licenses in community-based primary care teams.

The Advanced Nursing Education Branch has released the NPR Program. The purpose of this program is to prepare new nurse practitioners in primary care for practice in community-based settings through clinical- and academic-focused 12-month Nurse Practitioner Residency programs.

There are various considerations in the area of programmatic implementation, including: legislation and Congressional appropriations, NACNEP recommendations, stakeholder engagement, Agency and Bureau priorities, and programmatic impact. The statute dictates what

can and cannot be implemented and Congressional appropriations allocate funding for the programs. The Council's recommendations help to better determine how to guide investments. Both internal and external stakeholders – including the federal government, national organizations, and others – offer input into the process. The Bureau's priorities, as previously discussed, are also a consideration. Based on the data collected, the Bureau evaluates past investments and uses these data to inform future investments.

General provisions of Title VIII include 1) Funding uses, 2) Eligible entities, and 3) Funding preferences. Funds are used for training program development and support, faculty development, model demonstration, trainee support, technical assistance, workforce analysis, and information dissemination. All the Bureau's nursing investments have statutory funding preferences requiring that programs either substantially benefit rural/underserved populations or help meet public health nursing needs of state and local health departments.

Ms. Farrell discussed sections 811, 821, 831, 831a, and 846a of Title VIII.

- Section 811 has as its purpose to establish and operate a student loan fund to increase the number of qualified nursing faculty. Programs supported within this section include Advanced Nursing Education Workforce (ANEW), NPR, Nurse Anesthetist Traineeship (NAT), and SANE.
- Section 821 has as its purpose to establish and operate a student loan fund to increase the number of qualified nursing faculty. Programs supported within this section include the Nursing Workforce Diversity (NWD) program.
- Sections 831 and 831a have as their priorities education, practice, and retention. Programs supported within this section include the RNPC and VNPC programs.
- Section 846 has as its purpose to establish and operate a student loan fund to increase the number of qualified nursing faculty. Programs supported within this section include the Nurse Faculty Loan Program (NFLP).

Ms. Gray discussed the implementation of past recommendations made by the Council. Recommendations presented were from the 13<sup>th</sup> and 14<sup>th</sup> Reports and their impact. The first recommendation reviewed was:

*“HRSA’s Title VIII funding opportunity announcements for registered nurse education and training include language that encourages grantees to develop curricular innovations that integrate population health competencies across the nursing educational pipeline from undergraduate to postdoctoral studies.”*

The recently developed NPR Program focuses on new primary care NPs post-graduation with a rigorous year-long primary care clinical practice residency after graduation to increase and enhance clinical knowledge and skills. Two other programs that also support this recommendation are the RNPC and VNPC programs.

The second recommendation reviewed was:

*“Congress should fund joint demonstration projects between academia and practices to include community-based and rural settings, that develop innovative*



*models of clinical education to prepare health professionals for team-based care.”*

A program supporting this recommendation is the ANEW program. This program focuses on the academic clinical partnership infrastructure, preceptor recruitment, curricula enhancement, and providing longitudinal community-based clinical training in settings that incorporate interdisciplinary, team-based, clinical practice training models.

The third recommendation reviewed was:

*“Congress [should] provide funding to develop a more comprehensive public health infrastructure in rural, frontier, inner city, and other underserved areas, including improving access to clear and accurate health information, remote health monitoring, and telehealth and other virtual access services.”*

Programs that support this recommendation include ANEW, NPR, and SANE. Some of these programs provide training in telehealth and support the use and adoption of telehealth and other technologies to increase readiness to practice and prepare advanced NPs in primary care to expand access to quality care where it is most needed.

### *Discussion*

- Dr. Cary asked for a definition of “longitudinal clinical training.” Ms. Farrell said the idea is to provide long-term exposure for students in community-based primary care. Definitions may vary from program to program but within the RNPC program, longitudinal clinical training encompasses at least 150 hours.
- Dr. Simpson asked whether residency programs in section 811 include community settings or whether they are only in acute care settings. Ms. Gray said this pertains to a program to train advanced practice registered nurses in primary care who have graduated. Those nurses who have graduated in the last 12-18 months are eligible for a training residency program in the community setting. This requires a partnership between the community health center and the academic institution.
- Dr. Bienemy asked if they could elaborate on the term “holistic review.” Ms. Farrell replied that holistic review was added as an evidence-based strategy in the most recent iteration of the program. Holistic review is a strategy to help diversify the student body within schools of nursing. The idea is for schools to look beyond the standard admission criteria and consider criteria such as the school’s mission, life experiences, and other factors. This strategy has been used successfully in both medical and dental schools to increase the diversity of the student body without compromising student quality and exam pass rates.
- Dr. Bienemy said she has heard there might be some difficulties implementing the nurse faculty program because some schools feel they do not have the resources needed to implement it. Ms. Gray said she had not personally heard about this and had generally received positive feedback about the program. Dr. Howell Adams added that certain

mechanisms must be in place between the College of Nursing and the university. The biggest mechanism is tracking students, particularly after graduation. However, this can be done easily and is a great recruitment tool.

- CAPT Russell suggested having timeframes in the life cycle of programmatic implementation that include performance metrics.
- Ms. Hilliard asked whether it is acceptable that recommendations be in the same space as past ones but nuanced to reflect current needs. Ms. Gray said this would be acceptable. She suggested that perhaps they should focus on the Report's topic areas.
- Dr. Marshall-Blake asked if they could reference previous recommendations. Ms. Gray said the Council could indeed do that.

## **Performance Measures and Program Evaluation**

*Isaac Worede, Chief, Performance Metrics & Evaluation Branch, HRSA*

Mr. Worede presented on performance measures and logic models to help evaluate and design programs. He explained that the Government Performance Results Modernization Act of 2010 provides enhanced performance planning and management reporting tools to help with executive decision-making to address significant challenges facing our nation.

Logic models help the division develop performance measures for its programs. The first step is to determine the program's purpose. Goals are then identified within that purpose. Following this step, the group examines how specific requirements of the grant or cooperative agreement program will be operationalized by the grantee. For instance, if the goal is to increase trainings, how will the grantee provide training funds for NPs? What actions will be taken throughout that process?

After the above steps are taken, one can then identify outputs and outcomes. Outcomes can be categorized as short-term or long-term and should be connected to the original purpose. For example, in HRSA's Advance Nursing Education Workforce (ANEW) program, one of the goals is to prepare primary care advanced practice registered nursing students to practice in primary care rural and/or underserved settings. One of the activities identified is to provide training funds to nurse practitioner students placed in primary care practice sites with a focus on rural and/or underserved populations. Data to be collected include the number of full- and part-time students receiving training support, the number of students in longitudinal primary care clinical training experiences with rural and/or underserved populations, and the number of students from rural or medically underserved or disadvantaged backgrounds.

In terms of short-term outcomes (a two-year timeframe), one could ask the following questions: Did the effort increase the number of full- and part-time students receiving training support who completed the program? Did the program increase the number of students in longitudinal three- to six-month primary care clinical training experiences with rural and/or underserved populations?

With respect to the long-term outcomes, one could ask the following questions: Did the program

improve preparation for the progression of primary care Advance Practice Registered Nurses (APRNs) qualified to practice in primary care in rural or underserved settings? Did the program improve the identification of characteristics of individuals willing to practice in rural areas post-graduation?

These data are collected annually after the academic year is complete. The data are then reviewed and applied to the program evaluation process to determine whether the program has met its desired outcomes and purpose. The evaluation also helps determine whether current goals are being met.

### *Discussion*

- Dr. Cary asked if there was a link to the logic model in the Notice of Funding Opportunities (NOFOs). Also, Dr. Cary asked whether HRSA has found the link to be helpful in educating grant writers. In addition, she asked about any shortfalls in the logic models submitted by grantees that might indicate a need for more education. Ms. Gray replied that the proposal goes through an objective reviewer for evaluation. Therefore, by the time the proposal gets to her, there are no issues with the logic model.
- Dr. Cary asked if there was any guidance that could help those developing grants to understand the difference between performance measures and program measures. Mr. Worede replied that doing logic models is almost a circular flow. One starts at the purpose and then moves down to the goals. If the activities and outputs are not aligned with the purpose and goals, everything is affected and the logic model becomes inefficient.
- Ms. Gray said there is a requirement for logic models in all HRSA programs. The grantee's logic model explains how the grantee's project will accomplish its objectives, goals, and outcomes. The grantee's annual performance report data submitted should align with the outcome measures and outputs identified in the logic model.
- Dr. Simpson asked if HRSA has a minimum dataset for determining community impact. Mr. Worede said that, overall, they are looking at performance measures based on the training and education goals set within the programs. Data collected are based on the questions being asked about the number of trainees, number of graduates, attrition rates, number trained in the primary care setting, number working in a rural or underserved setting, etc.
- Dr. Simpson asked if they measure the impact of those individuals trained with HRSA funding and how they improved health outcomes while working in both rural and underserved communities. Mr. Worede said they do not collect information related to patient outcomes. Grants are focused primarily on training and education.
- Dr. Hughes said it is difficult to track the impact a clinician has on any patient population because of inherent shortcomings in existing databases. Even using the National Provider Identifier (NPI) is challenging because billing systems do not always assign a specific provider to a cost center.

- Mr. Worede asked if the Council had any ideas on how to follow up with each nurse/provider in the field. He added that if the provider does not use an NPI, it cannot be applied to existing data. Dr. Hughes said one could consider combining existing state databases for states with high populations living in underserved areas, then supplementing the results with surveys to individual providers. She added that another approach is to collect data from clinicians funded by HRSA or those in a loan repayment program. One could ask for data that are practical to collect, such as the number of patients served in a week.
- Ms. Gray asked if data collection could be included in the NOFOs without introducing too heavy of a burden. Dr. Hughes said there would always be a burden when individuals are asked to collect additional data, so one approach could be to provide a phase-in period. Mr. Worede added that when requesting additional data, one should also consider the communication systems. Sometimes a security requirement might not allow the grantee's system to exchange information with HRSA. Therefore, there is a need for early notice so that both systems can be optimized to exchange information.
- Dr. Bienemy said the State of Louisiana collects data on every nurse through the Board of Nursing. Data collected includes demographics, where the nurse works, and the nurse's specialty area. The board recently concluded a nurse faculty survey and will soon launch an employer survey. It also surveys newly licensed RNs. Dr. Bienemy suggested considering a demonstration project in a few states to determine whether one can connect education training to outcomes.

## **Discussion: Development of the 16<sup>th</sup> Report Strategy**

*CAPT Sophia Russell, DM, MBA, RN, NE-BC, NACNEP Chair and Director, Division of Nursing and Public Health, HRSA*

*NACNEP Writing Committee*

CAPT Russell described the process selection for the topic of the 16<sup>th</sup> Report. The Report's goal statement is as follows:

*“Ensuring that graduating nurses are well equipped to care for underserved populations through community engagement and by incorporating concepts of the social determinants of health, and that faculty are prepared to teach them.”*

The Council then discussed the goal statement.

*Discussion*

- Dr. Cary said community engagement should be not only for senior-level students. Dr. Murray agreed and said that community engagement is an immersive experience throughout nursing education, as opposed to a senior semester of community health or public health nursing.
- Dr. Damas said some schools may think they are already doing community engagement

through their health course, but questioned whether they are also doing it in the maternal child course, the pediatric course, the pharmacology course, etc. Dr. Alexander suggested amending the goal so that it is clear that schools should be incorporating concepts of the Social Determinants of Health (SDOH) throughout the curriculum.

- Dr. Damas suggested amending the goal to read “...and that *all* faculty are prepared to teach them.”
  - **Dr. Simpson asked which SDOH they would be using. Dr. Murray suggested researching the following resources regarding SDOH: CDC, Healthy People 2020, World Health Organization, The Robert Wood Johnson Foundation, and the report from the National Academies of Science, Engineering, and Medicine entitled [“A Framework for Educating Health Professionals to Address the Social Determinants of Health.”](#)**
- Dr. Hughes asked Dr. Simpson and the Writing Committee to develop a list of suggested SDOH for the Council’s review.
- Dr. Damas suggested continuing education credits on the SDOH as a topic when renewing licensure. Dr. Alexander said that this would be a recommendation to the States.
- Dr. Cary suggested that the Writing Committee broaden the goal statement to all nurses as opposed to just graduating nurses. This can include both entry-level and advanced practice nurses.
- Dr. Alexander suggested amending the wording so that it includes the incorporation of SDOH throughout the curriculum (or threaded into the curriculum) and into every aspect of care.
- Ms. Gray said one strategy proposed by a staff member was to support practice groups involved with continuing education.
- Dr. Murray said it is important to ensure that all faculty at all levels are prepared to teach about SDOH and their incorporation to improve patient outcomes.
- Dr. Damas suggested the following wording: “Ensuring that graduating nurses are well-equipped to incorporate the concepts of social determinants of health throughout the nursing curriculum to care for the underserved populations through community engagement and that all faculty are prepared to teach them.”
- CAPT Russell suggested that the Council also think about going beyond academic institutions and include preceptors or nurse educators.

## **Public Comment**

*Tracy Gray, MBA, MS, RN, DFO and Chief, Advanced Nursing Education Branch, HRSA*

Ms. Gray opened the floor for public comment. No comments were offered.

**Conclusion**

*CAPT Sophia Russell, DM, MBA, RN, NE-BC, NACNEP Chair and Director, Division of Nursing and Public Health, HRSA*

CAPT Russell provided a brief summary of the conference's first day. She adjourned the meeting at 4:25 p.m.

DRAFT

## **Day 2: Tuesday, January 28, 2019**

### **Welcome and Review of Day 1**

*Tracy Gray, MBA, MS, RN, DFO and Chief, Advanced Nursing Education Branch, HRSA*

*CAPT Sophia Russell, DM, MBA, RN, NE-BC, NACNEP Chair and Director, Division of Nursing and Public Health, HRSA*

CAPT Russell called the meeting's second day to order at 8:30 a.m. Ms. Gray conducted a roll call and a quorum was confirmed. CAPT Russell provided a brief recap of the first day and reviewed the second day's agenda. She then introduced the next speaker, Susan Dentzer.

### **Health Care Without Walls: What Reinventing Health Care Could Mean for Nursing Education and Practice**

*Susan Dentzer, President and CEO, The Network for Excellence in Health Innovation*

Ms. Dentzer presented about innovations in care and their impact on nursing. The current system is seen as a "sick care" system instead of a health care system that focuses primarily on keeping people healthy. It is a system that expects people to come to it when they are sick as opposed to a system that keeps people healthy by approaching the community in advance of illness.

Various organizations are already using technology, telehealth, and/or community services in their approaches. Boston Children's Hospital, for example, has a Community Asthma Initiative that addresses many of the social determinants of health in families with children living with asthma. Multidisciplinary teams that include nurses, nurse care managers, community health workers, and other professionals care for children in the community. This program has dramatically reduced the number of emergency department visits and hospital admissions, demonstrating that the concept of "health care without walls" can result in important outcomes.

The Lehigh Valley Health Network Telehealth Services and Programs have used an extensive array of virtual care programs since the mid-2000s. Nurses are the key drivers of telemedicine services, frequently developing ideas for these services and actively participating in patient care. This approach received the 2013 Magnet Prize from the American Nurses Credentialing Center.

A [2017 study by Beck et al.](#) examined the provision of remote neurologic care in the homes of people with Parkinson's Disease. It found the care to be feasible and no less efficacious than in-person care. The visits were also found to be convenient and preferred by most patients. The study determined that a half-hour in-person visit with a neurologist required an average investment of four hours on behalf of the patient.

[Virtuwel](#) is an online clinic system. It offers online visits to patients in a matter of minutes by certified nurse practitioners. Nearly 60 of the most common conditions can be diagnosed and treated using electronic prescriptions. On the federal government front, the Veteran's Administration has made significant investments in telehealth and remote monitoring under its "Anywhere to Anywhere" initiative. In 2017, 2.1 million encounters to 709,000 vets were delivered under this initiative, with 150,000 vets being monitored at home via cell phone. The

initiative is now conducting a pilot program to provide remote access to psychotherapy services for rural veterans with PTSD.

The Ohio State College of Nursing offers care through the Ohio State Total Health and Wellness program. It is a nurse-practitioner-led, interprofessional program that uses telehealth to provide care to students, faculty, and staff members. Care is delivered by an interdisciplinary team that can include family nurse practitioners, psychiatric mental health nurse practitioners, pharmacists, dietitians, social workers, and certified nurse midwives.

In the private sector, various organizations are also involved with technology and/or telehealth. Walgreens Pharmacies in New York City offers immediate consultations with emergency department physicians via telehealth. CVS and Aetna are merging with the goal to “reinvent health care’s front door.” They expect to transform the consumer’s health care experience and build healthier communities through a new model that is local, easier to use, less expensive, and puts consumers at the center of care. Amazon has acquired PillPack, a full service pharmacy that bundles multiple medications and delivers them by mail.

One should keep in mind that these changes are not only about the technology itself. They are about coupling technology with people in new ways. They are also about reconfiguring payment, regulatory, and other infrastructures to support a restructured delivery system.

Nonetheless, some downsides do exist. Some individuals may prefer an in-person visit to telehealth. Technology will also have to be designed in a manner that ensures it is easy to use, especially by some older populations. Utilization might increase as a result of more people having visits, which may impact payers. Additionally, security and privacy concerns may arise.

Obstacles such as the system’s inertia to change, the need for new payment models to support optimal care, the need for a differently trained workforce, and the lack of high-speed broadband access will likely be present.

Ms. Dentzer proposed the following recommendations:

- “Health Care Without Walls” technologies should have common elements such as usability, transparency, interoperability, privacy, and security.
- A public-private initiative should be launched to guide health systems in acquiring cost-effective technologies.
- New payment models should encourage the substitution of virtual care for physical care as appropriate, rather than simply seeing it as an add-on.
- The government should launch a “21<sup>st</sup> Century Hill-Burton” program, not build more hospitals but turn them inside out.
- Patients should be directly incentivized to take up virtual technologies that are linked to improved health outcomes.
- The federal government should create a parallel national licensure of health care professionals that states can opt into.
- All providers should work at the top of their licenses.



- The country should aim for a single overarching privacy and security regime, such as the European Union’s General Data Protection Regulation, and one overarching regulatory agency.
- The country should adopt a goal of universal, affordable, high-speed broadband and 5G networks. The federal government should lead such an investment.
- Technologies for use in health care should be created using “human-centered design” principles.
- Changes in care delivery should provide an opportunity for more cost-effective use of labor.
- Provider retraining and continuing education for workers should be offered so that workers can operate in virtual care models.
- Faculty who are removed from practice should receive substantial faculty development.

### *Discussion*

- Dr. Simpson asked how Ms. Dentzer had come up with nine social determinants of health. He said he has seen anything from five to ten listed. Ms. Dentzer replied that she presented nine social determinants of health in general categories that could be split into subcategories. She added that, according to the literature, the most important influences on a person’s health are income and education. Environment, such as the location of a school next to a busy highway, also makes a difference, as does access to healthy food. However, the primary drivers are income and education.
- Dr. Simpson asked how the Council could help support interoperability. Ms. Dentzer replied that interoperability is, indeed, a challenge. She said that demanding standards and having them enforced by the government is one way to do it.
- Ms. Hilliard asked what Ms. Dentzer would recommend if she were on the Council. Ms. Dentzer said that, historically, the government has set goals for big endeavors. One approach would be to propose universal broadband by a specific date and add it to an infrastructure bill. Ms. Dentzer also suggested going beyond national licensure to an articulation of scope of practice. Telehealth and virtual care – as well as support for elements of the health care system necessary to make this transition – are also important.
- Ms. Dentzer said the largest single cost input into health care is labor, which accounts for 50 or 60 percent of health care costs. Labor is used inefficiently due to constraints regarding licensure and scope of practice. If care were less restricted in these areas, more care could be provided to individuals across the country. It could also address access issues. Currently, there is a distribution problem with specialists that could be solved using telehealth and virtual care.
- Dr. Hulin said he believes the issue will be solved in the private sector through companies such as Amazon.
- Dr. Damas said another challenge is the knowledge gap in faculty who do not practice. There is a need for substantial faculty development so that they can teach the upcoming workforce. One recommendation would be to provide funding for faculty development in

the area of telehealth and telemedicine within the nursing curriculum at both the undergraduate and graduate levels. In addition, clinical sites could educate their current workforces. Dr. Cary agreed.

- Dr. Murray said another faculty challenge is that many of them are not tech-savvy and the people they are supposed to educate are much more advanced technologically than they are.
- Dr. Hulin asked whether universal broadband is still needed due to the advent of smartphones and 5G networks. Ms. Dentzer said this argument is often made, but no plan exists for universal access to 5G networks either. Also, for big files such as images, one will likely still need fiber optics. However, phones could be used for Facetime visits and other tasks. An app called [Figure 1](#) allows doctors to upload de-identified patient information and share it with other doctors. It is not restricted by HIPAA because the information is de-identified.
- Ms. Gray explained that HRSA has a new program focusing on education and practice, which also allows for faculty development. Perhaps some of the ideas discussed today could be integrated into opportunities offered by that program. There is also a nurse faculty loan program that provides loan cancellation for advanced nursing education students who commit to working as nurse faculty.

## **Incorporating Community Engagement and Social Determinants of Health throughout Nursing Curricula**

*Terri Lipman, PhD, CRNP, FAAN, University of Pennsylvania School of Nursing*

Dr. Lipman's presentation focused on nurse community engagement and the social determinants of health. Community engagement refers to the process of developing sustainable relationships based on trust, reciprocity, and a shared vision. It strives to build relationships that allow for a collaborative response to the health needs and priorities of the surrounding community.

Community engagement is important for nurses because all patients are products of their communities. Also, knowledge of the community – and collaboration in developing goals – are critical for providing adequate care to children and families, regardless of the health care setting. It also provides insight into the social determinants of health (SDOH). SDOH are the conditions in which people are born, grow, live, work, age, and worship. These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels.

SDOH include health equity, population health, primary health care, social determinants, cultural competency, global health, cultural humility, health policy, and public health. If the underlying causes of disease and ill health are not addressed, the risks of perpetuating a cycle of inequity, disparity, and inequality can remain for generations to come.

The National Academies of Science and Institute of Medicine published a [Framework for Educating Health Professionals to Address the Social Determinants of Health](#). The report found huge variations in the literature on the length and training of education programs addressing SDOH in and with the communities (embedded vs. standalone, immersion vs. long-term, etc.).

The report identified three domains in SDOH: education, organization, and community. The education domain focuses on an integrated curriculum, experiential/collaborative learning, and continued professional development. The community domain focuses on reciprocal commitment, community engagement, and community priorities. The organization domain focuses on a supportive organizational environment and a vision for, and commitment to, SDOH education.

The University of Pennsylvania School of Nursing has developed the Community Champions Program, which is student-directed and organized. It is faculty-mentored and includes biweekly connections with faculty as well as one or two faculty site visits. The program started with 20 students at 5 sites and has grown to 50 students at 17 community sites.

One of the community programs is called Dance for Health, developed in 2012. The program was created after a university-performed assessment determined that one-third of the children in West Philadelphia were at risk for type 2 diabetes. Families wanted an activity that was safe, fun, and free, and that could be done as a family.

Dance for Health is an intergenerational program with participants ranging in age from 4 to 92. The nurses obtain a variety of data and information, including heart rate, pedometer readings, satisfaction, and enjoyment. These data have been published and presented at conferences both by faculty and high school students attending the program.

At other sites, nursing students work with women post-incarceration who are struggling with addiction. At yet another site, students work with children of undocumented immigrants, where they learn education through art and are taught about health.

The nursing school has developed a strategic plan to identify and integrate concepts and competencies of global community engagement across the undergraduate and graduate curriculum. A new course was developed, entitled "Case Study - Addressing the Social Determinants of Health: Community Engagement Immersion."

The course offers experiential learning that enables students to develop an in-depth understanding of SDOH in vulnerable, underserved populations. It also helps students to collaboratively design existing health promotion programs based on the community's needs. A student pre/post-survey showed a change in self-reported knowledge about SDOH.

The School of Nursing also recognized the need for faculty education around community engagement. It developed a three-part seminar series to educate health professionals about SDOH. More than 600 participants attended the seminars, indicating a clear need for training in this area.

In addition, the university holds Academically Based Community Service Courses (ABCS). Seventy of these courses exist across the university, with 12 being in the School of Nursing. ABCS students and faculty work with public schools, faith communities, and organizations in West Philadelphia. They integrate service with research, teaching, and learning.

The university has also developed an Alliance for Community Engagement among faculty and students from the schools of nursing, medicine, social work, dentistry, public health, veterinary medicine, and engineering and from the Netter Center for Community Partnerships. The Alliance

enhances inter-professional collaboration and learning for students who are engaged with the community. The goal is to coordinate efforts, expand opportunities for collaboration, explore prospects for inter-professional courses, and develop a model that optimizes inter-professional community engagement.

Another opportunity is the President's Engagement Prize. This \$100,000 prize is awarded by the president to graduating undergraduate students for a project that will improve lives locally, nationally, or internationally. The students also receive a \$50,000 living stipend. Students from the School of Nursing have been awarded the prize every year since its inception in 2015.

### *Discussion*

- CAPT Russell thanked Dr. Lipman for her presentation. She said it generated thoughts about the shift that needs to occur in training as it relates to students, the nursing workforce, and faculty.
- Ms. Hilliard asked if the preparation would be different for a nurse working in the community. Dr. Lipman said there has been some discussion as to whether nursing education should have different tracks. Currently, the undergraduate curriculum is focused on acute care because most of the nurses graduate and go to work for hospitals. There is an attraction to the acute care setting because some feel that the best and most intelligent nurses work in that setting. However, engaging and communicating with communities is a more difficult task than starting an IV. She added that the university revised its curriculum eight years ago and it is being revised again.
- Dr. Howell Adams said that in the past, nurses who wanted to work in the community had to work in the hospital setting for 12 to 18 months before a clinical agency would hire them for community work. The thought was that nurses needed the most experience and knowledge because they never knew what they would encounter. Dr. Lipman said that one does not necessarily precede the other and that community health must be integrated throughout. Nurses need knowledge on chronic and acute disorders to work in the community, but nurses also need the skill of being engaged in the community to work in a hospital.
- Dr. Bienemy said that patients come from communities and that, after being cared for in the acute setting, they return to communities. Not every nurse may go into community work, but SDOH can help them become better nurses. Because of this, SDOH should be taught throughout the curriculum.
- Dr. Lipman said one should keep in mind the importance of SDOH and community engagement in faculty education and in the education of students throughout the curriculum, at both the graduate and undergraduate levels.
- COL Schoneboom said their School of Nursing is preparing for the next phase of strategic planning, for which he is leading the effort. He added that he made notes to include community engagement and SDOH as priorities in their strategic plan.

- Dr. Cary said that curricula exist in which students must first identify the patient in the community, then follow them into the acute care setting and back into the community so that the students can see the full continuum of care. She asked whether Dr. Lipman's curriculum endorsed the full continuum of care and whether this was a promising approach. Dr. Lipman said the continuum of care is on the list as they revise their second-degree student curriculum.
- Ms. Gray said her cohort at the University of Maryland had 70 students but she was the only student who chose a capstone course with a community-based focus. It made a big difference in terms of the experience she received. However, most of her classmates wanted to go on to other advanced nursing programs. They were concerned about pursuing a track they felt would not prepare them for such requirements.
- Dr. Lipman said a culture shift is required. For a while, the message from the School of Nursing was that nurses needed acute care skills so they could practice anywhere. However, nurses need community engagement training to practice anywhere, and they need a combination of both to be prepared. There is also a need for faculty who are committed to, and experienced with, community engagement.
- Ms. Marshall-Blake said that exposure is also important. Many interns have not been exposed to community engagement. Instead, they want to work in the fields of pediatrics or emergency medicine. However, once they get involved with the community, they find it is a place where they can make a difference.
- Dr. Damas asked what recommendations or resources Dr. Lipman would suggest for schools that have fewer resources than the University of Pennsylvania but that want to implement faculty development into their curricula. Penn has a four-year undergraduate program while other schools might have a "two plus two" model. Therefore, these schools might not have as much time to embed community engagement into their curricula. Dr. Lipman said online opportunities exist that are less costly, such as articles, webinars, and other means of teaching community engagement. Faculty who really want to get up to speed need to spend some time in the community. This does not necessarily take funds but it does require commitment and passion.
- Dr. Lipman said that as technology has exploded, racial disparities have increased. For example, complex insulin pump sensors are being received first by children of well-resourced families. She also noted the importance of community health workers. In another effort, the university's diabetes center delivered an educational program but found that, while diabetes improved in well-resourced families, the needle did not move in under-resourced families. When community health workers went into these houses, they found that 25 percent of the families were food insecure. So, while providers at the center talked about the importance of checking blood sugar, some parents were worried about not having enough food for their families.
- Ms. Hilliard asked Dr. Lipman what she would ask Congress regarding SDOH in the community. She also asked Dr. Lipman about the approach of linking SDOH with telehealth. Dr. Lipman said she considered telehealth to be an adjunct to care rather than a

substitute for one-on-one contact. Also, SDOH and telehealth are not mutually exclusive. They can be considered an adjunct to faculty education in community engagement. She said she would first ask for funding for faculty education and programs in which faculty teach students in a variety of settings.

## **Revised Recommendations: NACNEP 15<sup>th</sup> Report to Congress**

*NACNEP Writing Committee*

The Writing Committee began discussions on the first day of the meeting but decided to refine the recommendations and present them to the Council on the second day. They reduced the initial seven recommendations to four recommendations. The Council agreed on the following revised recommendations for the 15<sup>th</sup> Report:

1. The Secretary will promote value-based care through funding of demonstration projects that study cost, access, and quality outcomes of nurse-led interdisciplinary teams.
2. The Secretary will promote value-based care through partnerships between community health centers and academia where APRNs have and do not have full practice authority, with the intent of collecting data showing the identified outcomes (patient, cost, access, quality).
3. Congress should fund academic and practice initiatives that advance the development of undergraduate and graduate nurse competencies associated with improved population health outcomes (e.g. case management, utilization management, and understanding of health care finance) and how they impact value-based care.
4. HHS should advance value-based care through funding of education and training initiatives in the areas of population health, data analytics, informatics, and connected care (e.g. telehealth) to address the needs of rural and underserved communities.

The Writing Committee will take the four recommendations above and proceed to complete the 15<sup>th</sup> Report.

### **Public Comment**

*Tracy Gray, MBA, MS, RN, DFO and Chief, Advanced Nursing Education Branch, HRSA*

Ms. Gray opened the floor for public comment. No comments were offered.

### **Meeting Recap and Next Steps**

*CAPT Sophia Russell, DM, MBA, RN, NE-BC, NACNEP Chair and Director, Division of Nursing and Public Health, HRSA*

CAPT Russell and Ms. Gray thanked all the participants for their attendance and contributions. The next steps were defined as follows:

- The Writing Committee will finalize the recommendations for the 15<sup>th</sup> Report and provide them to the Council for review.
- A follow-up call will be scheduled regarding the breakout sessions and activities surrounding the 16<sup>th</sup> Report.

The meeting was adjourned at 1:28 p.m.

DRAFT

## List of Abbreviations

|        |   |
|--------|---|
| ABCS   | Academically Based Community Service Courses                          |
| ACTPCD | Advisory Committee on Training in Primary Care Medicine and Dentistry |
| ANE    | Advanced Nursing Education  |
| ANEW   | Advanced Nursing Education Workforce                                  |
| APRN   | Advanced Practice Registered Nurse                                    |
| BHW    | Bureau of Health Workforce  |
| CDC    | Centers for Disease Control and Prevention                            |
| CMS    | Centers for Medicare and Medicaid Services                            |
| CRNA   | Certified Registered Nurse Anesthetist                                |
| DFO    | Designated Federal Official   |
| DNPH   | Division of Nursing and Public Health                                 |
| FY     | Fiscal Year   |
| HIPAA  | Health Insurance Portability and Accountability Act                   |
| HHS    | Department of Health and Human Services                               |
| HRSA   | Health Resources and Services Administration                          |
| NACNEP | National Advisory Council on Nurse Education and Practice             |
| NAT    | Nurse Anesthetist Training  |
| NFLP   | Nurse Faculty Loan Repayment  |
| NHSC   | National Health Service Corps   |
| NOFO   | Notice of Funding Opportunity   |
| NPR    | Nurse Practitioner Residency  |
| NP     | Nurse Practitioner  |
| NPI    | National Provider Identifier  |
| NWD    | Nursing Workforce Diversity   |
| RNPC   | Registered Nurses in Primary Care                                     |
| PTSD   | Post-Traumatic Stress Disorder  |
| SANE   | Sexual Assault Nurse Examiner   |
| SDOH   | Social Determinants of Health   |
| VNPC   | Veteran Nurses in Primary Care  |