

# **NACNEP** : National Advisory Council on Nurse Education and Practice

## **Meeting Minutes: 146<sup>th</sup> NACNEP Meeting, July 13-14, 2021**

The 146<sup>th</sup> meeting of the National Advisory Council on Nurse Education and Practice (NACNEP, or the Council) was held on July 13-14, 2021. The meeting was hosted by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and conducted via the Zoom teleconference platform. In accordance with the provisions of the Federal Advisory Committee Act (Public Law 92-463), the meeting was open to the public for its duration.

### **Council Members in Attendance**

Chair: CAPT Sophia Russell  
Dr. Mary Ellen Biggerstaff  
Dr. Steven Brockman-Weber  
Ms. Christine DeWitt  
Dr. Rose Kearney-Nunnery

Dr. Luzviminda Miguel  
Dr. Janice Phillips  
Dr. Patricia Marie Selig  
Ms. LaDonna Selvidge

### **Others Present:**

Dr. Camillus Ezeike, Designated Federal Official, NACNEP  
Mr. Raymond J. Bingham, Division of Nursing and Public Health, HRSA  
Ms. Kimberly Huffman, Advisory Council Operations, HRSA  
Ms. Janet Robinson, Advisory Council Operations, HRSA

## **Tuesday, July 13, 2021**

### ***Welcome and Introduction***

Dr. Camillus Ezeike, Designated Federal Official (DFO) for NACNEP, convened the 146<sup>th</sup> meeting of NACNEP on Tuesday, July 13, 2021, at 9:00 a.m. ET. He conducted a roll call, and the chair and all eight current non-federal members were present to confirm the presence of a quorum, so the meeting proceeded. Dr. Ezeike described the purpose of the meeting as to provide the Council members with updates on HRSA programs, and allow the Council to continue planning for its 18<sup>th</sup> Report to Congress and other activities.

Dr. Ezeike turned the meeting over to CAPT Sophia Russell, NACNEP chair and the Director of the Division of Nursing and Public Health (DNPH), in the Bureau of Health Workforce (BHW), HRSA. CAPT Russell welcomed the Council members and reviewed the agenda for the day. She asked if any Council members had feedback or comments on the minutes of the March 2021 NACNEP meeting. No comments were offered, and CAPT Russell certified the minutes as a true and correct representation of the meeting.

## ***HRSA Health Workforce Advisory Committees All-Chairs Meeting: Updates***

### **Shane Rogers**

Designated Federal Officer

Advisory Committee on Interdisciplinary, Community-Based Linkages

Advisory Committee on Training in Primary Care Medicine and Dentistry

Council on Graduate Medical Education

CAPT Russell introduced the first speaker, Shane Rogers, Designated Federal Officer (DFO) for three health workforce advisory committees within BHW: the Advisory Committee on Interdisciplinary, Community-Based Linkages; the Advisory Committee on Training in Primary Care Medicine and Dentistry; and the Council on Graduate Medical Education. Mr. Rogers provided an update on the HRSA-led development of the HHS health workforce strategic plan required under Section 3402 of the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act. He noted that the original deadline for the plan was March 2021, and all five health workforce advisory committees within BHW had submitted consultation letters with recommendations for the plan ahead of this due date. However, with the change of administration and subsequent legislation that significantly increased funding for several health workforce training and support programs, the due date was revised to September 7, 2021. All advisory committees were invited to review and update their letters, and Mr. Rogers requested that NACNEP submit any revisions no later than July 26, 2021.

Mr. Rogers also provided a brief overview of a meeting held in April 2021 with the chairs of all five BHW health workforce advisory committees. The chairs identified several cross-cutting themes that impact the health professions as a whole, with the three highest priority being: provider resiliency, telehealth, and health equity. There was agreement for the committees to work collaboratively on a deliverable such as letter or policy brief, to contain recommendations to the HHS Secretary addressing one or more of these themes.

### **Q and A**

In regard to the opportunity to collaborate with the other advisory committees, CAPT Russell asked Mr. Rogers about the timeline for a final deliverable. Mr. Rogers suggested that the committees hold discussions during their upcoming meetings throughout the remainder of 2021, with the expectation that work on a collaborative product during future all-chairs meetings would start in early 2022. He recommended that NACNEP prioritize its top issues to address.

## ***Program Update: Advanced Nursing Education Residency Programs***

**Debra Parchen, MSN, RN**

**Tolutope Apaloo, MSN, RN**

Project Officers, Advanced Nursing Education Branch

Division of Nursing and Public Health

CAPT Sophia Russell introduced Debra Parchen, MSN, RN, and Tolutope Apaloo, MSN, RN, program officers with DNPH, to provide a review of the HRSA-funded Advanced Nursing Education – Nurse Practitioner Residency (ANE-NPR) programs. Ms. Parchen stated that BHW programs serve to build a skilled health workforce, support community-based training, and

promote greater workforce distribution in underserved areas. She noted that the nurse practitioner residency (NPR) programs allow for mentored clinical education for nurse practitioners (NPs) within a structured learning environment. In fiscal year (FY) 2020, BHW awarded almost \$27 million in grants to 46 NPR programs located across the nation to:

- Support the development and expansion of NPR programs,
- Strengthen the clinical competency and promote the transition to practice of novice NPs,
- Increase the number of NPs providing primary care, and
- Improve access to primary care services in rural and underserved areas.

Ms. Parchen introduced the ANE-NPR Integrated Practice (ANE-NPRIP) program, a new initiative for FY 2020. ANE-NPRIP was developed to stress a team-based care approach to integrate behavioral and mental health care within primary care settings, with the expectation to enhance the quality of care, reduce costs, and improve patient outcomes.

Ms. Apaloo stated that all ANE-NPR grantee schools are required to:

- Conduct a 12-month primary care or behavioral health NP residency program,
- Recruit and train new students,
- Develop academic-clinical partnerships,
- Conduct and coordinate the development of clinical preceptors,
- Participate in collaborative efforts with other ANE-NPR grantee programs, and
- Provide employment assistance to the program graduates post-residency.

Ms. Apaloo added that the ANE-NPR programs enrolled 94 NP residents in academic year 2019-2020, with most receiving trainings in COVID-19 management (93 percent), opioid use disorder treatment (91 percent), and telehealth (84 percent). Almost all of the NP residents trained in a primary care setting or within a medically underserved community (MUC). Of the first-year graduates, over 60 percent went on to work in a federally qualified health center (FQHC) or an FQHC look-alike. Some innovative practices developed by the grantee programs included pilot tests of remote precepting; expansion of clinical rotations into schools, work sites, and mobile clinics; and increased collaboration within the grantee cohort for training and recruitment.

Ms. Apaloo also identified some common challenges. Many NPR programs experienced delays in specialty clinical rotations and credentialing requirements due to the COVID-19 pandemic. In addition, some programs struggled to maintain competitive compensation for NP residents, or experienced attrition due to resignations related to job opportunities or personal obligations.

Ms. Apaloo discussed the ways in which past reports from NACNEP had contributed to the establishment and development of the NPR programs through recommendations to:

- Strengthen the primary care health workforce,
- Support for nurse-led primary care models,
- Prepare NPs for the transition to practice,
- Incorporate interprofessional training within nursing education,
- Promote value-based care, and
- Integrate the concepts of the social determinants of health (SDOH) within nursing education, practice, and research.

Lastly, Ms. Apaloo discussed the Health Workforce Connector, a HRSA-supported online tool designed to help connect qualified clinicians with job opportunities through maintaining a database of over 28,000 clinical sites and by conducting virtual job fairs.

### Q and A

Dr. Patricia Selig asked about data on retention and attrition in the NPR programs, and how the programs define retention. Ms. Parchen replied that the programs are relatively new, and data was incomplete. The HRSA National Center for Health Workforce Analysis (NCHWA) was assisting in data collection and analysis. She added that the NPR graduates are followed for up to one year after program completion, as HRSA is very interested in following where the graduates find employment. Ms. Adanna Agbo, the ANE branch chief, added that the NPR programs are designed to be 12 months long, so retention is defined as the number of NPs who complete the program in that time frame. In answer to another question, Ms. Parchen said that two of the current NPR programs support certified nurse midwives.

Dr. Selig also asked if ANE-NPRIIP was designed to provide training in mental and behavioral health care to family health NPs, or to train mental health NPs to work in primary care settings. Ms. Apaloo stated that emphasis is on integrating behavioral and mental health care into primary care for family health NPs. However, the programs are flexible enough to provide NPs specializing in mental health care with training in primary care settings.

CAPT Russell commented on the need to examine the retention data in the pre- and post-COVID pandemic time frames. She noted that the residency programs had developed some innovative practices to help cope with the challenges presented by the COVID-19 pandemic, and the Council might be interested in seeing the impact on the resiliency of the program graduates.

### ***Presentation: The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity***

**Suzanne Le Menestrel, Ph.D., CAE**

Senior Program Officer, National Academies of Sciences, Engineering, and Medicine

**Peter I. Buerhaus, Ph.D., RN**

Professor, Montana State University

CAPT Russell introduced the next speakers, Suzanne Le Menestrel, Ph.D., CAE, Senior Program Officer with the National Academies of Sciences, Engineering, and Medicine (NASEM), and Peter I. Buerhaus, Ph.D., RN, Professor, Montana State University. Together, they provided an overview of the recent NASEM report, *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*.

Dr. Le Menestrel noted that the report had the mission “to chart a path for the nursing profession to create a culture of health, reduce health disparities, and improve the health and well-being of the nation.” Some of the conclusions of the report indicated that the health systems that train and employ nurses should work to remove barriers to practice, value the contributions of nurses, prepare nurses to advance health equity, and diversify the nursing workforce.

Dr. Buerhaus presented findings showing that the nursing workforce had become both better educated and more diverse since 2010. He noted that nurses had made significant contributions to improve patient care quality and safety, and that public trust in, and support for, the nursing profession remained strong. However, he also identified several looming challenges, including an insufficient workforce to meet current and projected population health needs, an anticipated surge in retirements that would result in significant generational loss of professional experience, and resistance to the expansion of nursing roles to fill gaps in primary care. He discussed several strategies to implement the recommendations from the NASEM report, including:

- Increasing the number of nurses with expertise in health equity,
- Providing major investments for nursing education and traineeships in public health,
- Making substantial investments in nurse loan and scholarship programs, and
- Supporting the academic progression of socioeconomically disadvantaged students.

### Q and A

CAPT Russell thanked the presenters and commented that NACNEP would be reviewing the recommendations of the *Future of Nursing: 2020 to 2030* report as it prepared its 18th report, on the topic: Preparing the nursing workforce for future public health challenges and crises. She noted that a slate of twelve new members had recently been approved to join the Council, thus expanding and diversifying its membership and leadership.

Dr. Selig noted that the recommendation to lessen barriers to scope of practice for both registered nurses (RNs) and advanced practice registered nurses (APRNs) was contained in the previous *Future of Nursing* report. She asked the presenters about progress in this area, especially in the face of projections showing an inadequate supply of primary care providers. Dr. Buerhaus replied that progress had been slow. He noted that studies conducted by his research team and others had demonstrated that APRNs provide primary care of comparable quality to that of physicians, often at lower cost, which addresses concerns about the safety and quality of care. In addition, APRNs often provide services in rural and other underserved areas. He believed that resistance from policymakers to expanding the scope of practice for APRNs had eased. He further noted that as the COVID-19 pandemic reached a crisis point, many states relaxed restrictions on scope of practice and allowed APRNs to take on greater responsibilities. He expected many of these changes to remain in place.

Dr. Janice Phillips asked about ways to share the NASEM report to different audiences outside of nursing, in order to communicate the importance of addressing the SDOH and the value of nursing to a wider range of stakeholders, such as health system managers and health insurance executives. Dr. Le Menestrel replied that NASEM had been working with an external communications firm to prepare slide decks with talking points and other information pulled from the report, intended for a range of stakeholder groups, which she would be able to share with the Council. NASEM has also prepared a series of five 1-pagers intended for health policy audiences, which are free to download. Lastly, NASEM was producing an eight-part podcast series, which would become available in the coming months.

### **Meeting Adjourn**

Dr. Ezeike adjourned the first day of the meeting at 3:00 p.m.

**Wednesday, July 14, 2021**

***Welcome and Roll Call***

Dr. Ezeike opened the second day of the meeting at 10 a.m. ET, and conducted a roll call. The presence of a quorum was confirmed, and the meeting proceeded. CAPT Russell briefly reviewed the presentations and discussions of Day 1.

***Program Update: Nurse Anesthetist Training (NAT) Program***

**Michael McCalla, MSHA**

**Tolutope Apaloo, MSN, RN**

Project Officers, Advanced Nursing Education Branch

Division of Nursing and Public Health

Bureau of Health Workforce, HRSA

CAPT Russell introduced Michael McCalla, MSHA, and Ms. Apaloo, to present an update on the HRSA Nurse Anesthetist Training (NAT) program. She also identified LT Santhana Webb, MSN, RN, as part of the NAT program team. LT Webb was unable to participate in the presentation because due to her deployment as a member of the U.S. Public Health Service.

Ms. Apaloo stated that NAT provides support to full-time Certified Registered Nurse Anesthetist (CRNA) students at schools across the country, with the aim to reduce the financial burden of training. She described the purpose of NAT as to increase the number of CRNAs providing anesthesia and pain management care, especially within rural and underserved populations. Ms. Apaloo noted that approximately half of all current CRNA students are supported under NAT. According to data collected by NCHWA, NAT increased the supply of CRNAs in the United States by 15 percent in the period from 2014 to 2019. Also, according to the 2019 National Sample Survey of Registered Nurses, there were over 43,000 CRNAs across the country, representing over 80 percent of all anesthesia providers in rural areas, and CRNAs accounted for over 9 percent of all APRNs.

Mr. McCalla said that CRNAs safely deliver pain management care and play an integral role in appropriate use of opioids for patients receiving anesthesia, sedation, and pain management services for acute and chronic pain. In some hospitals, especially in rural areas, CRNAs are the sole providers of anesthesia care. In their pain management role, CRNAs are often on the frontlines of the opioid crisis. Mr. McCalla stated that students in the NAT program are required to obtain a National Provider Identifier (NPI) number, which will aid HRSA in tracking long-term outcomes from the program in terms of improving the diversity and distribution of the CRNA workforce. He noted that 95 percent of NAT trainees in academic year 2019-2020 received training in the management of opioid and other substance use disorders, as well as non-opioid anesthesia and analgesia modalities. In addition, one grantee program offered a fellowship in alternative pain management methods. When normal training became disrupted in the early stages of the COVID-19 pandemic, many CRNA students volunteered to provide anesthesia care and ventilator management for COVID-19 patients. NAT grantees are also involved in a collaboration with the Department of Veterans Affairs (VA) to provide interprofessional, team-based training in VA facilities and other VA-supported health centers.

## ***Presentation: Health Equity & Social Determinants of Health***

**Gemirald P. Daus, MA**

Public Health Analyst

Office of Health Equity, HRSA

CAPT Russell introduced Gemirald P. Daus, MA, a public health analyst with the HRSA Office of Health Equity (OHE), to provide an overview of OHE initiatives. Mr. Daus said that OHE works to develop strategic partnerships within HRSA, with an emphasis on the integration of equity concepts across all HRSA programs and policies. In addition, OHE works at the system level with other HHS agencies and other departments across the federal government, including the Department of Transportation, the Department of Labor, and the Census Bureau. OHE also facilitates an on-line course for HRSA staff, *The Roots of Health Inequity*, which explores root causes of inequity in the causes and distribution of disease, illness, and death.

Mr. Daus offered the OHE definition of health equity as “the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.” He reviewed other definitions of health equity and the SDOH, and provided examples of how inequities can contribute to poor health outcomes and premature deaths. Mr. Daus added that OHE works on the federal Healthy People initiative ([healthypeople.gov](http://healthypeople.gov)), which has developed several issue briefs addressing different SDOH domains.

Mr. Daus reviewed several findings from the HRSA *Health Equity Report 2019-2020*, produced by OHE, which noted substantial progress across the country in several health indicators such as increased life expectancy and reductions in certain chronic conditions. However, health inequities between population groups and geographic areas persisted. The report included a special feature showing the impact of housing status, a key social determinant, on population health and health equity.

Lastly, Mr. Daus reviewed the HRSA response to the COVID-19 pandemic, noting that the agency had received over \$8 billion in funds to support community health centers and community-based health care providers, advance telehealth initiatives, bolster the pandemic response in rural areas, and promote COVID-19 testing, treatment, and vaccine administration. He noted that HRSA-funded health centers had provided COVID-19 vaccinations to almost 12 million people, 63 percent of whom were from minority populations which have been hit especially hard by the pandemic.

### *Q and A*

Dr. Phillips asked about the role of OHE in helping agencies across the federal government adopt a health in all policies perspective. Mr. Daus replied that the Health People program covers a range of topic areas, and each topic area has a work group that may include staff members from other departments and agencies.

## ***Council Discussions***

**Moderator: CAPT Sophia Russell, DM, MBA, RN, NE-BC, SHRM-SCP**  
Chair, NACNEP

### **CARES Act Section 3402 Consultation Letter**

CAPT Sophia Russell moderated several discussions on reviewing and revising the Council's CARES Act Section 3402 health workforce consultation letter. By consensus, the letter was modified to reflect a growing emphasis on health provider resilience in the face of the COVID-19 pandemic, and concern over looming shortages of resources and faculty to train new nursing students. In particular, the issues of staff turnover and burn-out threaten to destabilize the nursing profession. With the revisions to the letter, the Council reviewed and approved the revised letter to go forward for a last round of editing before inclusion in the HRSA health workforce strategic plan. Dr. Ezeike stated that a revised draft would be sent to the Council members within one day after the conclusion of the meeting, and requested any further feedback or comments no later than Wednesday, July 21, 2021.

### **The NACNEP 18<sup>th</sup> Report**

CAPT Russell moderated a planning discussion on the development of the Council's 18<sup>th</sup> Report, on the topic *Preparing the workforce for future public health challenges/crises*. She reminded the Council members that the report would be due by September 2022. Some of the topics the Council members raised for inclusion in the report included:

- The high cost of care vs. poor outcome metrics;
- Loss of nursing expertise through retirements, and supportive measures to help retain and incentivize older nurses to facilitate the transfer of knowledge and experience;
- Understanding the value of the nursing workforce within value-based care systems; and
- Preparing the nursing workforce for hospital-at-home and other non-traditional care settings.

### **Council Discussion: Future Planning**

CAPT Russell also moderated a discussion on future planning. Council members suggested several topics for speakers at future NACNEP meetings, including:

- Maintaining the resilience and wellness of the health care workforce, including nurses.
- Training nurses to deliver care in more community-based, non-acute settings.
- Preparing nurses for virtual care and remote patient monitoring.
- Assessing the long-term impact and outcomes of telemedicine, including the impact of health literacy and the potential for widening health inequities.
- Exploring community acceptance of virtual and remote health care delivery.

Dr. Brockman-Weber suggested having a speaker from the new Center for Clinical Wellness at Rush University. Another speaker suggestion on the topic of resilience and wellness was Dr. Brian Sexton, from Duke University.

CAPT Russell requested a Council member to assist with the HRSA health workforce strategic plan development and the all-chairs meetings, and Dr. Brockman-Weber volunteered.



CAPT Russell reminded the Council members of the next NACNEP meeting, scheduled for December 7-8, 2021. She noted that the Council would have 12 new members for that meeting, allowing a full reconstitution of the planning and writing sub-committees. She anticipated that work on the preparation of the 18<sup>th</sup> report would begin in early 2022.

Dr. Selig asked about plans to resume in-person meetings. CAPT Russell referred the question to the chief of the HRSA Advisory Council Operations office, Ms. Kimberly Huffman. Ms. Huffman noted that as of July 2021, most HRSA staff were teleworking and not working able to return to the HRSA headquarters building. HRSA would not be able to hold in-person meetings at least until the federal staff was able to return. In response to a question from Dr. Selvidge, CAPT Russell added that all NACNEP meetings have a virtual or remote capability available. In the event that a meeting would be held in person, any members unable to travel would still be able to attend and participate by the virtual platform.

### ***Adjourn***

Dr. Ezeike reminded the members that the setting and details of any future meetings were subject to change as a result of the ongoing COVID-19 pandemic and response. He adjourned the meeting at 3 p.m.

## Acronym and Abbreviation List

ANE-NPR	Advanced Nursing Education – Nurse Practitioner Residency
ANE-NPRIP	Advanced Nursing Education – Nurse Practitioner Residency Integrated Practice
APRN	Advanced Practice Registered Nurse
BHW	Bureau of Health Workforce
CARES	Coronavirus Aid, Relief, and Economic Security
CRNA	Certified Registered Nurse Anesthetist
DFO	Designated Federal Official
DNPH	Division of Nursing and Public Health
FQHC	Federally Qualified Health Centers
FY	Fiscal Year
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
MUC	Medically Underserved Community
NACNEP	National Advisory Council on Nurse Education and Practice
NASEM	National Academies of Sciences, Engineering, and Medicine
NAT	Nurse Anesthetist Training
NCHWA	National Center for Health Workforce Analysis
NP	Nurse Practitioner
NPI	National Provider Identifier
NPR	Nurse Practitioner Residency
OHE	Office of Health Equity
RN	Registered Nurse
SDOH	Social Determinants of Health
VA	Department of Veterans Affairs