Nursing in the Era of Health Care Reform

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Health care system challenges

- Fragmentation
- High costs
- Health care disparities
- Primary care shortage
- Aging and sicker population
The negative impact

Lack of integration among providers

System rewards volume, not value

Result: lower-quality care and higher costs
Plan for the future

“I skate to where the puck is going to be.”

-- Gretsky’s Law
Nursing is key to solving these problems

- Nursing is **by far** the largest health profession
  - There are 4 times as many nurses as physicians
- Nursing care is related to quality and satisfaction measures that will be tied to value-based payments
- Nurses provide care across settings for the “whole person”
- Nurses’ generalist education makes them adaptable to new roles and functions

Erin Fraher and Mary Naylor are partners in the thinking that comes next…
IOM Key Messages

- Nurses should practice to the full extent of their education and training.

- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.

- Effective workforce planning and policy making require better data collection and an improved information infrastructure.
The opportunity

The nursing shortage has abated (at least for now)

<table>
<thead>
<tr>
<th>Year</th>
<th>High demand: difficult to fill open positions</th>
<th>Moderate demand: some difficulty filling open positions</th>
<th>Demand is in balance with supply</th>
<th>Demand is less than supply available</th>
<th>Demand is much less than supply available</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>18.4%</td>
<td>49.0%</td>
<td>13.1%</td>
<td>12.6%</td>
<td>6.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2013</td>
<td>8.6%</td>
<td>32.3%</td>
<td>18.7%</td>
<td>26.8%</td>
<td>13.6%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2012</td>
<td>5.5%</td>
<td>45.0%</td>
<td>19.7%</td>
<td>17.0%</td>
<td>12.4%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2011</td>
<td>4.6%</td>
<td>43.0%</td>
<td>6.6%</td>
<td>23.2%</td>
<td>20.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>2010</td>
<td>6.0%</td>
<td>29.4%</td>
<td>11.3%</td>
<td>25.6%</td>
<td>23.8%</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

High demand: difficult to fill open positions

Moderate demand: some difficulty filling open positions

Demand is in balance with supply

Demand is less than supply available

Demand is much less than supply available

Other

We can think about what types of nurses we need, not how many we need

What roles are nurses taking in innovative care models?

- Care management and coordination
  - Including transitional care models, guided care, etc.
  - Coaching, patient education, motivational interviewing, referrals to specialists, home visits

- Informatics
  - Electronic health records as a tool for quality management
  - Telehealth and telemonitoring

- Geriatric and long-term care
  - Home- and community-based services
What roles are nurses taking in innovative care models?

- Population health
  - Assess panels and populations of patients
  - Develop, initiate, and evaluate programs
- Interprofessional collaboration
  - How to delegate
  - How to lead
    - “As a leader, you are not directly responsible for the results, you are responsible for the people who create the results.”
      - Simon Sinek
Job titles of RNs for primary positions

- **1990**
  - Other: 2.7%
  - Case manager/UR/QI: 5.6%
  - Educator: 17.2%
  - NP/CNM/CRNA: 17.2%
  - Clinical nurse specialist: 62.6%
  - Management/charge nurse: 62.6%
  - Staff nurse + charge nurse: 62.6%
  - Direct patient care/staff nurse: 62.6%

- **1997**
  - Other: 5.6%
  - Case manager/UR/QI: 5.6%
  - Educator: 16.3%
  - NP/CNM/CRNA: 16.3%
  - Clinical nurse specialist: 61.2%
  - Management/charge nurse: 61.2%
  - Staff nurse + charge nurse: 61.2%
  - Direct patient care/staff nurse: 61.2%

- **2006**
  - Other: 7.5%
  - Case manager/UR/QI: 5.6%
  - Educator: 14.6%
  - NP/CNM/CRNA: 14.6%
  - Clinical nurse specialist: 61.2%
  - Management/charge nurse: 61.2%
  - Staff nurse + charge nurse: 61.2%
  - Direct patient care/staff nurse: 61.2%

- **2010**
  - Other: 8.6%
  - Case manager/UR/QI: 5.3%
  - Educator: 18.8%
  - NP/CNM/CRNA: 18.8%
  - Clinical nurse specialist: 59.8%
  - Management/charge nurse: 59.8%
  - Staff nurse + charge nurse: 59.8%
  - Direct patient care/staff nurse: 59.8%

- **2014**
  - Other: 4.7%
  - Case manager/UR/QI: 7.1%
  - Educator: 13.0%
  - NP/CNM/CRNA: 16.6%
  - Clinical nurse specialist: 50.8%
  - Management/charge nurse: 50.8%
  - Staff nurse + charge nurse: 50.8%
  - Direct patient care/staff nurse: 50.8%

Source: Spetz et al., Survey of California Registered Nurses 2014, in press.
Departments within hospitals for hospital-employed RNs

<table>
<thead>
<tr>
<th>Year</th>
<th>Other type of hospital dept.</th>
<th>Ancillary unit in hospital</th>
<th>Ambulatory care dept. in hospital</th>
<th>Nursing home unit within hospital</th>
<th>Acute care hospital unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>4.8%</td>
<td>55.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1997</td>
<td>5.5%</td>
<td>56.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>7.8%</td>
<td>53.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>7.9%</td>
<td>53.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>10.1%</td>
<td>50.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Spetz et al., Survey of California Registered Nurses 2014, in press.
Is this showing up in the data?
Changes in RN hiring by hospitals, 2013-14

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Increased employment</th>
<th>No change</th>
<th>Decreased employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term care</td>
<td>8.0%</td>
<td>85.8%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Home health</td>
<td>14.8%</td>
<td>71.1%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Ambulatory care</td>
<td>33.9%</td>
<td>61.3%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Inpatient care</td>
<td>49.8%</td>
<td>44.2%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

What about next year? Expected changes in RN hiring by hospitals, 2014-15

<table>
<thead>
<tr>
<th></th>
<th>Increased hiring</th>
<th>No change</th>
<th>Decreased hiring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term care</td>
<td>9.7%</td>
<td>78.6%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Home health</td>
<td>31.9%</td>
<td>65.5%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Ambulatory care</td>
<td>42.3%</td>
<td>57.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Inpatient care</td>
<td>43.3%</td>
<td>52.1%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

What about LVNs and Aides?

- LVN employment is shifting
  - Ongoing shift away from hospitals
  - Growing employment in home health
- Aide employment is projected to grow substantially
  - Many home health and ambulatory care jobs
The questions that keep me up at night

- What education and knowledge do nurses need for these roles?
  - What mix of acute and ambulatory?
  - How much depth in population health, geriatrics, informatics?
- How can we facilitate continuing education and training?

- These questions apply to both RNs and LVNs
Types of education for new California RN graduates

Highest level of nursing education of working RNs

Source: Spetz et al., Survey of California Registered Nurses 2014, in press.
Hospitals’ plans regarding BSN-educated nurses, 2014

- 71% plan to increase the share with BSN (was 66% in 2013)
  - 54% are targeting more than 50%
- 11.8% require that hired RNs obtain a BSN within a certain time
- 55.1% require a BSN for promotion beyond staff nurse
- 32.9% differentiate RN salary by education degree
  - 48.4% differentiate RN salary by advanced certification

Hospital challenges to increasing the share of BSN-educated RNs

- Most common barriers to increasing share with BSN:
  - Low supply of BSN-educated RNs in community
  - Lack of tuition reimbursement funds
  - Lack of funds for financial incentives
  - Lack of interest among RNs

The questions that keep me up at night

- How do we find faculty and preceptors who can teach the new skills needed?
  - Faculty vacancy rate: 9.4% in 2013-14
  - 17% of faculty were age 61 years and older in 2013-14
Faculty data from BRN Annual Schools Report, 2013-2014

<table>
<thead>
<tr>
<th></th>
<th>Full-time faculty</th>
<th>Part-time faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in California</td>
<td>1,498</td>
<td>2,614</td>
</tr>
<tr>
<td>Vacancy rate</td>
<td>11.9%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Number who left 2013-14</td>
<td>174</td>
<td>251</td>
</tr>
<tr>
<td>Expected to leave 2014-15</td>
<td>81</td>
<td>74</td>
</tr>
</tbody>
</table>

Reasons faculty leave:
- Retirement 57%
- Termination 23%
- Resignation 22%

Barriers to recruiting faculty:
- Not enough applicants with required credentials: 83.5%
- Non-competitive salaries: 74.8%
- Workload: 39.4%
- College/universities rules/policies: 20.5%
- BRN rules: 32.3%
The questions that keep me up at night

- Will payment structures and rates keep up with the changes needed?
- How can we support nurses to play well in teams?
What next?

- New roles are growing like a rising tide, but not like a tsunami
- Growth of BSN education will help ensure nurses have required knowledge
- Need for RN and LVN education to increase population health, care management, informatics, and health system knowledge
- Need to support education programs in faculty recruiting
- How quickly things change will depend on the money