Framing and Disseminating Nursing Workforce Research for Policy

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This presentation in one slide

- My frame – I am a workforce researcher and policy wonk

- We're facing ever expanding "know-do gap" between growing body of rigorous nursing workforce and scope of practice and payment policy

- Getting research translated into actionable policy change requires:
  - Documentation of key trends requiring policy action
  - Strategically and intentionally framing messages
  - Targeting messages outside academia and nursing to hospitals/health systems, physician professional associations (particularly FM!), state legislators, federal policy makers, educators, etc.
  - New forms of "engaged scholarship"
  - Patience because policy change is incremental

I'm going to talk about framing research, so I'll start with my frame

- I am a student of the health professions—all professions

- Policy wonk who believes deeply in power of evidence to shape policy

- "Data agitator"—I like to use data to challenge prevailing narratives and to shape new narratives

- Faculty in Department of Family Medicine at UNC's SoM

- Work extensively with state and federal policy makers

- Mentor students from medicine, nursing, social work, and health policy

The health policy context for our work

- Ongoing experimentation to transform the way health care is paid for, organized, and delivered…less attention paid to aligning workforce to meet needs of evolving system

- Lack of attention to workforce may be one reason payment and care delivery models not showing expected outcomes*

- Most health care systems still operating in fee-for-service model, but planning for value-based payment

- Hospitals and health systems simultaneously uninterested in workforce planning and hungry for workforce planning answers *(AHA 2016)*

*McWilliams JM. Savings from ACOs-building on early success. *Annals of Internal Medicine.* 2016;165(12):873-875.

Sinaiko AD, Landrum MB, Meyers DJ, Alidina S, Maeng DD, Friedberg MW, Rosenthal MB. Synthesis of research on patient-centered medical homes brings systematic differences into relief. *Health Affairs (Millwood).* 2017;36(3):500-508.

Panel's focus on primary care and outpatient settings is timely

- Care (and workforce) is shifting from hospitals to outpatient settings *(Turner and Roehrig 2017)*

- Primary care transformation has become brand name, but nurses are woefully underutilized in primary care practices *(Macy 2016)*

Exhibit 1: Health Care Job Growth by Setting: December 2007–January 2017
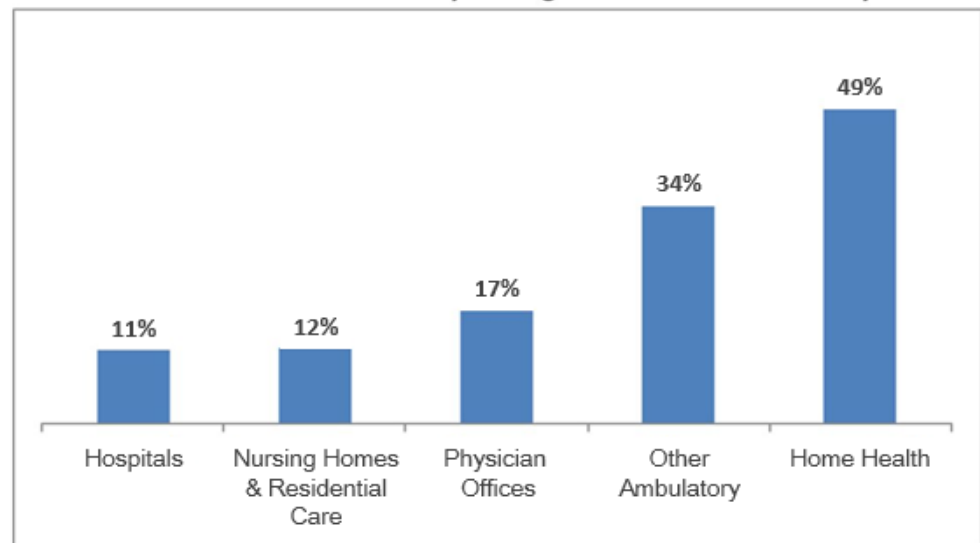
Source: Authors' analysis of BLS Current Employment Statistics data.

Turner A, Roehrig C, Hempstead K. What's Behind 2.5 Million New Health Jobs? *Health Affairs* Blog. March 17, 2017. http://healthaffairs.org/blog/2017/03/17/whats-behind-2-5-million-new-health-jobs/

Bodenheimer T, Mason D. Registered Nurses: Partners in Transforming Primary Care. Proceedings of a conference sponsored by the Josiah Macy Jr. Foundation in June 2016; New York: Josiah Macy Jr. Foundation; 2017http://macyfoundation.org/docs/macy_pubs/Macy_Monograph_Nurses_2016_webPDF.pdf

How can we find pathways for this research to influence policy in "the shadow of politics"*?

- Understandable cynicism about role of data and evidence in policy

- Facing ever expanding "know-do gap" between growing body of rigorous nursing workforce research and policy

- Gap arguably larger for health workforce research because rife with vested professional interests and turf wars

- Gap also exists between what Peterson (2018) calls the:

  - <u>Production function</u>: academy that produces research based on own interests, published on own timeline in peer reviewed journals

  - <u>Consumption function</u>: policy makers who need solutions and want easy to understand answers immediately

*Peterson MA. "In the Shadow of Politics: The pathways of research evidence in policy making". *Journal of Health Politics Policy and Law*. 2018; 43(3): 341-376.

Documentation is a key step in production function

Documentation is critical to identify trends requiring attention of government officials (*Brown 1991*). This panel offers exemplars:

- **Growing presence of Nurse Practitioners in Primary Care Practices** (*Barnes et al 2018*)

- **Growth of Nurse Practitioners and Physician Assistants in Specialty Care** (*Martsolf et al 2018*)

- **Medicare beneficiaries cared for by NPs have lower costs and fewer inappropriate hospitalizations, emergency department visits, and less low-value care** (*Buerhaus et al 2018; Perloff, DesRoches, Buerhaus 2016*)

- **NP practice environment affects optimal use of NPs in practice and quality of patient care for chronic disease** (*Poghosyan L, Nannini A, Smaldone 2013; Poghosyan L, Nannini A, Stone P, Smaldone A 2013; Poghosyan et al in press*)

Brown LD. 1991. "Knowledge and Power: Health Services Research as a Political Resource" In Health services Research: Key to Health Policy, edited by Eli Ginzberg, 20-45, Cambridge MA: Harvard University Press

How do we get this research translated into actionable policy change?

Findings generate important opportunities for actionable policy change to:

- integrate NPs and PAs into workflows and care pathways

- distribute roles and duties within primary care teams to maximize efficiency, quality, patient & provider satisfaction

- modify payment and regulatory models

- move workforce planning beyond counting noses to understand how content of NP and PA practice affects access and adequacy of services in rural and urban areas

Consumption function requires research to be framed in way that can be integrated into policy

- Framing is intentional and strategic communication of findings in ways best suited to promote policy goals

- Frames shape narratives which drive how policy issue is defined and understood

- Narratives are powerful in shaping public opinion and, ultimately, government action

- The power of narratives is growing

- But we can use data/research to shape, and challenge, prevailing narratives

De Bruycker I. Framing and advocacy: a research agenda for interest group studies. Journal of European Public Policy. 2017; 24(5) 775-787; Jones MD, McBeth MK. A Narrative Policy Framework: Clear Enough to Be Wrong? Policy Studies Journal. 2010; 38(2) 329-353.

Framing APRN contributions
(it's about more than addressing a physician shortage!)

- Often, APRN contributions framed in comparison to physicians

- Example (Salsberg 2018): "the number of new Nurse Practitioners graduating each year …will likely exceed the annual number of new physicians completing training in the next few years"

- "This makes physician shortages less likely and, hence, reduces the need for more residency positions"

- This frame elicited strong reactions:

  – **"It's like saying a stewardess can fly a plane!"**

  – **"When we retire a fleet of our fighter jets we go on to bring new fighter jets not commercial jets fitted with firepower"**

Salsberg E. "Changes in the Pipeline of New NPs and RNs: Implications for Health Care Delivery and Educational Capacity." *Health Affairs Blog*. June 5, 2018.
https://www.healthaffairs.org/do/10.1377/hblog20180524.993081/full/

An alternative frame that fits nicely with current political context

"Important productivity gains could be achieved by altering the mix of labor inputs used in the health-care sector. However, the potential for these gains is sharply limited by anticompetitive policy barriers in the form of restrictive scope of practice (SOP) laws…

…we discuss evidence that shows how these laws restrict competition, generate administrative burdens, and contribute to increased health-care costs…

We discuss how moving to a fully authorized SOP for these providers can free up labor markets, allowing for a more-cost-effective and more-productive use of practitioners, while potentially fostering innovation and still protecting public health"

Adams EK, Markowitz S. Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advanced Practice Registered Nurses and Physician Assistants. Washington, DC: The Hamilton Project, Brookings Institution. June 2018.
https://www.brookings.edu/wp-content/uploads/2018/06/ES_THP_20180611_AdamsandMarkowitz.pdf

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Frames need to be targeted and adjusted for different audiences

- Effect of framing is strongly moderated by disposition and characteristics of the receiver

- Suggests that frames need to be targeted toward specific audiences

- Need to reach key audiences for this work, beyond researchers and nurses

Key Audiences

— Hospitals and health systems

— Physician groups (especially primary care transformation organizations and family medicine)

— Federal and state legislators, DHHS

— National Council of State Legislatures

— National Governors Association

— Payers

— IEP community

— Others?

Requires different forms of communication

"...more can be done to expand the scope of consumable morsels of evidence, to house them in accessible archives....to make sure that those with policy-making authority know where to look and how to access this information *as they need it*, and to experiment with varied methods and technologies to enhance communication (without nursing any delusional expectations of creating a new world of evidence-driven policy making)."

*Peterson MA. "In the Shadow of Politics: The pathways of research evidence in policy making". *Journal of Health Politics Policy and Law*. 2018; 43(3): 341-376.

And courage

- Speaking truth to power requires courage (Wildavsky, 1979)

- You must master the dual art of communicating your findings and ***listening*** so you can situate your findings in current policy context

- If you find yourself squeamish about entering political fray, remember if you don't message your findings to policy makers, others may twist your messages to suit their purposes

Caveats: this isn't easy nor quick

- Difficult to invest time in crafting policy messages. Drafting policy briefs and engaging with policy makers is "time sink" when academic promotion processes generally don't reward these activities

- Speaking truth to power can be risky

- Policy change is frustratingly slow and incremental, requires patience

- But growing an evidence base and persevering in messaging **_does change_** way policy makers understand an issue and influences the policy options they identify to address it

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