



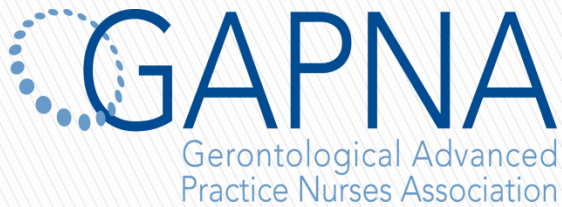
# Health Policy: An Update

April 27, 2018

Susan Mullaney, DNP, APRN, GNP-BC

# Session Overview

- ▶ Describe the national and state perspective and key legislative opportunities
- ▶ Understand GAPNA's Policy Perspectives
- ▶ Describe tools and resources to support advocacy
- ▶ Explore opportunities to develop skills



# Health Affairs

- ▶ Debra Bakerjian
- ▶ Mary Dierich
- ▶ Evelyn Duffy
- ▶ Susan Halley
- ▶ Donna Hamby
- ▶ Debra Haber
- ▶ Izabela Kazana
- ▶ Ann Kriebel
- ▶ Christy Kroboth
- ▶ Michelle Moccia
- ▶ George Peraza Smith
- ▶ Michelle Pirc
- ▶ Rhonda Selvin
- ▶ Julie Stanik–Hutt
- ▶ Meg Wallhagen
- ▶ Deborah Wolff–Baker

Co–Chairs: Sue Mullaney  
Carolyn Clevenger

Board Liaison: Katherine  
Evans



# Committee Goals

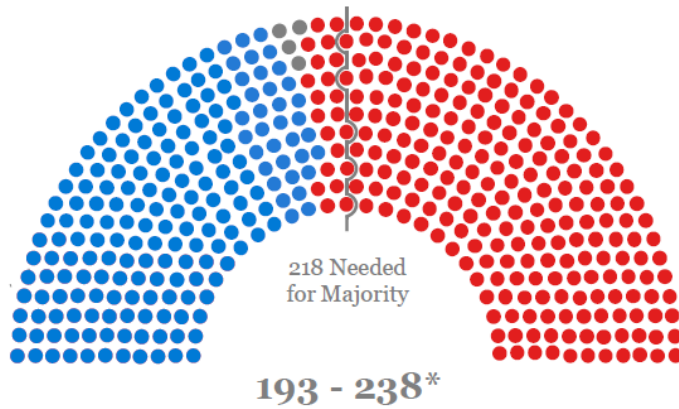
1. Reflect GAPNA's mission, vision, and guiding principles in all policy decisions and collaborations with external organizations or groups.
2. Proactively identify opportunities to support GAPNA's strategic plan and policy perspectives and position statements.
3. Develop and execute a home health advocacy campaign with the goal of successfully passing legislation supporting APRNs right to order Medicare Certified Home Health for their patients.
4. Evaluate the benefits of current and future policy related collaborations and partnership opportunities, delineating each organization's purpose and activities and how they align with GAPNA's mission and goals.
5. Investigate the opportunities and potential value of developing a lobbying arm (including PAC development, employing a lobbyist, partnering with other organizations, and other opportunities as identified).

# Committee Goals

6. Initiate a social media process to engage GAPNA members in policy-related issues.
7. Explore opportunities to utilize the GAPNA website for grassroots advocacy campaigns and the ability to both deploy health affairs surveys and collect data.
8. Explore opportunities and develop processes for GAPNA Chapter members to partner with other state based coalitions to proactively address geriatric and APRN policy issues.
9. Partner with other committees and SIGs to provide Health Affairs educational update(s) to GAPNA membership during annual conference.
10. Submit one Health Affairs article for each newsletter (#4).

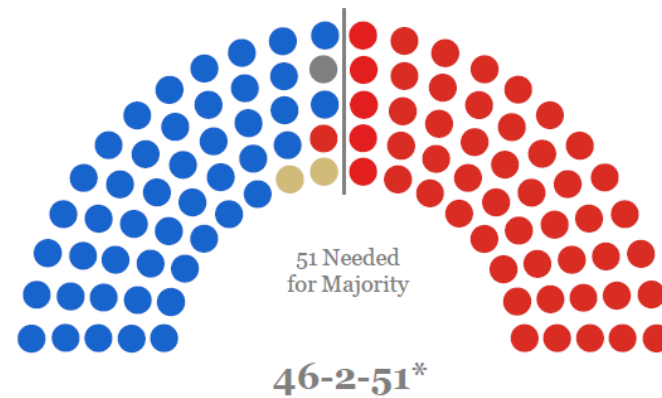
## Overview 115<sup>th</sup> Congress

■ Democrat ■ Republican ■ Independent (caucusing with Dems) ■ Not yet called



**Republican House Majority**

*\*As of 12:00 PM on Nov. 10, four House races have yet to be called*



**Republican Senate Majority**

*\*As of 12:00 PM on Nov. 10, one Senate race has yet to be called. Louisiana will hold a run-off on Dec. 10*

# Key Players

## Secretary Health & Human Services

**Alex Azar**



### Priorities

- Drug Prices
- Affordability
- Shift to Value
- Opioids

**Admiral Brett Giroir, MD**

Sr. Advisor for  
Mental Health and Opioid Policy

**Daniel Best**

Sr. Advisor for Drug Pricing Reform

**James Parker**

Sr. Advisor for Health Reform

**TBD**

Sr. Advisor for Medicare and Value-Based  
Payment Policies

# Key Players



**Seema Verma, Administrator CMS**

## **Priorities**

- 1) Maintain competition among MA plans
- 2) Create strong incentives for higher quality care
- 3) Increase access to MA for seniors with low incomes



**Vice Admiral Jerome Adams, MD, Surgeon General**

## **Priorities**

- 1) Opioid Epidemic
- 2) Link between health and national economy
- 3) Link between health and national security



# Key Players

Secretary of Veterans Affairs  
Admiral Ronny Jackson – not confirmed



HRSA Administrator  
George Sigounas



Speaker of the House  
Paul Ryan



Senate Majority Leader  
Mitch McConnell

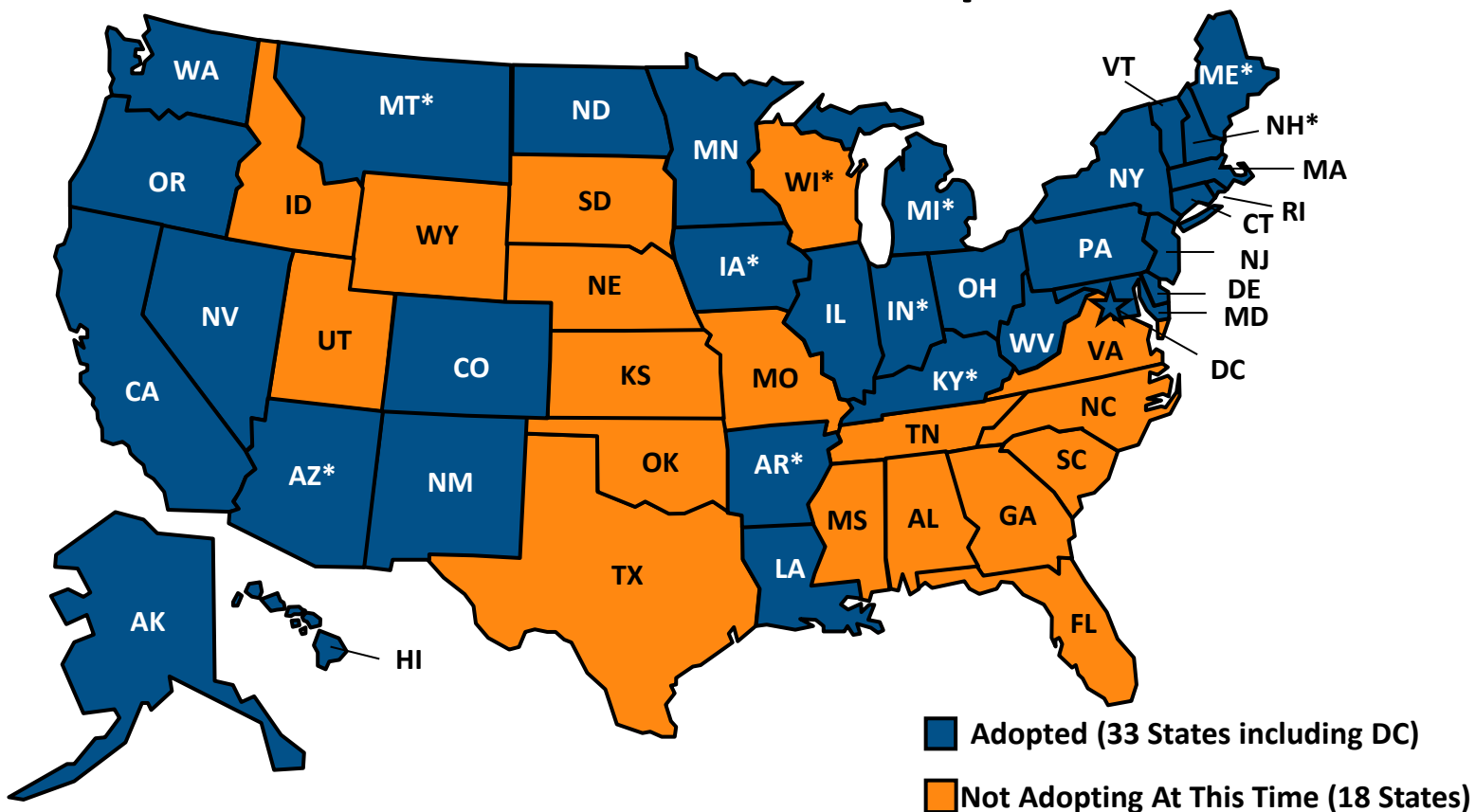


- ▶ What's the latest and greatest for Medicare, Medicaid and the Affordable Care Act?
  - Medicare spending projected to increase 7%
    - 10.9 trillion
  - Medicaid projected to grow by an average rate of 5.5%
    - 5.1 trillion

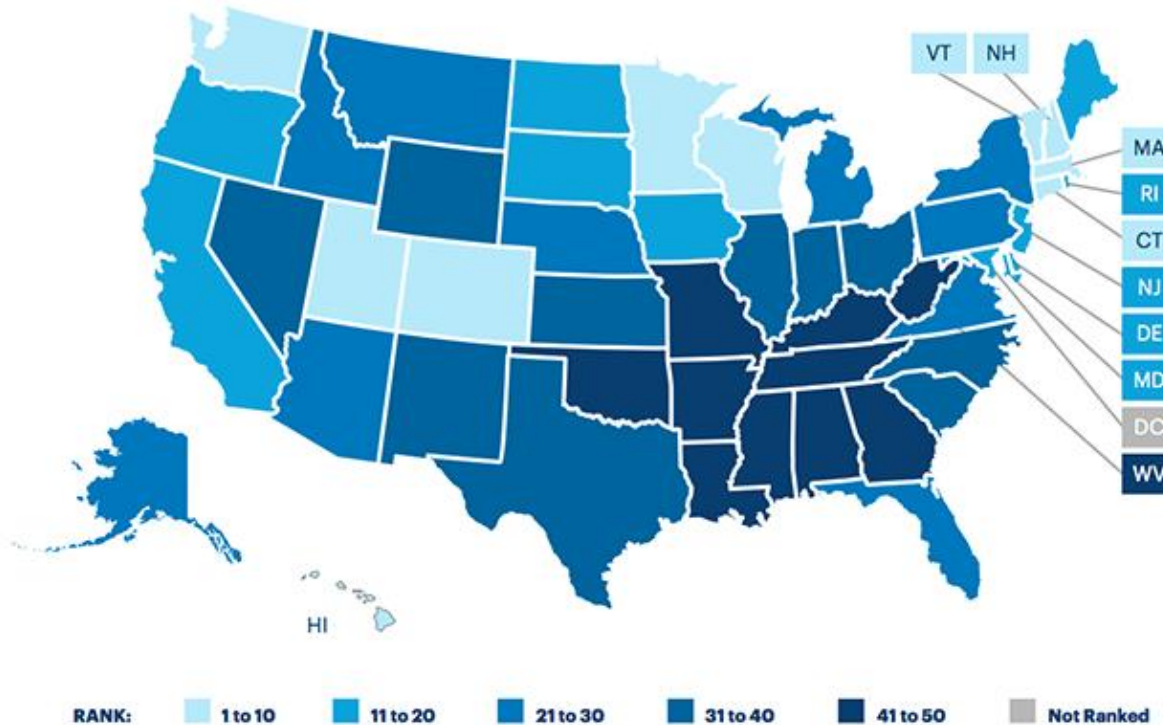
- ▶ **Medicare Protection**
  - Chronic Care Act of 2017
  - Home Health
- ▶ **Older Americans Act (OAA)**
- ▶ **Caregivers (CARE Act)**
- ▶ **Medical Orders for Life Sustaining Treatment**
- ▶ **Mental health care for Veterans**

# Social Determinants Policy Implications

## Status of State Medicaid Expansion



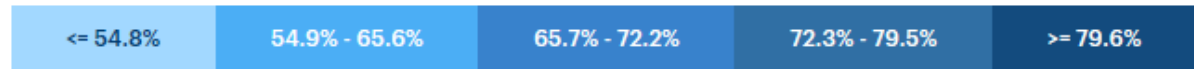
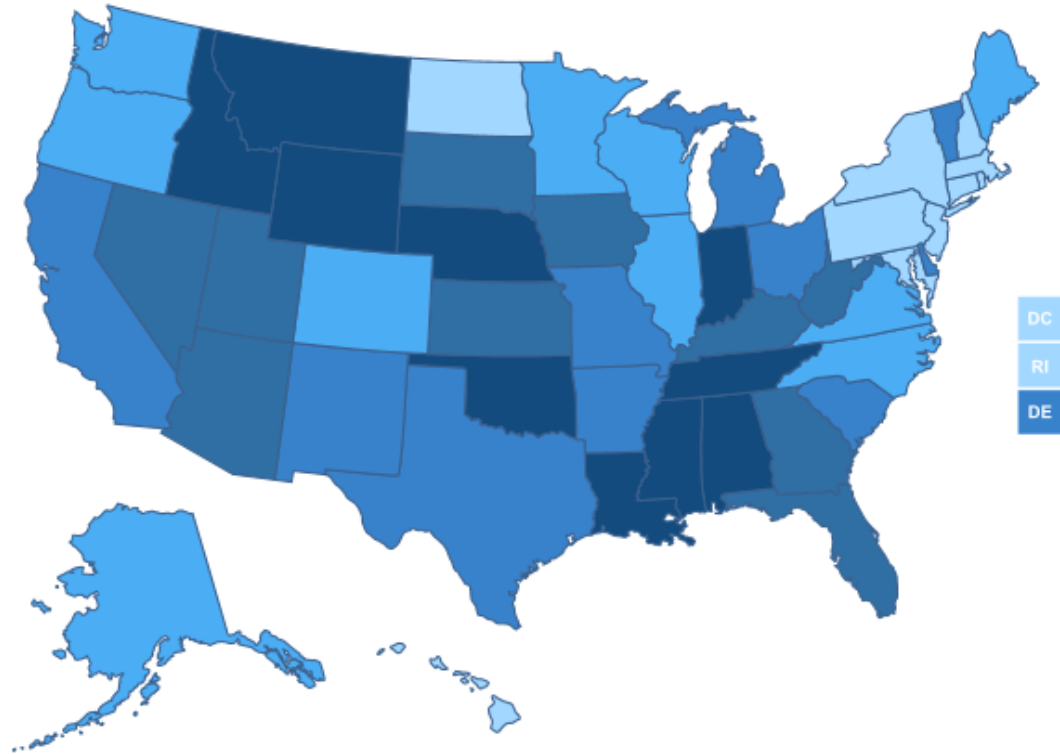
# Social Determinants – Policy Implications



2017 Senior Report State-by-State Rankings

- ▶ Status and Impact of federal budget
  - Nursing Workforce Development Programs
  - Title VIII Funding
  - National Institute of Nursing Research (NINR) Funding
  - Other
  
  - Comments for Coalitions
    - Nursing Community Coalition
    - ARPN Workgroup
    - NP Roundtable

# Geriatrician Shortfall



Percentage of geriatricians required to meet estimated need

Source: American Geriatrics Society, 2016

## Seniors See Improvements in Clinical Care and Outcomes

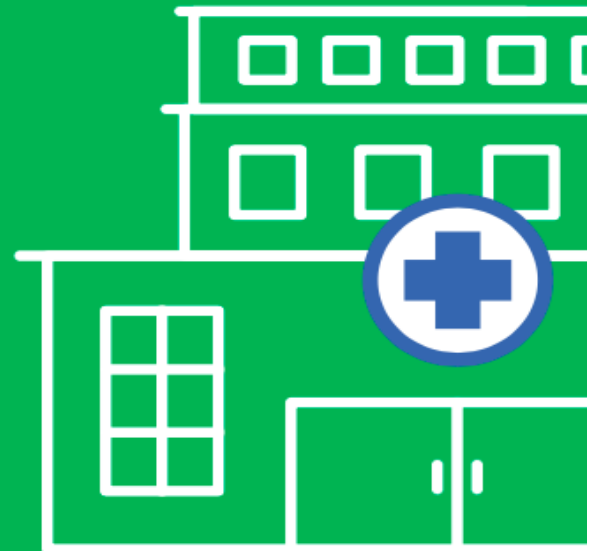
Since 2013, there has been a:

**30% decrease in hospital deaths** among Medicare beneficiaries aged 65+;

**25% reduction in preventable hospitalizations** among Medicare beneficiaries aged 65+;

**9% reduction in visits to the ICU** in the last six months of life among Medicare patients aged 65+; and

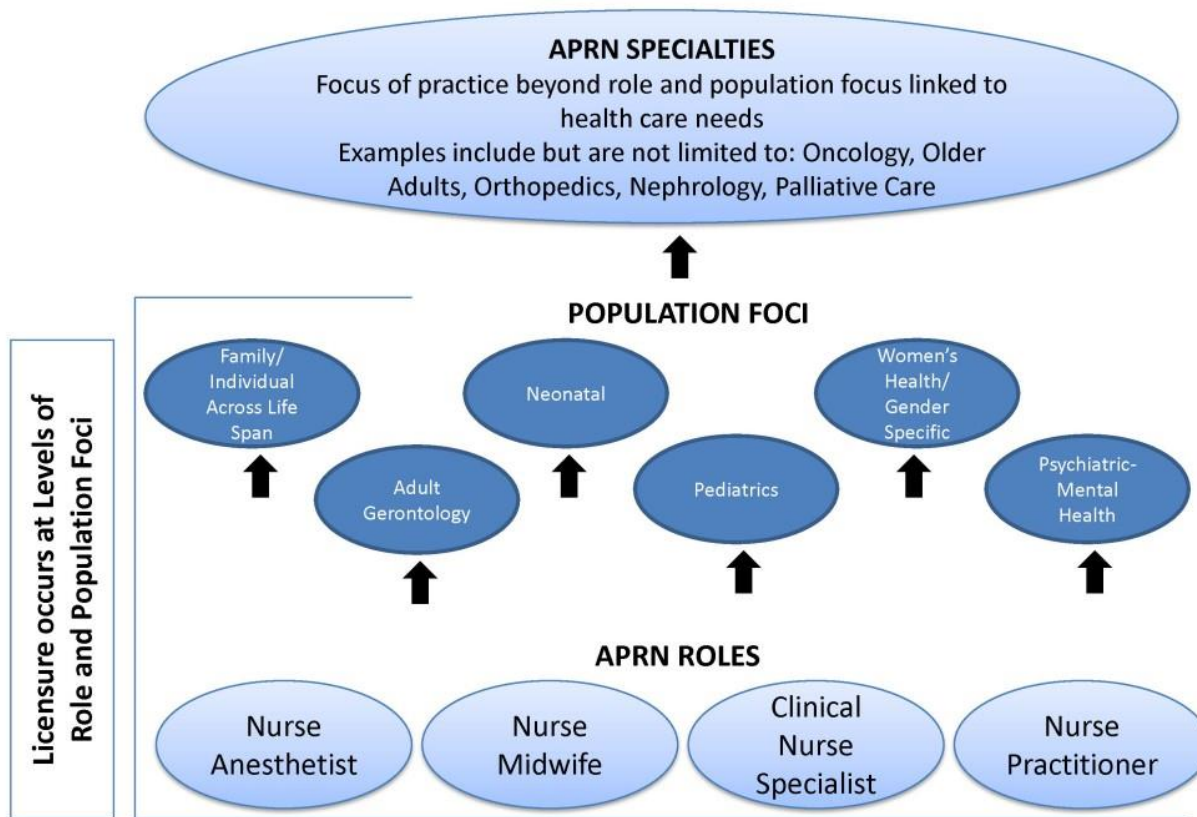
**7% decrease in hospital readmissions** among Medicare patients aged 65+.





# Skilled Providers Certification

## APRN Regulatory Model





# Federal Updates Home Health

Home Health Care Planning Improvement Act of 2017  
(S. 445 / H.R. 1825)

Current Medicare policy restricts NPs from authorizing the certification of a patient's eligibility for Medicare home health services despite:

- ▶ NPs provide all aspects of care to patients
- ▶ NPs conduct the assessment of the need for home health services (face to face visit)

MD must certify assessment despite the fact he/she is

- ▶ Not involved in the care
- ▶ May delay treatment while waiting for signature
- ▶ Cost more than NPs

# Federal Updates Home Health

## ▶ The Basics

- Patient requires face to face visit (485) prior to home care
  - Visit may be completed by a NP
  - Visit must be “certified” or signed by a physician
- Patient seen by home health to develop/continue
  - Initial Plan of Care
  - Episodic Plan of Care
  - Recertification of Plan of Care

# Federal Update Home Health

## ▶ Face to Face Visit

“As part of the certification of patient eligibility for the Medicare home health benefit, a face-to-face encounter with the patient must be performed by the certifying physician himself or herself, a physician that cared for the patient in the acute or post-acute care facility (with privileges who cared for the patient in an acute or post-acute care facility from which the patient was directly admitted to home health) or an allowed non-physician practitioner (NPP).”

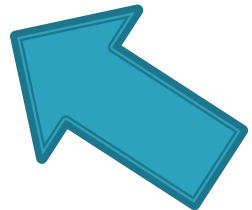
# Federal Updates Home Health

- ▶ **Billing for Certification and Recertification**

“Part B physician claims paid for under the Physician Fee Schedule, using HCPCS codes **G0180** or **G0179**.”

## Indications:

- ▶ bill for certification or recertification of patient eligibility “for Medicare–covered home health services
- ▶ includes contacts with the HHA and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period”.



# Federal Update Home Health

## ▶ Billing

- Care Plan Oversight (G Code **0181**)
  - NP or MD coordinates care of a patient for at least 30 minutes
  - Includes reviewing 485, discussing patient with home health agency, reviewing labs, coordinating and assessing impact of PT and OT, discussing with family, etc.\*

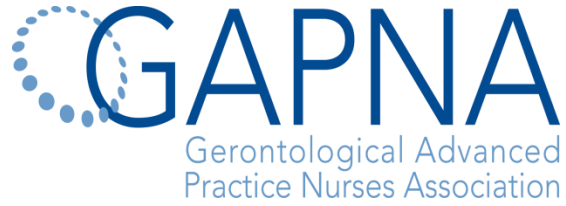
## ➤ Physician Signature

- MD signs 485 – attesting that he/she has reviewed the plan of care and agrees with it
- Physician may bill G code 0181 for Care Plan Oversight

# Federal Update Home Health

- ▶ **Verbal or Supplemental Orders**

Section 1861(m) of the Act requires the HHA plan of care to be under the direction of a physician. We do not have statutory authority to allow other licensed practitioners to give verbal orders for treatment, as such an allowance would mean that the plan of care would no longer be under a plan established by a physician because pieces of that plan would be established by non-physicians.



# Home Health Toolkit



# Federal Updates Diabetic Shoes

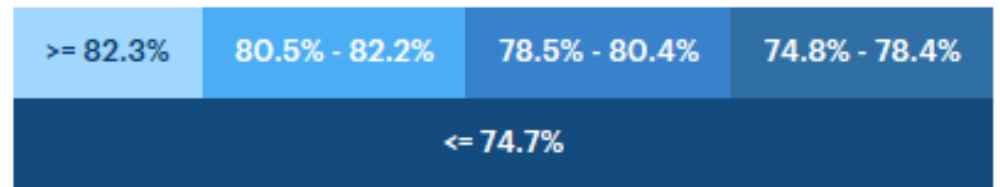
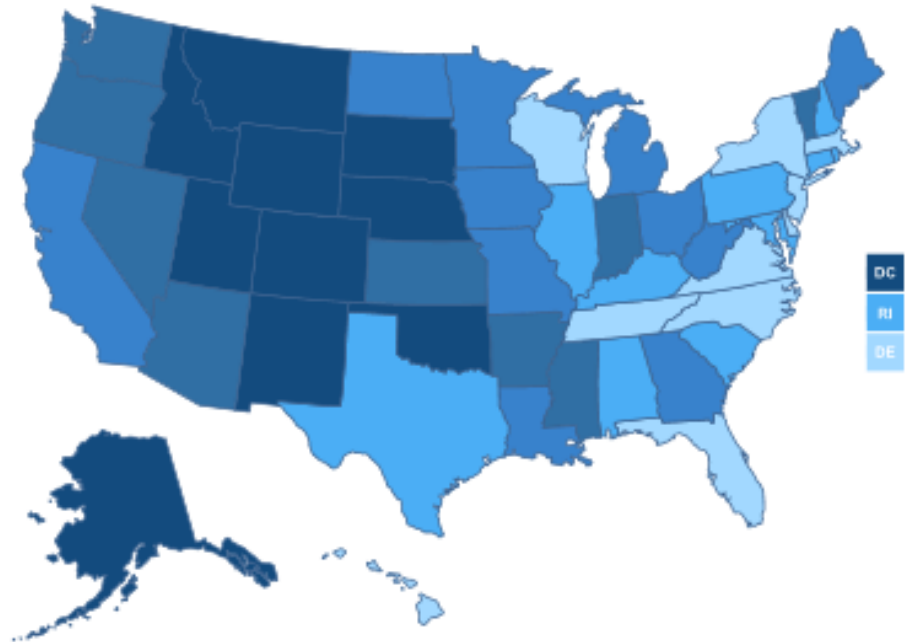
## Improve Medicare Patient Access to Needed Diabetic Shoes H.R. 1617

- ▶ NPs send diabetic patients who need therapeutic shoes to a physician to certify the need.
- ▶ Certifying physician must be the provider treating the patient's diabetic condition going forward despite the fact that:
  - ▶ NPs have deliver safe, cost-effective and responsible care to patients
  - ▶ Have expert knowledge and skill in managing diabetic patients

### Impact of current state leads to

- ▶ Delays in treatment
- ▶ Duplication of services
- ▶ Increasing costs

# Diabetes Management



Percentage of Medicare enrollees aged 65 to 75 years with diabetes receiving a blood lipids test

Source: The Dartmouth Atlas of Health Care, 2014



# Federal Update VA Status

## VA Updates – Full Practice Authority

- Primary Goal – Support Access
- 69 “early adopters” following two–step process to implement
  - Change medical bylaws (if in restrictive state)
  - NP/CNS applies for privileges
- Follow access reports and address as needed

Alan Bernstein, PhD, RN, NE–BC, Deputy Chief Nursing Officer,  
Office of Nursing Services

# State Updates

- ▶ **HB 573 SB 112 Involuntary Examinations Under the Baker Act: Authorizes APRNs to execute a certificate**
- ▶ **HB 973 SB708 Performance of Physician Assistants and APRNs: Signature Authority**
- ▶ **HB 1337 Advanced Practice Registered Nurse**

# Policy Priorities





# Policy Perspectives

The Gerontological Advanced Practice Nurses Association (GAPNA) represents the interests of all advanced practice registered nurses (APRNs) who work with older adults. The GAPNA Health Affairs Committee is dedicated to local, state, and federal advocacy to improve access to high quality care for older adults. America's aging population continues to grow and is expected to be more than 70 million by 2030, necessitating an enhanced focus on education, advocacy, policy, and research.

Given this, the Health Affairs Committee needs to be proactive in advocating, developing, and proposing legislation that will optimize the health and care of older adults. The efforts of the Health Affairs Committee will support initiatives to inform practice and generate policy development in order to meet the unique needs of older adults and the providers who care for them.

## 1. Optimize Care of Older Adults

Engage in opportunities that promote the role of APRNs with specific focus on removing barriers for practice that impact the quality of care provided to older adults.

- ▶ *Removing Barriers – Advocate for all APRNs to perform to their full scope of practice*
- ▶ *Quality Patient Healthcare Outcomes*
- ▶ *Models of Care*

## 2. Geriatric Workforce

Address the gap between the health care needs of an aging population and the number of clinicians adequately trained to care for them. Ensure APRNs possess the education and training to manage the complexities of older adults and their families/carers with multifaceted, multilayered health care needs.

- ▶ *Intra-professional geriatric clinicians*
- ▶ *Gerontological Specialist*
- ▶ *Inter-professional Team-Based Care*



# Coalitions Supporting GAPNA's Policy Priorities

# Coalitions and Partnerships

Nursing  
Community

Nurse  
Practitioner  
Roundtable

National  
Council  
State  
Boards of  
Nursing

Advanced  
Practice  
Registered  
Nurse  
Workgroup

Coalition of  
Geriatric  
Nursing  
Organizations

**GAPNA Engagement**

Extended  
Nurse  
Practitioner  
Roundtable

American  
Association  
of Nurse  
Practitioners

American  
Geriatric  
Society

AARP



# Activities to Date

- ▶ Letter of support VA Telehealth (APRN Workgroup) 11/3/17
- ▶ Letter to Committee on Energy and Commerce: Include NPs as beneficiaries in shared savings program (NP Roundtable) 11/9/17
- ▶ Letter to Representative Tonko and Lujan: Introduction of the Addition Treatment Access Improvement Act of 2017 (H.R. 3692) (Nursing Community Coalition) 11/14/17
- ▶ Attended Briefing “The Opioid Crisis: Nursing Practices that Save Lives” (Nursing Community Coalition) 12/7/17
- ▶ Letter to CMS on Carrier Advisory Committee and including APRNs (APRN Workgroup) 12/18/17)
- ▶ Hosted coalition discussion regarding home health strategy (GAPNA) 12/18/17
- ▶ Presented at AANP Health Policy Conference 2/6/18

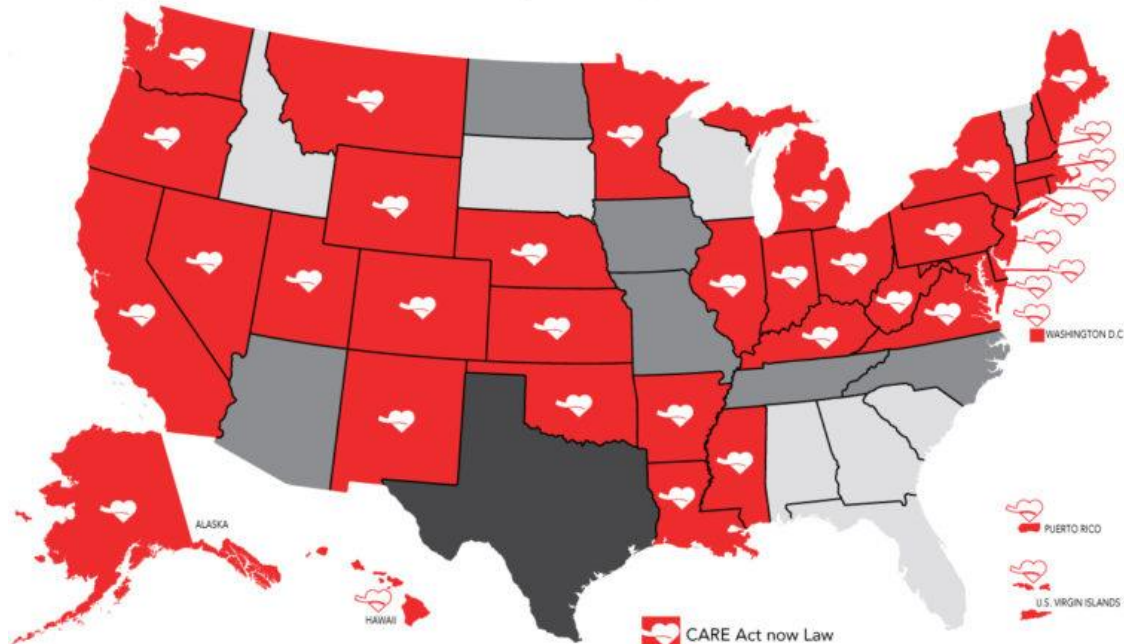
# Coalitions and Partnerships

- ▶ **AARP**
  - **The Caregiver Advise, Record, Enable (CARE) Act**
  
- ▶ **Provision #1: Designation**
  - Give hospital inpatients the chance to name a caregiver and have their information put in the record
  
- ▶ **Provision #2: Notification**
  - Contact the caregiver prior to discharging or transferring the patient
  
- ▶ **Provision #3: Instruction**
  - Consult with the caregiver and provide a demonstration and a chance to ask questions about the tasks the caregiver will need to carry out at home

# CARE Act

## The Caregiver Advise, Record, Enable (CARE) Act




The CARE Act is a commonsense solution that supports family caregivers when their loved ones go into the hospital, and provides for instruction on the medical tasks they will need to perform when their loved one returns home.



**CARE Act goes into effect:**

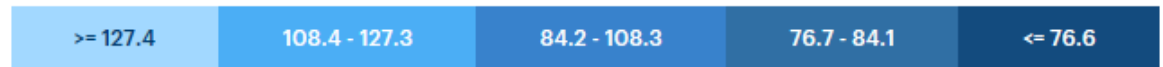
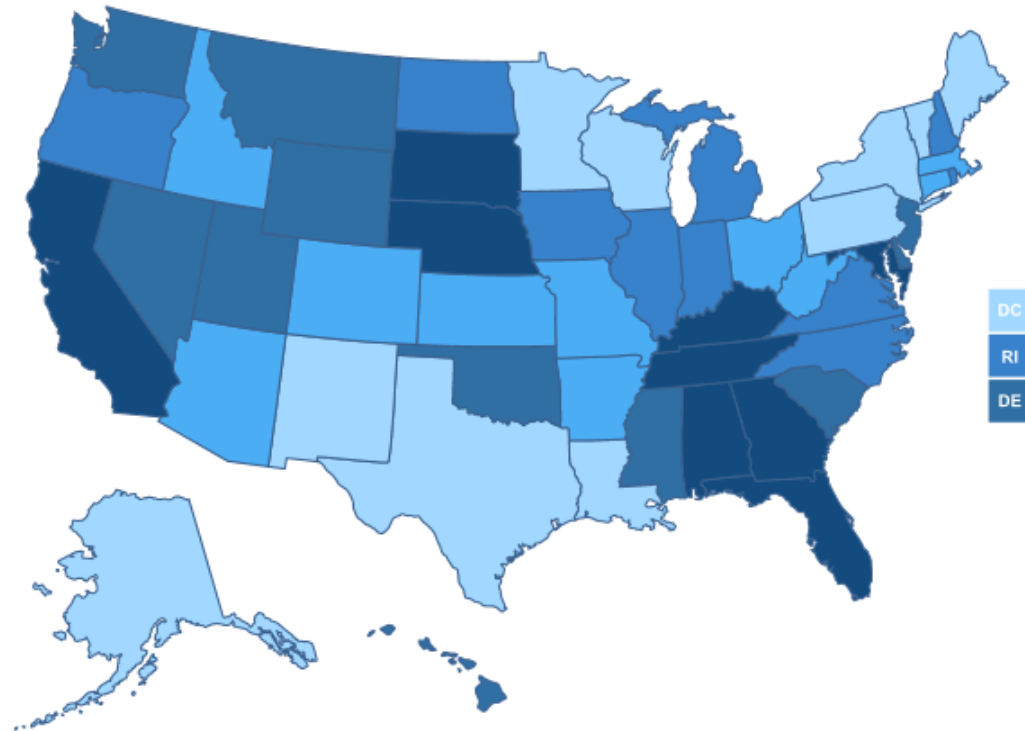
Oklahoma, 11/5/14; Colorado, 5/8/15; New Jersey, 5/12/15; West Virginia, 6/8/15; New Mexico, 6/17/15; Mississippi, 7/1/15; Virginia, 7/1/15; Arkansas, 7/22/15; Connecticut, 10/1/15; Nevada, 10/1/15; Maine, 10/15/15; Puerto Rico, 12/31/15; California, 1/1/16; Indiana, 1/1/16; New Hampshire, 1/1/16; Oregon, 1/1/16; Illinois, 1/27/2016; Utah, 2/10/16; Nebraska, 3/30/16; Virgin Islands, 3/30/16; New York, 4/23/16; Washington, 6/9/16; Wyoming, 7/1/16; Washington D.C., 7/6/16; Michigan, 7/12/16; Louisiana, 8/1/16; Maryland, 10/1/16; Alaska, 1/1/17; Delaware, 1/1/17; Minnesota, 1/1/17; Rhode Island, 3/14/17; Ohio, 3/20; Pennsylvania, 4/20/17; Kentucky, 6/29/17; Hawaii, 7/1/17; Montana, 10/1/17; Kansas, 7/1/2018; Massachusetts, TBD.

\*\*Updated on 5/20/2017

-  CARE Act now Law
-  CARE Act Passed by Legislature
-  CARE Act Introduced or Regulations in Process

**I ♥ Caregivers** **AARP** Real Possibilities

# Home Health Care



Number of personal care and home health aides per 1,000 adults aged 75 years and older

Source: Bureau of Labor Statistics, 2015

[www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)

# Hosting the Dinner

## Current State

GAPNA

Convener

- Attend calls/meetings
- Raise awareness
- Support issues

## Future State

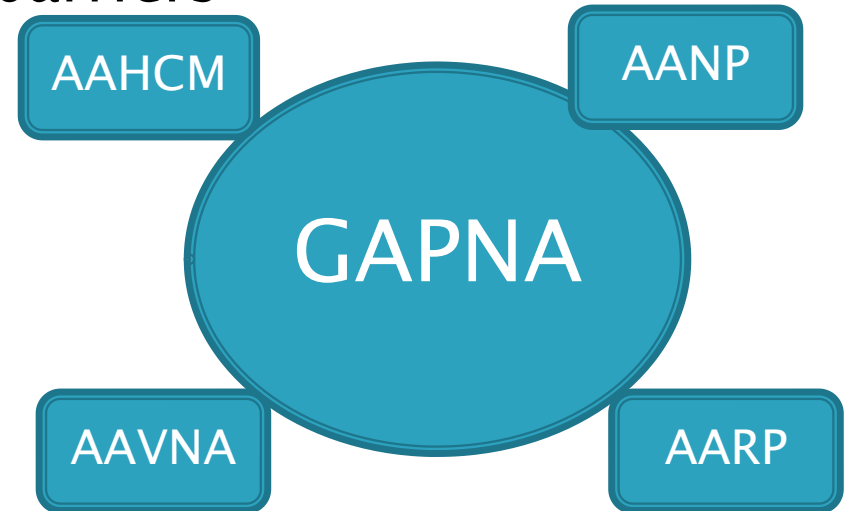
Partner

GAPNA

- Identify issue
- Invite partners to table
- Draft responses
- Disseminate responses
- Drive grass root advocacy

## New Current State

- ▶ GAPNA hosting meetings to focus on
  - Adding co-sponsors
  - Partnering on regulatory barriers
  - Surveying members
  - Gathering stories





# Advocacy and Your Role



# Advocacy Overview

- ▶ Ryan and Rosenberg (2015) study investigating NP engagement in health policy
  - Explores barriers to participation in political processes
  - Recommends steps NPs can take to play a more influential role in shaping health policy

- ▶ **Levels of Engagement**
  - 73% belong to state NP organization
  - 70% currently belong to a national NP organization
  
- ▶ **Motivation**
  - 33.5% frustration over inability to practice with full authority
  - 22.% frustration with a patient experience due to restrictions
  - 55% inspired by professional organization
  - 25% inspired by a mentor

- ▶ **Importance of Political Activism**
  - Patient advocacy
    - 70.2% report advocacy essential for patients
  - Essence of professionalism
    - 72.2% report advocacy as a responsibility
  - Most effective method to create change
    - 56.5% report advocacy needed to create change

## ▶ Barriers to Political Engagement

- Lack of time (71.6%)
- Competing priorities (54.2%)
- Lack of knowledge and experience with political process (40.1%)
- Intimidation/insecurity in understanding the political process (24.6%)

- ▶ **Methods to Promote Engagement**
  - Redefine terms “political engagement”
  - Develop coalitions
  - Replicate successful campaigns
  - Encourage companies to incentivize activism
  - Utilize social media
  - Create educational forums
  - Develop mentoring program
  - Include questions on board exams
  - Join state or national NP organization
  - Stay informed

# Tools and Resources

1) Health Affairs Priorities  
Resources – Health Affairs

<https://www.gapna.org/resources/health-affairs>

2) Letters of Support  
Resources – Legislative Issues

<https://www.gapna.org/resources/health-affairs/legislative-issues>

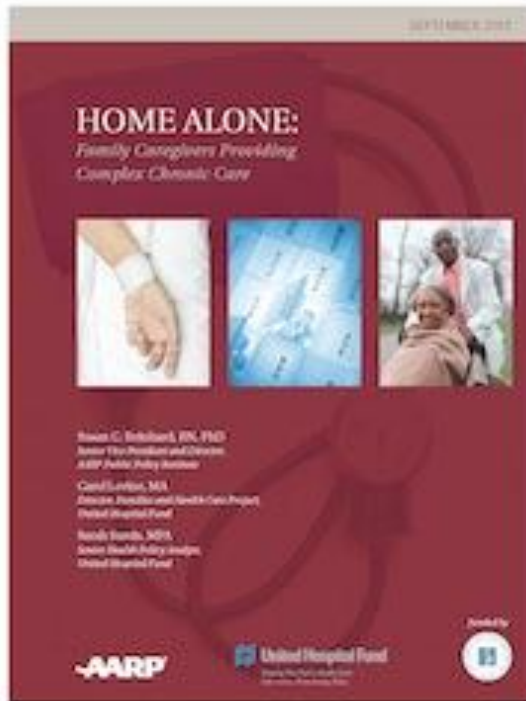
3) Home Health Toolkit



- ▶ **Association Policy Letters**
  - Do you receive eBlasts and newsletters?
  - Do you read them?
  
- ▶ **Daily news reports**
  - Do you read/watch from a variety of sources?
  
- ▶ **Legislators**
  - Have you met them?
  - Do you attend Town Halls?

# Tools and Resources

## HOME ALONE: *Family Caregivers Providing Complex Chronic Care*



- ▶ Almost half (46%) of family caregivers performed medical/nursing tasks for care recipients with multiple chronic physical and cognitive conditions
- ▶ Three out of four (78%) family caregivers who provided medical/nursing tasks were managing medications, including injections and IVs
- ▶ Most family caregivers learned how to manage the medications on their own. Despite frequent emergency department visits and overnight hospital stays, few family caregivers reported receiving assistance and training from health professionals.

October 2012 report  
AARP and the United Hospital Fund  
Funded by the John A. Hartford Foundation

# Family Caregiver Instructional Videos

- ▶ Tools for preparing family caregivers providing medical/nursing tasks
- ▶ Audience: Family Caregivers, Nursing Students/Professionals, Other Clinicians



[www.aarp.org/nolongeralone](http://www.aarp.org/nolongeralone)

# Campaign for Action

Please spread the word about the  
Campaign Resources on  
[www.campaignforaction.org](http://www.campaignforaction.org)

The screenshot shows the 'Resources' page of the Campaign for Action website. The page features a navigation bar with links for 'ABOUT', 'ISSUES', 'OUR NETWORK', 'BLOG', 'RESOURCES', and 'GET INVOLVED'. The main content area has a blue background with a photo of smiling healthcare professionals. The heading 'Resources' is followed by the sub-heading 'A LIBRARY AT YOUR FINGERTIPS'. Below this, a paragraph states: 'Help promote better health through nursing by tapping into hundreds of resources, including studies, toolkits, webinars, and other materials organized in the categories in which the Campaign pushes for action.' The lower section of the page is a dark blue sidebar with a search bar and a 'BY STATE' dropdown menu. It lists various categories under 'ISSUES' and 'TOOLS & TIPS'.

**Campaign for Action** ABOUT ISSUES OUR NETWORK BLOG RESOURCES GET INVOLVED Q

## Resources

A LIBRARY AT YOUR FINGERTIPS

Help promote better health through nursing by tapping into hundreds of resources, including studies, toolkits, webinars, and other materials organized in the categories in which the Campaign pushes for action.

**ISSUES**

- Improving Access to Care
- Transforming Nursing Education
- Promoting Nursing Leadership
- Increasing Diversity
- Collecting Workforce Data
- Fostering Interprofessional Collaboration
- Building Healthier Communities

**TOOLS & TIPS**

- Academic Progression in Nursing (APIN)
- Advocacy
- Communications and marketing
- Funding opportunities
- Meetings
- Milestones (Dashboard indicators)
- News releases

**Organizational excellence**

- Fundraising
- Internal operations
- Stakeholder engagement
- Research
- State Implementation Program (SIP)
- Grantee projects
- Grantee resources
- Webinars

keywords Q

BY STATE ▼

RESET X

# Social Media

## Social Media

- 1) Health Affairs members track updates
- 2) News item(s) gets posted on webpage
- 3) News items get generated to Facebook
- 4) News items shared on Twitter and LinkedIn

Are you following GAPNA?

Do you like?

Do you share?

Do you forward?

# Call to Action

- ▶ Follow GAPNA on social media
- ▶ Leverage social media
- ▶ Share updates with health affairs committee
- ▶ Share stories for Home Health
  - ▶ American Academy of Home Care Medicine
  - ▶ House Calls SIG
  - ▶ Health Affairs

# What's Next

- ▶ 2018 Pre-Conference Washington D.C.
- ▶ Health Affairs Scholarship



- ▶ Global Advocacy Toolkit for the Social Service Workforce (2017). Global Social Service Workforce Alliance.
- ▶ Ryan, S.F. & Rosenberg, S. (2015) Nurse practitioners and Political Engagement: Findings from a Nurse Practitioner Advanced Practice Focus Group & National Online Survey. Funded by the Robert Wood Johnson Foundation
- ▶ Sullivan–Marx, E. M. (2017). Using Ethical Frameworks in Times of Transition and Uncertainty. *Journal of Gerontological Nursing*, 43(3). 8–12.
- ▶ [www.aarp.org](http://www.aarp.org)
- ▶ [www.campaignforaction.org](http://www.campaignforaction.org)
- ▶ [www.gapna.org](http://www.gapna.org)
- ▶ [www.hhs.gov](http://www.hhs.gov)
- ▶ [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)