Nursing Community Consensus Document

Reauthorization Priorities for Title VIII,
Public Health Service Act (42 U.S.C. 296 et seq.)

We the undersigned organizations firmly believe that the priorities listed below should be incorporated during the reauthorization of the Nursing Workforce Development programs, authorized under Title VIII of the Public Health Service Act (PHSA) (42 U.S.C. 296 et seq.).

Introduction

The Nursing Shortage – A Critical Component of Health Care Reform

America's health care delivery system is in desperate need of reform. The health system and health policy have become increasingly complex and ineffective in recent years — unable to meet the needs of today's consumers much less the increasing demands of the future.[1] According to experts at the Institute of Medicine (IOM), the state of the American health care system is in crisis.[2]

One alarming factor contributing to the nation's weakened health care infrastructure is the inability to meet the high demand for Registered Nurses (RN). For ten years, the United States has experienced a significant shortage of RNs, which has dramatically impacted the quality of care provided to our nation's health care consumers.[3] This shortage is expected to intensify as the baby boomer population retires and the need for health care expands. The Health Resources and Services Administration (HRSA) projects that the nation's nursing shortage will grow to more than one million nurses by the year 2020.[4] Unless action is taken now, this shortage will increase over the next twelve years, further jeopardizing access to quality care.

As the country moves toward health care reform, nurses will play a pivotal role in developing and utilizing health care technology, quality indicators, health care outcomes, and preventative care. During this reform all aspects of the health care system will need to be transformed, including the nation's public health infrastructure. Public health nurses, the largest group of public health providers, will play a significant role in helping the nation focus on prevention.

Currently, RNs comprise the largest group of health professionals with approximately 2.4 million providers[5] offering essential care to patients in a variety of settings, including hospitals, long-term care facilities, community or public health areas, schools, workplaces, and home care. In addition, nurses receive graduate degrees that allow them to practice autonomously as advanced practice nurses; become nurse faculty, nurse researchers, nurse administrators, and public health nurses; and work in the policy area to help shape health care delivery. Nurses are involved in every aspect of health care, and if the nursing workforce is not strengthened, the health care system will continue to suffer. Therefore, reform must include solutions to the nursing shortage that consider all aspects of the crisis: education, practice, retention, and recruitment.

Education

Nationwide attention to the nursing shortage has sparked the interest of thousands of men and women across the country to pursue a nursing career. However, nursing schools are struggling to overcome a variety of barriers that preclude them from further expanding student capacity and increasing the nursing workforce. These include an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints.[6] Each year, thousands of potential nursing students have been denied the opportunity to pursue a nursing education, despite the high demand for RNs. These barriers within nursing's educational system have complicated the nursing shortage beyond a simple "supply and demand" model. Of the many concerns within nursing education, the shortage of nurse faculty is the most dire as it inhibits the profession from educating the next generation of nurses.

Furthermore, the nurse faculty shortage is not only affecting civilian health care facilities, but also the military. Much like the civilian sector, the military is facing difficulties in recruiting and retaining nurses. Neither the Army nor the Air Force has met its active service nurse recruitment goals since the 1990s.[7] In 2006, the Air Force, Army, and Navy experienced overall nurse vacancy rates of 15 percent, 8 percent, and 9.6 percent, respectively.[7] In order to address the current shortage, all branches of the military are offering incentives to nurses to encourage them to join the Armed Services. Since the military recruits nurses from the nation's existing schools of nursing, they face significant supply issues because nursing schools cannot educate enough nurses to meet the demand for either the military or civilian sector.

Practice

Nurses provide vital services — assessing, monitoring, and evaluating the status of patients, implementing life-saving interventions, coordinating care delivery, and educating patients and their families. Patients spend the greatest amount of time with RNs and depend upon them for their moment-to-moment care and recovery. However, the ongoing shortage of registered nurses in the workforce leaves too few nurses to provide adequate care in an increasingly complex health care system. The Institute of Medicine has called for substantial changes in the work environment of nurses in order to protect patients, including changes in how nurse staffing levels are established and mandatory limits on nurses' work hours.[8] Despite the growing body of evidence that better nurse staff levels result in safer patient care, nurses in some health care facilities are overburdened with up to 12 patients to care for per shift. Long work hours pose one of the most serious threats to patient safety, because fatigue slows reaction time, diminishes attention to detail, and contributes to errors.[8]

Retention

The stress of being a nurse often makes it difficult to retain both the new and experienced nurses in our health care system. More than 75 percent of RNs believe the nursing shortage presents a major problem for the quality of patient care and the amount of time nurses can spend with patients.[9] Looking forward, nurses see the shortage in the future as a catalyst for increasing stress on nurses (98 percent), lowering patient care quality (93 percent) and causing nurses to leave the profession (93 percent).[9]

A report released by the PricewaterhouseCoopers' Health Research Institute found that though the average nurse turnover rate in hospitals was 8.4 percent, the average voluntary turnover for first-year nurses was 27.1 percent.[10] More recent data suggest that approximately 13 percent of newly licensed RNs had changed their principle RN positions after one year, and 37 percent felt they were ready to change jobs.[11]

In addition to nurses' high turnover rate, many nurses will be retiring from the profession within the next decade. According to the *National Sample Survey of Registered Nurses*, the average age of the RN population in March 2004 was 46.8 years of age, up from 45.2 in 2000.[5] The RN population under the age of 30 dropped from 9.0 percent of the nursing population in 2000 to 8.0 percent in 2004.[5] If significant efforts are not made to retain experienced and new nurses, the nursing shortage will grow exponentially.

Recruitment

According to the *National Sample Survey of Registered Nurses*, the total RN population has increased at every four-year interval in which the survey has been taken since 1980.[5] Although the total RN population increased from 2,696,540 in 2000 to 2,909,357 in 2004, this increase (7.9 percent) was comparatively low considering growth between earlier report intervals (i.e. the RN population grew 14.2 percent between 1992 and 1996). In 2004, an estimated 83.2 percent of RNs were employed in nursing.[5]

The nursing population also struggles to recruit nurses that parallel the diverse cultural and ethnic needs of health care consumers. According to the U.S. Census Bureau, the nation's minority population totaled 100.7 million of the total population in 2007.[12] HRSA reports that only 10.7 percent of the nursing workforce identifies themselves as an ethnic or racial minority.[5] According to the National Advisory Council on Nurse Education and Practice, policy advisors to Congress and the Secretary of Health and Human Services, diversifying the nursing profession is essential to meeting the health care needs of the nation and reducing health disparities that exist among many underserved populations.[13] Additionally, nursing's academic leaders recognize a strong connection between a culturally diverse nursing workforce and the ability to provide quality, culturally competent patient care.[14]

In response to the need to enhance diversity, schools of nursing have substantially increased their minority enrollment. In fact, minority students currently account for 25 percent of enrollees in entry-level baccalaureate nursing programs.[6] While nursing has made great strides in recruiting and graduating nurses that mirror the patient population, more must be done to keep pace with the changing demographics of our country to ensure that culturally sensitive care is provided.

Besides diversity being an important recruitment issue to address, certain areas of nursing experience substantial difficulties in hiring nurses. The top two areas of hospital nursing practice that have had the highest amount of open positions are the general medical/surgical units and the critical care units. The emergency department (ED) is the third most common source of nursing position openings in hospitals.[15] EDs are particularly vulnerable to the nursing shortage. Because of the intensity of emergency care, EDs often have more vacant nursing positions than the hospital's average. Nationwide, it is estimated that 12 percent of RN positions for which hospitals are actively recruiting are in EDs.

The public health infrastructure also is experiencing a great demand for nurses. The public health nurse workforce decreased from 39 percent in 1980 to 17.6 percent in 2000. [16,17] Thirty states reported public health nursing as the profession to be most affected by future workforce shortages in their state.[18] Some of the issues influencing the shortage of public health nurses are non-competitive salaries in comparison to other nursing workforce areas and in light of the current worldwide nursing shortage, lack of qualified candidates, and structural changes in many health departments. Public health nurses often face lengthy hiring processes, insufficient opportunities to advance, and lack of flexible schedules.

Reversing the Nursing Shortage: A Federal Solution

Throughout previous nursing shortages, particularly in the 1970s and 1980s, the federal government has offered relief to nursing schools and students to reverse the negative trend. In particular, the Nursing Workforce Development programs offered viable solutions to nursing shortages, expanded nursing school programs, increased the number of nurse faculty, and helped ensure nurses were practicing in areas with a critical shortage. As Congress searches for programs to address the nursing shortage and in turn reform the health care system, Title VIII programs have been and continue to be a proven solution.

Nursing Workforce Development Programs

The Nursing Workforce Development programs support the supply and distribution of qualified nurses to meet our nation's health care needs and provide care to individuals in all health care settings. Over the last 44 years, Title VIII programs have addressed each aspect of nursing shortages – education, practice, retention, and recruitment. The programs provide the largest source of federal funding for nursing education, offering financial support for nursing education programs, individual students, and nurses. These programs bolster nursing education from entry-level preparation through graduate study. Title VIII programs favor institutions that educate nurses for practice in rural and medically underserved communities. According to HRSA, these programs provided loans, scholarships, and programmatic support to 71,729 nursing students and nurses in FY 2007.[19]

The Nursing Community has found that these programs are effective. In a 2008 survey by the American Association of Colleges of Nursing (AACN), 729 Title VIII student recipients reported that the programs have played a critical role in funding their nursing education. The major themes identified in this qualitative study indicated that the programs allowed students to attend school full-time, work fewer hours, and alleviate the high financial burden of nursing education.[20] While the students greatly appreciated the funding they received from Title VIII, many indicated that the levels did not completely erase their educational debt.[20]

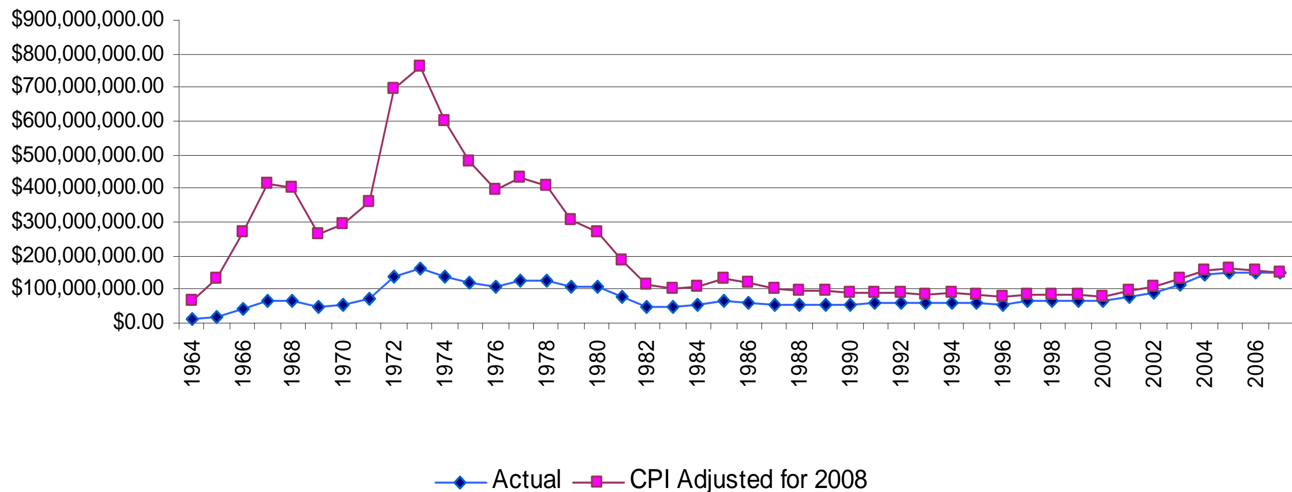
Statement from the Nursing Community

The Nursing Community strongly believes that the programs under Title VIII are viable, effective, and do achieve their authorized mission. While minor revisions to the authorities should be made during the Title VIII reauthorization, this document details the overarching principles the Senate Health, Education, Labor, and Pensions (HELP) committee should consider during this process.

Overarching Principle: Increase Funding for Title VIII

In FY 1964, the Title VIII programs received $9.92 million. Over the next 44 years, funding levels for the Title VIII programs ebbed and flowed in accordance with national nursing shortages and interest in the profession (See Appendix A). During the nursing shortage of the 1970s, Congress addressed the problem by providing higher levels of funding for Title VIII programs. Specifically in 1973, Congress appropriated $160.61 million to Title VIII programs. This is the highest level of funding Title VIII has ever been appropriated. This amount is close to the current funding level of $156.05 million. However, adjusting for inflation to address the 35 year difference, this level would be $763.52 million (See Figure 1). At a time when our nation is experiencing a nursing shortage of epic proportions, the current funding levels for Title VIII programs do not address the demand for professional nurses.

Figure 1
Historical Funding for Title VIII Nursing Workforce Development Programs (in millions)

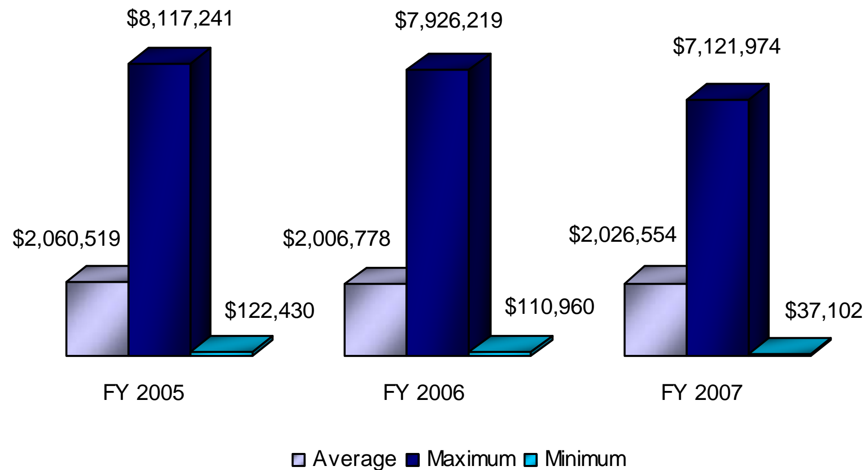


Source: Health Resources and Services Administration (HRSA), Division of Nursing, 2008 & U. S. Bureau of Labor Statistics, Inflation Calculator, 2008

Due to level funding for Title VIII over the past three years, state funding levels continue to decline (See Figure 2). Between FY 2005-FY 2006, 54 percent of the states experienced a decrease in Title VIII funding, and 46 percent saw a decline in funding between FY 2006-2007. During FY 2006, these states lost, on average, $537,282 and $425,591 in FY 2007.[21]

Each year, the Nursing Community advocates to increase funding for Title VIII. Unfortunately, varying political factors have halted the purchasing power of the Title VIII programs. In FY 2006, the Title VIII programs supported 91,198 nursing students and nurses.[22] Yet, in FY 2007, the programs only supported 71,729 nursing students and nurses. In FY 2006 and 2007, $149.68 million was appropriated to Title VIII.

Figure 2
State Title VIII Funding



Source: HRSA, Division of Nursing, 2008

The Nursing Community certainly understands the difficult fiscal choices Congress must make regarding funding for health and education programs, and is appreciative for the funding that is appropriated to Title VIII. However, the national nursing shortage is placing a constant strain on the health care delivery system. As the largest source of federal funding that is specifically designed to address all aspects of the nursing shortage, it is imperative that Congress invest more in Title VIII programs. These programs are a long-term solution. Yet without additional funding attempts to address the shortage through Title VIII becomes short-sighted and restricts further progress.

All of the recommendations made within this consensus document are contingent upon increased funding. A reauthorization of the Nursing Workforce Development programs will not be complete if significant attention is not paid to the overall funding level of the authorities.

Guiding Principle: Increase Support for Nurse Faculty Education

The nursing shortage can no longer be explained by the need to simply increase the number of nurses in the workforce since a parallel shortage of nurse educators further complicates the problem. According to an AACN survey conducted in 2006, schools of nursing turned away 42,866 qualified applications to baccalaureate and graduate programs primarily due to insufficient numbers of faculty.[6] This element of the shortage has created a negative chain reaction — without more nurse faculty additional nurses cannot be educated, and without more nurses, the shortage will continue. Increased support for nurse faculty education under Title VIII can help to break this chain by providing the essential resources needed to expand the nursing workforce and nurse faculty pipeline.

Current Authority: Advanced Education Nursing Grants (Sec. 811)

Under section 296j(f)(2), *"The Secretary may not obligate more than 10 percent of the traineeships under subsection (a) of this section for individuals in doctorate degree programs."*

Recommendation:

During the reauthorization of Title VIII programs under the PHSA, the Nursing Community urges Congress to lift the 10 percent cap imposed on traineeship grants awarded to doctoral degree programs under Sec. 811.

Rationale:

Schools of nursing are utilizing all available resources to educate additional nurses and in doing so have increased graduations by 18.4 percent from 2005 to 2006 in entry-level baccalaureate nursing programs.[6] During the same period, schools have increased enrollment by 7.6 percent.[6] However, this increase is not enough to provide the needed supply of nurses. According to HRSA's projection, nursing schools must increase the number of graduates by 90 percent in order to adequately address the nursing shortage.[4]

It has been well documented that the current and projected nurse faculty shortage has inhibited the growth of students needed to meet the future demand for RNs. According to a study released by the Southern Regional Education Board (SREB), a serious shortage of nurse faculty was documented in all 16 SREB states and the District of Columbia.[23] Survey findings show that the combination of faculty vacancies and newly budgeted positions points to a 12 percent shortfall in the number of nurse educators needed. According to a *Special Survey on Vacant Faculty Positions* released by AACN in 2007, a total of 767 faculty vacancies (8.8 percent) were identified at 344 nursing schools with baccalaureate and/or graduate programs across the country.[24] Most of the vacancies were faculty positions requiring or preferring a doctoral degree.[24] Additionally, survey data show that 94 percent of academic health centers' Chief Executive Officers (CEOs) believe that faculty shortages are a problem in at least one health professions school.[25] The majority of CEOs identified the shortage of nurse faculty as the most severe. [25]

A number of contributing factors inhibit schools of nursing from attracting and retaining nurse faculty, ultimately stiflingly student and nursing workforce growth capacity. Unfilled faculty positions, resignations, projected retirements, and the shortage of students being prepared for the faculty role pose a threat to the nursing education workforce over the next five years.[23]

Faculty retirement is a significant factor contributing to the nurse faculty shortage. The average age of nurse faculty at retirement is 62.5 years.[26] With the average age of doctorally-prepared faculty currently 55 years, a wave of retirements is expected

within the next ten years. It has been projected that between 200 and 300 doctorally-prepared faculty will be eligible for retirement each year from 2003 through 2012.[26]

Additionally, an April 2007 Robert Wood Johnson Foundation issue and policy briefing paper suggests that as educators retire, nursing programs will yield a dual loss from the "decrease in the total number of faculty available to teach entry-level students and a reduction in the number of seasoned educators who can orient and mentor new faculty and advise graduate students."[27] An untapped resource of talent, where schools of nursing could nurture replacements for experienced faculty or additional faculty to handle enrollment expansion, is among the minority populations currently composing the nurse faculty workforce: males and underrepresented racial-ethnic groups (e.g., American Indians, Asians, African Americans, Hispanics).[27]

Doctoral programs in nursing are not producing a large enough pool of potential nurse educators to meet the demand. AACN reveals that in 2006 graduations from doctoral nursing programs were up by only 1.4 percent from the previous academic year.[6] Further, an AACN study on employment plans found that almost a quarter of all graduates from doctoral nursing programs do not plan to work in academic settings.[28]

By increasing the amount of advanced education traineeship funding given to doctoral students, the potential for additional nurse faculty increases. Moreover, this revision will directly impact the practice and faculty shortage by assisting students who wish to obtain their degree to pursue a teaching, research, or advanced clinical practice career. This change to the existing authority will become more relevant as advanced practice nurses move toward doctoral preparation in the near future.

Guiding Principle: Strengthen Specific Resources for Education of Advanced Practice Nurses and Advanced Education Nursing

Current authorization and appropriations for Title VIII programs provide specific funding for Advanced Education Nursing (AEN) Grants and Traineeships. This program supports grant and traineeship awards to educational programs for the four advanced practice nursing specialties of Nurse Practitioner (NP), Certified Nurse-Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), and Clinical Nurse Specialist (CNS). The program also supports awards to the advanced education specialties of nurse educator, nurse administrator, public health nurse, or other nurse specialties as determined by the Secretary to require advanced education. Additionally, for the purpose of determining eligibility for grants for nurse anesthesia education, the statute recognizes the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) so that only appropriately accredited nurse anesthesia programs retain eligibility for federal funding.

For the past two years, the current Administration has recommended that the AEN program be eliminated in FY 2008 and 2009 with the justification that this program is ineffective. The Nursing Community strongly disagrees with the Administration’s findings and believes that the AEN program should be strengthened during the Title VIII reauthorization.

Recommendation:

During the reauthorization of Title VIII programs under the PHSA, the Nursing Community urges Congress to continue and improve the language authorizing grants and programs for advanced practice nurses and advanced education nursing under Section 811.

Rationale for Continued Support and Improved Language of Advanced Practice Nurses:

Nurse Practitioners (NP) form the foundation of primary care, providing essential primary care services in both rural and urban underserved areas of the country. These underserved populations are frequently those at highest risk for health disparities. Recent reports cite a decline in interest in family practice among medical school graduates, with only 1,000 medical school graduates choosing family medicine annually, in comparison with the more than 3,000 nurse practitioner (NP) graduates who choose family practice annually. Nurse practitioner educational programs and traineeships referenced in the current statute need to be included in the new reauthorization. The need for continued and increased provision of funding for educational programs and traineeships that prepare nurse practitioners is greater than ever. Nurse practitioners provide critical services in ambulatory, acute and long-term care facilities. While funding for these programs has led to increases in the primary care workforce, the need for additional funding has been well documented in the primary care arena.

Certified Nurse-Midwives (CNM) provide essential primary care services to women in the U.S. In 2005, the most recent year which data is available from the National Center for Health Statistics, there were 306,377 CNM-attended births in the nation (11.2 percent of all vaginal births that year). Of patient visits to CNMs, 90 percent are for primary, preventive care, which includes gynecologic care. Currently, 70 percent of the women seen by CNMs are considered vulnerable by virtue of their age, socioeconomic status, education, ethnicity, or location of residence. With the aid of Title VIII resources, the number of CNMs in the United States has more than doubled in the last 10-15 years. Continuing shortages of obstetrical providers make it essential to continue support for CNM programs and their students.

Certified Registered Nurse Anesthetists (CRNA) provide 27 million anesthetics in the U.S. annually, predominate in rural and medically underserved America, and have contributed to the Institute of Medicine reporting anesthesia is 50 times safer today than in the early 1980s. A12 percent vacancy rate of nurse anesthetists persists because of the growing numbers of CRNA retirements and of locations where surgical and invasive diagnostic procedures are performed. Since 2000, grants authorized by Title VIII have helped increase the number of nurse anesthesia educational programs by 30 percent, and the annual number of graduates by more than 100 percent, during this time of great and growing national need. A GAO report released July 2007 (GAO-07-463) found that regions of the United States with relatively greater percentages of Medicare patients, and where the gap between private and public payments was least, were more likely to have anesthesia care

delivered by CRNAs rather than anesthesiologists.

Clinical Nurse Specialists (CNS) are licensed registered nurses who have graduate preparation (master's or doctorate) in nursing as a Clinical Nurse Specialist. The CNS role was first developed in the 1950's. The CNS influences health care outcomes by providing expert consultation for nursing staff and other colleagues as well as by implementing improvements in health care delivery systems. Clinical nurse specialists are expert clinicians that specialize in a specific area of nursing practice that is often defined by a specific population, setting or disease type. The practice of the CNS greatly contributes to improved patient outcomes within the health care system. CNSs can demonstrate that their practice reduces hospital costs and length of stay, frequency of emergency room visits, decreased medical complications in hospitalized patients and increased patient satisfaction. An estimated 72,000 nurses have education and credentials to practice as a CNS. Including a definition for a clinical nurse specialist for the Advanced Nurse Education section will allow more clarity for the agency when considering programs that relate to clinical nurse specialist education and practice.

Rationale for Continued Support of Advanced Education Nursing:

Public Health Nurses: Public health nurses improve public health through population focused interventions with individuals, groups, families, and communities. They are a first line of defense for protecting communities by providing health education and preventative care such as immunization, recognizing and dealing with infectious diseases, responding to disasters, and making home visits to vulnerable populations. Public health nurses comprise the largest group of professionals in public health, 10 percent of the total workforce.[29]

Nurse Educators: Nurse educators combine clinical expertise and a passion for teaching into rich and rewarding careers. These professionals, who work in the classroom and the practice setting, are responsible for preparing and mentoring current and future generations of nurses. Nurse educators play a pivotal role in strengthening the nursing workforce, serving as role models, and providing the leadership needed to implement evidence-based practice. Nurse educators are prepared at the master's or doctoral level and practice as faculty in colleges and universities. A nurse educator is a registered nurse who has advanced education, including advanced clinical training in a health care specialty. Nurse educators serve in a variety of roles that range from adjunct (part-time) clinical faculty to dean of a college of nursing.

Nurse Administrators: The professional nurse administrator is a member of the health care management team and is considered to be a leader and nursing expert in the management and administration of patient care services. The work of the nurse administrator encompasses such responsibilities as organizing, supervising, and coordinating the work of nursing care, patient care and health care services in a variety of settings and also maintains professional, educational, legal and ethical standards of performance, and the development of policies and procedures.

Guiding Principle: Increase Efforts to Develop and Retain a Diverse and Professional Nursing Workforce for the Transforming Health Care Delivery System

Retention

As evidenced by the increase in nursing school enrollment and thousands of students applying to the nursing programs, substantial efforts have been made to recruit new nurses, including individuals who are changing careers to pursue nursing. As a result of the nursing shortage, schools of nursing across the country have created new and innovative approaches to educate qualified nurses, such as accelerated, second-baccalaureate degree programs. The demand for these programs has grown rapidly. They have successfully graduated 3,769 new nurses in 2005 and in 2006, 5,236 individuals began a nursing career after graduating from these fast-track nursing programs.[6]

While recruitment is essential to building a thriving nursing workforce, retention of new and experienced nurses is equally important. However, this aspect of addressing the nursing shortage has not received as much attention.

Recommendation: Increase Retention within the Current RN Population

During the reauthorization of Title VIII programs under the PHSA, the Nursing Community urges Congress to designate the Retention priority area under the current Nurse Education, Practice, and Retention Grants (Section 831(c) of Title VIII) as a separate program under Title VIII.

Rationale:

Due to the current retention problems within the nursing profession, which spans both ends of the experience spectrum, a separate Title VIII section should be created to retain our experienced and new nurses. This section should be titled Nurse Retention Grants and be aligned with Section 831 as Section 831a. Section 831 should be changed to Nurse Education and Practice Grants. By delineating the retention aspect of this program, a specific funding stream would be created to ensure proper consideration is given to retaining nurses and would address the unique barriers associated with retention.

Current funding for the Nurse Education Practice and Retention Grants is $36.64 million. No specific funding recommendation is being made for the separate retention program. However, this recommendation would be contingent upon additional funding for Title VIII.

The Transforming Health Care Delivery System

One of the most prevailing trends in health care is the need to provide primary care. Advanced practice nurses, in particular nurse practitioners and nurse-midwives, are being relied on to help fill the gaps in primary care – due in part to the physician shortage. According to an editorial in the September 2007 *Academic Medicine*, Dr. Richard Cooper

expressed the need for nurse practitioners to play a larger role in providing primary care. The need for primary care providers is critical. Yet, our nation is also in need of community facilities that offer primary care services. Nurse Managed Health Clinics (NMHCs) are one type of facility that can house the primary care providers and offer essential services.

NMHCs help strengthen the nation's health care safety net for the medically underserved. By providing a full range of primary care services, the NMHCs offer quality nursing care to over 2.5 million annual clients and provide primary care to approximately a quarter of a million patients.

Recommendation: Recognizing Nurse Managed Health Clinics as a Mechanism to Expand Clinical Educational Experiences for Nurses and Primary Care Services

During the reauthorization of Title VIII programs under the PHSA, the Nursing Community urges Congress to include nurse-managed health clinics as a definition in Section 801. This definition would read:

A nurse-managed health clinic (NMHCs) is an accessible service site that delivers family and community-oriented primary health care. The majority of care is provided by nurse practitioners and nurse-midwives in collaboration with other nursing and health care providers. At a NMHC, the patient is at the center of care delivery, able to work collaboratively with a staff of advanced practice nurses to address a wide spectrum of primary health concerns with an emphasis on continuity of care.

Rationale:

The nurse-managed care model is recognized as a key to efficient, sensible, cost-effective primary health care. NMHCs are especially effective in providing individualized primary care that includes health promotion, disease prevention and early detection, health teaching, management of chronic conditions, treatment of acute illnesses, and counseling. Research has documented that patient satisfaction with care is very high, the management of patients with chronic illnesses is especially comprehensive and effective, and NMHCs are successful in increasing access to care for at-risk populations and managing their care. NMHCs traditionally focus on populations underserved by the larger health care system. In partnership with schools of nursing, NMHCs are exciting learning environments for nurses of all levels that provide: (1) opportunities for innovative practice development; (2) sites for faculty practice and research, student education and research, and community service; and (3) a source for diverse learning experiences. NMHCs, on average, currently provide clinical education experiences to 42 students per site per academic year.

Guiding Principle: Increase the Efforts of HRSA and the Division of Nursing to Release Timely and More Comprehensive Data on the Nursing Workforce

Accurate and timely data is an essential component to understanding the nursing workforce. It informs policy and helps quantify the workforce needs. Without this data, attempts to reform health care will not be effective. Understanding all sub-sets of the nursing

population, and in particular where the nursing shortage is most severe, helps determine where to best place limited resources.

Recommendation: Supporting HRSA Data Collection Initiatives

During the reauthorization of Title VIII programs under the PHSA, the Nursing Community urges Congress to increase the quality and frequency of the *National Sample Survey of Registered Nurses*. Additionally, the Nursing Community requests data to be released by HRSA that creates nursing workforce data sub-sets.

Rationale:

This would provide Congress, the Nursing Community, and interested stakeholders a more accurate description of the nursing population and help to better understand the supply and demand needs of the profession.

While the Nursing Community wishes to address this recommendation, its inclusion is contingent upon increased funding for Title VIII. More specifically stated, the community believes that appropriations should not be redirected from existing authorities to fund this initiative.

Patient Safety and Quality of Care Demonstration Projects

Protecting patient safety by ensuring quality patient care results or "outcomes" is fundamental to nurses and the vital care they provide. The IOM reported in 2004, "how we are cared for by nurses affects our health, and sometimes can be a matter of life and death… in caring for us all, nurses are indispensable to our safety."[8]

Mechanisms must be in place to investigate the changing practice of patient care and how that impacts nursing education.

Recommendation: Supporting the Role of Nursing in Patient Safety and Quality of Care

During the reauthorization of Title VIII programs under the PHSA, the Nursing Community urges Congress to amend the authorities by adding a new section that addresses the role of nurses in improving health care quality and safety. The following language is currently proposed:

Part J – Nursing and Improving Health Care

The Secretary in collaboration with the Administrator of the Health Resources and Services Administration and the Director of the Agency for Healthcare Research and Quality shall award grants to entities to carry out demonstration projects that advance the education, delivery or measurement of quality and patient safety in nursing practice. Grants will be given priority to those initiatives in professional nursing education that enhance patient safety efforts through evidenced-based practice and quality improvement strategies to include partnerships among eligible

entities that will enhance clinical leadership, mentoring, interdisciplinary team management, systems administration, outcomes and risk management, and nursing intensity.

Furthermore efforts will be directed to integrate quality competencies into the curriculums of schools of nursing that are consistent with technical standards that are developed or adopted by the voluntary consensus standards of the National Technology Transfer and Advancement Act of 1995.

Rationale:

Nurses' role in achieving quality within health care systems and the relationship of nursing workforce characteristics to patient outcomes needs further investigation. As health care technology changes, nursing practice and education must be equipped with the appropriate skill set and knowledge to provide care to patients.

While the Nursing Community wishes to address this recommendation, its inclusion is contingent upon increased funding for Title VIII. More specifically stated, the community believes that appropriations should not be redirected from existing authorities to fund this program.

Nursing Organizations who Have Supported the Consensus Document

The Nursing Community extends our appreciation to Senator Mikulski and her staff for providing the opportunity to present our guiding principles for a Title VIII reauthorization. Senator Mikulski has been a proven leader and champion for nursing issues. The Community looks forward to a strong working relationship with the Senator and the HELP Committee Members as the reauthorization process continues.

American Academy of Nursing
American Academy of Nurse Practitioners
American Association of Colleges of Nursing
American Association of Critical-Care Nurses
American Association of Nurse Anesthetists
American Association of Occupational Health Nurses, Inc.
American College of Nurse-Midwives
American College of Nurse Practitioners
American Nephrology Nurses' Association
American Nurses Association
American Organization of Nurse Executives
American Public Health Association
American Society of PeriAnesthesia Nurses
Association of Community Health Nursing Educators
Association of Perioperative Registered Nurses
Association of Rehabilitation Nurses
Association of State and Territorial Directors of Nursing
Association of Women's Health, Obstetric and Neonatal Nurses
Dermatology Nurses' Association
Emergency Nurses Association

Infusion Nurses Society
National Association of Clinical Nurse Specialists
National Association of Nurse Practitioners in Women's Health
National Association of Orthopaedic Nurses
National Association of Pediatric Nurse Practitioners
National Association of School Nurses
National Conference of Gerontological Nurse Practitioners
National Council of State Boards of Nursing
National League for Nursing
National Organization of Nurse Practitioner Faculties
National Student Nurses' Association
Oncology Nursing Society
Society of Urologic Nurses and Associates
Tri-Council for Nursing
UnitedHealth Care
Visiting Nurse Associations of America
Wound, Ostomy and Continence Nurses Society

Appendix A

Historical Funding for Title VIII Nursing Workforce Development Programs

Year	Actual	CPI Adjusted for 2008
1964	$9,921,000.00	$67,552,410.00
1965	$19,779,000.00	$132,538,140.00
1966	$41,462,000.00	$270,117,250.00
1967	$65,672,000.00	$415,031,310.00
1968	$66,755,000.00	$404,903,600.00
1969	$45,523,000.00	$261,825,470.00
1970	$54,383,000.00	$295,854,730.00
1971	$69,385,000.00	$361,624,340.00
1972	$137,975,000.00	$696,740,740.00
1973	$160,605,000.00	$763,524,850.00
1974	$139,457,000.00	$597,090,940.00
1975	$122,709,000.00	$481,438,950.00
1976	$107,500,000.00	$398,789,100.00
1977	$124,000,000.00	$431,912,870.00
1978	$125,500,000.00	$406,296,630.00
1979	$106,250,000.00	$308,915,290.00
1980	$106,250,000.00	$272,175,360.00
1981	$80,113,000.00	$186,031,380.00
1982	$50,835,000.00	$111,194,320.00
1983	$48,523,000.00	$102,833,680.00
1984	$52,466,000.00	$106,588,290.00
1985	$66,700,000.00	$130,846,060.00
1986	$61,152,000.00	$117,773,400.00
1987	$53,300,000.00	$99,036,650.00
1988	$54,046,000.00	$96,433,050.00
1989	$55,547,000.00	$94,555,330.00
1990	$56,636,000.00	$91,466,920.00
1991	$58,524,000.00	$90,699,310.00
1992	$59,572,000.00	$89,625,500.00
1993	$58,487,000.00	$85,435,540.00
1994	$61,487,000.00	$87,575,410.00
1995	$58,640,000.00	$81,218,710.00
1996	$56,187,000.00	$75,589,240.00
1997	$63,188,000.00	$83,101,080.00
1998	$63,102,000.00	$81,715,150.00
1999	$65,555,000.00	$83,057,320.00
2000	$65,562,000.00	$80,364,850.00
2001	$78,740,000.00	$93,847,770.00
2002	$92,740,000.00	$108,813,560.00
2003	$112,760,000.00	$129,355,330.00
2004	$141,920,000.00	$158,583,770.00
2005	$150,670,000.00	$162,843,950.00
2006	$149,680,000.00	$156,718,520.00
2007	$149,680,000.00	$152,378,460.00

Source: Health Resources and Services Administration (HRSA), Division of Nursing, 2008 & U. S. Bureau of Labor Statistics, Inflation Calculator, 2008

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