

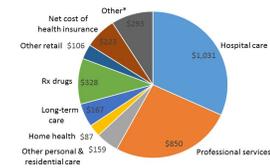
The Changing Landscape of Health Care: The Impact of Political and Professional Paradigm Shifts

A PRESENTATION
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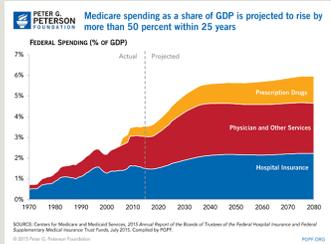


Cherry Ames: Mid 20th Century

National Health Expenditures By Category, 2015 (\$bn)



*Other = Government administration + Government public health activities + Investment (noncommercial, research, structures and equipment)
Source: National Health Expenditure Projections, 2014-2024: Spending Growth Faster Than Recent Trends, Health Affairs, August 2015, vol. 34, 1407-1417. Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group.



Leading Causes of Death in US - 2015

- | | |
|---------------------------------------|-------------------------------------|
| 1. Diseases of heart | 6. Alzheimer's disease |
| 2. Cancer (Malignant neoplasms) | 7. Diabetes mellitus (diabetes) |
| 3. Chronic lower respiratory diseases | 8. Influenza and Pneumonia |
| 4. Accidents (unintentional injuries) | 9. Kidney Disease |
| 5. Cerebrovascular diseases (stroke) | 10. Suicide – Intentional Self Harm |
- <http://www.medicalnewstoday.com/articles/282929.php?page=3>

Global Paradigm Shifts – The 8 Signs

- Power of the Internet and E-Communication - Open, instantaneous access to information
- Independent vs. Corporate Media
- Global Monetary Reshuffling
- Peer to Peer Economy and Reconceptualization of "Career"
- Renewable Energy
- Organic Food Movement – Focus on Health
- Resource distribution in a world of abundance
- Shift in consciousness – connecting, decentralizing and zoning out.
- Women's rights re-emerging.

US Political Paradigm Shifts

Populism and Progressivism laced with Conservatism

Working Class Ideology vs. the Financial Elite

Health Care Issues

- Coverage no matter ideology
- State control of coverage and implications for nursing
- Women's Health
- Care of the Elderly and Dying – Dispelling Myths
- Repeal, Replace or Tweak?
- ACA favors NP Full Scope of Practice -- What about the New HHS Secretary?

Drivers of Healthcare Change in 2016

Technology and Data Deluge – The In65ternet, Big Data and the Empowered Patient - Society for Participatory Medicine

The Aging of the US Population - 37% expect to retire after 65

Market shifts and consumer interest – holistic care

Integrated Primary Care

Safety - Adverse events

Self care and the “nudge.” Benign Paternalism

How many more drivers can you name??

Healthcare Paradigm Shifts

Refocusing medicine on health potential (Next Medicine by Walter Bortz, MD)

Toxic stress and its relationship to chronic disease (Poverty and stress – workplace environment and stress)

Shift from acute to chronic illness (began in 1995)

The rise of genetics; the effects of epigenetics

The role of nutrition and exercise on health and aging

Aging and the reversibility of “frailty.”

Promising research lines; neuroscience, microbiota, gut-brain axis, reconceptualization of mental illness = (Hearing Voices Now HVN)

ACA: Repeal, Replace, Tweak?

What we know so far:

The main revenue generator behind the bill is a cap on tax exclusion for employer-sponsored health insurance.

The bill would roll back Medicaid expansion – leave to the states.

The bill would also repeal the individual mandate and the premium subsidies.

The bill also offers more detail on plans to help subsidize the cost of covering more expensive enrollees, such as those with pre-existing conditions.

This bill is not finalized.

Nursing Profession Paradigm Shifts

A new educational awareness; the importance of the BSN as basic; the rise of the DNP

Full scope of practice for all levels of nursing – 23 states and counting

The importance of nurse led clinics and nurse owned practices – numbers rising.

The nursing faculty shortage and their preparation.

Divining the Future through the Four Levels of Uncertainty

Level 1: A Clear-Enough Future

Level 2: Alternative Futures

Level 3: A Range of Futures

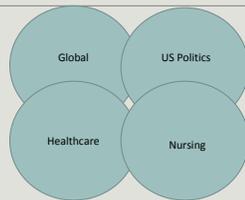
Level 4: True Ambiguity

Courtney H. et al, Strategy Under Uncertainty, *HBR*, November-December, 1997

Considering global, US political and healthcare paradigm shifts, how would you rate the environment's level of uncertainty?

- Level 1
- Level 2
- Level 3
- Level 4

The Potential of Merging Paradigms



What is a Wicked Problem?

One that is fragmented – differences in ideological perspectives, understandings and intentions of those who must collaborate to improve the situation.

One that is socially complex.

One that is unsolvable by stepwise processes

One that is unsolvable at all!

Mining Potential for the Future

Examining overlap in the 4 paradigms

Employing strategy -- knowing the nature of nursing. Are we Hares or Tortoises?

- "Hares do their best in wide open spaces where their speed gives them a competitive advantage. Tortoises survive for many years in hostile territory where their shells protect them from predators and the weather." (Kay, J. in Strategy Bites Back, 2005)

Disease Prevention Vs. Illness Care A Current Perspective

In the US, 50% of the population utilize hardly any health care services at all.

10% of the US population consumes nearly 2/3rds of all health care spending.

Chronic conditions consuming the 2/3rds are cancer, cardiovascular disease and diabetes.

Reducing ER use, hospitalization and readmission rates and use of specialists can reduce costs by 15 to 20%.

Emanuel, E. Prevention and Cost Control. *Science*, Volume 337, 21 September 2012, p. 1433.

Nurse Workforce Projections

40% of all job growth in the US over the next 10 years will be in health care.

Ambulatory care will generate 2.3 million positions.

By 2024, RN employment will rise 16% adding 440,000 new positions.

Nurse Practitioner demand will grow 35% adding 45,000 new positions.

Nurse Anesthetist demand will grow 46% adding 7,500 new positions.

ANP's as Disruptive Innovation: The Issues

Will there be sufficient numbers of ANPs to implement the plan to meet the demands of the next decade?
Will Acute Care ANP's be the "new" medical surgical nurse?
Will FNP's deliver the bulk of primary care?
Will more NP's incorporate their practices?
Will the Clinical Nurse Leader movement persist?
And what about the Clinical Nurse Specialist?
Will the nursing faculty shortage interfere with realization of the plan?
Will there be resistance to expanding the scope of practice of ANPs in ambulatory care and hospitals?
Will legislative and regulatory barriers prevent plans to improve access?
Currently 22/23 US states permit NP's to "hang their shingles" independent of physicians. Is the movement strong enough?

Advanced Practice Nurses as Disruptive Innovation

DI's take root where institutional and regulatory barriers can be minimized.
The incremental improvements created moves the DI to more sophisticated users and becomes part of the mainstream.
The DI eventually allows many more appropriately skilled people to do the work formerly done by centralized, expensive specialists.
DI is a more for less model.
Using ANPs is simpler, less costly and yields better outcomes. ANP's are now firmly rooted in markets that have been traditionally overlooked or financially unattractive to industry leaders. (Wal Mart; CVS, Walgreens, Regional Minute Clinics; Nurse Managed Community Based Health Centers)

Relinquishing Stupidity

Stupidity is the inability to adapt one's cognitive schemas to the ever-changing contingencies of reality.
Stupidity has nothing to do with intelligence. It is more like cognitive constipation.
Stupidity is often driven by crippling nostalgia.

“The future is already here. It’s
just not evenly distributed.”

William Gibson
Science Fiction Writer
