Nurse Leader Strategies to Transform Healthcare

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Nurse leaders are well aware of the unsatisfactory performance of the US health system in recent decades. International data reported by organizations such as the World Health Organization (WHO) demonstrate that we lag behind even some middle-income countries in vital statistics such as infant mortality or life expectancy, while our per capita health expenditures are nearly twice as much as the second costliest country.[1] There is a high level of consensus that healthcare costs are out of control and unsustainable, and that the complexity of the system has become unmanageable.[2] It has been observed that if banking functioned like healthcare, it could take days or longer for an ATM transaction because of unavailable or missing records. If home construction were like healthcare, each subcontractor would work from different blueprints with very little coordination. And if shopping were like healthcare, prices would not be posted, and the price charged for a single item would vary widely within the same store depending on the source of payment.[2]

Challenge represents opportunity, and this is an exciting time to be in healthcare as the United States has embarked on a system-wide transformation, the scope of which has not been seen since the implementation of Medicare. The Patient Protection and Affordable Care Act (ACA) (Public Law 111-148 and PL 111-152) was signed into law on March 23, 2010, with implementation beginning that year and the goal of full implementation in 2018.[3] Titles I and II address problems associated with healthcare access and cost containment, whereas Title III focuses on the improvement of healthcare quality.[4] Greeted with controversy and lawsuits, the law was upheld by the US Supreme Court nearly in its entirety in June 2012, as a presidential campaign was underway. The re-election of President Barack Obama that November dashed opponents' hopes of quickly dismantling the legislation. In reality, health systems and third-party payers had progressed so far in making changes that revocation would have been calamitous.

As this article was being written, there was still a great deal of uncertainty surrounding implementation of the ACA because regulations had been produced more slowly than anticipated, particularly around such issues as the setting up of federally managed health exchanges to meet the needs of people living in states that declined federal support to expand Medicaid, because Medicare reimbursement rates were debated, and because a stalemate persisted in Congress over the federal budget, which had at least temporarily resulted in an automatic reduction in federal funding of domestic and military programs. Despite that uncertainty, nurse leaders in healthcare systems are well aware that transformation will not wait. Cost containment in healthcare delivery, particularly for people served by Medicare, is a national priority. Nurse leaders are called upon to provide leadership in changing the way all health professionals regard and interact with patients and families, embrace technological solutions to managing healthcare system complexity, collaborate for optimal healthcare outcomes, and strategize to eliminate waste and save money. Several key strategies to attain those ends are explored in this article.

FOCUS ON THE "WHY"

The project of transforming healthcare envisioned by proponents of the ACA is focused on a "why" of which national leaders have dreamed at least since the administration of President Theodore Roosevelt over 100 years ago: to make care more accessible and more affordable to most, if not all, Americans. As health systems embark on reconfiguration on a national scale, it is crucial that leaders maintain a clear focus on the "why," from which the "what" and the "how" will then derive.[5] Organizations that focus initially on the "what" or "how" may be characterized by a lack of passion for what they do that can doom them to mediocrity or failure. Simon Sinek[5] has related the contrasting experiences of the success of the Wright brothers, who were uneducated and broke, but passionate about achieving flight, and the failure of Samuel Pierpont Langley, a highly educated and well-funded researcher with a dream team who failed to inspire. The Wright brothers are who we remember.

The stimulation of brainstorming discussions about how we imagine serving a population to meet its needs effectively while minimizing its use of acute care or other medical services opens up possibilities for low-cost community-based support. As one example, the Veterans Administration (VA) uses telehealth extensively to provide quality care for veterans in communities outlying its medical centers. A local healthcare provider can examine a patient while VA health center personnel watch on the Internet, thus monitoring the patient's status and providing direction as needed; the veteran receives timely quality care and is spared a major trip, while the system saves the costs. As another example, in 2011, Indiana University Health affiliated with CVS Pharmacy to provide high-quality primary care, largely by nurse practitioners, throughout the state of Indiana in MinuteClinics, harnessing the advantage of integrated services and articulating electronic health records throughout the entire system.

FUNDAMENTAL SHIFTS

A recent Institute of Medicine (IOM) report[6] of a workshop on the delivery of affordable cancer care is instructive for all care across the US health system in 3 general areas: improvement of the cost effectiveness of healthcare; communication with, support for, and education of patients and families; and coordination of care. These 3 areas are not totally separate and distinct.

In terms of improving the cost effectiveness of healthcare, various approaches to better financial incentives for high-quality, affordable cancer care are being piloted and include: increased reimbursement for cognitive care and patient education, the elimination of fee-for-service care, alignment of reimbursement with performance metrics, provision of cash incentives for patients to choose more cost-effective care options, capitation, payment by episode, initiation of the medical home model of healthcare delivery, and shared savings plans with accountable care organizations.[6] Nurse leaders have much to offer in these discussions in terms of identifying effective patient education and psychosocial support strategies that make a difference in quality and cost effectiveness, and in the identification of appropriate performance metrics.

Communication-related recommendations include improvement in the type of information that patients and families are given, as well as in approaches to its delivery, to enable them to make decisions about and manage their care. Patients and families need to be able to review transparent quality metrics with their healthcare providers and engage in discussions of the cost effectiveness of various treatment options, palliative care, and hospice services. Electronic health records are an essential part of the transformation of healthcare, and it has been noted by the IOM that overzealous proliferation and application of restrictions on the communication and use of clinical data are hindering quality care and innovation, as well as driving up costs.[2] Increasing the empowerment of patients and families with appropriate knowledge and regular professional support, which can be virtual, can unleash the potential for them to