

The Next Era of Regulation: Partnerships for Change

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To achieve meaningful impact in the coming years, health care regulators must redouble their efforts to develop robust partnerships. New relationships in the regulatory arena are increasingly central to improving and sustaining high-quality health care broadly and patient safety specifically. The contributions of boards of nursing, with the support of the National Council of State Boards of Nursing, are substantive. Many of them drive an agenda that supports the delivery of safe, competent nursing care, not only in the United States but also in collaboration with counterparts around the world. This article will identify and discuss eight important factors nurse regulators must consider as they work to build strong partnerships in a changing health care environment.

Keywords: International Council of Nurses, public policy, United Nations Sustainable Development Goals, World Health Organization

A nurse regulator's work, whether as a board executive, board member, or board staff member, tends to be largely unseen by the public. Indeed, those professionals seldom think about the work regulators do, except in discrete circumstances, such as when documentation is needed for their professional licensure or when queries arise about a particular provider. Even when new rules or regulations are promulgated, or an old one is revamped, information about a regulator's work does not always resonate broadly. But the impact does.

In many places around the world, what happens in the delivery of nursing care—from health facilities to patient homes—is influenced and shaped by nurse regulators. At state, national, and international levels, nurse regulators can point to cutting-edge accomplishments. For example, recent National Council of State Boards of Nursing (NCSBN) testimony before a Federal Trade Commission committee looking at occupational licensing reform elevated the visibility of nursing boards as innovators in health care (Federal Trade Commission, 2017).

The contributions of boards of nursing (BONs) are substantive. Many of them provide the critical infrastructure needed to support the delivery of safe, competent nursing care, not only in the United States but also in partnership with international counterparts. Yet the environment in which BONs and other regulatory bodies operate is being reshaped. Shifts in the regulatory environment that wrap around nursing are occurring, even as the features of *what* is being regulated—nursing within the larger health care ecosystem—are changing. It is important for nurse regulators to recognize that changes in the regulatory environment can impact both what nurse regulators do and how they do it. This article will identify and discuss eight important factors

nurse regulators must consider as they work to build strong partnerships in a changing health care environment:

- Changes in attitudes toward regulation with federal administration change
- Shifts in the opinions of the public and policy makers about the usefulness of regulation and regulatory activity
- Solutions to broader problems
- Efficient research applications
- Expanded sources of regulatory excellence
- Trust as the foundation for collaboration
- Innovative approaches from other sectors
- The collapse of traditional boundaries.

Changes in Federal Attitudes Toward Regulation

Political winds shift with each election cycle as new administrations bring their own agendas to address changing priorities. Since January 2017, there has been substantial movement in regulatory activity at the federal level. Efforts are underway to roll back a number of regulations that impact a range of industries, from banking to health care to the environment. Likewise, at the state level, shifts in how regulatory activity is viewed can also occur, often when state political leadership changes. Differences in how regulation is perceived as a tool of public policy is not unexpected. Policy approaches and priorities are often tied to the political orientation and agendas of the parties in power.

Affordable Care Act

A look at the Affordable Care Act (ACA) highlights a contrasting approach to the role of both government and regulatory

activity. The overarching aim of the ACA is to improve access to and quality of health care and decrease the rate of growth in health care spending. The ACA drove substantial changes in health care, many of which were implemented by promulgating new regulations. For example, through regulatory activity, changes were made in policies that moved payment away from fee-for-service to new payment models that paid for quality of care rather than for quantity of services provided. These payment strategies were designed to support a pivot away from fragmented care to payment policies that would support the delivery of comprehensive, quality care. Now, new complexity is being introduced into health care in large part by using regulatory processes, including repeal and modifications, and reshaping government involvement.

Potential Regulatory Changes

The current administration has established new regulatory review processes in cabinet agencies to evaluate the scope of specific regulations and determine whether the substance of existing regulations could be scaled back. For example, some payment-related regulations are being reviewed and altered to accommodate different priorities and solutions.

As indicated, changes in administrations that spark a new orientation toward regulatory activity are not surprising. For state regulators and other stakeholders that track federal health care changes, significant attention should be paid not only to new regulations that are promulgated but also to those that are repealed or modified.

Public and Policy Maker Shifts in Opinions on Regulation

BONs should be aware of the opinions of the public and other policy makers about the usefulness of regulation and regulatory activity. Similar to the current U.S. administration, current congressional leadership is oriented toward scaling back regulatory activity as a means to alleviate perceived regulatory burden. For example, the chair of the House Committee on Ways and Means Subcommittee on Health (2017) announced the creation of the “Medicare Red Tape Relief Project” last year. This effort focuses on reducing regulations in the Medicare program. The subcommittee chair indicated that the intent of the initiative is to scale back existing regulations that impact physicians and hospitals. Public perceptions can be influenced by such phrases as “Regulations are crushing and burdensome” or “Regulations are consumer-oriented and protective.” When it comes to discussing regulatory activity, words can matter in their orientation and tone. Therefore, close attention should be given to the public’s associated perspective as well as to shifts in the regulatory climate in individual states.

One of the potential areas to focus on is ensuring that the public and policy makers understand exactly what BONs do—

focus that is reflected in the NCSBN Regulation 2030 concept maps (NCSBN, 2016). The maps specifically highlight outreach and note that as the public becomes more familiar with BONs, public perception of their role and function should improve. In the current environment, it is worth giving extra attention to how nurse regulators frame their work in ways that robustly communicate the impact and benefits of boards’ regulatory efforts. To ensure that the public and policy makers understand the value of BONs’ work, nurse regulators may want to assess the approaches they use to frame the importance of their work and consider engaging with other regulatory bodies to identify effective communication strategies that can help clearly explain and underscore that value.

Solutions to Broader Problems

Changes in health care and nursing flow from leveraging new opportunities. Often, these opportunities arise in response to serious problems. The problems can be targeted in scope or can over-arch and impact a large swath of health care. Serious problems with a more targeted set of changes to address them include specific health problems such as opioid use disorder. The abuse of opioids is driving local as well as national responses specific to this challenge, including changing parameters around training, prescribing, and reporting.

Solutions to address broad, overarching problems can impact many facets of health care. One such example is the health status of U.S. citizens. Recently, The Commonwealth Fund (2017) released a study looking at key health-related indicators of 11 high-income countries. Of these 11 countries, the United States ranked last in health status. Although the United States leads the world in health care spending, U.S. citizens have shorter life expectancy and higher rates of chronic conditions than the citizens in 10 other high-income countries. Moreover, these deaths are largely related to preventable conditions.

By leveraging opportunities or mitigating problems, changes underway in health care can directly impact health care quality and patient safety. For example, in addition to assessing and informing changes that are designed to optimize patient safety, nurse regulators need to be sensitive to changes to improve access to care or to changes that impact the rate of growth in health care spending. Changes in either of these areas have the potential to impact patient safety and nursing practice parameters.

Efficient Research Applications

Also driving change in care quality and safety are newly developing capacities that allow health care researchers to mine very large data sets, conduct research more efficiently, and more quickly incorporate evidence into health care decision making. In this next era of regulation, research findings will inform shifts in the

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