

**WAYS & MEANS COMMITTEE: RURAL AND UNDERSERVED COMMUNITIES
HEALTH TASK FORCE REQUEST FOR INFORMATION**

Submitted: Wednesday, November 27, 2019

American Association of Colleges of Nursing Response

The American Association of Colleges of Nursing (AACN) is the national voice for academic nursing representing 825 schools of nursing, more than 45,000 faculty members, and 543,000 students nationwide. AACN establishes quality standards for nursing education, influences the nursing profession to improve health care, and promotes public support of baccalaureate and graduate nursing education, research, and practice.

- 1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?**

Education of the Future Nursing Workforce:

Whether it be access to critical hospitals, or addressing provider shortages, health disparities or transportation issues, amplifying and supporting nursing education at the baccalaureate, master's, and doctoral levels is essential to preparing future registered nurses (RNs) to practice in rural and underserved communities. This is especially true for Advanced Practice Registered Nurses (APRNs). For example, in 2016, nurse practitioners (NPs), one of the four APRN roles, constituted 25.2% of providers in rural areas, up from 17.6% in 2008.¹ Further, we recognize that practitioners tend to live and work close to where they went to school. We know that the demand and need for RNs and APRNs is only expected to grow. By 2028, this demand is expected to increase by 12% for RNs and 26% for APRNs.²³ Investment in the next generation of RNs and APRNs is essential, not only to fulfill the demand, but to ensure patients access to essential healthcare services throughout the nation.

- 2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring.**

Academic-Practice Partnerships

APRN students are expected to develop competencies related to caring for vulnerable populations. Development of academic-practice relationships with safety net providers, such as Federally Qualified Health Centers (FQHCs), nurse-managed health centers, and community health clinics can enhance the capacity for clinical training focused on hard-to-reach, vulnerable, and medically underserved populations. Partnerships are increasingly important when considering

¹ Barnes, H., Richards, M. R., McHugh, M. D., & Martsolf, G. (2018). Rural And Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners. *Health Affairs*, 37(6), 908–914. doi: 10.1377/hlthaff.2017.1158 Retrieved from <https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.1158>

²U.S. Bureau of Labor Statistics. (2019). Occupational Outlook Handbook- Registered Nurses. Retrieved from <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>.

³ U.S. Bureau of Labor Statistics. (2019). Occupational Outlook Handbook- Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners. Retrieved from <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>.

interprofessional education, transition to practice for new graduates, implementation of new clinical education models, and the rapid changes that are occurring in healthcare systems.⁴

Telehealth and Innovative Technology

According to the Institute of Medicine (IOM) report, one of the recommended strategies to improve patient safety is through interdisciplinary team training, such as simulation.⁵ Clinical simulations, including virtual and augmented reality, telehealth training, and other innovations, allow nursing students exposure to technologies and real-world scenarios to prepare them to practice in all settings, including in rural and underserved areas. Through telehealth training, students are prepared to meet today's health care challenges, especially for aging populations, to reduce cost burden, increase quality of care, and lessen disruptions for patients.

5. If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?

One program that our members have highlighted is Vermont's Support and Services at Home (SASH) Program.⁶ The SASH statewide program promotes better care for individuals, improved population health, and lower costs by helping people remain in their homes. It started in a residential living community in the largest city of Burlington, but now has been scaled throughout the rural state. Services include comprehensive health assessment, motivational interviewing, development of individualized wellness goals and action plans.

Moreover, modifiable risk factors are addressed through tailored educational offerings, social events, care coordination, and transportation assistance. According to the Office of the Assistant Secretary for Planning and Evaluation (ASPE), "For the CSC DRHO panels, the SASH program reduced the growth in total Medicare expenditures by \$91.59 PBPM, or approximately \$1,100 per beneficiary per year. For the participants in the urban panels (a subset of the CSC DRHO panels), Medicare growth is slower by \$122.24 PBPM, or more than \$1,400 per beneficiary per year."⁷

The program provides a tangible example of nursing student experiences in panel management and population health. Nursing students are also immersed in strategies related to smarter spending, given that overall costs are monitored.

⁴ American Association of Colleges of Nursing. APRN Clinical Training Task Force Report Brief. Retrieved from <https://www.aacnnursing.org/News-Information/APRN-Clinical-Training-Task-Force-Report-Brief>

⁵ Kohn LT, Corrigan JM, Donaldson MS, editors. To err is human: building a safer health system A report of the Committee on Quality of Health Care in America, Institute of Medicine. Washington, DC: National Academy Press; 2000. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25077248>.

⁶ Support and Services at Home (SASH). Retrieved from <https://sashvt.org/>

⁷ U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy. (2019, July 12) Support And Services at Home (SASH) Evaluation: SASH Evaluation Findings, 2010-2016. Retrieved from <https://aspe.hhs.gov/system/files/pdf/262071/SASH5.pdf>

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

Clinical Training in Rural and Underserved Areas

Preceptors that encourage and allow for relationship-building between the nursing student and members of the health care team are critical to preceptorship success in rural communities and the motivation among new graduates to seek permanent employment in the rural community post-graduation.⁸ As we mentioned above, exposing and immersing nursing students in rural and public health care settings increases the likelihood that students will work in those areas after graduation. Aligned incentives for preceptors in rural and underserved regions is an area that could use greater consideration along with continued support for clinical training sites and faculty.

7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

Expansion of MAT Prescribing Authority

RNs and APRNs are on the frontlines of the opioid epidemic. H.R. 6, Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act permanently authorized nurse practitioners (NPs) and physician assistants (PAs) to provide lifesaving medication-assisted treatments (MATs) for patients battling addiction and grants MAT prescribing authority for five-years to certified nurse-midwives (CNMs), certified nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs) for a five-year period.⁹ Permanent authorization for all APRN roles is in the best interest of patients and communities. This allows greater authority for the nursing workforce to continue to assist in curbing the opioid crisis and providing prevention and treatment to patients across the country.

Continued Support of Substance Use Disorder Programs

Continuing support for scholarships, loan repayments, and other grant programs for students and practitioners who continue to be at the frontlines of this epidemic is invaluable.

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

Continue supporting nursing education, including expanding opportunities for clinical training sites, preceptors, and faculty.

AACN's annual survey on faculty vacancies in baccalaureate and graduate programs consistently identifies shortage of faculty, and insufficient clinical sites and preceptors as reasons for not accepting all qualified applicants to schools of nursing.¹⁰ To ensure we continue meeting rural communities' healthcare demands, it is imperative additional support for nursing education remains a top priority of the Committee and Congress.

⁸ Oosterbroek, Tracy, Olive Yong, Florence Myrick. "Everybody knows your name": Experiences of Belonging in Rural Preceptorship. (n.d.). Retrieved from: <https://rnoj.binghamton.edu/index.php/RNO/article/view/548>.

⁹ SUPPORT for Patients and Communities Act, Pub. L. No. 115-271, Sec. 3201 (2018).

¹⁰ American Association of Colleges of Nursing. (2019). Nursing Shortage Fact Sheet as of April 5, 2019. Retrieved from <https://www.aacnnursing.org/Portals/42/News/Factsheets/Nursing-Shortage-Factsheet.pdf>

Remove Home Health Barriers

Consider and pass H.R. 2150 - Home Health Care Planning Improvement Act, which would allow NPs, CNSs, CNMs, and PAs to document home healthcare services. While primary care providers in the Home Health Care Program, these practitioners are unable to initiate or make necessary modifications to medication or treatment without obtaining a physician's signature. This causes treatment delays, putting patients at risk for avoidable complications. Moreover, the redundant structure where multiple providers bill for repetitive services increases costs for taxpayers and patients.

Allow Greater Choice of Providers in Accountable Care Organizations (ACOs)

In its March 2019 report, MedPAC reported national trends showing the supply of APRNs and PAs per beneficiary has increased while the number of physicians per beneficiary has decreased.¹¹ The number of beneficiaries seeing an NP or PA for all or some of their primary care has continued growing, especially in rural areas.¹² Because nearly all Medicare beneficiaries have a regular source of primary care, with more seeing NPs and PAs in rural areas, allowing greater choice of providers in ACOs and the insurance marketplace is imperative.

¹¹ Medicare Payment Advisory Commission (MedPAC). (March 2019). Report to Congress: Medicare Payment Policy. Retrieved from http://www.medpac.gov/docs/default-source/reports/mar19_medpac_entirereport_sec.pdf

¹² Ibid