So You Want to Be an Advocate?
Strategies for Advocacy, Knowledge, Resources, Colleagues and Actions

American College of Nurse Practitioners
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Strategies for Advocacy

- Knowledge and Resource Acquisition and Use
- Individual Effort and Colleague Engagement
... Starting with knowledge about what the health policy agenda is and what influences it.

What Gets My Attention?
Health Policy Drivers

ACCESS  COST  HEALTH POLICY  QUALITY

Access

- Health Insurance
- Geographic
- Providers
To Address Access…

- Health Insurance
  - HSAs
  - Part D
- Geographic
  - CHCs
- Providers
  - Nurses
Quality

Challenges:
- Overuse
- Underuse
- Errors

“Even admitting to the full extent the great value of the hospital improvements of recent years, a vast deal of suffering, and some at least of the mortality, in these establishments is avoidable.”
Half of U.S. Adults Receive Recommended Care and Quality Varies Significantly By Medical Condition

Percent Receiving Recommended Care

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>55</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>76</td>
</tr>
<tr>
<td>Hypertension</td>
<td>65</td>
</tr>
<tr>
<td>Asthma</td>
<td>54</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>39</td>
</tr>
<tr>
<td>Hip Fracture</td>
<td>23</td>
</tr>
</tbody>
</table>

Quality

“The current no margin-no mission era in health care is … giving way to a new no outcome-no income era. Revenue will no longer be automatic, it will increasingly be linked to verifiable performance.”

(Denham, NPSF, 2004)

Pay for Performance: New Concept?

“I am fain to sum up with an urgent appeal for adopting this or some uniform system of publishing the statistical records of hospitals. If they could be obtained… they would show subscribers how their money was being spent, what amount of good was really being done with it, or whether the money was doing mischief rather than good.”

(Florence Nightingale, 1863)
To Address Quality …

➤ President’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry (1998)
➤ Medicare Payment Advisory Commission (1999)
➤ Committee on Quality of Health Care in America IOM (1999) www.nap.edu
➤ Health Professions Education: A Bridge to Quality (2003)
➤ MedPAC (June, 2004)
➤ State of the Union Speeches, 2004 - 2006
Cost

Presidents FY 2007 budget request $ 2.77 trillion

Discretionary
- Defense +6.9%
- homeland security +3.3%
- DHHS -2.3%

Mandatory
- Medicare $ 3.6 billion savings
- Medicare/SCHIP $1.36 billion savings

Cost

Medicare Spending:
- accounts for nearly 12% of total federal spending
- increasing with Part D outpatient drug benefit in 2006 and when baby boomers reach eligibility
To Address Medicaid/Medicare Spending…

- Constrain payment rates
- Manage the use and provision of services
- Raise eligibility
- Increase cost sharing
- Increase program financing

9 Factors that Influence Legislation

- Crisis
- Media
- Political Ideology
- Personal Experience
- Health Policy
- Constituents
- Fiscal Pressures
- Market Forces
- Research Findings
- Special Interest Groups
Factors:

- Political Ideology
- Personal Experience
- Media

Peer reviewed journals are good
But what else?
Delegation saved health programs

By Mary Wakefield

Grand Forks Herald, February 9, 2006

Rural health programs at sharp end of knife

By Mary Wakefield

Edgeley Mail, February 8, 2006


“The Case for Nurse Practitioners” H&HN, August 2003

“Specialized Care from Hospital to Home Improves the Health of Elderly with Heart Failure, Cuts Costs to the Health Care System” NIH News, May 12, 2004
Factors:
- Crisis
- Constituents
- Fiscal Pressures

Fiscal Pressures:
- 2007 projected deficit
  $354 billion
- 2006 deficit (record level)
  $423 billion
Factors:

- Market Forces
- Special Interest Groups
- Research Findings

Lobbyist Spending
Total for Health: $258,556,925

<table>
<thead>
<tr>
<th>Industry</th>
<th>Total Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Professionals</td>
<td>$55,480,749</td>
</tr>
<tr>
<td>Health Services/HMO's</td>
<td>$23,258,796</td>
</tr>
<tr>
<td>Hospitals/Nursing Homes</td>
<td>$49,079,241</td>
</tr>
<tr>
<td>Misc. Health</td>
<td>$5,996,500</td>
</tr>
<tr>
<td>Pharmaceuticals/Health Products</td>
<td>$124,741,639</td>
</tr>
</tbody>
</table>

2004 Data (Center for Responsive Politics at www.opensecrets.org)
Research findings for:

- Partisan use
- Fact finding missions
- Agenda setting

(message: Don’t just do it – think about how to use it)

The Policymaking Process…

“…inevitably proceeds on the basis of deeply held perceptions that may have been shaped by personal experience, anecdotes, or by formally structured information from a variety of sources.

Sometimes these perceptions may be an accurate reflection of the facts. At other times, however, they will rest on the most casual of empirical bases and border on folklore. Finally, at yet other times these perceptions may be deliberately manipulated through biased information supplied by particular interest groups.”

(Shortell, S.; Reinhardt, U.; 1992 “Creating and Executing Health Policy in the 1990’s”)
Linking Nursing Research to Public Policy

1. Is the topic related to a current or emerging health policy concern?

2. Do the research questions clearly flow from or have implications for health policies?

3. Is the language of the manuscript (or executive summary) understandable to policymakers?

Linking Nursing Research to Public Policy (continued)

4. Can the research be used at stages of the policymaking process? (e.g., hearings, rule-making, funding decisions?)

5. Can others use the content? (e.g., media, advocacy organizations)

(Wakefield, *Nursing Outlook*, 2001)
Research for Policy Makers

Content

➢ Focus on outcomes, conclusions, policy implications

Presentation

➢ Package information for use by non-researchers

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Pharmacist Staffing and the Use of Technology in Small Rural Hospitals: Implications for Medication Safety

Michelle M. Casey, M.S.
Ira Moscovitch, Ph.D.
Gretar Davidson, Ph.D.

December 2005

A partnership of the Minnesota Rural Health Research Center and the University of North Dakota Center for Rural Health

www.uppermidwestrhrc.org
“Given that policy decisions are made within months, research for academic purposes is as exact as you can be – research for legislatures is your best guess.”

(G. Coleman)

Strategies for Advocacy…

Individual Effort and Colleague Engagement
“The first step in getting power is to become visible to others – and then to put on an impressive show”

(Sandra Day O’Connor, U.S. Supreme Court Justice)

Positioning Yourself

- Getting to the Table
  - Experience within the profession
  - Build a network…casting a wide net
  - Make your case

- At the Table
  - Do your homework…get informed
  - Seek content experts
  - Couch your message (FAQ mantra)
  - Negotiation/Compromise does not = Failure
Coalition Approaches:

“...we can do a heck of a lot more together than we can arguing with each other.”

(President Bush, talking about French President Jacques Chirac, May 2003)
We must strengthen the bonds of trust among ourselves, disagree without being disagreeable, discern which fights to keep in the family and which to advance to the public forum, and hone the political and negotiation skills of our future leaders.

(M. Mooney, 2003)

Coalition Functions: Local, State, National Levels

What else: More data sharing, synthesis and information dissemination

Who else: More links among organizations focused on your issues
  • who can help promote understanding and
  • who can benefit from information

How else: Technical communication systems/resource toolbox
Organizations Communicating with Capitol Hill Policymakers through:

Coalitions:
- Compromise
- Build consensus
- Flexible and Responsive
- Urgency, enthusiasm
- Mutual respect

Strategies to Accomplish Health Policy Objectives:

Anticipate the Opposition
- Delineate the opposing arguments
- Inoculate against the arguments
- Rebut the arguments
“The world around us, wherever we live, offers ample opportunity to despair over deeply entrenched problems. Yet there are always those
who, instead of waiting for the winds of change,

take action to chart their own future.”

(W.K. Kellogg, 2003)
and ACNP
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http://medicine.nodak.edu/crh