Advocacy: Contact Sport

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LEARNING OBJECTIVES

Describe the process of healthcare policy development in the United States

Describe the impact of nurse involvement in the health reform initiatives during the Clinton, Bush and Obama Administrations helped shape healthcare policy

Identify and describe new opportunities for nurse engagement in the policy development process at the local, regional and national levels

Faculty Disclosure

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- No known or potentially perceived conflicts of interest
- No known sponsorship or commercial support has been received regarding the information to be presented

Agenda

- Healthcare Policy Development
 - Major drivers
 - Political environment
- Workforce/Payment/Delivery Models
- Finding Voice

Policy Development: Branches of Government

- Executive
- Legislative
- Judicial

President Lobbyist & Legislator

- Executive Office of the President
 - Office of Legislative Affairs
 - Office of Public Liaison
 - Office of Management & Budget
- Executive Branch
 - Regulations, Guidances and policies
 - FACA, Task Forces and Advisory Boards
- Presidential Veto
- Executive Orders
- Press Conferences/Interviews
- Speeches
- Special Events

Congressional Process: Political OK Corral



Institutional Politics

- House v. Senate
- House v. President
- Senate v. President
- House & Senate v.
 President



Policy Development: Congress

- House & Senate
 - Party Control
 - Leadership
 - Committee jurisdiction
- Legislation
 - Hearings
 - Advisors to Congress

Medicare Policy Advisory Commission (MedPAC)

Governmental Accounting Office (GAO)

Committee Task Forces

Lobbyists including: states & districts, American Nurses Association, American Association of Colleges of Nursing, Nurse Practitioners, specialty Nursing, American Organization of Nurse Executives, American Medical Association, American Hospital Association, etc.

Policy Development: Litigation

- Judicial challenges
 - Congress challenges power to use Executive Orders
 - SCOTUS determines ACA is constitutional
 - Court finds Dentists' action in NC anti-competitive
- Challenges to regulations/sub-regulatory guidances that fail to follow the Administrative Procedures Act
- Enforcement Actions

The New Normal is Change

Paradigm shift from payor to prudent purchaser

- Hospital quality reporting
- Value based purchasing
- Hospital acquired conditions
- Readmissions
- PQRS

Innovations in health delivery and payment

- Medical home
- Bundled payments
- Accountable Care Organizations
- Value based purchasing

Care models (some demonstration projects) engage providers & patients in new ways

- Care teams include a variety of non-physician professionals and community resources
- Nurses practicing independently
- Bundling services across sites
- Data, information technology and analytics

Payments & transparency

- Price pressures increase
 - Measure cost across the entire treatment regime
 - Site of service may become irrelevant
 - Financial interdependence
- Risk sharing /risk management arrangements
- Quality/outcome measures

Policy Development: Advocacy in Practice



- Clinton: Health Security Act ("HSA")
- Bush: Medicare & Medicaid Prescription Drug & Modernization Act ("MMA")
- Obama: Medicare & Medicaid Patient Protection and Affordable ("ACA")

Policy Development: Nursing Engagement

- Served on Task Forces, MedPAC, White Papers on access, cost quality & safety, congressional witnesses
- Role of nursing in expanding access to healthcare services
- VA policy to enable nurse practitioners to provide serve veterans
- Promoting funding for graduate education and practice expansion
- HIPPA includes incentive payments for services of Nurse Practitioners
- ACA focus on workforce funding; emphasis on patient safety tied to payment; Accountable Care Organizations that offer opportunities for more nurse autonomy

THANK YOU



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