Innovation in Graduate Nursing Education: Teaching Health Policy using an Evidence-informed Health Policy Model

Jacqueline M. Loversidge, PhD, RNC-AWHC, CNS
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Learning Objectives:
• Define the nature of the call for the use of evidence in shaping health policy.
• Compare the components and steps of Evidence-informed Health Policy (EIHP) to Evidence-based Practice (EBP).
• Describe strategies for using the EIHP Model effectively in graduate nursing education.

• The author has no conflicts to disclose.
• No sponsorship or commercial support has been given to this author.
Pretending that politics and science do not coexist is foolish, and cleanly separating science from politics is probably neither feasible nor recommended.

Madelon Lubin Finkel, PhD
The Call for Extending the Utility of EBP-Adapting for Health Policy Impact

• EBP models address clinical problems, helping improve care, outcomes, & system quality.
• EBP models are process models, therefore adaptable.
• European countries and Canada have used evidence-based models to inform health policy development since the beginning of the millennium.
• Health policy environment complexity calls for model adaptation
  – Many stakeholders
  – Inflexible legislative/congressional schedules & budgets
  – Politics/partisanship
Why Use an Evidence-informed Health Policy Model in Graduate Nursing Education

• Students learn EBP models for solving clinical problems; this is a natural extension;
• Allows students to build confidence in their own versatility
  – Using models, & evidence
• Facilitates their deeper understanding of specific policies.
Rationale for the term “Evidence-informed” (rather than “Evidence-based”)

- Acknowledges the realistic boundaries of the use of evidence in health policy
  - Indirect - to inform, influence, or mediate dialogue between stakeholders
- Recognizes the highly political, rapidly changing policy environment, that depends on “non-changeables” (legislative cycles; budget limits)
- Policy environment complexity can outweigh strength of evidence
- Acknowledges an emerging global standard
  - “Evidence-informed” began replacing “evidence-based” in health policy around 2005 when:
    - WHO EVIPNet Knowledge Translation Platform established; &
    - Began advancing the systematic use of evidence in health policy-making

Loversidge, J. M. (November 11, 2016b Early online)
Evidence-informed Health Policy: Definition

... combines the use of the best available evidence and issue expertise with stakeholder values and ethics to inform and leverage dialogue toward the best possible health policy agenda and improvements.

Loversidge, 2016a, p. 27
Comparison of EBP & EIHP Components

Evidence-based Practice

Evidence-based practice (EBP) integrates these components as a way to facilitate clinical decision making:

• External evidence (the best research evidence);
• Clinical expertise; and
• Patient values & preferences

Melnyk & Fineout-Overholt (2015)

Evidence-informed Health Policy

Evidence-informed health policy (EIHP) integrates these components as a way to inform and leverage dialogue toward the best possible health policy agenda and improvements.

• External evidence (the best research & other evidence);
• Issue expertise; and
• Stakeholder values & ethics

Loversidge (2016)
A Model for Evidence-informed Health Policy

Adapted from Melnyk & Fineout-Overholt, 2015
Loversidge, J. M. (2016b), p. 29

External Evidence

- Best Research Evidence
- Evidence-informed, relevant theories
- Best evidence from opinion leaders, expert panels, etc.

Issue Expertise

- Data from professional associations, HC orgs., government agencies
- Professions’ understanding/experience w/ issue, e.g. data from prof. assoc. testimony
- Other available resources/data related to potential Q & S or practice/Consumer issues

Stakeholder Values & Ethics

- Health care providers
- Policy shapers
- HC consumers & consumer protection/interest groups
- HC organizations
- Government agencies responsible for implementation
- Other stakeholders
## Comparison of EBP & EIHP Steps

*(identical steps italicized)*

<table>
<thead>
<tr>
<th>Step</th>
<th>Step of EBP</th>
<th>Step</th>
<th>Step of EIHP</th>
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<tbody>
<tr>
<td>0</td>
<td><em>Cultivate spirit of inquiry</em></td>
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<tr>
<td>1</td>
<td>Ask clinical question in PICOT format</td>
<td>1</td>
<td>Identify policy problem &amp; ask policy question in PICOT format</td>
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<tr>
<td>2</td>
<td><em>Search for &amp; collect most relevant best evidence</em></td>
<td>2</td>
<td><em>Search for &amp; collect most relevant best evidence</em></td>
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<tr>
<td>3</td>
<td><em>Critically appraise evidence</em></td>
<td>3</td>
<td><em>Critically appraise evidence</em></td>
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<tr>
<td>4</td>
<td>Integrate evidence w/ clinical expertise &amp; patient preferences &amp; values to make practice decision or change</td>
<td>4</td>
<td>Integrate evidence w/ issue expertise &amp; stakeholder values and ethics to make health policy decision or change</td>
</tr>
<tr>
<td>5</td>
<td>Evaluate outcome of practice change based on evidence</td>
<td>5</td>
<td>Contribute to health policy development &amp; implementation process</td>
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<td>6</td>
<td>Disseminate outcomes</td>
<td>6</td>
<td>Frame policy change for appropriate dissemination to affected parties</td>
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<td>7</td>
<td>Evaluate effectiveness of policy change &amp; disseminate findings</td>
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Helping students differentiate clinical & policy problems: DXM Example

Clinical Problem:
- Children and adolescents are becoming increasingly creative using OTC drugs as recreational drugs . . .
- One of these drugs is dextromethorphan (DXM), a hallucinogen when taken in larger than recommended dosage amounts
- DXM is in Robitussin and other cough/cold products
- Clinicians who work with patients in these age groups need to be aware of the issue, and take measures in their practice to make appropriate assessments and provide relevant care.

Health Policy Problem:
- Children and adolescents are becoming increasingly creative using OTC drugs as recreational drugs . . .
- One of these drugs is dextromethorphan (DXM), a hallucinogen when taken in larger than recommended dosage amounts
- DXM is in Robitussin and other cough/cold products
- Children and adolescents in Ohio have unrestricted legal access to and can purchase OTC drugs containing DXM
- Ohio HB 73 (Rezabek (R) & Koehler (R) was introduced February 2017 -- would prohibit sale under age 18. Violation would constitute a minor misdemeanor.
Step 1: What does the P.I.C.O.T. mean? (Evidence-informed Health Policy Version)

- **P** = Population
  - E.g. citizen population affected by the policy (could be a health provider group)
- **I** = Intervention or issue of interest
  - A new or revised law, regulation or other type of policy
- **C** = Comparison
  - What currently exists; current law or rule; current policy.
  - Is the law/rule silent? Is there no policy at present?
- **O** = Outcome (Outcome of interest)
  - E.g. expected outcome/result of policy implementation
- **T** = Time — a time frame
  - E.g. time for an intervention to achieve the outcome

* time frame is optional — not always appropriate or useful
Example: Health Policy Intervention
PICOT Question
OH Naloxone Bill (HB 170, 130th GA)
Loversidge, J. M. (2016a), p. 31

P: Persons addicted to opioids and at risk for overdose
I: Emergent administration of naloxone by family or friends
C: Naloxone administration by emergency medical services (EMS) responding to a 911 call
O: Stabilization or restoration of vital signs
T: Time between overdose onset and admission to the emergency department (ED)

For persons addicted to opioids and who are at risk for overdose, how does the emergent administration of naloxone by family or friends compared with the administration of naloxone by EMS responding to a 911 call affect the stabilization or restoration of vital signs between overdose onset and admission to the ED?
HB 170 Naloxone Bill (130th GA) PICOT: Details to Note for Students

- Focus on “persons” (the citizens of Ohio), not “patients”
  - Use politically correct language, e.g. “persons with opioid addiction,” not “addicts”
- Outcome is realistic, and does not engender an emotional response or overdramatize, e.g.
  - Focus on what the bill will actually accomplish
  - Avoid “will save thousands of lives”
- Time is appropriate here (between OD & admission to ED)
- Helps student work retrospectively to clarify the issue
  - Incidence of death from opioid overdose, because many individuals at risk for OD have no respirations/VS at EMS arrival.
The uses of a PICOT question in EIHP

Two uses:

1) Traditional use in EBP:
   1) Drive literature search

2) Deconstruction of a proposed, pending, or enacted policy to analyze:
   • What it intends to do . . . to whom, and how . . .

Loversidge, JM (2016a), pp. 29

Retrieved from: wellingtonoose.tumblr.com
Teaching Health Policy Using the Remaining EIHP Steps

- Step 2: Search for Evidence
  - Evidence search should *inform the policy problem*, not focus solely on clinical issue, e.g.:
    - Has policy been tested elsewhere? Another state?
    - Do EB guidelines exist? E.g. expedited partner therapy for STIs
  - Current, should qualified as evidence on hierarchy/pyramid
## Teaching Health Policy Using the Remaining EIHP Steps 3 through 7

<table>
<thead>
<tr>
<th>Step</th>
<th>Pedagogy/Method</th>
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<tr>
<td><strong>Step 3: Appraise Evidence</strong></td>
<td>• Appraise for rigor, &amp; relevance&lt;br&gt;• Use appraisal tools</td>
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<td><strong>Step 4: Integrate Best Evidence with Issue Expertise and Stakeholder Values and Ethics</strong></td>
<td>• Identify potential stakeholders, and their potential “stake”&lt;br&gt;• Force Field Analysis table to</td>
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<td><strong>Step 5: Contribute to Health Policy Development &amp; Implementation Process</strong></td>
<td>• Discussion – using evidence and expertise to leverage policy development/implementation</td>
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<td><strong>Step 6: Frame Policy Change for Dissemination to the Affected Parties</strong></td>
<td>• “Elevator speech,” bullet points, PPTX&lt;br&gt;• Consider audience</td>
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<td><strong>Step 7: Evaluate policy effectiveness &amp; disseminate findings</strong></td>
<td>• Discuss what constitutes effectiveness&lt;br&gt;• Include ethical aspects/effects&lt;br&gt;• Discuss what agency (public or private) might evaluate, and how funded</td>
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Challenges

• Facilitating a *shift in student thinking*
  – From clinical problems to policy problems

• Teaching *what constitutes “best” evidence to inform the problem*
  – Using the evidence hierarchy
  – Searching for evidence that addressed policy implications

• *Synthesizing* – putting it all together
  – From the policy 3-legged stool to considering ethics and everything in between
Rewards for Students (and Faculty)

• *Bridging* clinical and health policy worlds with a common model

• Appreciating they have “sleuthing” *skills that are transferable* to health policy

• Understanding that *policy problems and solutions have an effect on present/future practice*

• Witnessing students “*get to depth*” on policy issues
Selected References

The EIHP Model, and Guest Editorial in *Worldviews on Evidence-based Nursing*:


The Melnyk & Fineout-Overholt EBP Model:


Application of the EIHP Model by a State Board of Nursing:

Questions? Thank You!