2018 NCSBN Scientific Symposium - Keynote: Influencing Policy with Data and Research Video Transcript

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Presenter
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- [Ronda] Well, wonderful. Welcome. Thank you for the opportunity to come here today and to share with you… My opportunity is to corrupt you today. And I say that very proudly because one of the things I have found is that nursing has to play catch up when it comes to policy.

Having worked at the national policy level for many years, we, as a profession, still have to basically prove our worth. And I don't know about you, but it was amazing to me, a couple of years ago I had the opportunity to go to the American Academy of Nursing annual meeting. And one of the topics that still kept coming up is what actually is a nurse?

And so, what it reminds me is that now that I've been a nurse for 30 years, why are we still asking that question? It's actually really sad. And from a policy perspective, it puts nursing behind the eight ball. So, how do we change that? And so, what I want to do, if anything, is encourage you this morning to really shake things up, look outside the traditional norms of how we've been doing research and part of what's really going to take us to move to the next part is to look at how do we use data to inform policy.

So, after I completed nursing school, I basically got into lobbying. And that was an interesting experience. It's not one that necessarily advocate for a lot of people. But my first thing was working on nurse prescription writing. And so, it was very fascinating. It was amazing what you could do to get votes, also very disheartening.

But that being said, one of the things that really impressed me from that early point is that if I had a number, I had your vote. And if I could say that number in three different ways when I had maybe a couple minutes of your time, I had your vote. And I have found that to be true ever since then.

So, how do we push that to the next thing? Well, one of the statistics I grew up with, that I still laugh at today, particularly when I teach statistics, is four out of five dentists who recommend gum. Okay?

first things I did as any good researcher would do, is I went to see how many Medicaid beneficiaries there were in a 10-state analysis I was doing.

And so, I was using the raw data that was on the mainframe at CMS. And what I found is that CMS had six different sets of numbers that they were putting out and reporting publicly that created a lot of excitement within the agency, not necessarily good excitement.

Of, course, you know, they did the typical, "Well, your methodology was wrong. You don't know what you're doing, your coding was wrong." It turns out I was right because I had the raw data and that between myself and the Kaiser Family Foundation, we were right in terms of the actual numbers. No one within CMS had the right number of beneficiaries. And so that to me, was a very eye-opening moment. I'm sure they still have my name on the "do not let her enter list" since then.

And in the process of really trying to use the data while I was there, I did crash the mainframe three times. And I can tell you what, they know exactly who did it. So I would, if it crashed, I'd go and get a cup of tea so I wasn't there when they would show up. But again, here it is, a larger government agency

that. Once we can get it down to the census track, then it's a little bit better. But there's still a lot of information. Problem is, if I can go to the grocery store and buy that quart of ice cream, because it's been a long week and the grocery store prints out a receipt saying, "On your next visit, try this other brand of ice cream," why can't we do that in healthcare?

Well, the main thing we have in healthcare is an incredible misunderstanding of HIPAA. Now, just to let you know how old I am, I was on the original HIPAA committee. So it can't blame me because that went through a federal process so it was not my fault. But the majority of people do not understand HIPAA.

And so as a researcher, you try to get the data and that's why I joke about selling my firstborn. I shouldn't have to do that if I had the right protections in place to make sure the data's being used in the right way, I should be able to get access to the data. Well, that's easier said than done. And so, now that it's taken me about two years to amass an incredible inventory of databases throughout the state of South Carolina, but I also have encryption and privacy things built into place.

I know that I have to be very careful with that data at every move. But I would really challenge you to,

Teamwork is the same thing like a marriage. You have to work on it every day. When you form that team, you have to say, "Here's how we're going to work together. Here's the expectations." And you keep reiterating that. I think those, again, one of the challenges that we just don't talk about that we really do need to do. The other thing I can say is that data only takes us so far. And one of the projects we worked on in trying to figure out some of the outcomes that were going on in a big health system in Wisconsin is that we actually did a survey of nurses.

And so, after this, the report that keeps coming up from the Gallup Foundation saying that nurses are the most trusted profession is wrong. The reason being is because we'd even go out at 3:00 in the m

understand. And this is actually kind of fun because it's like, how do I figure this out? How do I take this really complex analysis and put it into little bits of information that anybody can understand?

So, one is you have to really start with what you have. And so, now that I've been working with the licensure data from a state, it's not as robust as I thought it was. And what's fascinating is, is that when we first started using the data, one of the things I realized it was two years late and so we started getting into the issues with the folks and saying, "Two years late, what the..."

You know, by then, so much has changed in two years and I'm trying to say, "Here's the ebb of flow of nursing within the state. Here's the growth of nurse practitioners in the state.Data's two years old." Very frustrating. Well, what happened is, is I started nosing around asking questions. Turns out the state has not funded the infrastructure for the platform that the data's collected on.

HPSA is a health profession shortage area, MUA is a medically-underserved area. So that's the majority of the state where I live. Are those numbers that you know and what does that mean? Well, basically, it also really indicates a state that's highly rural. And we do know that. You go out into the communities, the distance to care is quite far.

When we started looking more at the data, trying to really understand where are nurses working, where are nurse practitioners working, where are primary care physicians working, overlay that with counties within a state, we paint a much different picture than when you look at just the nation as a whole.

So, it actually becomes kind of fun in a weird way. I know as a researcher. So, one of the things that's important is that as we're trying to play catch up, as we're trying to change things, we have to be very clear what our methodology is. And this is something I found that was very helpful. If I just told somebody, "Well, I've done the statistics," I'm taking a big chance that they're going to consider me an expert and they're going to believe me.

So, we recently in South Carolina, had a big change for scope of practice for nurse practitioners. And one of the challenges that we've had and this, I'm using this, as an example because there's so many issues that are like it, is that the physicians would say, for example, "Well, nurse practitioners are not practicing in rural communities."

Now they had absolutely no evidence to support that. But because they said it, and it was coming from a physician then it was true. And that's essentially how it was perceived by the legislature. So, when you're trying to come up against that, how do you do that in a proactive, meaningful, thoughtful way? So, one is we thought, "Well, if we're transparent with the methodology and we lay it out there, and say here's what we did."

Then what does that allow the naysayers to do? Not much. And this is where it becomes fun. So, I'm sharing this with you to hopefully give you some ideas. This is what we did in South Carolina and it was actually successful. This is also a strategy that's been used at the national level. And very transparent, said, "Here's what I d000091hat we've had and tIespe/F1 12 Tf1(7)20(ha7(d a)13(3)(2)21(t)1Irom 13(2)21(7)20(2)21(1

And I'm like, "Well, because 45 miles flying is different than 45 miles driving. So, where's the evidence

That really was a great time to interview me because I'm like, "This is good weather versus the snow.'And so, when I was here on Saturday and I got out of the car and there was snow flurries, I'm like, "I don't miss this." But how do we really take our nursing resources and meet the demands throughout the country?

So, there's one thing to worry about what's going on in our state, but what's going on in the country. And so one of the things I like about this graphic is that it's showing states where there is a surplus and also states where there's a shortage. So I don't know. What would it take to get people moved around so that we were meeting the needs for every day?

It's just an interesting thing. We've had different opportunities, different things that have worked out over the years, but we still have a long ways to go. So, how do we take that to the next step? Well, again, I'm really enjoying infographics. And I don't know if you've seen many of these, but what's so fun about this is I'm taking a gazillion data points, all this amazing knowledge and I'm boiling it down to something really simple.

You know, again that four out of five dentists. So now if I take this and then actually work with not only

So how do we take that information and convey it to somebody who has really very little understanding, who maybe, has not really accessed healthcare and really try to again, get to that issue is what is a nurse? What can a nurse do for us? So we initially started off with looking at, for example, by county and what this does is there's software that allows you to do county by county.

For a lot of people, this will be great, but when you look at congressional districts, congressional districts are rarely by county any more and a lot of politics involved in defining the lines. So, when you show this to somebody, they may eyeball it real quick, but if you ever watch how long somebody looks at this, it's pretty quick. I'm not really going to be able to use this to sway your attention.

There's just not enough information because I'm going to say, "Well, this is the county where I predominantly serve or represent, but I'm also into this other county. And so, it really doesn't do much. And I've asked a lot of policymakers over the years, "What have you done with maps like this?" And they say, "Well, it looks good." You know, we can actually use some numbers, but then that's about it.

There's really very little that these types of maps say. So then we moved to, for ex(S)D92 reW*nBv16ocbuca 21(7(e)

This is what I've done out of the Center for Nursing Leadership. What we have done is we're partnering

the regulations don't let us do this. The regulations don't let us do that. And I'm like, "Okay, so here's the bottom line. They don't allow you, what prohibits me?"

So if we partner together, where's the barrier? So I appreciate this opportunity to talk with you today. I encourage you to think out of the box, do things differently, and let's really define what nursing is and how it can really be the solution to healthcare in the future.

Thank you. If any of you have questions at this time, I'm more than happy to field them. - [Woman 1] Thank you. I always have something to say. So I just had… I'm thinking back to that slide you have that was very colorful and had numbers on, I believe, reflected your state.

And the first thing that caught my eye was the 44 years of age which I thought was kind of young, which was interesting. But when you mentioned that the young nurses that… I shouldn't say young, but with less experience, less than five years, they're leaving, I don't know if it's the profession or they're just leaving their organization. And I wondered if you had any additional data that would address why, because I think that's a nationwide trend and it's fearful.

I fear it as a nurse and as somebody who's aging, because I want somebody there to take care of me. Is it because they're leaving the profession and they thinking, "This isn't what I signed up for," or are they leaving for graduate school? I mean, is there any way to get maybe data from exit interviews or something like that because I think we have to know where they're going, what's happened?

We can't lose them.

- So one of the things that we did is we actually got into the HR data where they were doing the exit interviews because the licensure data because in South Carolina it's captured every other year, is not very helpful. There's a lot of movement that can happen from one year to the next. So we basically took that as far as we could and we found that a lot of folks were staying on average, for about three years within the state.

One of the things that we found is that there was a certain percentage hat went into traditional 9:00 to 5:00 jobs and went to work for insurance companies, other providers. So that was very disheartening. When we looked at the exit interview data, which is very spotty because it's not done typically for everyone who transitions to another role outside of the organization is that there were different reasons.

And I think the one reason that really struck me the most is the understanding of that they would get a higher pay elsewhere and they don't have to deal with shift work. And so, kind of, regardless of the database that I'm using, I'm finding that to be the most pervasive answer, that nurses are going to wherever the money is and to wherever they can control the schedule versus being at the mercy of someone else.

And what makes it really hard is that as a profession, we've backed ourselves into the 12-hour shift. So to get past that, I think we have to look at something that's alternative. Now I have mentioned to several hospitals, "Well, why don't we go back to a mixture of eight hour, 8, 10 and 12?" Fortunately, I was dropped off the day and nobody knew where I parked because nurses were really not happy with that.

They loved their 12-hour shifts. And I think we got to do a better job of saying, you know, what really is the long-term damage to your body? You know, it may sound great, but the generation, the millennials that are really driving so much of what's going on in healthcare right now is very problematic. They really do want a work/life balance. So when you have five generations in the workforce and you've got the old timers like myself who are looking at that saying, "I will put in the extra time, not a problem, work/life balance, what's that?"

Compared to the younger generation who will have it no matter what. And if you can't give that to them, they'll go elsewhere. So I think one of the things that we're really missing is how do we adjust our policies? And systems are not set up with that kind of flexibility right now. - [Mary] Mary Baroni from Washington State.

Thank you for what you do and what you've shared with us today. You mentioned that you were teaching statistics here at the University of South Carolina. I'm wondering how you are starting to introduce this concept and comfort with using large data sets with students that you may have in the classroom because it would seem to me getting people comfortable early on is going to be an easier process than getting people that are more set in their ways to embrace this notion.

- Well, I terrorize them, initially.

- Good.

- I have to do that. Actually, I just say, "Welcome to stats." The second thing I've done is I've taken some HCUP data that is publicly available and we take certain data sets from that and have them ask certain questions and then we compare that with some of the fact sheets that HRQ puts out so they can see how easy it is actually to get that.

So, by the time… They get a subset of the HCUP, but from that, then they can actually track it out and then say, "Okay, now if you can come up with some kind of a white paper like this, here's what we can do." So, it's a very pragmatic way of doing the data, but we also look at the fact that there's a difference when you have a stack of paper and you try to put it into a database. That to me, is the mind numbing.

You know, you kill brain cells doing that. The advantage of using databases, computerized databases, is I don't have to deal with the data, but on the other hand, look at what I can find. And so, we talk about the differences in power. If I have a database with 100 versus a million, who's going to believe me? It'll be if I have the million.

The hundreds, they're like, "Well, that's interesting." But it's generalizable to that hundred. I have a million, people are going to listen. And so, we start doing it that way. And that's actually been quite successful with folks.

- It sounds like… And I mean, I think actually practicing the application of statistics is different from reading a textbook.

- Textbooks are… They're a lot of$p̲ o em ab ᴀ o" ˜ ḥ Ɛ

- We actually went to the states. So in the state of South Carolina, there's a Department of Employment and Workforce. So I went and asked for the data.

- Okay. I'm going to see if Washington has the same data.

- Well, you know, part of it is look, one of the things I learned is that until somebody says over my dead body, I just need to ask it slightly different. So I go back and ask basically the same question a little bit differently. It took three tries to get it from the state, but I got it.

And I just wanted a list of where primary care and specialty care was. So I knew exactly what I wanted, gave them the specs. It took a little bit going back and forth. This was not something that took a month, took six months, actually, but then we got it, overlapped that with the licensure data, so I'm very comfortable with the numbers.

- [Cynthia] Thank you so much. I really enjoyed your presentation. I'm Cynthia Bienemy, the director of Workforce Center in Louisiana and I was looking at the projections. I think you had listed the projections from the HRSA model through 2030. In Louisiana, it says it'll be a surplus of 2,300.

Of course, our chief nursing officers would say something different in our state and our data and I do believe that...you know, I really believe that state-level data has an important role to play in that most of the time for us, anyway, we have maybe data on at least 99%of our nurses. But one of the concerns is, is that we hear demand and in our state, in certain regions, we do have, there's not as much a demand or maybe even a little slight surplus in certain regions.

But in that same region, you will hear chief nursing officers in two separate facilities saying that, "We're having a tremendous demand." And the other in the same region saying that, "We're fine, you know, we have a great numbers of nurses, we're right where we need to be." So there's many factors when we try and forecast or talk about demand because there's initiatives and even with the nurse faculty, and the number of students that are graduating, and then do you have a revolving door at your healthcare facility?

Is it the environment that's really affecting retention and recruitment of nurses? So I always say it's many pieces of the puzzle and how do we bring all those pieces of the puzzle together to really have a good picture of our workforce?

- Well, I actually have an answer for that. It's called chaos theory. We really can't think and that's why I go back to a lot of research that you read has five variables. Great. It's a good start. And if you look at it, I use the example, those five variables maybe explain 20% of why. That means 80%is unknown.

That to me, has a very profound impact on what I do. So if I'm only looking at those 5 variables, say my licensure data, I got 80% that I'm missing. I think one of the things, you know, if we look at the work that Pete Buerhaus has done where he has spent his career trying to predict nursing shortage, nursing surplus, what have you, those numbers vary so much that he's had troubles.