Clinical Research Nursing: Finding Your Voice, Asserting Your Value

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Voice & value

• “Voice”—identity, self-regulation and advocacy
• Value—economic and otherwise
  – How are these related?
• Issues related to nursing as a profession
  – How do these relate to Clinical Research Nursing?
  • (be patient…)

NOT an hour-long lecture on economics

• That should be good news…
• Issues, principles fundamental to nursing
Voice

• Forming an organization (you’ve done that!)
• Fundamental step in defining a profession or a specialty
• Defining who you are, what you do
• Speaking for yourselves

But you’ve joined a crowded field…

What do you have to add?

• Defining your practice
• Opportunity to speak for yourselves
  – Within the nursing profession
  – With professional colleagues
  – With health systems, organizations
  – With industry
• Unique role in research, improving care
• Educating about your specialty
• Strategizing how to move forward
• Contributions to nursing
Advocacy

- Beyond what can be done in individual systems, health care organizations
- Scope and standards
- Addressing broad issues affecting your specialty and research subjects
  - Policy, practice, research
- Developing an agenda; influencing nursing’s agenda

Economic value of nursing

- Including Clinical Research Nursing
- Important—but it’s only part of the story

Nursing is…

- “Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.”
  -- Nursing’s Social Policy Statement, 3rd Ed., 2010
Nursing’s social contract

- In exchange for being given the authority to practice, nurses have obligations to society
- Obligations to patients (individuals, families, communities, populations...)

Contract

- Basic to any contract:
  - Must include an exchange of items of value
- So ... inherent in idea of a social contract:
  - Nursing performs services that have value to society

Nursing’s social value

- A starting point for this discussion
- IOM (2010):
  - “Nursing brings . . . a steadfast commitment to patient care, improved safety and quality, and better outcomes. . . . Nurses have key roles to play as team members and leaders for a reformed and better-integrated, patient-centered health care system”
Economic value

• Important, but only one aspect of value
• Keep economic value in context

Health care costs

• An ongoing national (and international) concern
• In 2010, the U.S. spent $2.6 trillion on health care
• Average of $8,402 per person.
• Share of GDP devoted to health care:
  – 7.2% in 1970
  – 17.9% in 2009 and 2010
Controlling health care costs

• “Bending the cost curve”
• Reducing rate of increase
• Increase has slowed—roughly 4% last 3 years
  – Due to health reform or economy?
• But the issue remains…

Health care reform and costs

• Q: What was (is) the major goal of health reform, Affordable Care Act?

• A: Expanding access to coverage; increasing emphasis on prevention; more coordinated, integrated care…
  .... or was it?

Ongoing efforts to control costs

• Federal policy
• Federal budget
• Impact of changes in economy
• State budgets
• Hospitals, other health care organizations & systems
• Payers
• = continual pressure to control cost
Nursing costs money…

- Educating nurses
- Recruitment and retention
- Salary, benefits
- Who pays?
  - Employers, state and federal governments, payers, consumers/patients/families

Nursing generates value

- As we'll discuss momentarily…

Why care about economic value?

- Cost pressures on health care system
- Decisions about resources committed by employers, payers, government
- Identifying, quantifying (where possible) nursing’s economic value
  - Can support informed, balanced decision-making about resources committed to nursing
• But economic value cannot be sole focus
• In an increasingly cost-focused health system, nursing remains a humanizing factor
• Focusing on human needs
• Understanding economic value is a tool
  – for advocating for decisions that best serve patients, patient safety, quality care
• But only makes sense in broader context of nursing’s social and economic value.

Issues of economic value in nursing are not new…
• Early in U.S. nursing history
• Growth of hospital-based nursing schools
• Nursing students provided most care in hospitals
• Cheap/free labor?
• Hospitals: No, this is equivalent to paying tuition…

• Nursing leader Mary Adelaide Nutting: No--it’s a financial windfall for the hospitals.
• “A Sounder Economic Basis for Training Schools for Nurses” (1916)
• Created misplaced financial incentives
• Nursing school growth fueled by many hospitals seeking cheap/free labor
• Also sharply reduced use of professional (graduate) nurses in hospital care
• Nutting: Advocated other means of funding for nursing schools: foundation support, government funding

Nurses’ salaries/wages
• Many factors contribute, but salary/wage = one measure of how an employee’s services are valued
• 1930s-40s: Growth of hospital nursing
• Concern about inadequate salary
  – How to address?
  – ANA Economic Security Program (1946)

1966: Minimum Salary Goal
• ANA surveyed wages of RNs, other occupations
  – Average RN annual salary: $4700
  – Factory workers, secretaries: > $5300
• “Nurses’ salaries should reflect the value of their service to society”
• Proposed national salary goal for new RN: $6500 annually
Impact of hospital payment changes

- For past three decades
- Recurring issue: impact of payment changes on utilization of professional nurses
- Short-term cost-cutting that targets nurses
- Demonstrating value that nursing contributes

1980s: Medicare Prospective payment

- 1983-4: Major change in how Medicare pays for inpatient hospital care
- Inpatient Prospective Payment System
  - From cost-based (or “cost plus”) system
  - To prospectively determined payment based on discharge diagnosis (DRGs)
- Big change: Hospitals no longer paid based on what they did for a patient or how long patient stayed

Impact on nursing

- Nursing as a cost center: variations in nursing care not reflected in hospital payment—so nurses can impact hospital’s costs, but not its revenues
  - At least, not directly
- Initially—many hospitals reduced use of RNs
However…

- Situation turned around quickly as hospitals found:
- Key to survival under prospective payment= decreased LOS
- Couldn’t be done without sufficient RNs
- Led to period of significant RN shortage

1990s: Growth of managed care

- Managed care models of health care payment
- Hospitals targeted labor budgets, “expensive” RNs
  - Workplace restructuring
  - Reduce use of RNs, increase use of UAP

Responding to changes

- ANA, other nursing organizations: Decreased RN staffing threatens patient safety, quality
- But… little empirical research
- Policy-makers, IOM: Where’s your evidence?
- ANA, several researchers: identify links between nurse staffing, patient outcomes
Since late 1990s

- Large, growing body of research
- Nurse staffing has a positive impact on patient care, especially in preventing adverse outcomes—reducing complications, infections, other adverse outcomes, and decreasing length of stay

The business case...

- How do positive outcomes relate to economic value?
- Linking quality and cost

Business case

- When an organization spends money on an intervention and sees a financial return (avoided costs, reduced losses, increased profit) in a reasonable amount of time
Economic case

• Economic benefit as a result, but doesn’t accrue to the organization that spent money on it
  – Or the organization benefits economically, but not for a long time

Social Case

• Reduce suffering, increase quality of life, but no clear economic benefit

What’s the difference?

• All are desirable
• But limited incentive for organizations to spend money if they don’t obtain an economic benefit in a reasonable amount of time
• “Without a business case for quality, we think it is unlikely that the private sector will move quickly and reliably to widely adopt proven quality improvements.”
**Business case for nurse staffing**

- Link positive outcomes to economic impact on hospitals
- Compared hospitals with better nurse staffing (top 25%) to those with lower staffing (bottom 75%)

**And they found…:**

- Cost savings from reduced complications and shorter LOS
- Increasing proportion of RNs without increased overall nurse staffing: net savings
- Increasing RN staffing (and overall nurse staffing): modest (1.5%) cost increase
  - (Does that mean: Don’t increase staffing?)

**Dall, et al. (2009)**

- Economic Value of Professional Nursing
- ANA-commissioned study
- 2005 National Inpatient Survey, 28 prior studies on staffing/outcomes (mortality, pneumonia, unplanned extubation, failure to rescue, nosocomial bloodstream infections, length of stay)
And they found…

- Impact of increased RN staffing on medical costs, lives saved and national productivity
- Adding 133,000 RNs to hospital workforce
  - Save 5900 lives per year
    - Increase nat’l productivity by $1.3 billion
  - Decrease LOS → Increased productivity of $231 million/year
  - Medical savings of $6.1 billion (before labor costs)

Poses questions…

- Business, economic and social cases
- How much value to place on reduced suffering, improved quality of life, lives saved
- Some economic benefits harder to quantify
- Some benefits won’t translate into economic terms
  - and… who receives the economic benefits?

Value

- Focus on cost and savings are important, but….
- What are we getting for what we’re paying?
- Increasing focus on value in health care
  - Defined (by many) as:
    - Value = outcomes relative to costs
Value Based Purchasing

• Medicare: additional payment based on process, outcome measures
• Non-payment for HACs not present on admission
• 30-day Readmission Reduction

VBP = Paying for quality

• Realign financial incentives by rewarding for higher quality care
• Change payment systems to create (or strengthen) the business case for quality

Important!

• One important point to note:
• Many quality outcomes: cannot identify link to significant, immediate cost savings
• So use payment system to make them financially attractive
Impact on nursing

- Potentially: incentive to improve nurse staffing to improve outcomes
  - Increase staffing, education levels, use of specialists
- Business case: invest in nursing to improve outcomes, financial return
  - OR... "blame" nursing for quality problems, reduce staffing if lower reimbursement because of complications...

How does nursing enhance value?

- Why do nurses improve outcomes?
- Careful monitoring, assessment
- Critical thinking
- Patient, family education
- Focus on assuring patient safety
- Communication
- Coordinating care
- Accurate record-keeping
- Focus on, advocate for patient needs

Clinical Research Nursing

- All of the above...
- Specific focus on clinical research, care of subjects
- Supporting integrity of research
- Key part of research enterprise
- Outcomes are far-reaching (impact current and future patients)
Identifying value of your specialty

- Maintaining integrity of study
- Avoiding adverse events
- Decreasing legal, financial risk
- Avoiding costs of regulatory non-compliance
- Protecting informed consent
- Safeguarding trust, ability to recruit and retain subjects

Value to nursing

- Clinical practice
- Frontline: Experience with new treatments, benefits & risks
- Balancing multiple priorities, interests
  - While keeping patient care, patient protection as key priority

Value to nursing (cont’d)

- Understanding informed consent as an ongoing process
  - not just a form to be signed
- Integrating patient care and research
- Key role in successful research
- Care coordination
Demonstrating economic value

• With some contributions—identify, quantify value
• But again: put economic value in context
  – Nursing’s social value is at the profession’s core as a discipline based on care, compassion, commitment to advancing health
• A focus on economic value can support that core—not replace it

As noted earlier….

• *In an increasingly cost-focused health system, nursing remains a humanizing factor*
• Key consideration for all nursing
• Clinical Research Nursing: focus on patients—care, quality, protection
• A critical role!