

The pro's and con's of health care reform as it relates to Nursing

The Patient Protection and Affordable Care Act will provide insurance to as many as 45 million uninsured U.S. residents. This highly debated reform will bring a combination of benefits and obstacles. As with most government programs, it will take many years before the full reform is in place. In the meantime, most people will be affected, one way or another. The nursing profession will be impacted immensely, from student nurses to nurse practitioners.

One major challenge I see impacting nurses is the sudden influx of patients. With newly acquired health insurance, many people will be flocking to physicians for overdue physicals and visits for untreated ailments. Nurses, who are already in short supply will be inundated with patients with the initial influx. This will require more nursing resources to provide sufficient care to the growing patient population. The increase demand for nurses is good news for the existing nursing pool, it may provide more job opportunities, better benefits and incentives and possibilities of more competitive wages. However, there may not be enough nurses to support the demand, which could lead to increased stress and burnout in an already overburdened field. With the limited seats in nursing programs, the prospects should be encouraging to graduating nurses.

The health care reform has included many provisions that address nursing workforce development, primary care, prevention, health promotion expansion, care coordination, and improved patient outcomes as well as patient and provider rights.

Health care reform includes increases to existing loan limits in the Nursing Student Loan (NSL) Program. These non-taxable loans are provided to nursing students at 5% interest with a 10 year repayment period. Increased loan amounts make nursing education financing more affordable.

Health care reform will also provide fellowships for short term intensive courses that focus on geriatrics, chronic care management and long term care programs. These fellowships will be added to the existing grant program to schools of medicine to improve training of health professionals in geriatrics. The reform will also provide Geriatric Career Incentive Awards that will be given to Advanced Practice Registered Nurses and other health care professionals that agree to teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of 5 years. With the aging of the baby boomers, geriatric care will require the most nursing services. The influx of newly insured patients will greatly multiply this demand.

Health care reform has also expanded the Loan Repayment and Scholarship program to allow nurses and nursing student's educational loan funding if they agree to serve as nurse faculty for at least two years at an accredited school of nursing. In addition, the reform will expand the repayment amount of the Nurse Faculty Loan Program, which increases the number of qualified nurse faculty by creating a student loan fund within individual schools of nursing. It also creates an Eligible Individual Student Loan Repayment Program that will support current or recent graduated masters/doctoral students who agree to serve as faculty full-time at an accredited school of nursing, for a total of at least 4 years. This will provide greater incentive for nurse educators, which are in great demand. With more educators, nursing programs could expand and increase enrollment. This would allow more potential nursing students to get acceptance into these highly competitive and coveted programs.

Health care reform also expands the existing Workforce Diversity Grants, which prepares disadvantaged students to become nurses. The expansion includes stipends for diploma or associate degree nurses to enter bridge or degree completion programs; scholarships or stipends for accelerated degree programs; pre-entry preparation; advanced education preparation and retention activities. Diversity is critical in all aspects of healthcare; these programs will enable minority nurses to advance in their careers.

Health care reform will create a training demonstration program for family nurse practitioners to employ and provide one-year training for recently graduated nurse practitioners for careers as primary care providers in federally qualified health centers and nurse-managed health clinics. With the anticipated shortage of physicians due to health care reform, nurse practitioners will be a logical solution to handle the increase in demand.

Health care reform will also provide a total of 200 million dollars over 4 years to 5 hospitals for the costs of expanded Advanced Practice Registered Nurses training programs. This will provide opportunity for additional training in areas of critical need and specialty, such as geriatrics, oncology and pediatrics. With limited physicians, nurses will be called on to provide deeper levels of care and expanded knowledge is critical.

Health care reform will establish a National Health Workforce Commission. This commission will review the supply and distribution of the healthcare workforce and review health professions education and training programs. One of the high priority review areas is nursing workforce capacity at all levels. The commission will also disseminate and communicate health workforce findings, review health workforce annual reports and make recommendations to congress. In addition, health care reform will create a grant program for state partnerships to plan and implement strategies to address healthcare workforce development. The state partnerships will analyze state labor markets, identify current and projected demands in health professions, and describe state secondary and post-secondary education and training policies, models or practices for the healthcare sector. The commission should help identify nursing staffing issues and hopefully bring the information to the forefront. Without the proper healthcare resources in place, the program could fail quickly.

Health care reform expands the Health Centers program to include grants for Nurse Managed Health Clinics. These clinics are managed by advanced practice nurses that provide primary care and wellness services to underserved or vulnerable populations associated with a school, college, university, federal qualified health center, or independent nonprofit health or social services agency. This will provide funds to support these nurse managed clinics that provide basic health services. These clinics will provide services not requiring a physician. This frees up physicians to treat more critical patients that require a higher level of care. One major concern of health care reform is that patients will seek medical attention more often for minor issues than they did before. By demanding physicians' time and attention to minor issues, it keeps them from seeing their most critical patients.

The health care reform also offers incentive payments for primary care services, which include nurse practitioners and clinical nurse specialists. It also provides home visitation to new mothers to improve the care for and well-being of low income and at-risk families. This should provide improved prenatal, maternal and newborn health as well improved pregnancy outcomes. Also created is a new project that tests a payment incentive for physician and nurse practitioner

directed home based primary care teams. These are designed to reduce costs and improve health outcomes. These teams will provide comprehensive, coordinated, continuous and accessible care. They should: reduce preventable hospitalizations; prevent hospital readmissions; reduce emergency room visits; improve health outcomes; improve efficiency of care; reduce cost of health care services under this program and achieve patient and family caregiver satisfaction. In home managed care helps caregivers provide care to those who may not otherwise seek medical attention. It allows healthcare providers to identify any issues with at-risk patients before it becomes worse. Health care reform includes nurse practitioners, clinical nurse specialist, nurse midwives, and physician assistants to conduct the home health visit under the supervision of the physician.

The Health care reform also provides funding to eligible hospitals and organizations that provide improved transition care services to high-risk Medicare patients. This may include offering transitional care services to patients 24 hours after discharge, providing timely post discharge information and providing medication review and management. These services would help ease the patient's transition from hospital to home and provide care when no one else may be available. This may limit hospital readmissions and improve patient satisfaction.

Health care reform increases the payment rate from 65% to 100% for nurse midwives for covered services. This encourages families to use nurse midwives if they choose.

Health care reform also requires, as a condition of payment for durable medical equipment, that an order be written by the physician that documents that a physician, a physician assistant, a nurse practitioner, or a clinical nurse specialist has had a face to face encounter with the individual involved during a 6 month period preceding the written order. This eliminates unnecessary expenses without a physical evaluation of the patient.

Health care reform also prohibits a health plan or insurer from discriminating against healthcare providers with respect to participation and coverage if they are acting within the scope of their license and under applicable state law.

In summary, health care reform seems to have considered nursing carefully. Unfortunately, it takes many years to train nurses. The influx of patients will certainly occur before the nursing profession can train the thousands of nurses needed to support the population. In the meantime, it will be challenging for the nurses and physicians to keep up with the growing patient demands.