APN and Universal Health: utopia or necessity for limited resource settings?

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WHAT IS KNOWN? (systemic problems)

Healthcare workforce in developing & developed countries*:

- quantitative and qualitative imbalances in professional labor market
- mismatch of competencies to patient/population needs
- narrow technical focus without broader contextual understanding
- episodic encounters rather than continuous care
- poor teamwork
- predominant hospital orientation rather than primary care
- weak leadership to improve health-system performance

WHAT IS KNOWN? (opportunistic problems)

Migration from:
Rural → Urban areas
AND/OR
Poor → Wealthy countries

Scarcity + imbalance of Nursing workforce

Availability + quality of health care services in rural areas

Health status of rural populations

Why invest in Human Resources for Health?

Triple return [1]:
- improved health outcomes
- global health security
- economic growth

HRH investments must be tailored to [2]:
- national setting and
- fiscal realities

Potential for positive impact going far beyond health sector
[i.e. better evidence and use of new tools and approaches can maximize returns on HRH investment]

Caution: high-level political commitment of governments is required for HRH investment returns

APN and Universal Health
Paradigm 1: Crete - Greece

- Member of European Union; South-East border
- Undergoing 6 years of economic austerity/recession
- Repeated reforms of NHS and PHC system
- Severe shortage of PHC nursing staff in rural & urban areas (no Advanced Practice Nurses)
- Population health profile, morbidity/ mortality indicators negatively affected by prolonged crisis
Scope of PHC nursing practice in Greece

1. Restricted, task-oriented framework. Resistance to organizational change and innovation is related to how much ‘restricted’ a nurse views her role.

2. Educational preparation has less of an effect in practice variations and professional needs compared to other countries. PHC nurses lack specialized education and training to function autonomously in the community.

3. Non-existent mobility and professional growth opportunities.

4. 1/3 reports poor job satisfaction; potential for turnover 18.8%.


Building the case for APN in Greece (1)

1. APNs in chronic disease management
   - Early detection of signs/symptoms, ongoing evaluation
   - Evidence-based intervention, best practice guidelines

2. Continuity of care (less fragmentation)

3. Integrated and coordinated care (less readmissions/hospitalizations)

4. Collaborative care

5. Cost-effective services
Building the case for APN in Greece (2)

- Poor management of “invisible” diseases and conditions:
  - Dementia
  - Depression
  - Anxiety
  - Musculoskeletal disorders
  - Urinary Incontinence

- Lack of clinical skills in patient-centered care
  - Motivational interviewing
  - Coaching lifestyle changes
Invisible illnesses and conditions; the APN role

The Edinburgh Postnatal Depression Scale (EPDS)

- EPDS was translated, culturally adapted and validated by a CNM (PhD Thesis)
- Instrument used by CNMs/APNs during postpartum for early detection of postnatal depression

Prevalence and Effect of Urinary Incontinence on Women’s Quality of Life

- Comparative study (PhD Thesis) in two countries (urban/rural settings)
- Implications for PHC nurses


Establishing a health policy agenda in Greece

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There is a growing interest and an ongoing debate on primary healthcare (PHC) and professional development in contemporary Europe, which stresses the necessity of providing high-quality PHC services. This is particularly crucial in countries and regions where healthcare systems are struggling to meet the needs of the population. The emphasis on tackling this issue is evident in the article by Markaki et al., which discusses the importance of establishing an agenda for improving PHC in Greece.

The authors explore the challenges faced by PHC services in Greece, including the need for improved quality in primary care. They highlight the importance of capacity building in PHC nursing, emphasizing the need for specialized training and education. The article also discusses the role of policy in shaping healthcare systems and improving access to quality care.

Results from a study in Crete indicate that resistance to organizational change and innovation is related to how “needs are unmet” by PHC nurse views of their role in the community. The study suggests that educational preparation in Crete has been shown to have less of an impact on producing appropriate variations in innovative professional needs when compared to other countries. This finding lends support to the argument that Greek PHC nurses lack the specialized education and training in adequately functional in the community setting.

The link between research capacity building and PHC nursing capacity building is further illustrated by common obstacles and barriers shared by both in learning and training for the ongoing work in nursing research in Europe. No standardized funding and ‘pool’ capacity of PHC staff to undertake the required research and development are two of the major obstacles to Building capacity. Without sufficient funding, there is less infrastructure in which to support and deliver nursing research or advanced nursing practice. Hence, aligning nurse-researchers and nurse-encouragers is in favor of linking small studies and long-term projects that are easily achievable.

Similarly, “poor research capacity” has been attributed to busy workloads, staff shortages, lack of required research writing skills, and disbelief that research is more of a duty than a necessity, and creates a climate of “understanding and practice” with the nursing staff. The article also discusses the importance of training and education in improving PHC nursing services.

In response to the above challenges, the nursing system, proposed by Smith, could be adapted to include PHC research and practice capacity building.


Markaki A., Lionis C. Quality in Primary Care 2008, 16.
Establishing a European agenda

Possibilities for APN development and regulation?

Differences between Northern/Southern countries

The strength of primary care in Europe: an international comparative study

APN and Universal Health
Paradigm 2: Alabama – U.S.A.
Alabama’s State of Health*

- Largely rural state (55/67 counties)
- All counties have medically underserved populations
- National health indicator rankings
  - 50th in diabetes
  - 48th in overall health status
  - 48th in infant mortality
  - 47th in preventable hospitalizations
  - 46th in obesity & literacy
  - 43rd in cancer deaths

*America’s Health Rankings, United Health Foundation, 2015

http://www.adph.org/healthstats/
Why Advanced Practice Nursing? (1)
Health Care as an Ecosystem

WHO, Innovative Care for Chronic Conditions Framework

Positive Policy Environment
- Strengthen partnerships
- Support legislative frameworks
- Integrate policies
- Provide leadership and advocacy
- Promote consistent financing
- Develop and allocate human resources

Community
- Raise awareness and reduce stigma
- Encourage better outcomes through leadership and support
- Mobilize and coordinate resources
- Provide complementary services

Health Care Organization
- Promote continuity and coordination
- Encourage quality through leadership and incentives
- Organize and equip health care teams
- Use information systems
- Support self-management and prevention

Social Determinants of Health:
- Income Inequality
- Education
- Race/Ethnicity/Gender
- Built Environment
- Stress
- Social Support
- Early Child Experiences
- Employment
- Housing
- Transportation
- Food Environment
- Social Status

Better Outcomes for Chronic Conditions
Why Advanced Practice Nursing? (2)

Nurse Practitioners act as:

- Front-line Care Providers in underserved, rural or remote areas
- Patient/Client Advocators
- Educators
- Leaders

Barriers to Practice

- Lack of knowledge among providers
- Resistance from medical associations, agencies, lobbies
- Patient misconceptions or reluctance
- Federal and/or state legislative misalignment
- Insurance providers
Why Advanced Practice Nursing? (3)

Transitional Care Models - Closing Gaps:

- NP-Led Transitional Care Models Proven to be Highly Successful*

- Patient groups are typically:
  - High-risk
  - High-cost
  - High-volume

- Partnering with Hospitals
  - Negotiating Power with Demonstrated Cost Savings

- UABSON’s Experiences

Care Delivery Models for Chronic Illness

Cynthia Selleck, PhD, FNP, FAAN
- PATH Clinic
- Interprofessional Diabetes Care

Maria Shirey, PhD, NEA-BC, FAAN
- Heart Failure Clinic
- Academic-Practice Partnership

UAB Hospital
Collaborative Scholarship Across Doctoral Faculty (PhD & DNP)

Cancer Care

Marie Bakitas
DNSC, CRNP

Personalized Palliative Care

Richard Taylor
DNP, CRNP

Lay Navigation for Cancer Patients

Rebecca Sipples
DNP, AOCNP

Palliative Care Partnerships

Karen Meneses
PhD, RN

Cancer Survivorship

Deborah Walker
DNP, CRNP

Cancer Survivorship

Aimee Holland
DNP, CRNP

Palliative Care Partnerships
Graduate Nursing Education Primary Care Scholars

• Educating more APNs to work in underserved areas

• Building networks connecting Alabama’s existing rural health care providers with one another and UAB

• Creates a pipeline of nurses for recruitment into primary care NP programs:
  NP Family
  NP Pediatric Primary Care
  NP Primary/Acute Pediatric
  NP Adult-Gero Primary Care
  NP Adult-Gero/Women’s Health
The Future of ANP (1)

Education
- Doctoral Preparation
- Nurse Practitioner Residencies

Practice
- Driven by Quality & Outcomes
- Practice Autonomy (Community vs. Tertiary Care Roles)
- Collaborative Teams
- Practice Gaps
- Reimbursement

Regulatory Alignment
- 2015 APRN Compact
  - Telehealth Implications
- Veteran’s Access, Choice and Accountability Act of 2014
  - Veteran’s Choice Program
  - Formalize Full Nursing Practice Authority throughout VA

*Department of Veterans Affairs, State Summary 2014*
The Future of ANP (2)

Other evidence from limited resource countries

Critical requirements for successful development of APN in Universal Health:

- strong legislative support
- solid educational framework
Lessons Learned – Action Steps

- Demonstrate Outcomes of Care (cost-effectiveness)
- Partner with Consumers, Stakeholders
- Step up to Policy Leaders at Institutional, State and Federal levels
- Innovative Solutions to Health Care Delivery
  - Social Determinants of Health
  - Medicaid, Medicare and Other Vulnerable Populations
  - Tele-health, distance learning
Thank you!

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