

Comments on an IOM “Future of Nursing” Recommendation

This issue introduces a new department that *JNP* plans to offer periodically to highlight the wisdom and views of some of the talented nurse practitioner (NP) leaders who are former presidents of the American College of Nurse Practitioners (ACNP). Their experiences as ACNP leaders provide perspective and credibility to their views of current challenges.

Current Issue

In 2008, The Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a 2-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing (at the IOM) with the purpose of producing a report that would make recommendations for an action-oriented blueprint. Through its deliberations, the committee developed 4 key messages:

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners with physicians and other health care professionals in redesigning health care in the United States.
4. Effective workforce planning and policy making require better data collection and information infrastructure.

Many NPs are wondering how these recommendations are going to be implemented. The nation has the opportunity to transform its health care system, and nurses should play a fundamental role. However, the power to improve the current regulatory, business, and organizational conditions does not rest solely with nurses. Government, businesses, health care organizations, professional associations, and the insurance industry all must play a role.

In this issue of *JNP*, 3 former ACNP presidents share their thoughts regarding the third recommenda-



INSIGHT FROM PRIOR LEADERS ON TODAY'S ISSUES

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tion and its application in the real world of NP practice and education. The IOM report states, “Strong leadership is critical if the vision of a transformed health care system is to be realized. ...These leaders must act as full partners with physicians and other health professionals and must be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions. Being a full partner transcends all levels of the nursing profession and requires leadership skills and competencies that must be applied within the profession and in collaboration with other health professionals. In care environments, being a full partner involves taking responsibility for identifying problems and areas of waste, devising and implementing a plan for improvement, tracking improvement over time, and making necessary adjustments to realize established goals. Moreover, being a full partner translates more broadly to the health policy arena. To be effective in reconceptualized roles, nurses must see policy as something they can shape rather than something that happens to them. Nurses should have a voice in health policy decision making and be engaged in implementation efforts related to health care reform.”

Melanie Balestra, 2004 ACNP President

Balestra, an NP and an attorney, joined Cummins & White, LLP, as a partner in 2010. Her practice focuses on all issues that affect health care providers, including nurses, NPs, physicians, physical therapists, pharmacists, and dentists. She assists health care providers in setting up practices in a variety of areas, including family practice, aesthetic medicine, and other specialties. She is counsel for the

California Association for Nurse Practitioners and continues to be actively involved in her profession as a pediatric NP at the Laguna Beach Community Clinic in California. Her comments are as follows.

The approximate US population is 311,800,000 and growing. The approximate number of MDs and DOs is 954,000; NPs, 160,000; and RNs, 2,618,700. In looking at these numbers, the obvious and quickest way to provide health care to our growing population is to increase the number of NP and RN programs. Fewer physicians are specializing in family practice, while the majority of NPs focus in this area. It makes sense economically and educationally to allow NPs to provide care at their highest level of education and competency.

In order to convince the government to spend the money on nursing education, NPs have to be at every table where health care decisions are made, on committees and task forces. NP and RN national organizations can join with state and specialty organizations as 1 voice before Congress. NPs need to become active in their organizations and continue to be active after retirement. NPs can run for local, state, and national political office. The more NPs in Congress, the louder voice we will have.

We need to educate physicians that NPs are not after their jobs. We want to work with them, not replace them. NPs are and should be an integral part of a team approach to disease prevention and treatment. In order to accomplish this, NP must educate more NPs, physicians, and the public and remember that the more NPs supporting our organizations, the louder our voice will be.

Thad Wilson, 2009 ACNP President

Wilson, a certified family NP (FNP) since 1985, has served as faculty at the University of Missouri-Kansas City since 1995, first teaching in the FNP program and currently serving as associate dean. He practices in an inner city, nurse-managed clinic sponsored by the university. Over the past 6 years, he has served on 2 taskforces sponsored by the Centers for Disease Control and Prevention regarding adolescent and childhood immunization issues. His comments are as follows.

One of the most important lessons I learned as president of the ACNP was the need to cooper-

ate with other health care providers. As nurses and NPs, we often feel isolated and, on occasions, take on a minority, powerless mentality. This mentality makes us look inward for solutions instead of being in the boardroom, wielding the power we inherently possess.

Nurses *must* be full partners in the redesign of health care in the United States! We alone have the holistic education, team expertise, and vision to move from an illness model to a wellness model.

Kenneth Miller, 2006 ACNP President

Miller is the associate dean for academic administration at The Catholic University of America in Washington, DC, where he also teaches in the doctoral program. He is actively involved as an ACNP board member and is the immediate past president of the National Nursing Centers Consortium. His thoughts are included below.

The IOM report identifies Key Message #3: "Rather than being spectators around the table, we need to be at the table. We must become actively engaged in the political process because that is where health care cultural change is going to occur." As individuals you don't have to immediately jump into the national foray; start locally. Meet with your local and state representatives and share your health care expertise. Let them know that you not only want to be a part of the process but also are willing to provide data to help them make knowledgeable and informed decisions on health care. Share your contact information and volunteer to sit on any advisory committees they may have. Check with their offices frequently when health care legislation is on the table.

Be proactive rather than reactive. The time is right, and the political process will help us achieve full partner parity. **JNP**

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