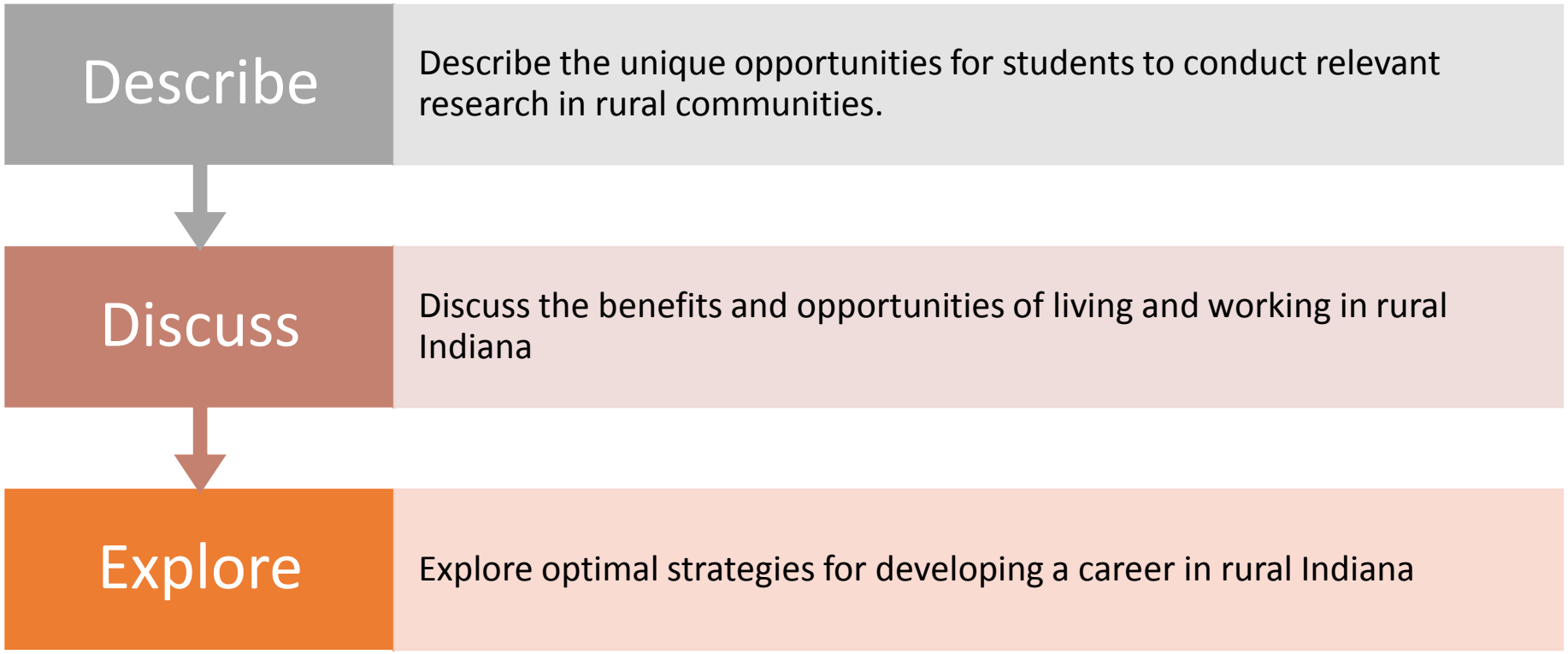
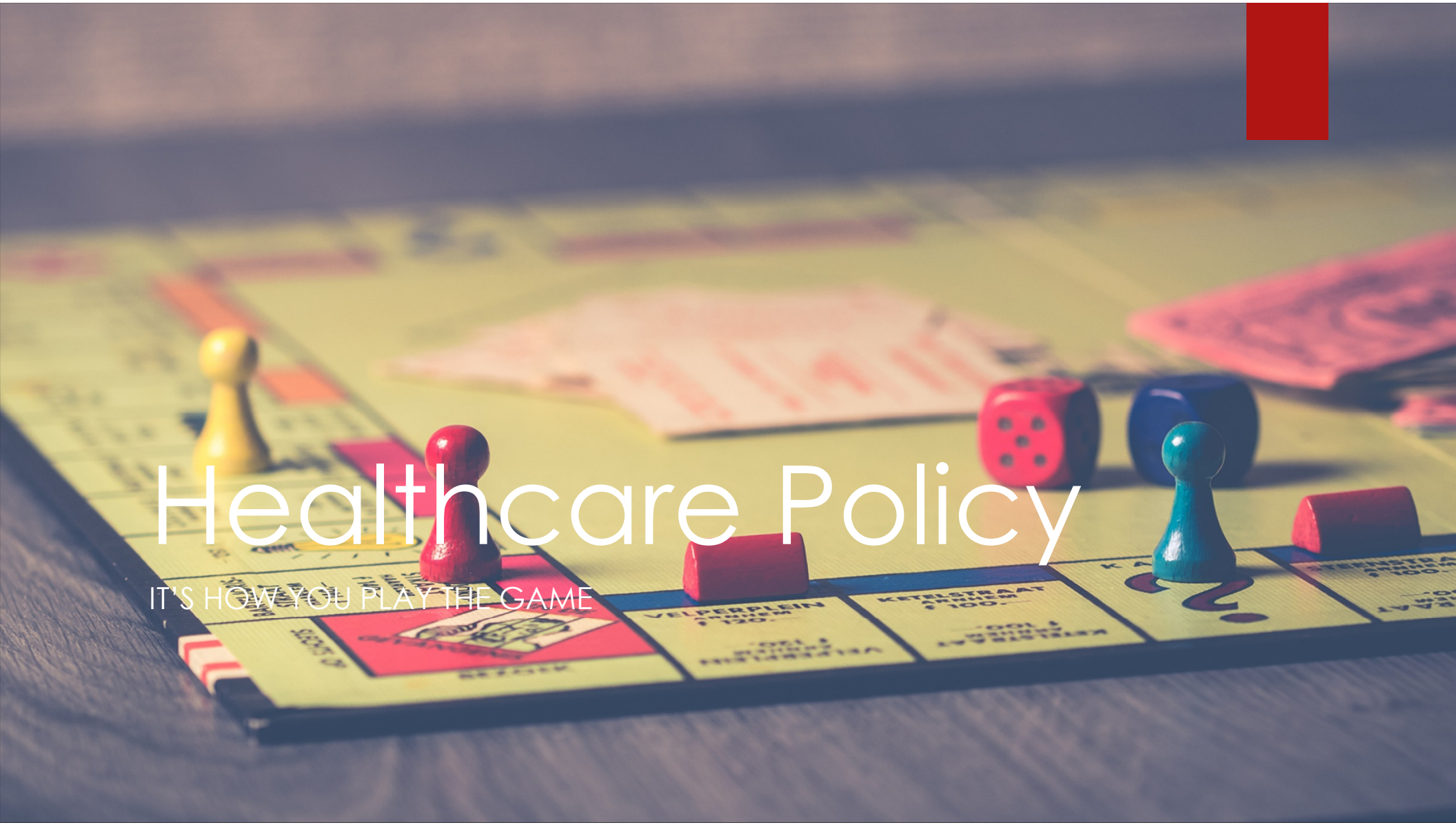

Leading the Future
of Rural Healthcare
Welcome to the Student Plenary Session
TRAUMA CENTER

Session Objectives





Healthcare Policy

IT'S HOW YOU PLAY THE GAME

Background

University of South Carolina	• BS, Business Management and Economics '16
Emory Law	• JD '19
Margaret Mary Health	• Administrative Intern '18 • Administrative Fellow '19

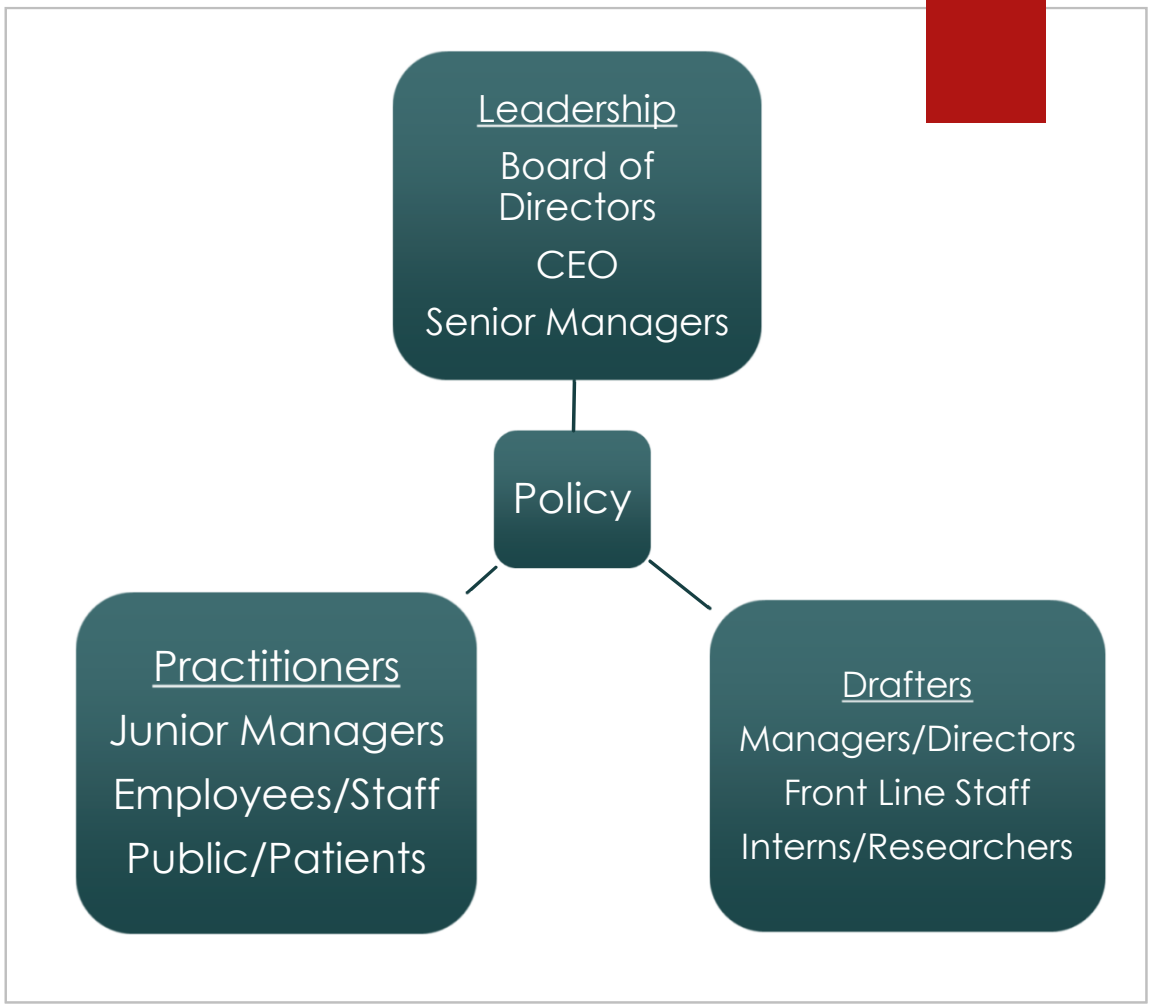
Policy versus Rules

Policy	Rule
Players should compete	The winner is the last player to avoid bankruptcy
The game should get harder over time	Increasing rent and costs of monopolies, houses, and hotels
Outcomes should be largely random	Movement is decided by dice, doubles rolls again.
Negotiations should occur	First to land on a property may purchase it, monopolies are necessary to improve properties, trading of assets permitted

Levels of Policy

- **Global**: People should have access to great medical care
- **Federal**: People should be trained to provide great medical care
- **State**: Great medical care should be provided by qualified individuals
- **Hospital**: If great medical care cannot be provided, good medical care should be preferable to no medical care
- **Department:** Physician Assistants should see patients when doctors are not available

Policy Participants



Healthcare IT News

Hospital with repeat security failures hit with $218K HIPAA fine

"The hospital notified OCR in August of last year of **a breach involving unsecured PHI** stored on the personal laptop and USB drive of a former hospital employee. **The breach ultimately impacted 595 patients** [...] As part of the settlement, St. Elizabeth's will also be **required to cure the gaps in the organization's HIPAA compliance program [and] employees' awareness and compliance with hospital privacy and security policies.** [...]Saint Elizabeth's based on the assessment, will submit **revised policies and training to HHS for approval.** To date, **OCR has levied nearly $26.4 million** from covered entities and business associates found to have violated HIPAA privacy, security and breach notification rules."

IRHA State Policy

INDIANA RURAL HEALTH ASSOCIATION

IRHA Tobacco Tax Policy Statement

The use of tobacco products has been proven to cause death and disease. "Brown cigarettes" and "Other Tobacco Products" are an inexpensive gateway to tobacco addiction for Indiana youth and adults.

Tobacco use costs Indiana $1.3 Billion per year in medical costs and premature death (over $400 million per year within Medicaid alone). The Indiana Rural Health Association believes "levelling" the current tobacco tax is a method of preventing disease and deat, by generating revenue for proven prevention / cessation programs and increasing tobacco cessation attempts.

Increasing the cost of tobacco products has been proven to increase cessation attempts by tobacco users. And by levelling the cost of these less expensive products, their effect as "gateway" products for new tobacco users will be minimized.

NRHA National Policy

PA Policy for NRHA

Physician Assistants: Modernize Laws to Improve Rural Access

Executive Summary

Physician Assistants ("PAs") are one of three professions providing primary care in the United States, along with physicians and advanced practice registered nurses. The National Rural Health Association (NRHA) recognizes that, despite 50 years of high-quality cost-effective practice, there remain state and federal laws and regulations that prevent PAs from practicing to the fullest extent of their education and experience. Likewise, new and emerging models of care sometimes fail to fully recognize PAs, diminishing the value they could bring to rural patients and communities that are currently suffering from a dire shortage of qualified medical care.

As health care evolves into a system of vertical and horizontal integration with new focus on team-based care, PAs—working at the top of their licenses—will be indispensable providers in rural areas. Modernizing of regulations restricting practice privileges, mental health laws and payer policies that unnecessarily restrict PA practice will increase PA value to employers and enable PAs to more efficiently contribute to ending the shortage of health care professionals accessible to rural patients and communities.

Levels of Policy (Repeat)

- **Global**: People should have access to great medical care
- **Federal**: People should be trained to provide great medical care
- **State**: Great medical care should be provided by qualified individuals
- **Hospital**: If great medical care cannot be provided, good medical care should be preferable to no medical care
- **Department:** Physician Assistants should see patients when doctors are not available

Get Involved

https://www.ruralhealthinfo.org/topics/rural-health-policy/organizations

Organization	Focus
Indiana Rural Health Association (IRHA)	Enhancing the health and well-being of rural populations in Indiana through leadership, education, advocacy, collaboration, and resource development.
National Rural Health Association (NRHA)	Promotes leadership on rural health issues through advocacy, communications, education, and research. Composed of individual and organizational members who share a common interest in rural health.
Center for Medicare and Medicaid Services (CMS) Rural Health Council	Improving access to care in rural settings, supporting the economics of providing healthcare in rural America, and ensuring that the healthcare innovation agenda fits rural health care markets.
Federal Office of Rural Health Policy (FORHP)	Matters affecting rural hospitals and healthcare, coordinating activities within the Department of Health and Human Services that relate to rural healthcare, and maintaining a national information clearinghouse.
National Association of Rural Health Clinics (NARHC)	Works to improve the delivery of quality, cost-effective healthcare in rural underserved areas through the Rural Health Clinics (RHC) Program.

Implementing Peer Recovery Coaches

Tracy Craft

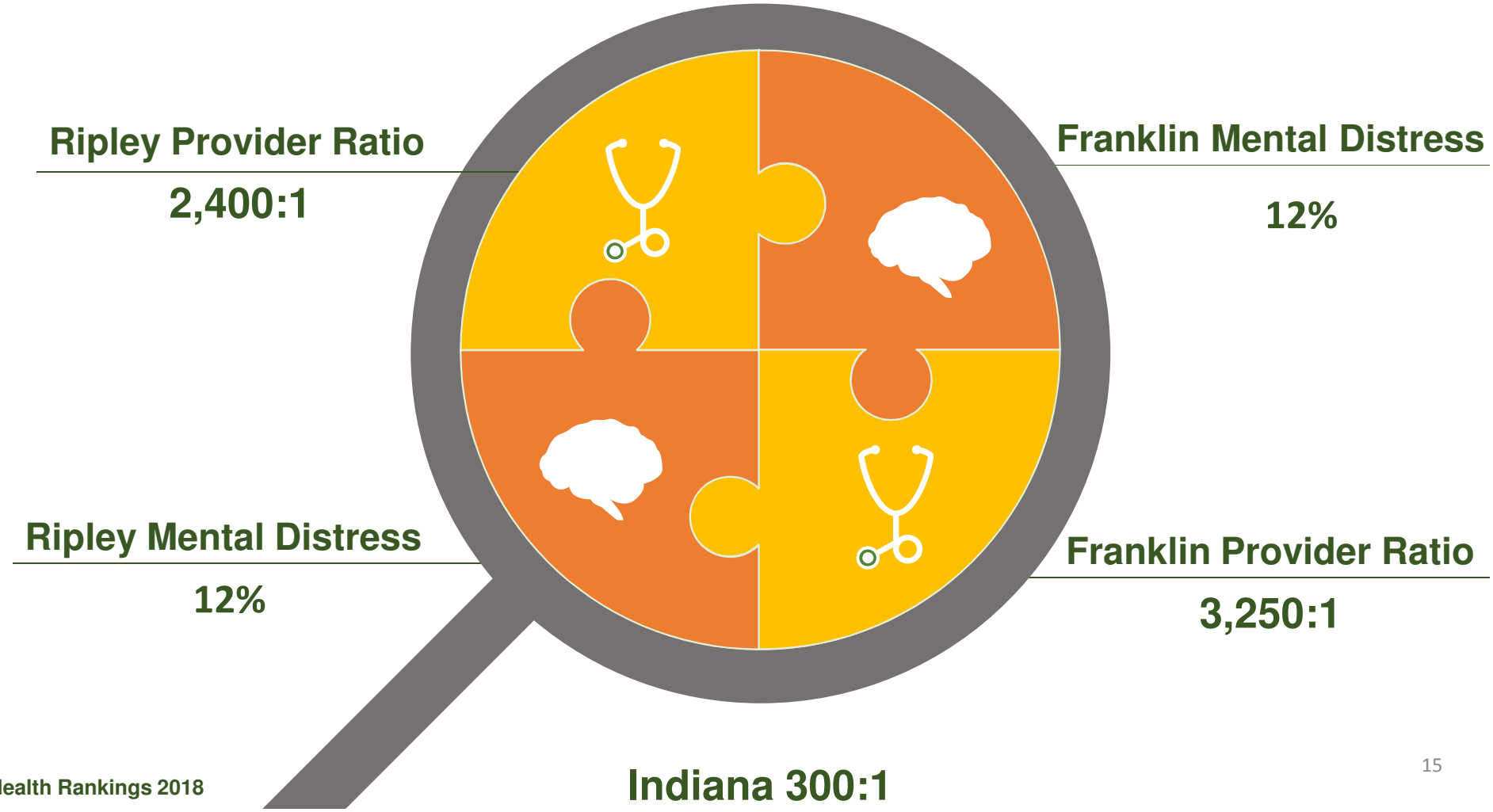
Why Peer Recovery Coaches?

Indiana Statistics

- 48th Mental Health
- 34th Youth Mental Health

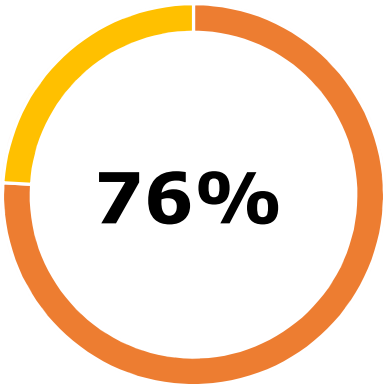
- 47th Adults with Mental Illness
- 33rd Access to Care

Access to Providers

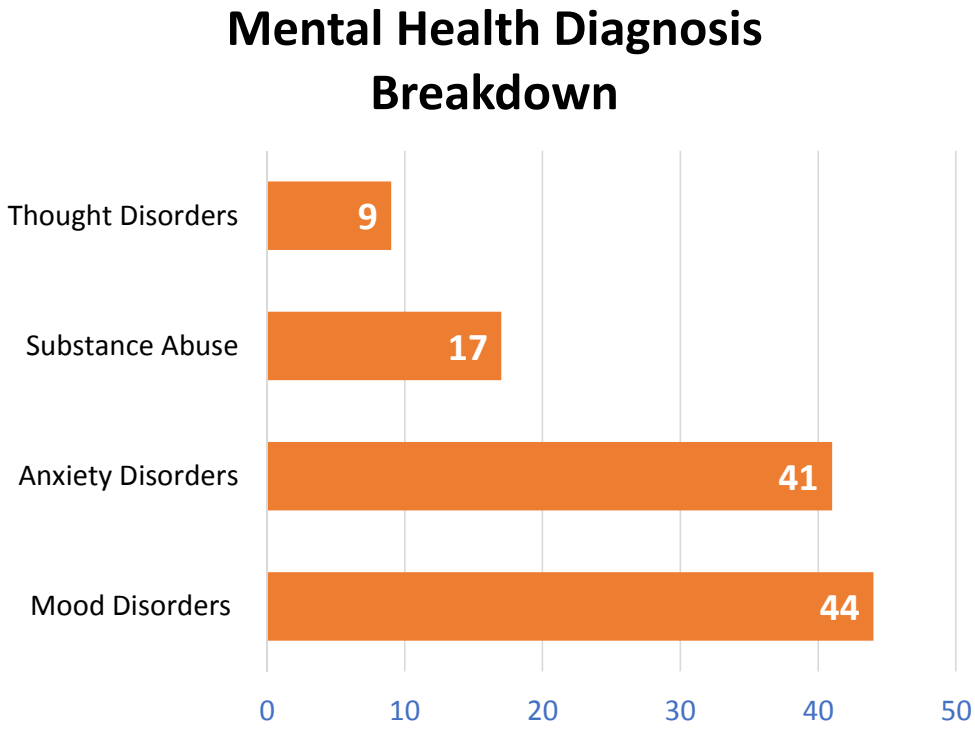


County Health Rankings 2018

Snapshot of Top Utilizing 75 ER patients

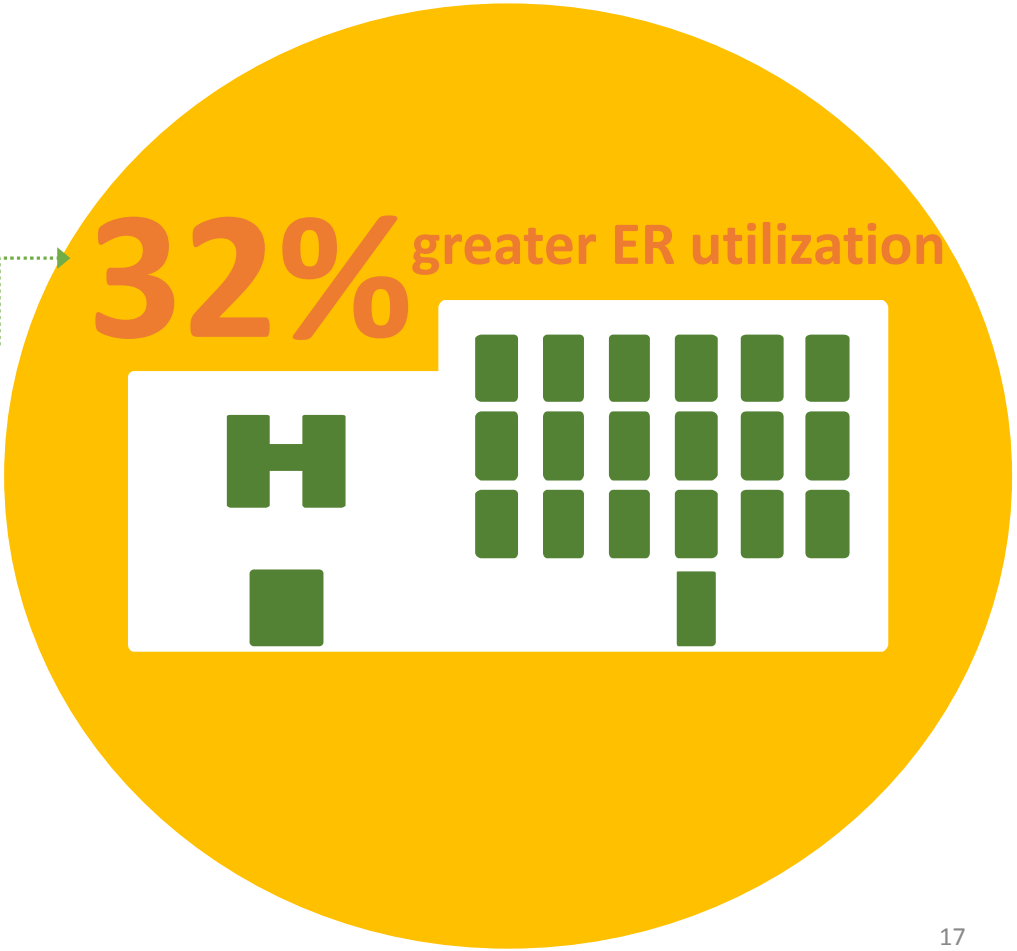


Patients have at least one mental health diagnosis

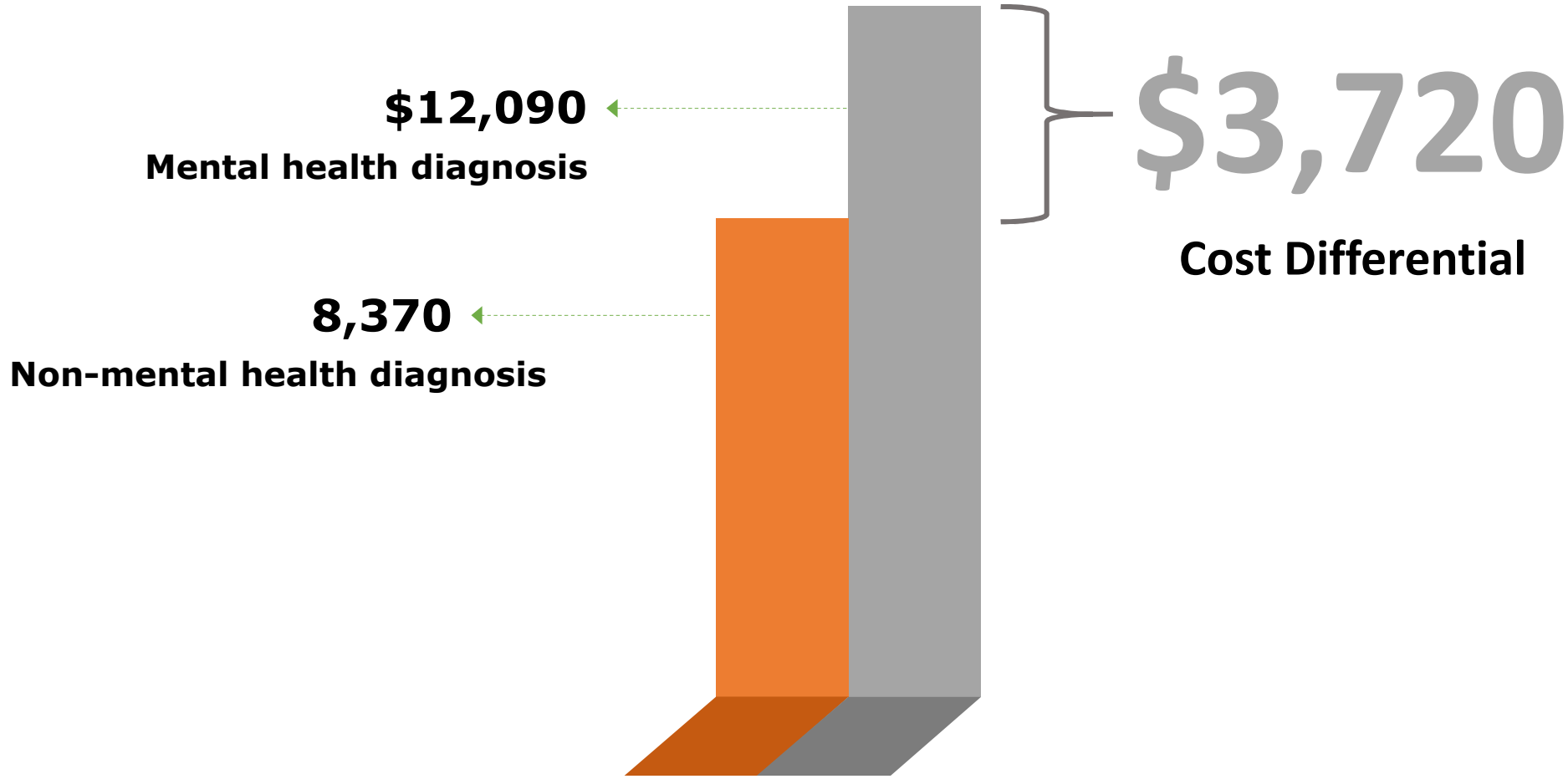


Findings: MMH ER Visits

Medicare patients with a mental health diagnosis have



Financial Impact



Why Peer Recovery Coaches?

- PRCs provide more holistic care by connecting with the patients on a personal level
- PRCS serve as mentors and guides to help engage patients and navigate them through the fractured behavioral health system
- Individuals who utilize PRC services have reported significant increases in housing stability, self- care, independence, and improved health management
- They also reported significant decreases in substance abuse, recidivism rates, and poor health maintenance

Benefits of Peer Recovery Coaches

Decrease improper acute care utilization by improving the coordination of care

Flexible- can work in hospital outpatient, ER, or inpatient settings, as well as religious organizations and correctional facilities

Cost effective and effective

Available

Works Cited

- https://fsph.iupui.edu/doc/research-centers/recovery-issue-brief.pdf
- http://www.countyhealthrankings.org/

Promoting the Health of Individuals with Intellectual and/or Developmental Disabilities (I/DD) Through Community Gardening

Stephanie Brown, DNP, MS, MEd, RN, CPN

DNP Scholarly Project, Indiana State University

Learning Objectives

- Learning Objective One:
  - At the end of this session, attendees will be able to understand how to create a gardening, cooking, and nutrition program for individuals with intellectual and/or developmental disabilities (I/DD) that offers access to fresh produce and healthy foods.
- Learning Objective Two:
  - At the end of this session, attendees will be able to verbalize the gardening, cooking, and nutrition program's impact upon participants' healthy food choices, physical activity level, and weight/body mass index (BMI).
- Learning Objective Three:
  - At the end of this session, attendees will be able to describe the participants' engagement and enjoyment of gardening endeavors and cooking and nutrition class activities.

Background and Significance

- The U.S. Department of Health and Human Services (USDHHS) (2018) maintains that it is crucial to the over-all health and well-being of an individual to receive good nutrition, engage in physical activity, and maintain a healthy body weight; however, the majority of Americans do not.
- According to the USDHHS, CDC, National Center on Birth Defects and Developmental Disabilities (2017), adults with disabilities are more likely to be:
  - **Obese:**

    38.4% of adults with disabilities; 24.4% without disabilities.
  - **Inactive:**

    36.3% of adults with disabilities; 23.9% without disabilities.

- According to Brault (2012):
  - Adults aged 21 to 64 who are diagnosed with a disability generally earn less than those without disabilities, thus poverty rates are higher among adults with disabilities.
- According to Brucker (2016):
  - Young adults with disabilities have considerably greater chances of living in a household that has faced food insecurity over the past 30 days than those who do not have a disability.

Program Development

- State nutrition, physical activity, and obesity facts, US and state disability facts, and Community Health Needs Assessment.
- Literature search to determine need for program in order to help address gaps in literature.
- Collaboration with Southeastern Indiana Community Gardens group and local school district.
- Meetings with the Director of Community Services and the management team of study location to determine their desires for program interventions and collection of assessment data.
- Develop program intervention details as well as program curriculum.

Objective

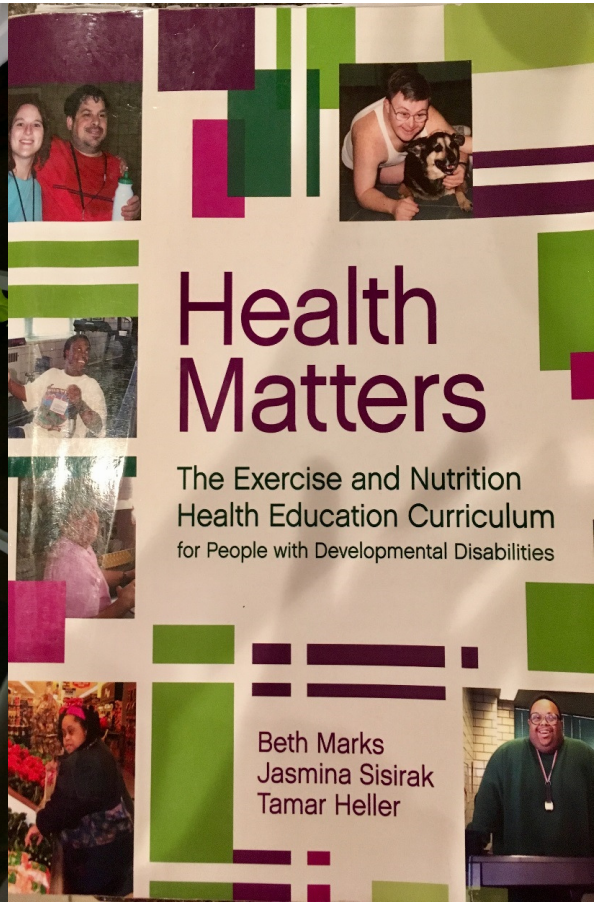
- The study purpose is to determine if twice weekly interventions over 6 months, involving simple hands-on community gardening, interactive cooking classes adapted to meet developmental needs of individuals with I/DD, and simple, episodic, evidence-based teachings using pictures of healthy foods and physical activity promotes improved health.

Study Interventions

- Study interventions were conducted at all three locations of the day program organization twice weekly, beginning May 2, 2017 and ending October 31, 2017, for a period of 1.5 hours at each site.
- 1) Outdoor raised beds as well as tower gardens were utilized to provide the individuals with I/DD access to fresh produce and the opportunity to engage in physical activity while gardening and tending to the produce.
- 2) Nutrition and physical activity education was created that applied the MyPlate and *Health Matters* curriculum and incorporated the health literacy needs of individuals with I/DD.

- 3) Interactive cooking and food skills classes, using the produce yielded from the outdoor and tower gardens, were developed to meet the developmental and cognitive needs of individuals with I/DD and designed to provide social engagement for the clients.
- 4) Monthly Newsletters; Certificate of Completion; Summary of Outcomes.

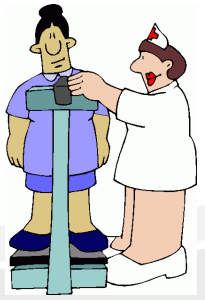
Study Interventions



Guiding Framework/Theory
Study Design/Methodology

- Guiding Framework/Theory:
  - Nola Pender's Health Promotion Model (HPM)
  - Bandura's Social Learning Theory
- Study Design:
  - Qualitative methodology
    - Phenomenological approach
  - Quantitative methodology

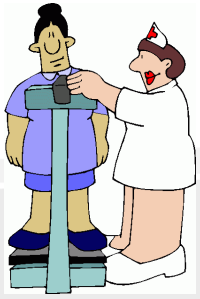
- Study sample included adult (≥ 18 years of age) participants with I/DD from all three locations of the day program study site in Southeastern Indiana.
  - Parental signed Permission to Participate
  - Participant Informed Consent (IC) using a cognitively appropriate IC document
    - Form containing pictures and words to explain the research project.
    - Form containing words only to describe the study.
- All I/DD clients were eligible to participate in program activities; data were only collected on clients officially enrolled.



Variables/Tool

- Clinical observations by PI during both the gardening activities and cooking/nutrition class activities.
- Gardening/Cooking Class/Nutrition Class Observations
  - Likert style: 1 to 5 rating scale
    - Gardening activity engagement and enjoyment
    - Nutrition/Cooking class engagement and enjoyment

- Healthy Behaviors
  - Likert style: 1 to 5 rating scale
    - Daily fruit and vegetable servings
    - Chooses water instead of soda or other sugary beverage
    - Chooses fruit or vegetable for snack
    - Physical activity level
    - Physical activity performed
    - Enough energy to participate



- Pre/Post and monthly BMI log

Qualitative Results

- Participant Thoughts and Statements:
  - Chose to engage in gardening, cooking, nutrition class and enjoyed:
    - I love when you come!
    - I want to make this at home, can I have the recipe?
  - Chose not to engage in gardening, cooking, nutrition class and did not enjoy:
    - I do not like this.
    - Yuck.
  - Chose to make healthy food choices:
    - I had banana for snack last night instead of ice cream.
    - I am drinking more water.
    - I bought an eggplant at the store with my staff.
  - Chose not to make healthy food choices:
    - I drank 4 pops today.
  - Chose to participate in physical activity:
    - I am going to the YMCA to swim tonight.
  - Chose not to participate in physical activity:
    - I do not want to garden.

Qualitative Results

- Participant Actions and Behaviors:
  - Chose to engage in gardening, cooking, nutrition class and enjoyed:
    - Lined up to take turns to help prepare foods in cooking class.
    - Brought in cookbooks to share recipes and then a few of these meals were prepared during cooking class.
  - Chose not to engage in gardening, cooking, nutrition class and did not enjoy:
    - Sat among peers who were participating in garden program activities but did not partake.
  - Chose to make healthy food choices:
    - Asked for pictures of healthy foods to take to grocery along with staff in order to buy healthy foods to eat at home.
    - At first did not desire to try food prepared during cooking class and only had small bite but then came back up and asked for second helping after trying.
  - Chose not to make healthy food choices:
    - Purchased candy from the vending machine for snack.
  - Chose to participate in physical activity:
    - Used exercise room with weights, bike, mat, ball during gardening program.
  - Chose not to participate in physical activity:
    - Sat on chair while in exercise room instead of using equipment.

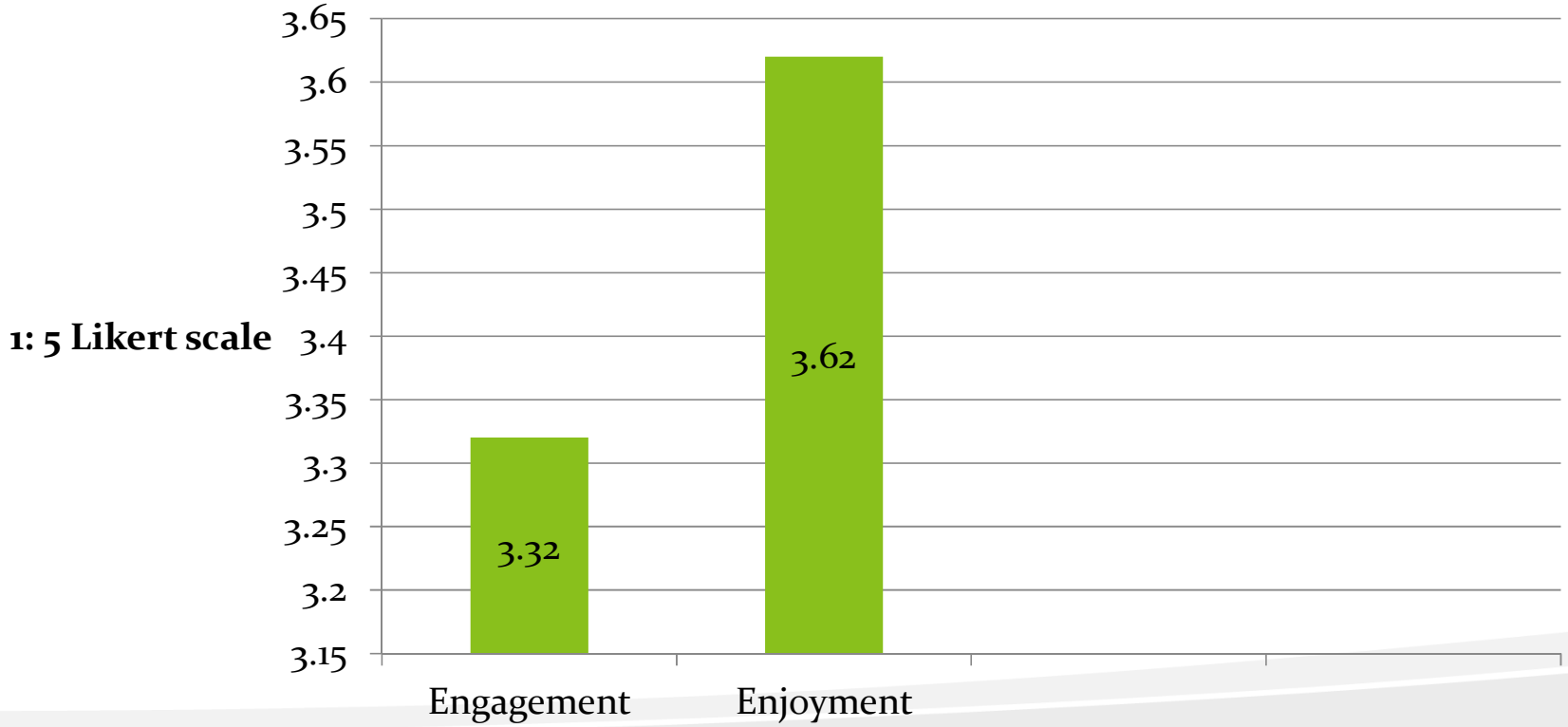
Quantitative Results

- Thirty-nine persons with I/DD participated.
- Mean number of sessions completed: 29.9/51.



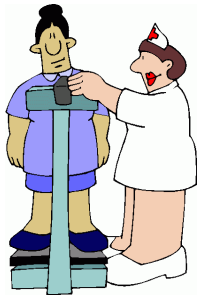


Participant Mean Engagement and Enjoyment



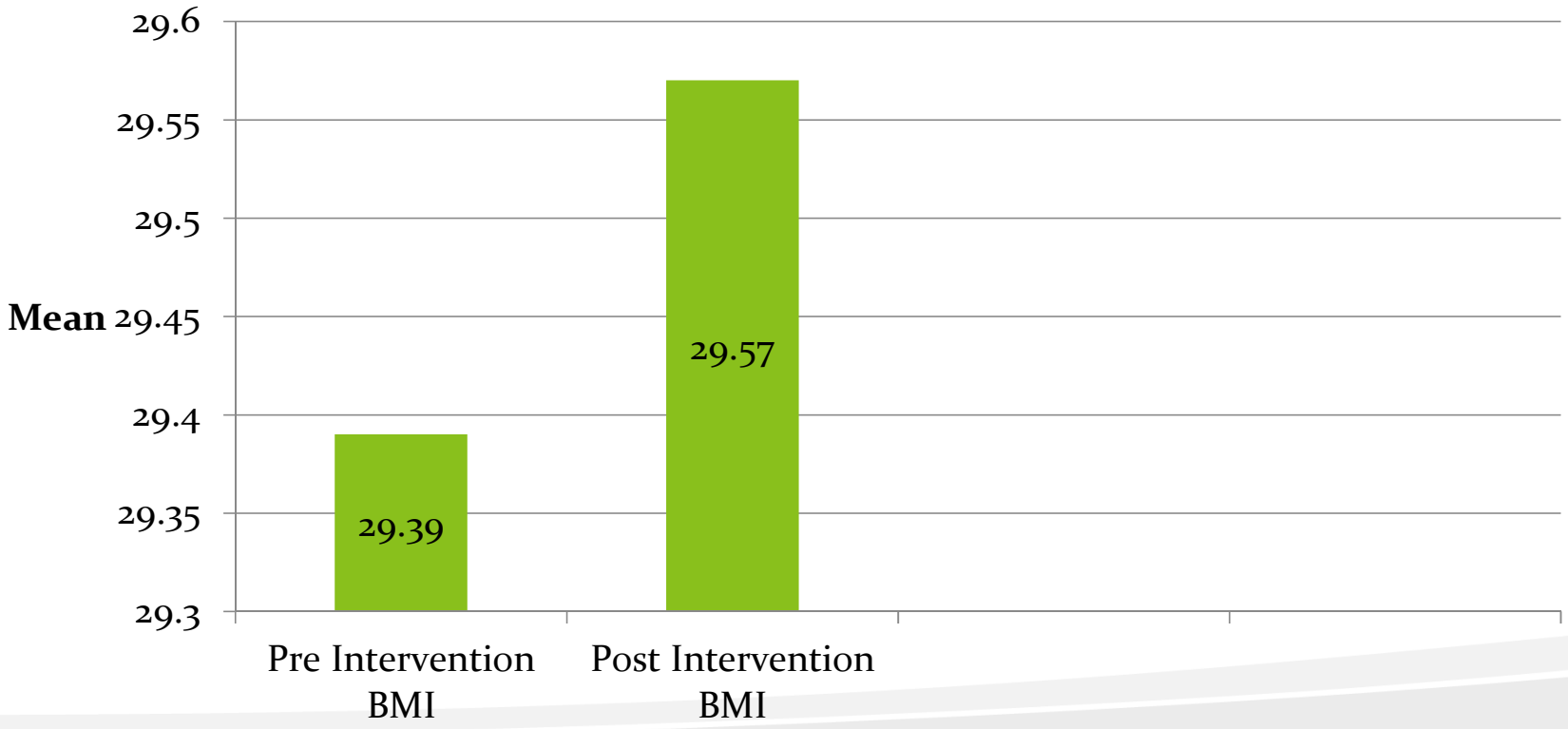
- **Mean participant engagement of study activities was 3.32**
- **Mean enjoyment was 3.62.**

Participant BMI



- Paired samples t-test:
  - No significant difference in pre-intervention BMI (M=29.39, SD=7.96) and post-intervention BMI (M=29.57, SD=8.10); t(36)=-.930, p=.359 was found.
  - Weight increases were not statistically significant, yet 25/39 participants gained.
- One way repeated measures ANOVA:
  - No significant effect of the community garden health and nutrition program on BMI, Wilks' Lambda = .692, F (6, 27) = 2, p = .100.

Participant BMI
Paired Samples T-Test



- Weight increases were not statistically significant, yet 25/39 participants gained.

Quantitative Results

- One way repeated measures ANOVA:
  - No significant effect of the community garden health and nutrition program on healthy behaviors:
    - Daily fruit and vegetable choices
    - Chooses water instead of soda or other sugary beverage
    - Chooses fruit or vegetable for snack
    - Physical activity level
    - Physical activity performed
    - Enough energy to participate

  - Sample size and missing data hampered statistical analysis.
  - Variables in data set did not follow multivariate normal distribution.

Barriers and Facilitators

- Barriers:
  - The three study sites had dissimilar numbers of attendees and variations in both daily operations and staffing, and this impacted the study PI's ability to conduct the program activities in the same manner across all three sites.
  - The outdoor garden space varied significantly between the three study location sites, causing inconsistent opportunities for physical activity.
  - Study protocol was inconsistent and there were implications with study results d/t daily study activities varying from site to site.
    - Diverse cognitive abilities and functional level of participants.
    - Disparities in available garden space and necessary maintenance of said gardens at each study location.
    - Variations in produce harvested from each study location.
    - Alterations in weather conditions that hindered outdoor gardening.
    - Scheduling and staffing discrepancies among study sites.
- Facilitators:
  - The manager of the day program organization.
  - Health promotion opportunities.
    - All clients had the chance to try healthier foods, engage in physical activity, and to learn more about health and nutrition and how to maintain a healthier lifestyle.

Conclusion

- The study results clearly identify the variety of fruits and vegetables and other healthy foods the participants were willing to try, and in-turn often enjoyed eating.
- Data indicate that engagement and enjoyment were moderately high.
- While increasing access to nutritious foods through gardening helps address food insecurity, interventions that focus solely on healthy food access may result in untoward outcomes, considering that post-intervention BMI was found to be marginally greater than pre-intervention BMI.
- Additional study of programs employing healthy food substitution rather than supplementation may be beneficial.
- This study has opened the door to future gardening research opportunities to be conducted in group homes where individuals with I/DD reside, rather than in day program settings, which was the current study location.
- By conducting future studies in group home locations, participants would have greater access to fresh produce, and staff could be better trained to offer healthier food options while still taking into account budgetary limitations.

Questions?

Thank you for the opportunity to present my DNP scholarly project related to community gardening with individuals with I/DD.

References

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Does a Perioperative Decision Aid Tool Help Increase Patient and Nursing Staff Engagement?

Toni Morris DNP, MSN, RN
Indiana Rural Health Association
June 26 & 27, 2018

Indiana State University

Franciscan ALLIANCE

Indiana State University

Six Aims for Improvement IOM & Triple Aim IHI

Reduce Cost
Positive dividends for patient & the organization

Safe & Equitable
Education modules
ffered in English & Spanish

Improved Population Health
Engaged patients

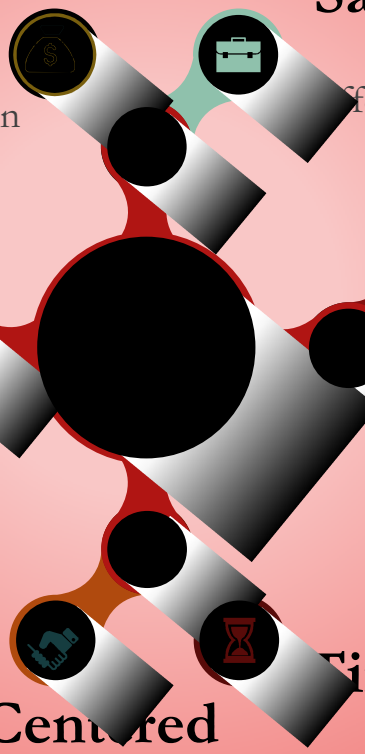
Efficient
Email link to
ducation modules

Improved Individual Experience
Individualized Patient Care

Effective
ositive dividends for
patient & the organization

Patient Cent red
Patients beliefs & values

imely
On-demand & repetition



(IHI 2018, IOM 2001)

Purpose of the Project

To investigate if implementation of a standardized Pre-Operative Decision Aid would influence patient interaction with an online educational program

Objectives

- Patient
  - Increase patient engagement
  - Increase 90-day by patient start rate
  - Increase % email
- Staff
  - Increase staff engagement
  - Initiate conversation

PICOT

In the perioperative patient population,
does the utilization of a pre-operative decision aid
increase patient & nursing staff engagement
during a 2 month time frame?

Significance to nursing

- **Call for healthcare redesign**
  - Safety & quality
  - Humanistic perspective
  - Urgency of achieving cost-effective, high quality

- **Guiding theory**
  - Martha Rogers Science of Unitary Things
  - Shared decision making (SDM)

Literature review

SDM training programs:

- 174% increase over 4 years (2011-2015)
- Transitioned from specific → generic
- Minimize practice variation
- Infiltration into standard practice is lacking

Four Criteria for SDM:

- Patient + Provider
- Share information
- Steps to achieve consensus regarding preferences
- Agree on a form of treatment … which is initiated

Organizations most likely to thrive ~ business strategy on patient engagement initiatives (Natale & Gross, 2013)

Communication = patient satisfaction

Elements of SDM

- DC & DA

Empowering the Patient

Two important intentional actions

- Early engagement
- Reinforcing the education over multiple times

Collaborative structure - sharing knowledge & offering choices

~ Patient Autonomy

- **Healthcare team members**
  - Realize the importance
  - Intentionally engage the patient
  - Hardwire skills

- **Literature Suggests**
  - Nurses - nurse champions
  - Quality & quantity of time

SDM = The Gold Standard

FOR HARDWIRING COOPERATION BETWEEN
PATIENT & PROVIDER

BEHAVIOR MODIFICATION

Indiana State University

Pre-Operative Education Decision Aid

Engage Patients

Start the Conversation

Indiana State University

Methods

- **Design**
  - Mixed-methods, quasi-experimental
  - Non-randomized
- **Sample**
  - Homogenous – 55 yrs, 65% FT, 86% 15 yrs or more providing patient education
  - Nursing staff
  - Breast, Colon-rectal, Gynecological/Oncology, & PAT clinic
  - Pre-intervention education in-service

Methods

- **Data Collection**
  - Pre-Post Qualtrics survey
  - Frequency, confidence, engagement, empowerment
  - Pre- 100% (n=25); post 76% (n=19)
  - Quantitative data (EPIC, EMMI)

- **SPSS Analysis**
  - Mann-Whitney U
  - Reliability testing
  - SpearmanRho

Major Findings

- **Discuss the modules with your patient**
  - Pre: 61% yes, 39% no
  - Post 90 % yes, 10 no
- **Mann-Whitney U**
  - Statistically significant difference post intervention
  - Confidence level increased
- **Reliability testing**
  - 3 & 5 item scales
  - Mean Inter-Item Correlation + internal consistency
- **SpearmanRho**
  - Statistically significant difference
  - Medium + & Large + monotonic correlation (perceived confidence)

Evidence translation contribution to nursing science

Clinical outcomes

- POE-DA – visual indicator
  - Increased awareness
  - Easy to use
- Nurse as a conduit to empower and engage
- Increase staff confidence

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Questions?

~ Thank you for your time ~

Have a nice day!

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Indiana State University

Leadership Panel

- **Michael Bayci**

  Safety Officer, Franciscan Health, Crawfordsville, Rensselear, & Lafayette, IN

- **Fayeann Hurley**

  Director of Physician Recruitment & Retention, Schneck Medical Center, Seymour, IN

- **Dave Hyatt**

  President of Critical Access Hospitals, IU Health East Central Region Jay and Blackford

- **Tim Putnam**

  President/CEO Margaret Mary Health, Batesville, IN