The State of the Profession

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Objective

Analyze current trends on nursing care of the future
Our World
It’s flat
It’s connected
It’s global
It’s violent
It’s changing
We’re changing
Our health – we’re FAT!

Body Mass Index (BMI)

Normal | Overweight | Obese Class I | Obese Class II | Obese Class III

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Obesity Trends* Among U.S. Adults
BRFSS, 1985

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1986

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1987

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1988

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1989

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1990

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

[Map showing obesity trends in the U.S. in 1990, with states colored to indicate obesity rates: No Data, <10%, 10%-14%.]

[Legend: No Data, <10%, 10%-14%]
Obesity Trends* Among U.S. Adults
BRFSS, 1991

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1992

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1993

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1994

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1995

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1996

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1997

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1998

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1999

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

No Data          <10%           10%–14%   15%–19%  ≥20%
Obesity Trends* Among U.S. Adults
BRFSS, 2000

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2001

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2002

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults

BRFSS, 2003

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2004

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2005

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2006

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2008

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2009

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2010

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1990, 2000, 2010

(*BMI ≥30, or about 30 lbs. overweight for 5’4” person)
Obesity is considered a “gateway” condition linked to increased risk of:

- All causes of death
- Hypertension
- High LDL, low LDL
- High triglycerides
- Type 2 diabetes
- Coronary heart disease
- Gallbladder disease
- Osteoarthritis
- Sleep apnea
- Some cancers
- Low quality of life
- Some mental disorders
- Body pain

Source: CDC, NIH
Our Challenge

- The United States ranks #1 in health expenditures at 17.9% of the GDP
  - Roughly $3 trillion aggregate annual cost
  - $8895 per capita in 2012
  - This crowds out other state and national priorities

- The United States has mediocre population health outcomes
  - Ranks 34th in life expectancy
  - Ranks 42nd in infant mortality
Texas core measure impact

Texas 2014 overall Ranking = 31

Source: America’s Health Rankings, United Health Foundation 2014 Annual Report (Lakey)
Actual causes of death shaped by behavior

- Tobacco
- Obesity
- Alcohol
- Auto Accidents

Lakey, 2015
Personal Responsibility
Pay Farmers now or Pharma later
Health Disparities

- Racial and ethnic
- Geographic
- Education and income

Effects on
- Life expectancy
- Infant mortality
- General physical health
Relationship of social determinants to mortality

- Area level poverty
- Income inequality
- Individual poverty
- Low social support
- Reacial segregation
- Low education

Galea, AJPH, 2011 (Lakey, 2015)
Rapidly changing healthcare environment

- ACA
- Medicaid expansion – or not!
- Increased focus on quality and value
- Big data
- Technology
- New care delivery models
  - ACOs
  - Retail medicine
  - Hospitals as community health hubs
Although the health spending growth rate is slowing, it still continues to be a disproportionately large part of the US economy. Year-over-year growth in national health expenditures adjusted for inflation and % of total GDP.
As cost-sharing increases, consumers forego care

Average employer insurance deductible vs. percentage of consumers foregoing care

Source: PwC 2015 Health and Well-being Touchstone survey, Gallup Poll, and PwC HRI consumer surveys
Inpatient care volume on a rapid decline
Changes in hospital inpatient and outpatient utilization

- Inpatient admissions per 1,000 people:
  - 2003: 120
  - 2016: 96

- Outpatient visits per 1,000 people:
  - 2003: 1,937
  - 2016: 2,171

Source: American Hospital Association 2013 data and HRI analysis
Employers offering only high-deductible plans

Percentage of US employers that have already implemented high-deductible plans as the only option offered to their members

The percentage of employers offering only high-deductible plans for employees has nearly doubled since 2012.

Source: PwC 2015 Health and Well-being Touchstone Survey
Cost-shifting pushes consumers to become more conscientious about their healthcare choices

Percentage of consumers with employer-based insurance who took the following actions in the last 12 months due to cost of care:

- 28% Skipped seeing a doctor
- 28% Asked for a generic prescription instead of a brand prescription
- 24% Skipped prescription medicine or took less medication than prescribed
- 20% Skipped seeing a specialist (such as an OB/GYN, dermatologist, or orthopedic surgeon)
- 18% Skipped follow-up care (such as going to physical therapy sessions recommended by a doctor)
- 16% Delayed or skipped a procedure or treatment

Source: PwC Health Research Institute 2015 consumer survey
Announced Hospital Mergers and Acquisitions, 1998 – 2013
American Hospital Association


In 2006, the privatization of HCA, Inc. affected 176 acute-care hospitals. The acquisition was the largest health care transaction ever announced.
Not just hospitals...

- $438 B worth of mergers and acquisitions in 2014; 14% of total for all industries driven by cost pressure on entire health care system
- Merck& Co. paid $4B to Idenix Pharm. (Hep C)
- Medtronic $43B acquisition of Covidien (Dublin, Ireland); avoid US taxes
- DaVita Kidney Care
  - formed joint venture with hospital chain in China specializing in kidney care
  - Purchased competitor Renal Ventures for $415 M
- Capital One buys GC Capital HC finance unit
- Anthem to purchase Cigna for $54.2B
- Aetna to acquire Humana for $37B
Mergers & Acquisitions

- Cardinal Health acquires Harvard Drug Group for $1.1B
- Bolder HC Solutions acquired The ROI Co. (HC revenue cycle management services)
- CVS buys Target’s pharmacy/clinic business for $1.9B
- HealthSouth acquires Reliant for $730M
- Ventas acquires Ardent Medical Services for $1.75B
- UnitedHealth acquires Catamaran (4th largest pharmacy benefits manager; will merge with OptumRx)
- And so on....
Other trends...
Transparency
Measurement

VITAL SIGNS
Core Metrics for Health and Health Care Progress

To achieve better health at lower cost, all stakeholders — including health professionals, payers, policy makers, communities, and members of the public — must focus on what matters most. What are the core measures that will yield the clearest understanding of health and well-being in America? Vital Signs, a 2015 report from the Institute of Medicine, proposes a set of 15 core measures for health and health care. Explore the infographic to see examples for each measure.
Precision Health vs. Population health
Precision health

Precision medicine (is) the use of genomic, epigenomic, exposure, and other data to define individual patterns of disease, potentially leading to better individual treatment.

Thomas Insel, director NIMH
Population health

- The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

- These groups are often defined by geographic region, age, gender, ethnic and racial background, disability, or other defining characteristic.

- Concerns include
  - the overall health of a population
  - the distribution and determinants of health and health disparities within the population.
  - The population health perspective bridges the divide between traditional public health and the medical care sectors to focus on improving the health outcomes throughout a community.

Kindig (2003), AJPH (Lakey)
Prevention requires tools that are often unfamiliar because educational, behavioral, and social interventions, not usually considered to be part of medicine, may be most effective for many diseases. Moses et. al. (JAMA, 2013)

Unfamiliar to whom?
Nurses defined “prevention”
Notes on Nursing
What it is and What it is Not

It is often thought that medicine is the curative process. It is no such thing; medicine is the surgery of functions, as surgery proper that of limbs and organs. Neither can do anything but remove obstructions; neither can cure; nature alone cures. Surgery removes the bullet out of the limb, which is an obstruction to cure, but nature heals the wound. So it is with medicine; the function of an organ becomes obstructed; medicine, so far as we know, assists nature to remove the obstruction, but does nothing more.
And what nursing has to do in either case, is to put the patient in the best condition for nature to act upon him.

Florence Nightingale, 1860/1969, p. 133
Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury and alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.
RWJF: Building a culture of health
Emerging health care roles...
…let whoever is in charge keep this simple question in her head (not, how can I always do this right thing myself, but) how can I provide for this right thing to be always done?

Florence Nightingale, 1860/1969, p. 133
Nurses... ensuring the right thing is always done