

# THOUGHT LEADERS ASSEMBLY



**HEALTHCARE IN 2040**  
MATCH OR MISMATCH IN SUPPLY AND DEMAND

**JULY 2017**



American Association  
of Colleges of Nursing

# OVERVIEW

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The Thought Leaders Assembly was created as an opportunity to engage the AACN Board, members, guests, experts, and senior staff in conversation to process information, trends, and challenges in a new way. Welcoming leaders who have similar obstacles and opportunities, this day of dialogue offers AACN a new lens to view a topic of great interest to nursing leaders. The conversation is a forum for generative thinking and stimulates fresh ideas so that AACN can continue to serve as a catalyst for innovation within academic nursing.

The 2017 Thought Leaders Assembly, *Healthcare in 2040: Match or Mismatch in Supply and Demand*, focused on the association's continual quest to assist our membership in developing the academic enterprise for the 21st century. This conversation sought to investigate what is the demand for nurses in the community, how the healthcare system is seeking to recruit and retain the nurse of the future, and what innovations could provide insight to AACN as educators. Together, the speakers, panelists, and invited guests began to contemplate and answer the question...

**WHAT DOES HEALTH CARE AND NURSING LOOK LIKE IN 2040?**

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## SPEAKERS & PANELISTS

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### Future of Health Care Supply and Demand

Steve ErkenBrack  
*President and Chief Executive Officer*  
Rocky Mountain Health Plans

### CNO Reactor Panel

Deborah Burton, PhD, RN  
*Senior Vice President and Chief Nursing Officer*  
Providence Health & Services

Marjorie Wiggins, DNP, RN, MBA, NEA-BC  
*Senior Vice President and Chief Nursing Officer*  
Maine Medical Center

### Match or Mismatch: Are We Preparing Nurses for the Future?

Malia Davis, MSN, RN  
*Director of Nursing Services and Clinical Team Development*  
Clinica Family Health

### Student Reactor Panel

Kristen Ahearn, BSN, RN  
*George Washington University Hospital*

Joy Bonwell, BA  
*University of Colorado, College of Nursing*

Elizabeth Leonard, MPH, BS  
*University of Colorado, College of Nursing*

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## PARTICIPANTS

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In addition to the speakers who shared their insights on the future of nursing and health care, the 2017 Thought Leaders Assembly included participation from AACN's Board of Directors, member deans and associate/assistant deans from Colorado and surrounding states, and AACN's staff leadership.



32 Participants



Representing 16 Schools  
of Nursing



Traveling from 14 States  
and D.C.

# THE FUTURE OF HEALTHCARE SUPPLY AND DEMAND

Steve Erkenbrack currently serves as the President and Chief Executive Officer of Rocky Mountain Health Plans, a Colorado-based healthcare system. Through his roles in law, government affairs, and health care, he shared both a history of transformational discoveries and a vision for the future. His first prediction for healthcare in 2040 was that the country would be going through another round of federal health reform measures. To that end, he urged participants to investigate health reform from multiple lenses— when our natural temptation is to consider one perspective. In his comments, Mr. Erkenbrack addressed three critical areas for the future:

## *Technology*

- There is no way to anticipate the technology that will be developed by 2040 and likely beyond our current comprehension. Technological advances and biomedical research have shaped the last century of health care and nursing practice, and will do so again.
- Everything in the future will be electronic. The technology is only as good as the people who are using it efficiently.
- From a patient perspective, how do we make advances in technology in a way that does not seem invasive or diminish trust. In other words, how do we keep the patient at the center?

## *Access*

- We need to redefine community. Right now, it has too narrow of a focus. Technology has challenged the traditional sense of community where now, many view their community through virtual formats. How do we increase access to this vast “community?”
- The diversity of communities makes it necessary to provide diverse care options.
- How will nursing be defined in the future to address access barriers?

## *Aging Population*

- An estimated 10,000 baby boomers will age into Medicare every day until 2029.
- Many people in this aging population will be hospitalized at some point. We need to figure out a way to keep people out of hospitals and to get them discharged as soon as it is safe. A way to do this is to increase the amount of home care that is provided.
- We must consider genetics, genomics, precision medicine, and what pharmaceutical regimes will look like in the future.

“WHAT ARE THE THREE POLE STARS FOR NURSING AS WE LOOK TO 2040?”-STEVE ERKENBRACK

To summarize his thoughts, Mr. Erkenbrack used the concept of the pole star, the brightest star nearest to a celestial pole at a particular time. He called upon participants to consider the profession’s “pole stars” for 2040 and work toward that goal with all partners. In response to Mr. Erkenbrack’s insights, a panel of Chief Nursing Officer—Dr. Deborah Burton from Providence Health & Services and Dr. Marjorie Wiggins from Maine Medical Center—spoke on some additional challenges impacting the future of healthcare.

- The need to standardize care in a concise manner. This may be done by forming new partnerships.
- Embrace shared decision making for the sake of the patient.
- The need to creatively train nurses for a changing work environment and to be able to use advances to adapt to various environments. For example, returning to home visits through the Uber nurse was discussed.
- We must have open lines of communication so when academia or practice innovates faster, the knowledge is transferred rapidly.

“INCREMENTAL CHANGE IS NOT ENOUGH, IT IS GOING TO BE PAINFUL. PROCEED UNTIL APPREHENDED.”  
-DR. MARJORIE WIGGINS

“HOW DO WE PRESS THE GO BUTTON? IT HAS TO HAPPEN LOCALLY, NOT NATIONALLY.”  
-DR. DEBORAH BURTON

# THINKING ABOUT THE FUTURE OF HEALTH CARE

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Through a facilitated activity, participants were asked to process their hopes and fears for the future as well as the implications of those hopes and fears. Finally, the participants considered what partnerships needed to be created or enhanced as the profession moved toward 2040.

## HOPES

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- A healthier society
- Enhanced integration of education and practice
- All barriers to scope of practice removed
- Greater efficiency within the healthcare system
- Refocus nursing education on social and structural detriments of health
- Prepare nursing students for a changing society and system
- Re-establish a national focus on the patient, family, and community
- Integrated information technology systems
- Improved outcomes
- Greater generative thinking
- Leverage nursing's unique base and contributions for system change



## FEARS

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- Mismatch of nursing education with practice
- Policy, practice, and education in nursing are not future-oriented
- Nursing is its own barrier to change
- Status quo remains
- Continual decrease in resources that cannot address the social determinants of health
- Mechanization of nursing practice
- Shifting role responsibilities of providers
- Financing of health and higher education
- Volume and pace of change
- The nation's healthcare system will become outdated

## IMPLICATIONS

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- Skill sets need to be tailored to the future and not the past
- Changes will require a balance of risk and resilience
- Changing the educational system means more than just the school of nursing
- New and more expansive teams will need to be built
- Efficiency, flexibility, and nimbleness will be required in education and practice
- A heightened focus on regulatory changes may require risk-based approaches
- Increased communications with clinical partners and administration



## PARTNERSHIPS

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- Partner with communities and employers in a purposeful and meaningful way
- Focus on funders (private, public, government)
- Health Information Technology industry (Office of the National Coordinator, Cerner, Epic)
- Policy makers (regulatory and legislative efforts)
- Those in higher education inside and outside of the health professions community
- Student partnerships within community settings to solve real-world problems
- Partner with health professions to co-design education and accreditation requirements for routine care

# MATCH OR MISMATCH: ARE WE PREPARING NURSES FOR THE FUTURE?

“LET’S HAVE COURAGEOUS CONVERSATIONS AROUND THE TABLE” -MS. MALIA DAVIS

Malia Davis currently serves as the Director of Nursing Services and Clinical Team Development at Clinica Family Health in Colorado. Ms. Davis emphasized the vitality of the role nurses play in the current healthcare system and how their role in the future could be expanded. She spoke to the participants about various factors impacting the future of the nursing workforce:

The RN is the lead in the community.

- Nurses are the primary point of contact for patients.
- Nurses excel in emotional intelligence.
- The future of primary care is team-based.

Nursing education needs to prepare nurses for the future.

- Nurses need to learn soft skills, something that is easier done in clinical rather than in educational settings.
- Nurses need to be well-versed and prepared for complex care management and active schedule management.
- Nurses need to know how to effectively communicate with each other, with other providers, with patients, and with patients’ families.

We need to better understand the work environment of nurses and what they may look like in the future.

- The gaps in workforce data must be addressed.
- Team-based approach will focus on who is the best leader for the patient today, not who is the leader because of their profession.
- Now and in the future, we need to focus on value time added and ways to decrease burnout.

In response to Ms. Davis’s insights, a panel of a recent nursing school graduates and students—Kristen Ahearn, Joy Bonwell, and Elizabeth Leonard—addressed additional challenges impacting new nurses in care settings.

- There needs to be an environment in care settings that is more empowering and interprofessional than what currently exists.
- Educational simulations need to be challenging and correspond with real-life situations.
- There needs to be more mentorship opportunities available for nursing students and recent graduates.

## CONCLUDING THOUGHTS: INNOVATION AND MOVING BEYOND

“POLE STARS IN NURSING: RELATIONSHIPS, VALUES, AND COMMUNITIES” -DR. JULIANN SEBASTIAN

