

Becoming the Future We Envision

May we look upon this time with new eyes;
 With hindsight for what was;
 Insight for what is;
 Foresight for what can be.

Schopenhauer

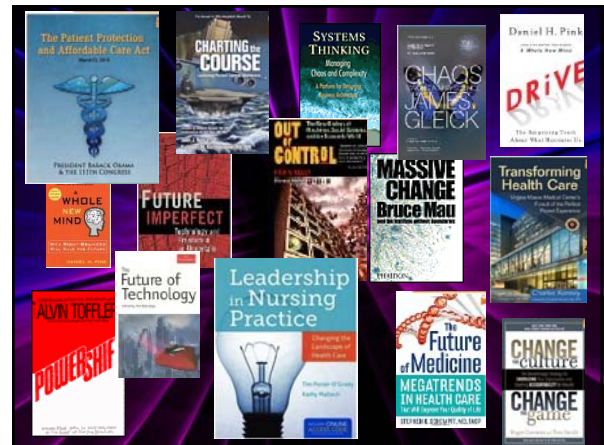
A Call for Reforming Practice

Transforming HIV Nursing in an Age of Reform

Tim Porter-O'Grady, DM, EdD, ScDTM, APRN, FAAN, FACCWS

"Nursing is unique in that it makes no judgments, is receptive to all, and works tirelessly to create synergy between those in need and the best response to that need....."

Rheba De Tornayay



The Core of 21st Century Nursing

Advocacy

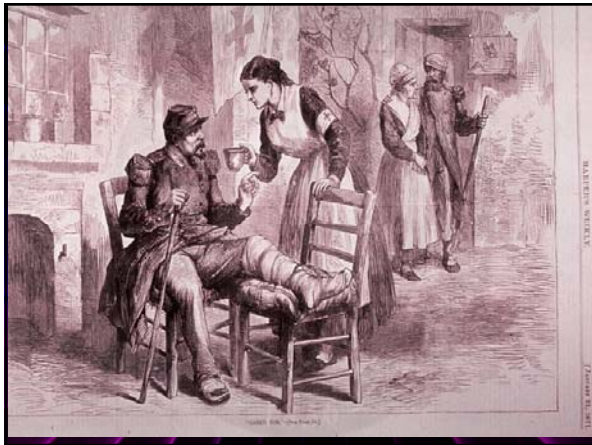
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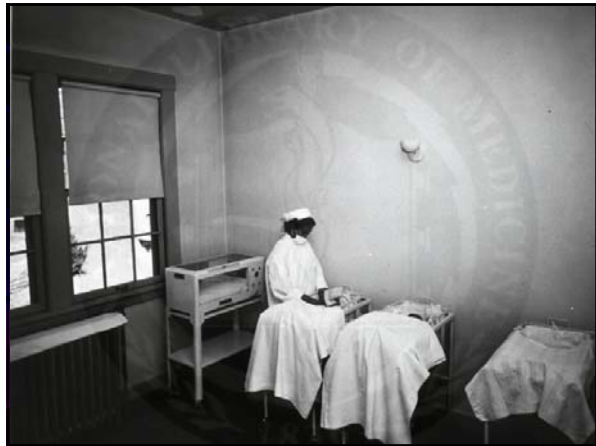
Accountability

Honor the shoulders we stand on...



Florence Nightingale











DECIDING MOMENT:
"KNOWING I CAN MAKE A DIFFERENCE"
Dennis

As a nurse and as a gay man, I am confronted by the reality of HIV/AIDS every day. That's why I make sure my patients are educated about their risks and treatment so they can stay healthy. I'm also an advocate for my community to help with the spread of HIV/AIDS, to practice safer sex, and to live responsibly.

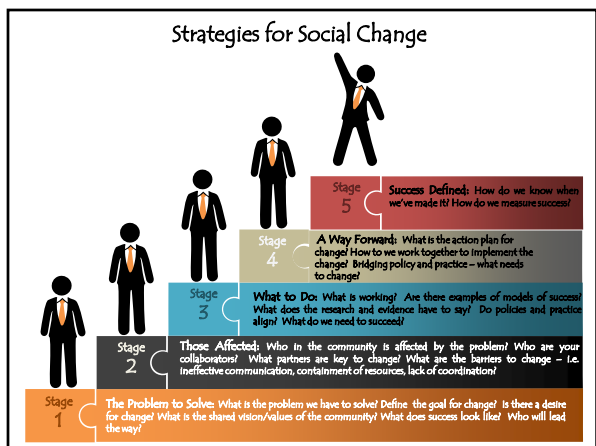
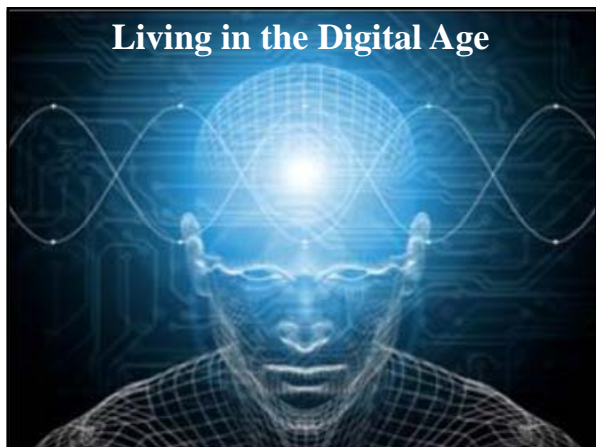
I AM DENNIS AND I AM GREATER THAN AIDS.

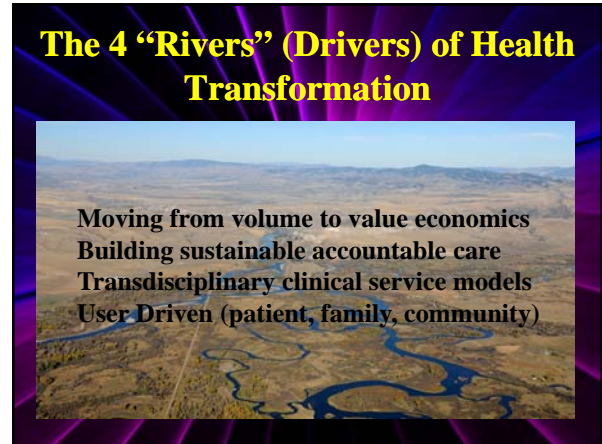
SHARE YOUR DECIDING MOMENT AT greaterthan.org/pride **WE@AIDS**



"We can't solve a problem with the same kind of thinking we used to create it."

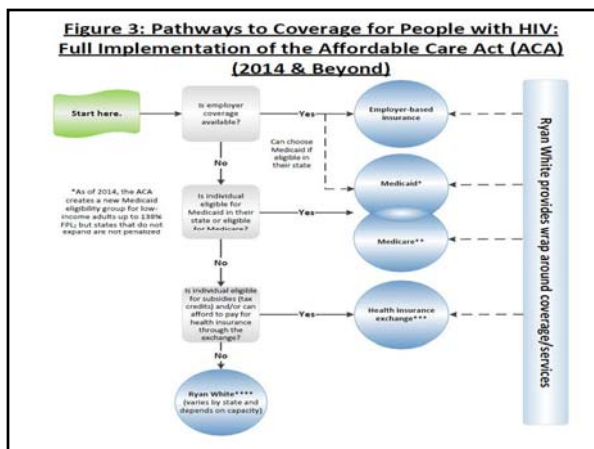
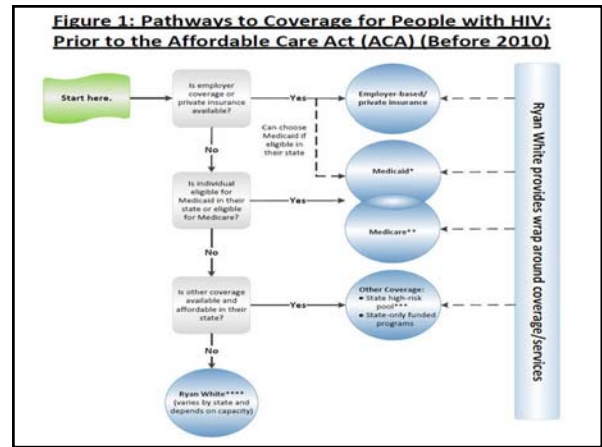
Albert Einstein, 1921





The PPACA and the Changing Landscape of American Healthcare

- **Paid for value, not volume**
- **From Hospital to continuum**
- **Primary care, not tertiary care driven**
- **Creating healthy community not just treating illness**
- **Everyone has access (exchange / marketplace)**
- **Compete for price, quality, and service (Triple Aim)**
- **“Bundle” payment reflecting team-gained health outcomes**



How Must Healthcare Be Different

Today	Tomorrow
• Hospital-centric	• Population centric
• Doctor driven	• Member-centered
• Provider-controlled	• Community-driven
• Vertical decisions	• Collateral decisions
• Compartmentalized	• Trans-disciplinary
• Illness (tertiary)-based	• Health (primary)-based
• Wide variation	• Comparable care
• Expensive	• Value-driven

How Must Nurses Be Different

<p>Today</p> <ul style="list-style-type: none"> • Procedural • Positional • Subordinated • Task/ritual/routine • Volume of work • Hospital-based • Treatment/intervention 	<p>Tomorrow</p> <ul style="list-style-type: none"> • Evidence • Mobile • Partnered • Impact/making a difference • Value of practice • Continuum-focused • Health, patient-centered
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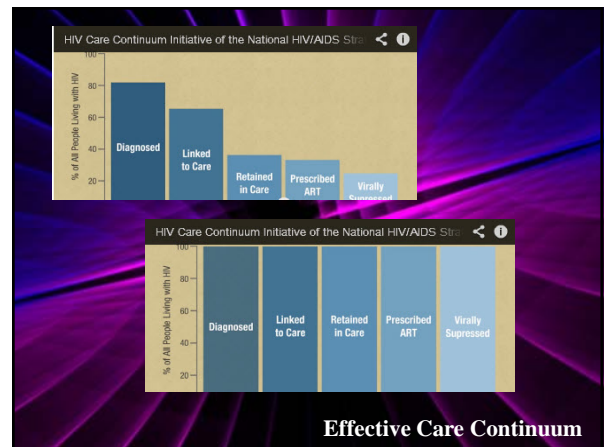


HIV Realities/Challenges

- Still increasing rates of infection
- Aging of HIV positive men
- Cultural and social dynamics under-addressed
- Religious and political issues
- Relevance with models of care and service customization
- Evidence-based approaches to prevention
- Making space for nursing as a driver....

What is the Key to Practice Now

- Evidence of efficacy & impact
- Value-based practices/models in HIV service
- Understand treatment as prevention
- Validating what we know / contribute
- Demonstrate how we are relevant/valuable
- Aggregate data from where we find the pt.
- Address "user" expectation/supports
- Skill-set transfer to user community
- *Effective HIV care continuum*

What Must I Do Now Where I Am Planted (What Does This Mean To Me)

- Ask what phase you are in (PPACA)
- Unit meeting about where you are in this change
- What do we embrace giving up /doing differently
- Talking with your Docs. about their changes/roles
- Examining and challenging "work-arounds"
- Address "user" expectation/supports/hand-offs
- Dialoguing role, process, care that is patient-centered
- Raising the "bar" and reducing service variance

