

# An Evidence-Based Practice Approach to Policy

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Federal health care policy has become a front-and-center issue with the new presidential administration taking office. The Affordable Care Act (ACA), which provided coverage to 11.5 million enrollees (U.S. Department of Health and Human Services, 2016), eliminated the refusal of health coverage to those with preexisting conditions, allowed children up to the age of 26 years to remain on their parents' policy, and provided mandatory coverage of certain preventative services. The ACA is now at risk for repeal; to date, no formidable replacement has been proposed, and the entire health care community is faced with much uncertainty regarding how health care will be delivered and reimbursed. This presents a unique opportunity for doctor of nursing practice (DNP) nurses, in particular, to lead this very important discussion. Now is not the time to sit idle and take a "wait and see" approach. It is our time to become involved, sit at the policy table, and use evidence-based practice as a guide to innovate our health care system.

Health care policy affects all facets of the health care system. This includes federal, state, local government, and institutional policies. For example, when we refer to full practice authority for advanced practice nurses, this is a concept that is based on each state's nurse practice act. Medicaid funds are also determined by state government. Hospital systems and health care institutions often implement rules and regulations that can further restrict practice or make the coordination of care more difficult. Health care policy is ripe for the influence of the DNP-prepared nurse.

The evidence being generated and used by DNP nurses can be found throughout the literature. This journal is one such example. DNP nurses are transforming clinical practice and bridging the gap between research and clinical spaces. Most of the political rhetoric has been devoid of specifics and is concerned with preserving or cutting dollar amounts. However, we must use the tools we have available today, including electronic health records and population health data, to provide care that

is appropriate, cost effective, evidence based, culturally competent, and efficient. The only pathway to this utopian model is through evidence. In addition, we know from the process improvement cycle that we must develop a system that is evaluative and nimble for adjustments. Unfortunately, these concepts are somewhat foreign in the health care policy arena. For these reasons, we must reexamine how we approach and implement health care reform. Some fundamental questions include the following: Will everyone have affordable coverage? Will there be enough providers? Will two health care systems exist: one for the rich and one for the disadvantaged?

As more DNP programs emerge and DNP graduates bring their knowledge to the health care sector, we are poised for systematic change. This includes changes to clinical practice, health information technology, health economics, and policy. It is easy to see that these topics are interconnected in our health care system, and further innovations must take place so we can perform to our capabilities. DNP nurses are creating new roles within our system and are charting the course in an environment fraught with uncertainty. I encourage these clinicians in particular to contribute to the body of knowledge and submit scholarly work for publication. We have much work to do, and one of the best ways to accomplish our goal of improving patient outcomes is through a systematic evidence-based approach—regardless of the chaotic political environment.

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## Reference

- U.S. Department of Health and Human Services. (2016). Health insurance marketplaces 2016 open enrollment period: January enrollment report. *ASPE Issue Brief*. Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/167981/MarketPlaceEnrollJan2016.pdf>