

Fostering Innovation: How the Education Sector Can Learn from Health Care

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In recent years, the health care industry has experienced a series of “disruptive innovations,” a term coined by Harvard Professor Clayton Christensen, that have elevated the roles of non-physician providers, such as nurse practitioners. Nurse practitioners provide high-quality primary and preventive care in retail-based settings such as convenient care clinics and in community settings, such as nurse-managed health centers. There are now 2,100 types of these clinics around the country, and the number is growing. The evolution of the nurse practitioner role dates back to 1968, at the beginning of a major primary care physician shortage that continues to this day. The health care system needed a new type of provider who could provide accessible, affordable, quality care. Straying from the standard physician model of care and introducing a new type of health care provider was not without its challenges. In fact, the progress took close to 40 years. During the past 20 years of this effort, I have had the pleasure of being involved in these new health care model creations while at the same time helping to position nurse practitioners as essential primary care providers with the ability to practice to the full extent of

their education. This role advancement has fought major opposition from organized medicine, requiring more than 300 state and national law changes. Challenging the status quo is never easy, despite the benefits it could offer all involved. In the case of the traditional health care sector, concerns arose due to perceived loss of control and general aversion to change and new ways of thinking, despite the challenges facing the industry. The good news is that nurse practitioners today are mainstream primary care providers and close to 200,000 are practicing not just in retail and nurse-led clinics but in many diverse health care settings. As a health care advocate who has worked in most states and on Capitol Hill, I see a correlation with the struggles in health care and the ability to advance our educational system in unique ways. When I observe politics in education, I see that funding and legal mechanisms dictate engagement within the industry, hindering educators' ability to make progress in innovation and new ways of thinking. The regulations for education are tighter than those for health care, whether we are talking about public, charter, cyber charter, private or contract schools. Health care tends to be state regulated, as compared with education, which in many cases is regulated at the community level. But in this era of innovation, we must challenge traditional educational models to ensure that the United States remains competitive.

Just as health care has gone through a tremendous

transformation with the culmination of the Affordable Care Act (ACA), changes to the education world seems to be upon us that will upset the status quo and the current power players, who have typically been school districts and teacher unions. The birth of nurse practitioners and the journey of their transition to established primary care providers to compensate for a failing primary care system are no different than a new school model or funding mechanism trying to improve our failing education system. All innovations challenge the incumbents. In health care, organized medicine did not want to give up control, pushing back on the role of nurse practitioners early on and making it hard for them to practice. In education, we are facing a similar challenge.

The politics of health care and education are very similar. After all, we're dealing with human nature when we discuss policy and politics. However, the health care industry, and especially organized medicine, has overcome some of the turf obstacles although it has been a lengthy process. The industry has found alignment across adversaries, including supporting the role of nurse practitioners. This support ultimately propelled the execution of national reform, which will collectively benefit the industry for decades to come (regardless of what you hear in the media). In other words, everyone won something!

So how did it happen? Well, the "everyone won" came on the heels of more than 20 years of state battles to change

the over 300 laws. The battle is always about money and control, and what the ACA did was to ensure that no one would be harmed financially by making key policy changes, including supporting new types of providers. But with the absence of federal education reform and with the knowledge that innovation in the end wins, I hope that if I share some of my lessons, education disruptors won't spend the next 20+ years fighting politics and we won't, in the process, lose three generations of students who missed out on education innovation opportunities.

Particularly, education innovators should be prepared for concerns being raised early on by the incumbents or opposition to innovation, such as: 1) quality of education; 2) continuity of care; 3) conflict of interest; and 4) lack of regulation and standardization. The best counter arguments to these concerns are usually:

- Quality of education: Prove that your teachers are excellent; use evidence-based education.
- Continuity of care: Show that you provide the same or better continuity of care (support services) to students than do regular schools
- Conflict of interest: If you run businesses, make sure to do so properly.
- Lack of regulation and standardization: Point out that you are usually regulated like other education entities.

Since states and local communities are often battlegrounds, education innovators should do their work

up front. They should be proactive about their new education models and introduce them to legislators before they become a political target. They should show policymakers at the legislative and executive levels the success of their programs. In the end, success will depend on the education innovators' abilities to build strong alliances with like-minded groups both inside and outside of education, to build relationships with policymakers and allies and to always remember that an ally in one battle could be an adversary in another battle and vice versa. When the political process does not work, don't forget that the legal and court system is also a policy venue that will often see through politics.

So here is my plea, especially to the naysayers who want to maintain the status quo in education: It does not need to take 300+ legislative and law changes in 50 state battlegrounds plus local community school district boards. Adopt what it took the health care sector 40 years to recognize—that to succeed requires all of us to work together across turfs, across types of schools and their funding mechanisms and across ideologies. Recognize that it's always about money and power, and figure out how everyone can win a little. The advancement of virtual educational software and universal student access to information is challenging every type of school (co-op, home school, district, charter, private) to rethink how students learn and how curricula are delivered. Blended learning (online and face to face) in all types of schools

has created an opportunity for every student to have an individualized learning path based upon his or her academic levels. This learning has also opened the door for transparency and accountability between schools and families. Let's take advantage of these disruptions in education and use them as springboards to innovate across all education systems.

In the end, just as the ACA brought friends and foes together and negotiated a plan that included wins for all (acknowledging that some won more than others), including, ultimately, wins for the health care consumer, the education community should follow this lead. While it may not seem so at the outset, bringing friends and foes together and compromising along the way could ultimately allow for new school designs and innovative educational models that will improve academic outcomes for all US children and beyond.