

Sustaining Nursing Education and Practice

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www.nncc.us



About National Nursing Centers Consortium?

Our mission: To advance nurse-led health care through policy, consultation, programs and applied research to reduce health disparities and meet people's primary care and wellness needs.

- **We accomplish our mission by:**
 - providing national leadership in identifying, tracking, and advising healthcare policy development;
 - positioning nurse-managed health clinics as a recognized mainstream health care model; and
 - fostering partnerships with people and groups who share common goals.



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How Has NNCC Assisted Nursing Education and Practice?

- Policy advocacy
- Technical assistance for growth and sustainability
- Incubating best practice programs
- Applied research

Yet nurse-led practices have yet to galvanize around a shared nationwide effort such as FQHCs have with the National Association of Community Health Centers.



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What Are Nurse-led Practices?

- Nurse-Managed Health Clinics
 - “A nurse managed health clinic is a nurse practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.”
Source: Affordable Care Act
- Retail Clinics
- School-Based Health Clinics



NMHCs Team Based Care



Health care providers:

- Nurse Practitioners – 23%
- Advanced Practice Nurses – 20%
- RNs – 10%
- Therapists and social workers – 7%
- Outreach workers/MAs – 10%
- Collaborating/Specialist physicians – 1%
- Administrative Staff – 12%
- Health educators, students and others – 17%



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*NNCC member survey

Nurse Practitioner Outcomes as Primary Care Providers



- There are no appreciable differences between physician and NP-provided primary care.*
- The health status and outcomes of the patients of primary care NPs are comparable to the status and outcomes of the patients of primary care physicians.
 - This includes outcomes such as health status; physiologic measures; satisfaction; and use of specialists, emergency room, or inpatient services.**



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*Laurent M, Reeves D, Hermens R, Braspenning J, Grol R, Sibbald B. Substitution of doctors by nurses in primary care. Cochrane Database System Rev. 2005;18:CD001271.

**Lenz ER, Mundinger MO, Kane RI, et al. *Primary care outcomes in patients treated by nurse practitioners or physicians: two-year follow up.* Med. Care Res. Rev. 2004;61:332-51.

Cost-Effective Solution to Care



- NPs provide equivalent quality care to that of physicians at a lower cost*
- The national average cost of a NP visit was 20% less than a visit to a physician.*
- Insurance reform in Massachusetts, helped the state realize it could save between \$4.2 and \$8.4 billion over a 10-year period from the increased use of NPs.*
- A worksite clinic run by an NP resulted in direct medical care cost-savings of nearly \$2.18 million over a two-year period.**



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*Eibner, E et al. (2009). Controlling Health Care Spending in Massachusetts: An Analysis of Options. *Rand Health*.

**Chenoweth, D. et al. (2008). Nurse Practitioner Services: Three-Year Impact on Health Care Costs. *Journal of Occupational and Environmental Medicine*, 50, 1293-1298.

Nurse-Managed Health Clinics Report...

- High patient satisfaction*
- ER use 15% less than aggregate*
- 35-40% less non-maternity hospital days*
- Specialty care cost 25% less than aggregate*
- Prescription cost 25% less than aggregate*
- NMHCs see their members an average of 1.8 times more than other providers *



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*Hansen-Turton, T., Line, L., O'Connell, M., Rothman, N., & Lauby, J. (2004, June). The Nursing Center Model of Health Care for the Underserved. (HCFA Contract No. 18-P91720/3-01). Philadelphia, PA: National Nursing Centers Consortium.

Nurse-Managed Clinics Cost Less

- The average primary care encounter cost for NMHCs is 10% less than other types of providers
- The average personnel cost for NMHCs is 11% less than the personnel costs for other types of providers*
- NMHC patients use the Emergency Room 15% less than the patients of other primary care providers^



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*Source: 1996-2001 Uniform Data System (UDS) maintained by the Bureau of Primary Health Care.

^Utilization data from health Partners, a Medicaid Managed Care Organization

The Problem: *Sustaining Nurse-led Practices*

- NMHCs sees a disproportionate number of uninsured and Medicaid patients, which is not sustainable unless centers have FQHC status
- Federal rules limit ability of academically affiliated practices to qualify for financial benefits of Federally Qualified Health Center status- with recent governance restrictions it has become even harder
- Thus no PPS rate, FTCA coverage, and very limited grant funding
- Some 3rd party and private insurers use discriminatory credentialing policies and Medicaid insurer rates are not sustainable
- Practices lack system capacity to measure impact – are ***you*** ready for UDS reporting?

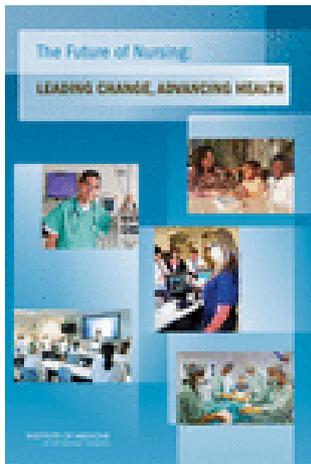


The Problem: *Sustaining Nurse-led Practices*

- Federal rules limit ability of academically affiliated practices to qualify for financial benefits of Federally Qualified Health Center status
 - Thus no PPS rate, FTCA coverage, and very limited grant funding
 - Academic partnerships bring added value through workforce development, interdisciplinary models, and applied research
- 3rd party and private insurers use discriminatory credentialing policies
- Practices lack system capacity to measure impact – are ***you*** ready for UDS reporting?



Stakeholder's *are* Paying Attention: IOM's *The Future of Nursing*



Report Recommendations

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health professionals, in redesigning healthcare in the United States.
- Effective workforce planning and policy-making require better data collection and information infrastructure.



IOM Report

Nurse practitioners (NP) which are by far the fastest growing group of primary care professionals in the country, have the ability to fill much of the gap in primary care created by the physician shortage.

However, the institute of Medicine has stated that, “current laws are hampering the ability of nurse practitioners and other advanced practice nurses (APRNs) to contribute to innovative health care delivery solutions.



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The Impact of Law on Access to Care

- **Restrictive State Scope of Practice** – Most states currently require NPs to collaborate with an MD before prescribing medications this can hinder access to care especially in rural areas where physicians are in short supply.
- **Outdated State Practice Acts** – Many state statutes contain outdated language which restricts the ability of NPs to perform tasks they are legally qualified to perform i.e. order durable medical equipment and admit to hospitals.
- **Limited Participation in Managed Care** – Roughly 30-40% of all major managed care organizations do NOT credential NPs as PCPs.
- **State Medicaid credentialing processes required to bill and contract for services take longer for APRNs and up to 6 months**

These barriers can be removed through legal and other means.



Increasing Participation in Managed Care

- **Must demonstrate value to payors by speaking their language**
 - HEDIS measures
 - ER visit reduction
 - Re-hospitalization reduction
- Also UDS clinical and financial performance measures



Strategies for Sustainability

- Define your services/target population clearly
- Measure and communicate your impact
- Develop your business model – get beyond grants
- Start early – sustainability planning begins on day 1
- Get help!
 - NNCC site visits/facilitated strategy sessions
 - Peer-to-peer mentoring – you’re not the first down this road



HRSA Strategies for Sustainability

- Continue to support/renew existing and new NEPQR grantees (don't dismantle what you started)
- Require HRSA grantees to have students learn health center business practices and develop core curricula that support sustainability of practices.
- Examples include: NNCC's community nursing fellowship and the UPENN Social Innovation Lab.



Increasing Capacity to Measure Impact

- Full adoption and best use of HIT systems, and participation in Health Center Controlled Networks
- Full adoption of UDS reporting standards and continuation of use of NEPQR funds to support NMHC practices
- National research studies



Opportunities for the Future

- *HRSA can provide technical assistance and consultation support for nursing education and practice grantees through cooperative agreements with nonprofit experts like NNCC - similar to that which Bureau of Primary Health Care grantees enjoy. NNCC has submitted several concept proposals in the past with no interest or success.*
 - *Limited assistance available now through NNCC could be expanded*
- *Nurse-led practices can convene to pursue joint quality improvement efforts and shared metrics demonstrating quality and efficiency.*
 - *NNCC national conference one opportunity, in Fall 2015*



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For More Information

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