


**THE EDUCATION AND ROLE OF THE  
CLINICAL NURSE LEADER WITHIN THE  
MOVE TO A VALUE BASED  
HEALTH SYSTEM**

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## Topics of Discussion

- AACN White Paper on Education and Role of the Clinical Nurse Leader
  - Changes in Health Care Over the Past Ten Years
  - Impact of Value Based Care on Health Systems
  - Healthcare Consumerism
  - Millennial Generation Expectations
  - Technology Innovation
  - AACN White Paper – Ten Assumptions Relevance for the Future
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American Association of Colleges of Nursing

White Paper on the Education and Role of the Clinical Nurse  
Leaders

February 2007

10 Year Anniversary




# Clinical Nurse Leader AACN White Paper Content

- Review of literature related to current and future state of healthcare
- Review of the evidence for the role of the Clinical Nurse Leader
- Ten assumptions for preparing Clinical Nurse Leaders
- Review of professional values and core competencies
- CNL curriculum framework for Client-Centered healthcare

2008 Crash of the U.S. Economy

2010 Patient Protection and Affordable Care Act  
(PPACA)

Improve Quality  
Decrease Cost  
Improve Access



# Affordable Care Act

## Exchanges

- Metal Plans

## Reformed Insurance Plans

- Set standards for coverage
- Prohibited denial due to pre-existing conditions
- Dependents can remain on parent's plan until 26 years of age
- Banned lifetime coverage caps
- If policy holders become sick, coverage cannot be dropped

## Allowed Medicaid Expansion

- 32 states have expanded

Trumped?

# Future of ACA

- Increase in insured 20 million
- Medical spending growth rate was 9.8% in 2002 and 5.2% in 2016
- If repealed and not replaced in 2016, ↑ 24 million uninsured
- If repealed, Federal Budget Deficit ↑ 137 million

# Affordable Care Act

Continued the movement from a volume based payment system to a value based system.


## Medicare Quality/Penalty Programs

- Medicare Value Based Purchasing
- Hospital Readmission Reduction Program
- Hospital Acquired Conditions
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)



# Value Based Purchasing

## Goals of the Program

- Financial Viability
  - Payment Incentives
  - Joint Accountability
  - Effectiveness
  - Ensuring Access
  - Safety and Transparency
  - Smooth Transition
  - Electronic Health Records
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# Value Based Purchasing

## Clinical Care

Process	5%
Outcomes	25%
Safety	20%
Patient Experience	25%
Efficiency	25%

# Hospital Acquired Condition (HAC)

## Patient Safety Indicator (PSI)

PSI 15	Accidental Puncture or Laceration
PSI 12	Post-op PE or DVT
PSI 6	Iatrogenic Pneumothorax
PSI 13	Post-op Sepsis
PSI 7	Central Venous Catheter Related Blood
PSI 3	Pressure Ulcer
PSI 14	Post-op Wound Dehiscence
PSI 18	Post-op Hip Fracture

## Infections

Central Line Associated Blood Stream Infection (CLABSI)

Catheter Associated Urinary Tract Infection (CAUTI)

Surgical Site Infection (SSI)

Methicillin-resistant Staphylococcus Aureus (MRSA)

Clostridium Difficile (c.diff.)

# Hospital Readmission Reduction Program (HRRP)

Congestive Heart Failure  
Acute Myocardial Infarction  
Pneumonia  
COPD  
Hip/Knee Arthroplasty  
Coronary Artery Bypass Graft Surgery

## FY 2017 CMS Quality Incentive and Penalty Programs

Value Based Purchasing	2% reduction
HAC	1% reduction
HRRP	1% reduction
Total	6%

Expected to ↑ to 10% by 2020-2022

# More Scorecards and Penalties

Blue Cross Blue Shield

Cigna

Humana

Consumer Organizations

Leap Frog

Health Grades



# Physician and Advanced Provider Quality

## 2015 Medicare Access and CHIP Reauthorization Act MACRA

- Renewed Children’s Health Insurance Program
- Removed threat of sustainable growth rate formula driven cuts and replaces Fee for Service with risk

### Merit Based Incentive Payment System (MIPS)

- 2019 4% at risk
- 2022 9% at risk
- Four Reporting Categories

Quality Reporting (formerly PQRS)		60%
Advancing Care Information (formerly EHR Meaningful Use)		25%
Clinical Practice Improvements		15%
Cost (Formerly VBM)	2018	10%
	2019	30%

### Advanced Alternative Payment Models (APMS) Risk

# Healthcare Consumerism

## Drivers

- Higher deductibles and copayments
- More transparency into provider performance and cost
- Increase in narrow networks

## Expectations

- Great customer service
- Delivering on expectations – outcomes
- Offer value
- Making life easier
- Empathy by nursing had a greater impact than the outcome related to patient satisfaction
- Communication during treatment - equal factor
- Price not always the decision maker
- Use of Primary Care Physician is age related
- More willing to use services outside of a health system



# Millennials

## Cost to treat

18-24 years	1,834	annually
25-44 years	2,739	
45-64 years	5,511	

- Millennials outnumber Baby Boomers by 7.7 million
- Most educated generation
- Most diverse generation with 44.2% being part of a minority race or ethnic group
- Most do not schedule preventive physician visits or have a Primary Care Physician
- 34% prefer retail clinics and 25% acute care clinics
- Millennials want discussion about costs, options and will ask about discounts
- Technology and ease of transaction very important

## Population Health

“The art and science of preventing disease, prolonging life, and promoting health through organized efforts and informed choices of society, organizations, public and private, communities and individuals.”

Measured by:

Mortality rates

Health and functional status

Disease burden (chronic disease)

Behavior and psychological factors

# Managing Population Health

- Defined Group
- Team Approach to Non-Traditional Approach
- Driven by Data
- Outcomes Measured by Patient's Perspective
- Reimbursement based on outcomes



# Technology Innovations

- Telemedicine
- There is an app for that
- EHR generation



# Assumption One

Practice is at the microsystem level.

- Accountable for care outcomes of clinical populations or specified group of clients in a health care system
- The CNL provides lateral integration of care services within a microsystem of care to effect quality, client care outcomes

# *Care Transitions Improved by the CNL Role*

*Sheri Salas RN MSN CNL*



# *CNL Role in Transitions*

- **Risk Assessment:** CNL focuses on the group within the microsystem with the most complex problems -Multiple chronic diseases, least financial/social resources
- **Care Coordination:** CNL develops evidence based protocols that span multiple disciplines and care settings to change processes- Discharge planning, patient outreach, etc...
- **Outcomes Manager:** CNL evaluates protocols by measuring outcomes- Readmission rates, LOS, interview data

## *Results: Initiation Jan 2015-June 2016*

### Readmission rates

- 30 day high risk category: ↓ 33%
- 30 day all cause (CNL Units): ↓ 11.6%
- USAMC 30 day all cause: ↓ 2.4%

**Cost Avoidance (CNL Units): \$705,585**



## Assumption Two

Client care outcomes are the measure of quality practice.

- Isolate and describe clinical populations
- Develop measures of success including patient's perspective
- Understand cost of care

## Assumption Three

Practice guidelines are based on evidence.

- Team approach
- Process standardization of approach without evidence based guidelines
- Change management
- Understanding data analyzers

# Assumption Four

Client-centered practice is intra-and interdisciplinary.

- Coordination of team based care
- Effective communication

## Assumption Five

Information will maximize self care and client decision making.

- Understanding integration of electronic health records
- Identifying capture of data within the EHR
- Using technology to manage care
- Health literacy

## Assumption Six

Nursing assessment is the basis for theory and knowledge development.

- Assessment of data elements needed to manage a population
- Patient access to clinical information
- Workflow and common language
- Assessment and evaluation of a community/population set of needs
- Assessment of client's expectation of outcomes

## Assumption Seven

Good fiscal stewardship is a condition of quality care.

- Low cost/ high quality
- Efficient use of resources
- Understanding fiscal side of value based care
- Cost to deliver specific care
- Balance sheet
- Marketing communication

# Assumption Eight

Social justice is an essential nursing value.

- Disparities in healthcare/ measures of disparities
- Social determinates on health of a population

## Assumption Nine

Communication technology will facilitate the continuity and comprehensiveness of care.

- Understanding non-traditional forms of communication
- Develop and sustain therapeutic relationships, monitor course of illness and health events using distance technologies



# Assumption Ten

The CNL must assume guardianship for the nursing profession.

- Policy and Regulatory
- Leadership Roles

# Hospitals and Health Networks

Interview with Peter Buerhaus, Ph.D., RN, FAAN

## Changes Impacting the Nursing Profession

- Retirement
- Baby Boomer Impact
- Healthcare Reform
- Physician Shortage

# SUMMARY

- White Paper
  - Relevance of the Clinical Nurse Leader moving forward
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