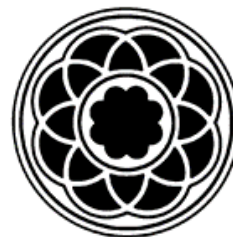


Preparing Baccalaureate Graduates for Practice at the Interface of Population Health and Value-Based Programs

Dana L. Zaichkin, MHA, PhD, RN: Pacific Lutheran University

Rhonda E. Maneval, D.Ed, RN: Pace University



**PACIFIC
LUTHERAN
UNIVERSITY**

Disclosure

We have no potential conflict of interest related to the content offered (e.g., commercial interest, affiliation with a vendor, and/or receipt of royalties) and affirm that this presentation will not be used to sell a product or service.

We acknowledge the generous support of our respective universities that allows us to join you today.

Dana L. Zaichkin, MHA, PhD, RN
Rhonda E. Maneval, D.Ed, RN



Learning Objectives

- **Describe the evolution and scope of value-based programs as enactments of population health initiatives.**
- **Identify key curricular strategies needed to prepare the baccalaureate nurse for population health practice and leadership in the context of value-based programs**

Nursing Practice at Intersections: Population Health and Value-Based Programs

A word cloud visualization centered around the theme of nursing practice at intersections. The most prominent words are 'Population' and 'Health', both in large blue font. 'Value' is written vertically in a large, dark grey font. 'Cost' is written in a large blue font to the right of 'Value'. 'Interoperability' is written in a large blue font at the bottom. Other words include 'PopulationValue', 'DataPhysical', 'Behavioral', 'Data', 'CoordinationPay', 'ValueIntersectoral', 'DataData', 'PopulationPopulation', 'PerformanceQualitySafetyData', 'PopulationValue', 'CoordinationIntersectoral', and 'IntegrationTripleAim'. The words are arranged in various orientations and sizes, creating a dense, interconnected visual.

Population
Health
Value
Cost
Interoperability
PopulationValue
DataPhysical
Behavioral
Data
CoordinationPay
ValueIntersectoral
DataData
PopulationPopulation
PerformanceQualitySafetyData
PopulationValue
CoordinationIntersectoral
IntegrationTripleAim

Driving Forces

- **Magnitude of Health Care Cost**
 - 2017: \$3.5 Trillion, \$10,739/person, 17.9% of GDP (CMS, 2019)
 - Projected \$6.0 Trillion and 19.4% GDP by 2027 (CMS, 2019)
- **Health Care Harm**
- **Diminished Health Outcomes**
 - Particularly for those with physical and behavioral comorbidities
- **Health Care Waste** (Shrank et al. 2019; Berwick 2019)
 - \$760-935 Billion / year, approx. 25% of HC Spending

Population Health – *Evolving*

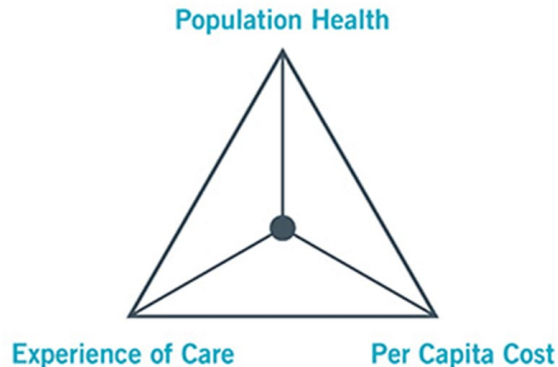
- **Evolving definition of Population Health**

- **From** focus on outcomes of groups (Kindig & Stoddard, 2003)...
- **To include** a collaborative focus with emphasis on upstream factors and inequities (Storfjell et al. 2017, p5;Stoto, 2013)

- **Population Health Management**

- **Integrates** health services design, delivery, coordination, and payment toward achieving **IHI *Triple Aim*** outcomes for a population (IHI 2014)

The IHI Triple Aim



Value-Based Programs (VBP)

- **AKA:** Value-based **care**, Value-based **purchasing**, Value-based **payment**
- A form of reimbursement that ties payments for care delivery to the quality of care provided and rewards providers for both efficiency and effectiveness
- An alternative and potential replacement for fee-for-service reimbursement
- Reflects federal, state and commercial purchasing initiatives that enact the IHI Triple Aim.
- Despite political discourse on the ACA, VBP has had solid bipartisan support
- **NY:** <https://www.youtube.com/watch?v=9D4M-QsaNfM>
- **WA:** <https://youtu.be/bkBbcWldZHs>

Population Health + VBP

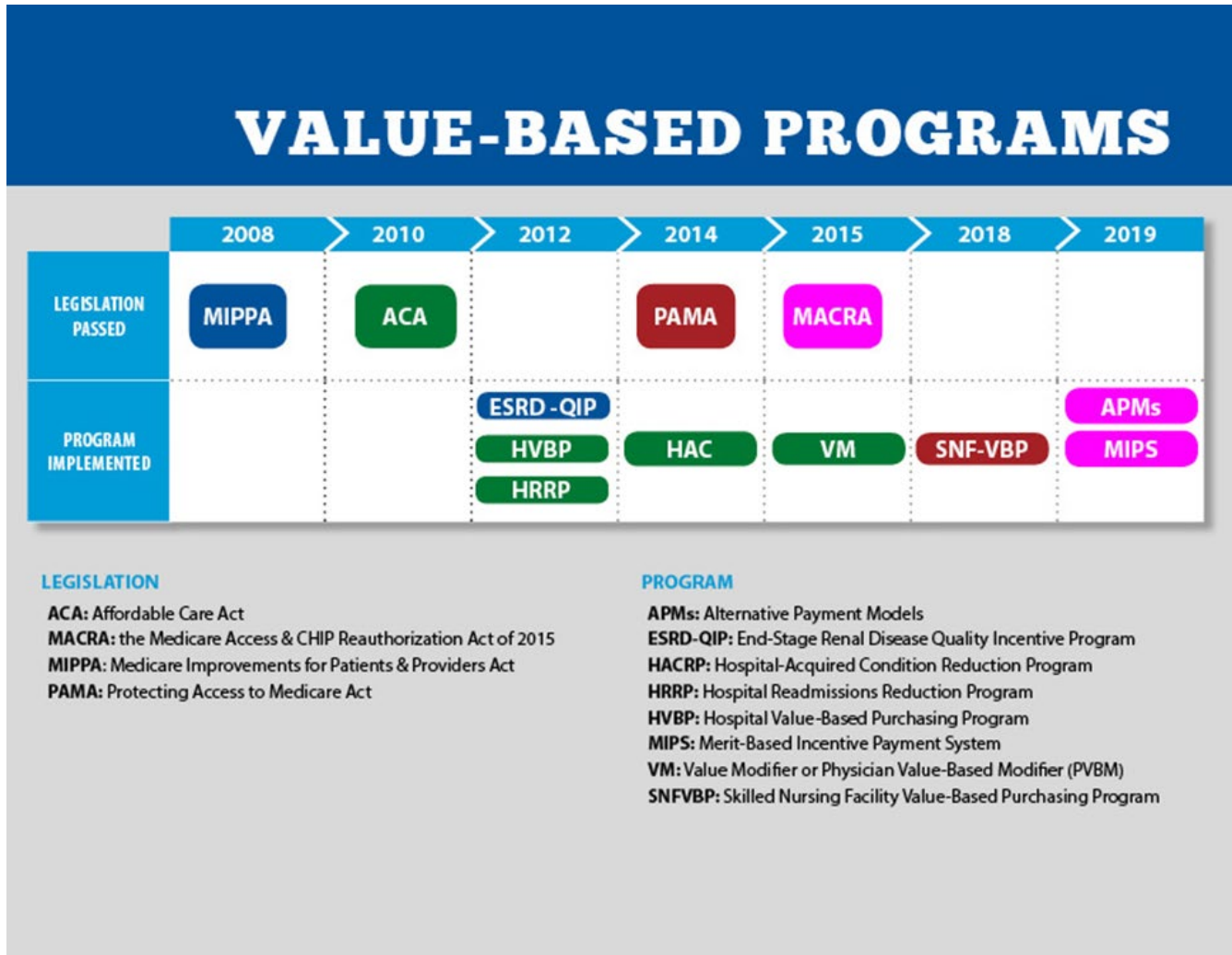
- **Goal: “Move the Needle” on Health**



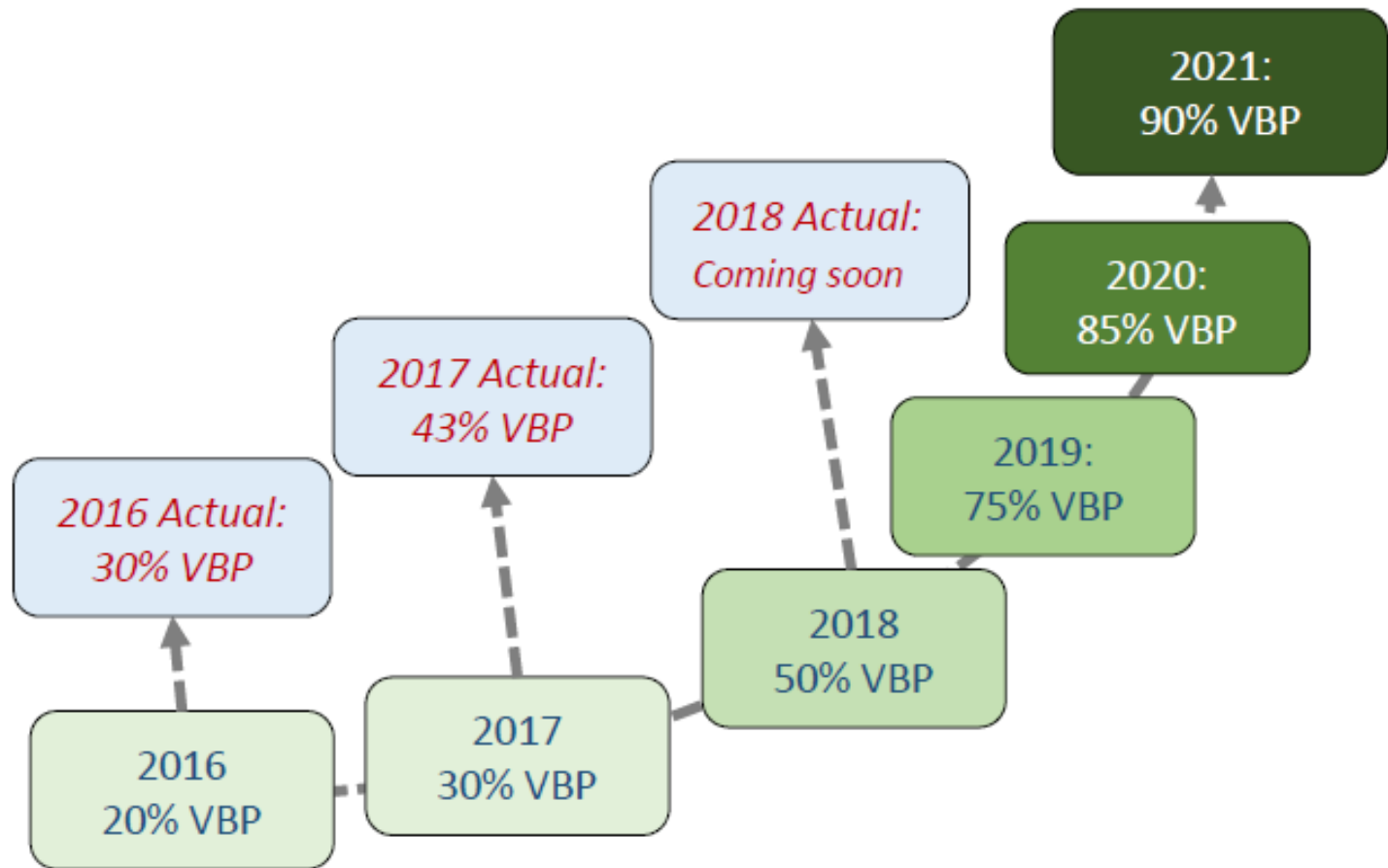
Value-Based Programs

- **Initiatives Driven by Federal Legislation**
 - ACA
 - MACRA (Medicare access and Chip Reauthorization act of 2014)
- **MACRA: Major Elements**
 - Quality Payment Program (QPP)
 - Merit-based Incentive Payment System (MIPS)
 - Individual provider/clinician/practice focused
 - Alternative Payment Model (APM)
 - Focused toward systems, ACOs, and large group
 - Multiple variations
- **Progression to increased provider exposure to two-sided risk** (savings benefit and loss risk)

CMS VBP Timeline (CMS,2019)



Washington State VBP Progress



Nursing Competencies for Population Health

(Storfjell, Winslow, & Saunders, 2017, p28)

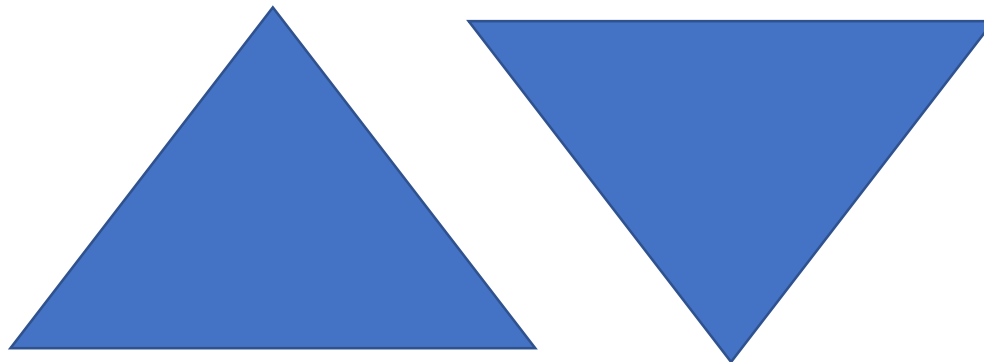
Key Population-Focused Nursing Competencies	
<i>BASIC*</i>	<i>ADVANCED**</i>
Wholeness (whole-person & whole-community care)	Data fluency, assessment & analytic skills (including use of epidemiological data)
Coordination	Systems thinking
Collaboration (teamwork/partnering)	Public health science
Advocacy	Financial planning and management
Communication	Policy development/program planning
Assessment/Analysis	Ethical principles
Cultural competency/Diversity	
Attention to determinants of health	
Relationship-building	
Leadership	

*Basic population health competencies are required of all RNs.

**Advanced competencies are required for BSN and graduate-level RNs.

VBP, Population Health, & Nursing Education: *Preparing the Baccalaureate Nurse*

- **Curriculum considerations**
 - Policy
 - Health Economics / Finance
 - Population Health
 - Primary Health Care
 - Clinical/Practicum experiences



VBP, Population Health, & Nursing Education: *Preparing the Baccalaureate Nurse*

- **Emerging roles for BSN graduates**

- Examples: Care Coordinator; Nurse Navigator; Community Health Nurse; Community-Centered Nurse; Public Health Nurse; Primary Care Nurse; Case managers, etc.
- ...but with impact on all realms of practice

VBP, Population Health, & Nursing Education: *Preparing the Baccalaureate Nurse*

- **Not necessarily additive**
- **Represents a culture change for nurses and educators**
- **Philosophy to be integrated through all curricula**
- **Preparation for emerging roles**

Public health and Community Health experiences are not necessarily population health experiences

Curriculum Strategies

Social Determinants of Health

- **Account for 80%+ variability in health**
- **Key *Upstream-focused* strategy**
- **Integrating SDOH assessment**
 - CMS AHC-HRSN Tool
 - PRAPARE
 - Health Leads
 - ICD-10 z-codes in primary care

Curriculum Strategies

Cultural Competency/Humility/Diversity

- **Practicums/clinical with diverse communities**
- **Simulation experiences**
- **Motivational interviewing**
 - Values recognition and alignment

Curriculum Strategies

Collaboration/Communication/Advocacy

- IHI/NPSF (2017) Network of Collaborators for Quality/Safety



- Integrative/Intersectoral mindset...”beyond interprofessional”
- Example: Engagement with area AHCs & ACOs

Curriculum Strategies

Data/Informatics Competency

Emphasis on:

- Understanding & recognizing data interoperability
- Application of community assessment data sets
 - Example: *County Health Rankings & Roadmaps*
 - <https://www.countyhealthrankings.org/>
- Analytic skills
- Information security

Curriculum Strategies

Financial Fluency

- Beyond Calculating FTE and staffing
- Speaking the same language as finance team
- Being a partner, not victim
- Impact of payment models
- Alternatives in allocation of resources & staffing
- Total cost/revenue perspectives

Curriculum Strategies

EXAMPLES
EXAMPLES