

## Rehab Nursing Contribution to Value Based Purchasing

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## Where's the Value

"In attempting to arrive at the truth, I have applied everywhere for information, but in scarcely an instance have I been able to obtain hospital records fit for any purposes of comparison. If they could be obtained, they would enable us to decide many other questions besides the one alluded to. They would show subscribers how their money was being spent, what amount of good was really being done with it, or whether the money was not doing mischief rather than good .... and, if wisely used, these improved statistics would tell us more of the relative value of particular operations and modes of treatment than we have any means of ascertaining at present. They would enable us, besides, to ascertain the influence of the hospital with its numerous diseased inmates, its overcrowded and possibly ill-ventilated wards, its bad site, bad drainage, impure water, and want of cleanliness - or the reverse of all these - upon the general course of operations and diseases passing through its wards; and the truth thus ascertained would enable us to save life and suffering, and to improve the treatment and management of the sick and maimed poor."

Florence Nightingale (1863)

## My Objectives

- Describe the transition of healthcare from volume to value based payment
- Describe the quality incentives placing increased responsibilities upon nursing to measure and report effectiveness
- Present an argument for quantifying nursing practice in post acute care
- Review the quality measures currently available to nursing to quantify value
- Relate payment changes to professional opportunities for advanced nursing practice

## Healthcare Transformation

### Key Concepts

- Pay for value – All participants in the healthcare delivery system should be paid for value. Incentives must be aligned across the entire continuum of care.
- Insurance for all – Individuals should own their insurance and have the means to choose appropriate medical care.
- Integration and coordination – Care and information must be integrated into all services, creating a seamless, personalized experience for both patients and providers.

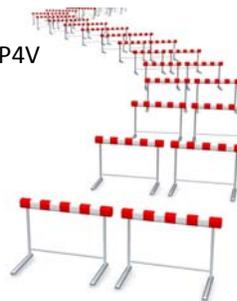


## The Patient Protection and Affordable Care Act (2010)

The primary lever that will drive transformation in healthcare is value based purchasing (VBP) P4R→P4P→P4V

### **Expect:**

- Changes in Payment Methods
  - Move from fee for service to bundled or population-based payments
  - VBP rewards quality and cost accountability through transparency
- Clinical integration
  - Electronic Records – point of care guidelines – disease/impairment management programs – patient centered culture
- IT dependency
  - gather, analyze and manage clinical/financial information
  - demonstrate **VALUE BASED CARE OUTCOMES**



## Pay for value:

Reward results and outcomes, not compliance with process

$$\text{Value} = \frac{\text{Total Cost}}{\text{Outcomes}}$$

Patient Outcomes include mortality, safety, service, access, fewer complications, less rework, faster return to work or functionality. It is the ability or productivity in different groups, e.g., individual, employee, workforce, military, student.

Total Cost is spending over a defined time for a particular patient, a condition, a population, or a payer.

## The Affordable Care Act Features

### High-value care:

- Contracting directly with provider groups through risk based payment or salary-based payment.
- Allowing states to test and fully integrate care for Medicare and Medicaid (dual-eligible) patients, including oversight of all funds.
- Establishing a high-value care collaborative to implement, document and disseminate proven care methods.
- Rewarding hospitals to provide high-value care.

## Affordable Care Act



Volume Based Healthcare      Value Based Healthcare

- Established the policy for hospital payments based upon measurable value.
- **value** can be broadly considered to be a function of quality, efficiency, safety, and cost
- Incentives reward quality through transparent reporting



## What is Accountable Care

- By organizing health care teams, technology and knowledge around patient needs, Accountable Care can help the system realize its full potential.

## Accountability = Measurement & Reporting

- Essential to achieving and sustaining progress
- Accurate-Reliable-Valid Measurement
- Continuous reporting of system status
- Link payment to improvement



## Policy and Practice

- Evolving Payment Models
  - CMS Value Based Purchasing
  - Bundled Payment
  - ACOs
- *ACOs are expected to achieve high quality outcomes while reducing the overall cost of care*
- Post-acute care settings, such as IRFs have high costs associated with their services, putting them at a disadvantage in the cost-minded ACO landscape
- ACOs are hyper-focused on readmission rates. If the IRF wasn't clinically appropriate for the patient and they end up being readmitted, that's a large negative in the ACO business model

## How Do we Get There



## What is nursing value

- A tool for explaining and emphasizing nursing broad value, both economic and social.
- Includes functions that may have little quantifiable economic impact, but are central to nursing's identity focused on care and compassion and key to the profession's social contract.



- Nursing must distinguish its economic value in acute care hospitals, rehab centers and home care.
- As bundled payments for the care of populations evolve, nurses must be able to articulate their contribution across episodes and diagnoses.



## Challenge Time-Held Beliefs

- Midnight census = best staffing
- Case Mix Index (CMI)  $\neq$  nursing care
- Decreasing nursing (e.g. higher patient ratios) cuts costs
- Cannot compare nursing across different settings
- Should not put a dollar value (\$\$) on the work of nurses



## Paying for Nursing Care

- Understand how much nursing care contributes to the results of the care
- Need to determine the metrics of how we are going to achieve higher value, higher quality, better efficiency and better performance of nursing care
- Pull nursing care out of the room and board charges
- Nursing activity describes the basis of payment

## Nursing Intensity

- Patient care
  - nursing needs are not identical for patients with similar diagnoses, or that differences are randomly distributed
- How much does the patient demand
  - Medical model
  - Disability model
- Adjust payment based upon how much nursing intensity received
  - Time based activity costing



## The Changing Role of the Rehab Nurse

- No longer merely follows physician orders
- Focus on infrastructures to improve episodic primary/post acute care, chronic care management, care coordination, and wellness
- Improve access, cost and quality to lead PAC reform initiatives
- Transition Care continuity and coordination
- Engage professional and community resources with integrated relationship care around patients

## Rehab Nursing Opportunity

- As care models evolve, so does the role of the rehab nurse, managing impairment and disability is not site specific.
- The nurse is now a coordinator and integrator of care across all settings and with patients, family members and community professionals.
- Rehab Nurses will guide the patient's medical and functional support systems and relationships beyond patient centric institutional care.

## Rehab Nursing Contribution to Accountable Care

- Delivering and demonstrating PAC value/appropriateness
- Clinical information and point-of-care automation
- Clinical data management and integration
- Health information exchange
- Patient engagement/activation
- Partnership with ACO providers for Longitudinal Care Plans
- Care management and coordination
- Population Based Healthcare- leading Professionals and Community Care Givers to manage disability and chronic conditions

## Metrics

- Nursing-sensitive, value-based purchasing holds the potential to improve care by offering a financial carrot to hospitals to create better nurse practice environments.
- Each patient's nursing requirement differs, managing the average can not effectively deliver 99% of all patients demand

## Nursing Sensitive Quality Measures

- Structural measures
  - nursing hours per patient/day, nurse staffing levels to meet specific patient needs as established by nurse-led committees
  - Voluntary staff turnover
  - CARF accreditation
  - CCRN:Patient
  - Patient registry

## Nursing Sensitive Quality Measures

- Process measures
  - use and adoption of information technology beyond that required by Medicare certification or state licensure
  - POC compliance
  - Nursing Cost Efficiency (CMI/HPPD)
  - Standard of Care Compliance (Guidance, Pathway, Protocol)
  - RAC denials

## Nursing Sensitive Quality Measures

- Outcome measures
  - Patient Falls
  - Pressure Ulcer Rates
  - Use of Restraints
  - Functional Gain
  - Rehospitalization
  - LOS
  - Discharge Disposition

## Care Coordination

- Patient-centered care coordination is a core professional standard and competency for all nursing practice:
  - improve patients' care outcomes,
  - facilitate effective inter-professional collaboration, and
  - decrease costs across patient populations and health care settings.

The Value of Nursing Care Coordination  
June 2012, American Nurses Association

## Patient Transitions

- optimal patient outcomes may not be the primary factor considered. Competing factors include proximity of providers,
- decision makers lack adequate information to make the best decision during care transition planning.

## Patient Care Transitions

- Ensure patients are following the plan of care and optimally managing their diseases.
- Promote better communication during care transitions.
- Manage relationships required to support patient well being beyond discharge

## Patient Centered Care

- Patient Engagement
  - Identify low level of activation is a risk for early unplanned hospital utilization (PAM score)
- Understanding the factors that lead to unnecessary readmissions is a priority
- Patient Centric → Relationship Integrated Care
  - fostering shared decision-making to ensure the patient's preferences
  - values and beliefs are supported appropriately
  - demonstrating leadership within and externally to bring about increased responsiveness of the system to engaged patient/family/provider/payer decision making

## Data Considerations

- **Collect data once and use many times and in many different ways**
- **Identify nursing time and costs derived from clinical and operational data**
- **Link nurses directly to patients in the EHR**
  - Use nurse:patient assignment data to evaluate nursing care and nurses
  - Support a National Provider Identifier (NPI)

## Nursing Clinical Intelligence

- **Develop nursing business intelligence and analytic methods and tools**
  - Focus: nursing/nurse productivity, efficiency, performance, effectiveness, costs/finance, quality, and outcomes (results)
  - Compare within/across settings
  - Vendor buy-in: collect these data, cross platform utility
  - Payer buy-in: optimum payment for optimum nursing care
  - Consumer buy-in: demand the best nursing care

## Expanding Role Requirements

- Patient care focus with a population health orientation
- Proactive (rather than reactive) approach to solving problems and work well within teams
- Involve community partners and coach the team members
- Identify where workflows need to be re-engineered and resources evaluated so that goals of the organization can be met
- Broaden skill set to create innovative care models and evaluate effectiveness
- The role of rehab nurses has expanded to include coordination and integration of care in addition to providing patient care.
- Work to understand and influence the changing healthcare delivery environment around you.

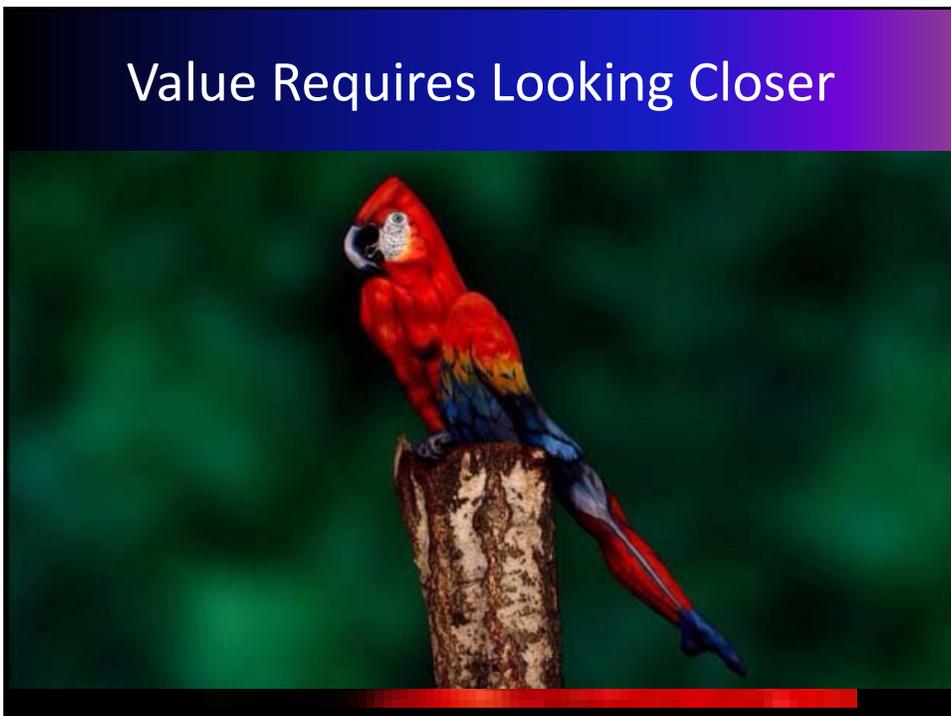
## Return on Rehab Nurse Investment



## Value is the Result of Effort



## Value Requires Looking Closer



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