

NP Value In Value-Based Care

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Our Challenge

To preserve the benefits of nurse-led care, the number of nurse-led start-ups must grow substantially and operate sustainably...

How will that happen?

Objectives

Participants will:

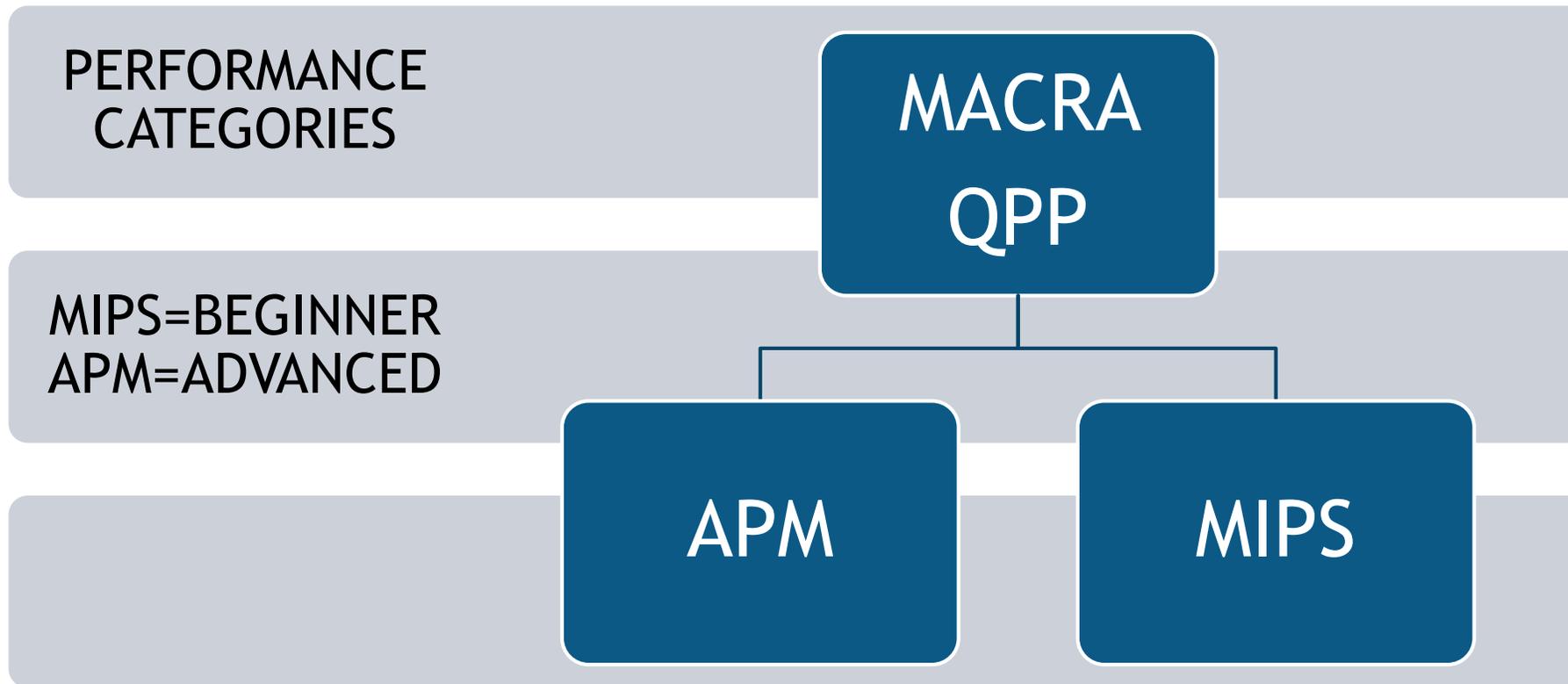
- ▶ Understand the changing healthcare landscape and its reimbursement impact
- ▶ Recognize value-based payment components
- ▶ Appreciate that the NP has a crucial role in value-based payment
- ▶ What you need to get started

The Landscape

- ▶ Primary Care Physician Shortage
- ▶ Full Practice Authority Expanding (23 states plus D.C)
- ▶ Reform Leads to Increased Health Care Demand
- ▶ New Delivery and Payment Models

U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Rockville, Maryland: U.S. Department of Health and Human Services, 2013. <https://bhw.hrsa.gov/health-workforce-analysis/primary-care-2020>

New MEDICARE Delivery and Payment Models



The 411 on the QPP

- ▶ NPs who bill Medicare Part B Services for their Fee For Service (traditional) Medicare patients are required to participate and report data the same way our physician colleagues (and CNSs, CRNAs, PAs) do*
- ▶ Must prove the value of your services through selective measure reporting-the provide/business entity selects measures
- ▶ Select measures that demonstrate patient-centered care, quality improvement and sustainable business operations

*exemptions may apply

Do you know your impact on your organization's MIPS score?

- ▶ Your outcomes impact your MIPS score
 - ▶ Do you know your practice's MIPS score?
 - ▶ Do you know what part of the MIPS score is a result of your work?
 - ▶ Incident-to billing practices obscure your impact

We Know Our VALUE When We Function Independently...

- ▶ The IOM/RWJF Future of Nursing report cites hundreds of articles in peer reviewed journals and presents dozens of case studies that demonstrate the harmful impact of today's scope of practice barriers. The published literature uniformly shows that **nurse practitioners provide care that is high quality, cost effective** and equal to or better than the same care provided by physicians.
- ▶ Every study, including a recent Medicare study, finds that the cost of care including ER visits and inpatient stays is 20-30% less for patients of NP PCPs than physician PCPs with quality of care being equal to or better.

<http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12425/abstract>

WHY?

- ▶ **Why do more than 100 studies, without exception, show that our outcomes are equal to, or better than, our physician colleagues and more cost-effective?**
- ▶ **Is it because our cost structure is less?**

WHAT IS OUR SECRET SAUCE?

- ▶ Focus on patient and family
- ▶ Emphasis on function before cure
- ▶ Focus on engagement, not transaction

- ▶ It's.....**THE NURSING MODEL!**

Let's Review

- ▶ No access granted by practices to our own practice data
- ▶ We produce quality outcomes equal to or better than, our physician colleagues
- ▶ The changing healthcare landscape rewards quality outcomes and lower costs
- ▶ Because we've been hardwired, since the day we graduated, to the nursing model that produces these results, we can be confident they will continue!!!!

What are we missing?

- ▶ Payors that recognize our secret sauce and its value for them
 - ▶ Commercial insurers
 - ▶ Medicare ACOs
- ▶ Payors that recognize shared savings programs for NP panels (the same shared savings programs that are currently offered to physicians by Medicare and commercial insurers)
- ▶ A margin that sustains our mission

Shared Savings Programs Are Our Only Hope for Margin

FOLLOW THE \$\$

3 INDEPENDENT NP PAYMENT SCENARIOS

[1 NP FTE & 2,000 patient panel]	Base FFS		Base FFS w/ CC & ???		Pop Health Simple & ???
Revenue	\$476,000.00		\$535,800.00		\$528,000.00
Expense	\$476,000.00		incl \$36K CC fees \$535,800.00		\$20pmpm \$531,000.00
Shared Savings Opportunity			\$\$\$??		\$\$\$??
Notes	no payment for CC work; no outcomes reward		already doing CC work-- but will payors pay for it?		pays for total bundle" of primary care services [ala DPC?]plus [\$\$\$?] but how manage financial risk?

What's Next On Payment Advocacy Front for NPs?

- ▶ Study the Anthem Shared Savings Program operating successfully for New Hampshire NPs since 2009
 - ▶ <https://www.nnpn.org/wp-content/uploads/2018/02/NH-NP-ACO%202017.pdf>
- ▶ Strategize what is required of NPs in FPA states to replicate the NH NP Panel experience
 - ▶ Evaluate need for a contracting entity
 - ▶ Identify and meet with payors' provider contracting officers
- ▶ Consider the value of NP delivery models that are not insurance reliant—e.g., cash medicine and Direct Primary Care practices
- ▶ Fight to participate in Shared Savings programs, including CMS Innovation center models like DPC

Know Your Impact at Work

- ▶ Set a goal: discover your financial contribution to/impact on your organization and its MIPS scores
- ▶ Know / contribute to your MIPS measures selection
- ▶ Improve your outcomes

It matters to your organization...

- ▶ Depending on the data you submit by *March 31, 2018*, your 2019 Medicare payments will be adjusted up, down, or not at all (CMS, 2017).

...and it matters to you!

- ▶ Improved Patient Outcomes
- ▶ Quality vs. Quantity
- ▶ Increased job satisfaction
- ▶ Potential for increased Compensation
- ▶ Increased professional parity

Nurse Practitioners are known for high quality care and now we have the opportunity to prove it further and finally be compensated for it!



improvement

SATISFACTION

CAREER

OFFER

experience

education

knowledge

PROFESSIONAL

POTENTIAL

interview

ASPIRATIONS

REFERENCES

FIND

DREAM JOB

step

seek

HAPPINESS

position

SALARY

WORK

JOB

HOPE

opportunity

CV

PATH

SEARCH

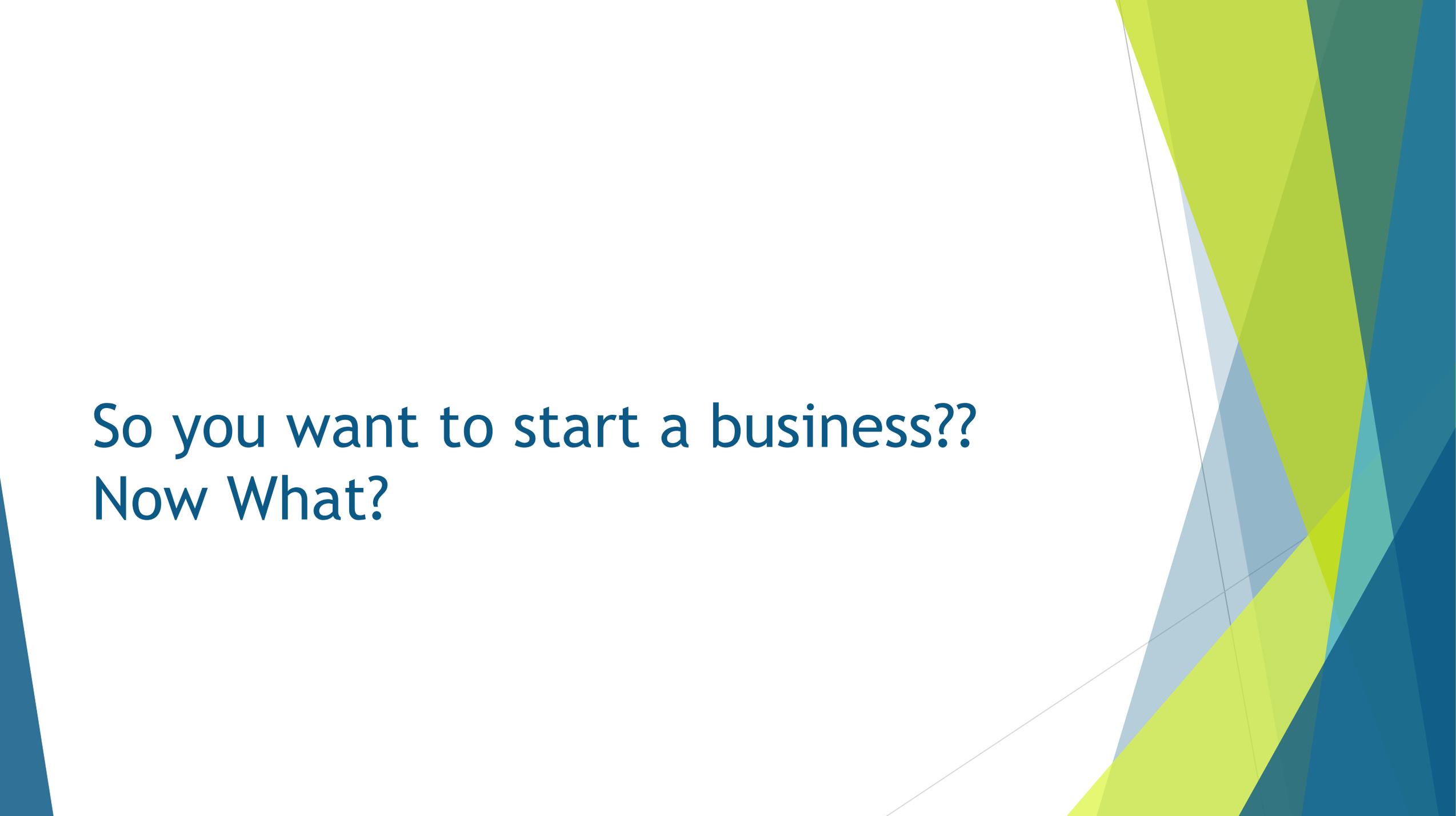
skills

EMPLOYMENT

dreams

SUCCESS

So you want to start a business??
Now What?



Become a Market Disrupter!

- ▶ Understand what causes market disruption
- ▶ Recognize why NPE is a potential market disrupter
- ▶ See NP FPA struggle in broader regulatory & economic markets context: classic competition battle
 - ▶ Is history on our side?
- ▶ Develop confidence in the business case for NPs as independent practitioners and actual market disrupters

How do I get Started?

- ▶ Ask what is preventing me from moving forward?
 - ▶ Fear
 - ▶ Lack of knowledge
 - ▶ No money
 - ▶ Making a mistake
 - ▶ Will not be sustainable
 - ▶ Isolation

What is your vision?

- ▶ Brick and Mortar?
- ▶ Patient home?
- ▶ Telemedicine?
- ▶ Nursing home?
- ▶ Employer?
- ▶ Specialty?
- ▶ Urgent Care?.....

Business Plan

- ▶ **Executive Summary.**
- ▶ **Business Description.**
- ▶ **Market Analysis.**
- ▶ **Organization Management.**
- ▶ **Sales Strategies.**
- ▶ **Funding Requirements.**
- ▶ **Financial Projections.**

Structuring your business

- ▶ LLC
- ▶ PLLC
- ▶ S-corp
- ▶ Consult your state laws
- ▶ Avoid your own name
- ▶ Keep business and financial records
- ▶ Do NOT co-mingle personal and business funds
- ▶ Know the tax laws: State and federal

Financing your Business

- ▶ Borrow
- ▶ Credit
- ▶ Loan
- ▶ Resources starting with your regional SBA office
- ▶ Learn how to start up a “caviar” practice on a “beer” budget

What you will need?

- ▶ Insurance
- ▶ Electronic health record
- ▶ Billing
- ▶ Practice Management
- ▶ Revenue Cycle Management
- ▶ Policy & Procedures
- ▶ Expectations of staff

Must Get Paid to Sustain!

- ▶ Be familiar with the various payment models available to nurse practitioners who operate their own practice
- ▶ Discuss future payment models that are outcomes-based, including MIPS and MACRA, and whether nurse practitioners can benefit from these types of payment models.
- ▶ Evaluate the costs and benefits of practice capabilities required to participate in outcomes-driven payment models
- ▶ Identify alternative practice models that reduce expense/improve margin and/or are not dependent on insurer payments.

Is a Sustainable Nurse-led Practice Template Emerging?

- ▶ No brick&mortar
 - ▶ permanently reduces expenses
 - ▶ increases access
- ▶ Outsources back room functions
- ▶ Reduces reliance on insurers (e.g., DPC)
- ▶ Pursues Value-Based Payments

Remember our numbers*...

- ▶ More than 234,000 NPs practicing across the United States
- ▶ 87% of NPs are prepared in Primary Care
- ▶ 85% of NPs see Medicare patients
- ▶ NPs conduct more than 870 million patient visits each year (not including services billed “incident to”)

*AANP Talking Points, accessed 9/17

AND

- ▶ **20-30% lower overall patient healthcare costs =
NP will be New Paradigm**

Our Challenge

- ▶ **To preserve the benefits of nurse-led care, the number of nurse-led start-ups must grow substantially and operate sustainably...
How will that happen?**

You Can DO This!

- ▶ There is help!
- ▶ There is support!
- ▶ www.nnpenn.org