



Lunch & Learn Webinar

Profitable Partnerships: Developing the Business Case for RN Led Interventions in Primary Care

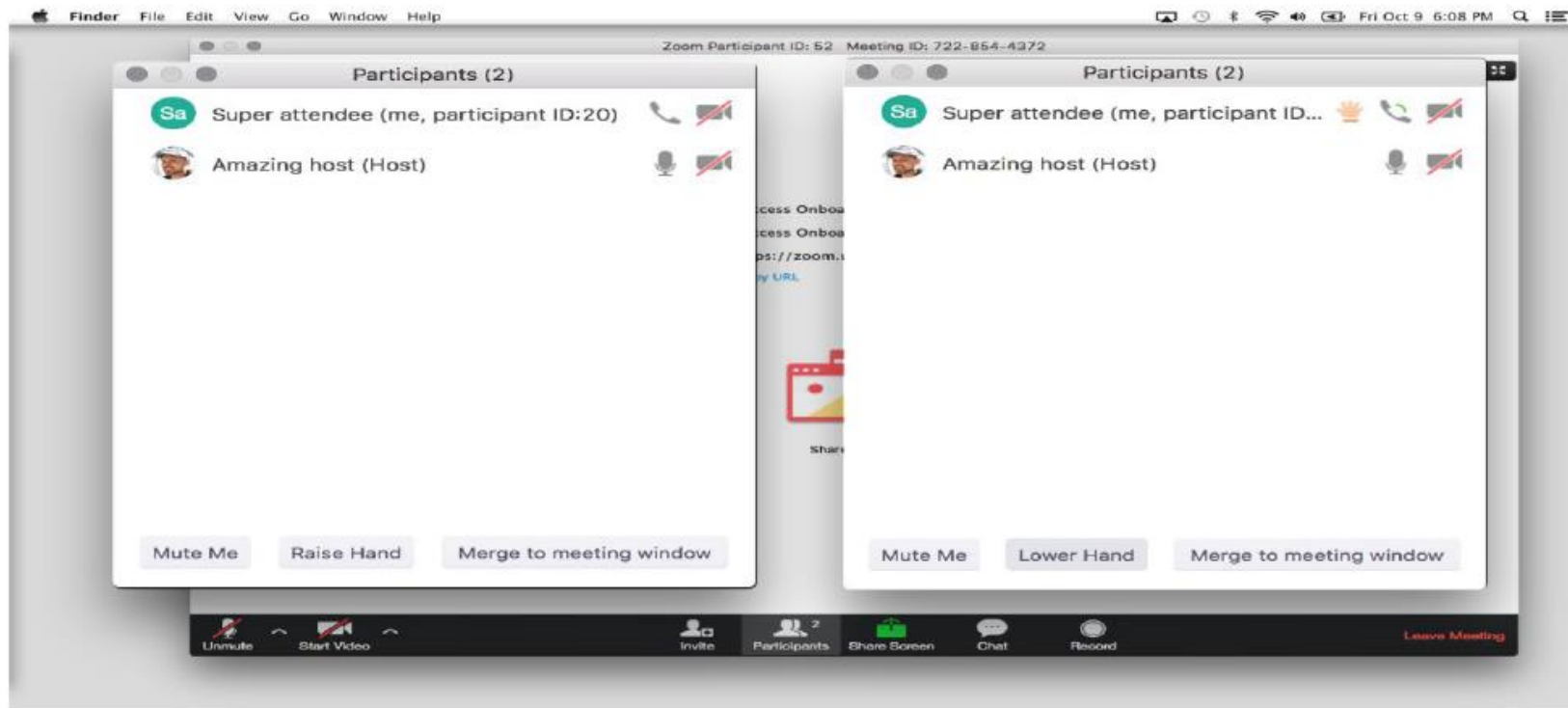
National Nurse-Led Care Consortium

Profitable Partnerships: Developing the Business Case for RN Led Interventions in Primary Care

January 29, 2020

**Kae Rivers Livsey, MPH, PhD, RN,
Jennifer Styles, BSN, RN, CMSRN,
Michelle Hogsed, MSN, RN**

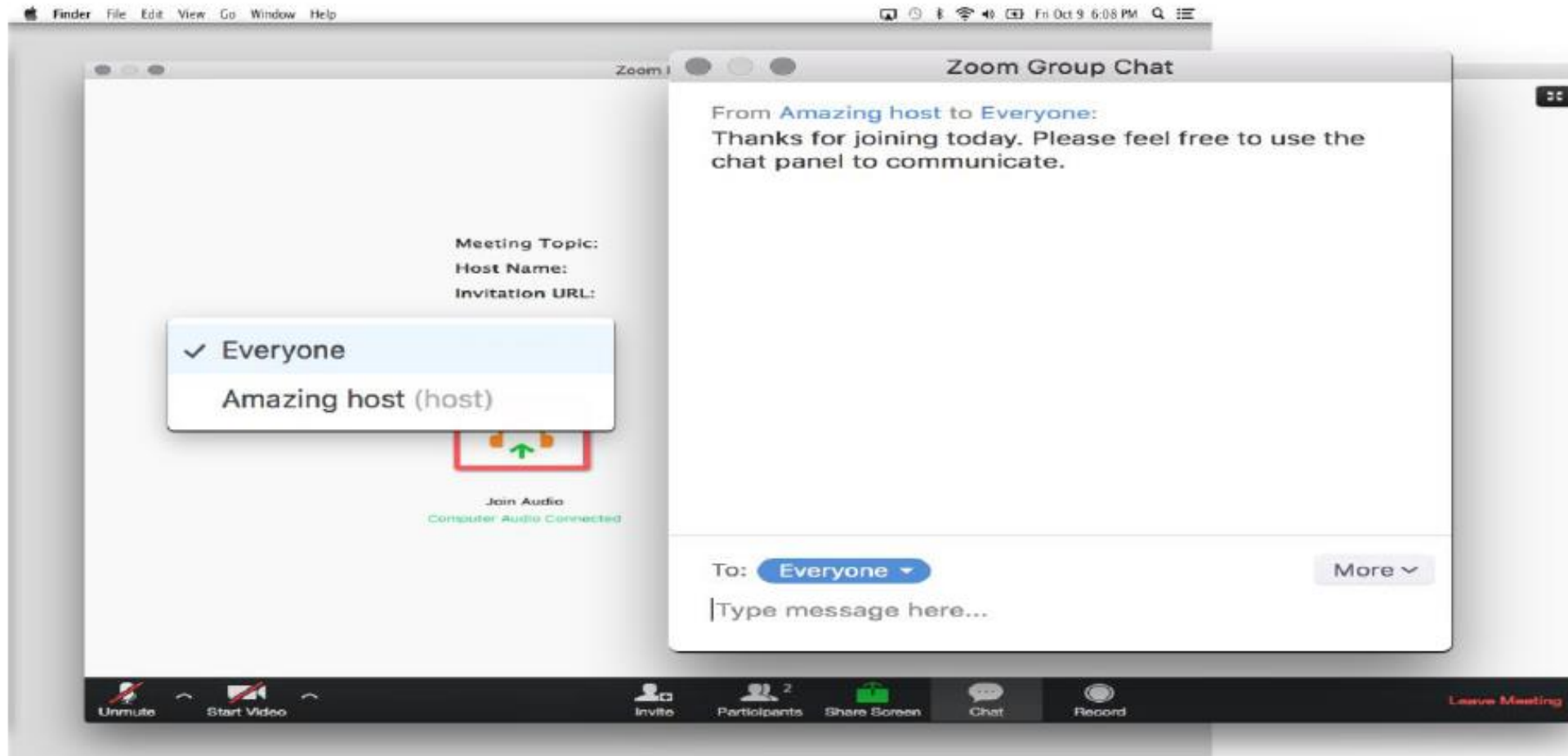
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NNCC will review attendance list after webinar is complete.

Participants who attend entire live presentation qualify for CE credit.

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- **REQUIRED:** access & connect to presentation slide-deck

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Questions can be directed to: jbird@nncc.us

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Learning Outcomes for Today's Webinar

- ▶ **1. Describe the benefits of partnerships with academic institutions and primary care practices.**
- ▶ **2. Identify tangible ways to promote integration of RN led interventions to realize financial benefits under value based reimbursement models.**
- ▶ **3. Discuss how to capture metrics to develop value proposition for RN led services.**

Overview of the Agenda for today

- ▶ How the partnership began and evolved over time...
- ▶ New roles for RNs in the practices- learning along the way and developing a new vision of nursing practice.
- ▶ Developing the business case for the RN roles.
- ▶ Benefits of the partnership from the practice partner viewpoint
- ▶ Challenges of integrating RNs in primary care practice.
- ▶ Next iteration of the partnership- RN residents and fellows- preparing the next generation of RNs in primary care

Evolution of the partnership

- ▶ Clinical placement site for undergraduate and graduate learners - community outreach- migrant worker camps, FNP students
 - ▶ Grant opportunity #1- NEPQR program funding to support community experiences
 - ▶ Embedded 2 RN Preceptors in the Practice at different clinic sites
 - ▶ Grant opportunity #2- NEPQR program funding to support RNs in Primary Care
 - ▶ BSN student Interns, RN Residents and Fellows
- ▶ Promoting Health Aging Partners- convening of partners resulting in new clinic site at senior housing community.

What makes this partnership work?

- ▶ Trust, honesty, and shared goals.
- ▶ Being flexible and being willing to live with uncertainty.
- ▶ Commitment of the players in the partner agencies.
- ▶ Leadership is able to build on individual strengths of the RN.

Impetus for the role

The practice faced a triple challenge:

- 1) how to improve quality measures to enhance patient outcomes and revenue;
- 2) carving out a new role for the RN serving as a preceptor for learners under the grant funded program; and
- 3) justifying the value of RN.

Learning a New Role

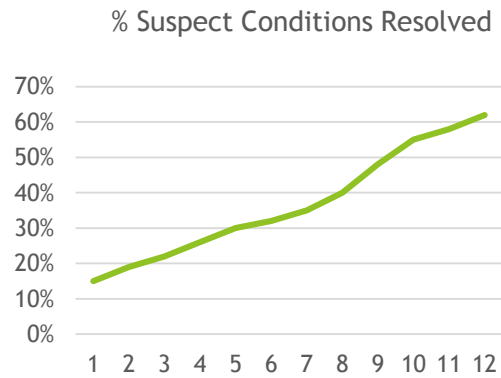
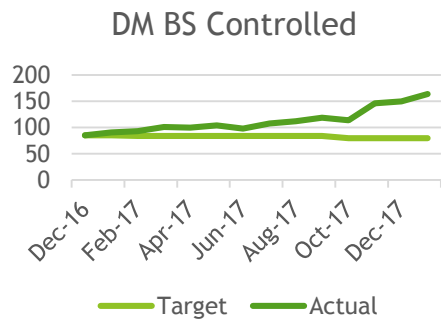
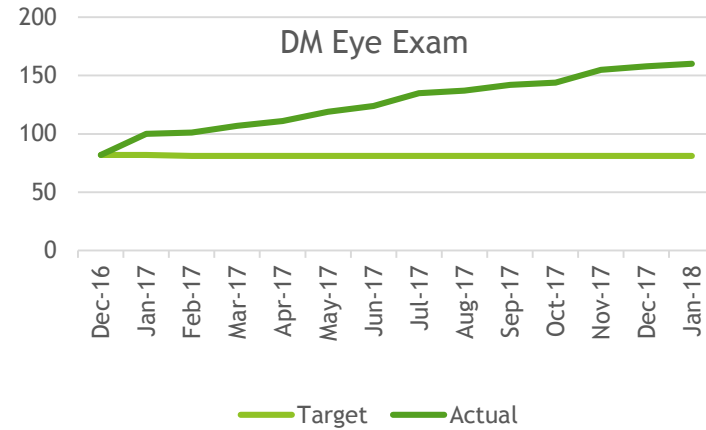
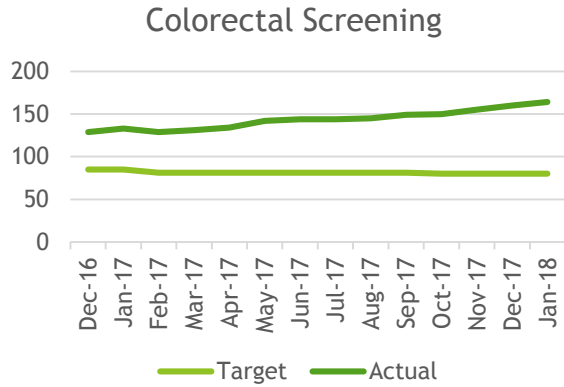
- ▶ Transition from acute care practice
- ▶ Transferable skills from serving in a discharge planning role
- ▶ New skills needed
- ▶ Snowball effect...
- ▶ Rewards of this role

RN led interventions-first year

In addition to serving as a preceptor for learners, the RN conducted follow up telephone calls, participation in interdisciplinary team meetings and outreach to patients with one Medicare Advantage insurance plan.

Metrics were captured through primary and secondary data sources to quantify RN effort and revenue resulting from resolution of suspect conditions reports from the Medicare Advantage Plan as well as targeted UDS/HEDIS measures.

2017 Impact on Quality Measures



Calculating RN Effort-2017

RN TIME COSTS

hourly rate	\$31
fringe	.22% (\$6.82)
hourly cost	\$37.82
cost/min	0.63

	August	September	October	November	December	January	February	March	April
# contacted	128	120	121	129	84	45	52	156	35
#minutes	1280	1200	1900	1300	850	520	2250	770	1080
<u>Avg</u> min/client	10.00	10.00	15.70	10.08	10.12	11.56	43.27	4.94	30.86
cost/minute	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63	0.63
cost/client	\$6.30	\$6.30	\$9.89	\$ 6.35	\$6.38	\$7.28	\$ 27.26	\$ 3.11	\$19.44
total cost	\$806.40	\$756.00	\$ 1,197.00	\$819.00	\$535.50	\$327.60	\$1,417.50	\$485.10	\$ 680.40

\$ 7,024.50

Time spent per month - between 8.6 to 37.5 hrs per month

Results of RN led interventions- 2018

- ▶ Star rating for the practice moved from 2.74 to 4.25 in one calendar year which helped realize a financial bonus of \$70/member per year for achieving this rating.
- ▶ Other revenue included for medication reconciliation post hospital discharge, a bonus (\$75/member per year) for resolving suspect conditions as well as \$20/condition resolved. An additional bonus for statin use for clients with diabetes resulted in an additional \$600 bonus for the year.
- ▶ RN led population health interventions, with estimated effort monetized at a cost of \$ 54,734 resulted in realization of \$88,185 in additional revenue, which reflects a solid return on investment.

+ ROI

Challenges of integrating RNs in primary care

- ▶ Lack of role clarity among members of the primary care team
- ▶ Lack of understanding by providers of RN educational preparation/ what practice at full scope looks like
- ▶ Need for educational preparation for RNs in care management- limited education about the business of healthcare, which is a huge driver in delivery of primary care services.
- ▶ Lack of recognition of need for and capability to capture RN effort. (in E H R or HRSA reporting mechanisms)
- ▶ Requirement of MD sign off for RN scope appropriate interventions (i.e., AWP) and other mechanisms for RN reimbursement (TCM, CCM)
- ▶ 99211 billing nightmares

Benefits to the practice

- ▶ All RN positions initially funded by the first grant- each of which had different roles and responsibilities- were fully budgeted and funded by the agency.
- ▶ Partnership on the second grant provided increased opportunities to embed additional RNs without financial cost to the practice:
 - ▶ 6 month funded full time RN residency (n=2)
 - ▶ Identification of other potential revenue generating services: **Annual Wellness Visits**
 - ▶ Increased care management/care coordination capacity
 - ▶ Enhanced ability to care for whole person

Conclusions

- ▶ Academic-Practice Partnerships can provide unique opportunities for practices to test new roles for RNs with reduced financial risk.
- ▶ BSN-RNs working at their full scope of practice can be a cost-effective addition to the primary care team. They can provide a range of interventions to support positive patient outcomes along with revenue-generating services. Additional evidence is needed to continue to develop the value proposition of utilization of BSN-RNs in primary care practice settings and to promote nursing practice at full scope.
- ▶ Additional policy efforts are needed to better support BSN-RNs working at their full scope of practice. Strong advocacy efforts also are needed to assure that interventions provided by BSN-RNs are recognized as reimbursable services.

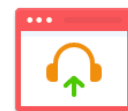
HRSA Disclaimer

- ▶ *“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D11HP29866, Nurse Education Practice, Quality and Retention, in the amount of \$999,512. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”*

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Choosing Wisely: Creating a Culture
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Wednesday, February 12, 2020 at 1:00 pm ET

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