Using Data Driven Communication to Support Top of License Practice
March 31, 2015
Today’s Webinar

• Overview of Center for Advancing Provider Practices (CAP2) national network

• Describe different approaches to using data driven communication

• Illustrate how data driven communication drove change with multiple audiences

• Learn how data driven communication can be a funding source

• Q&A

Winifred V. Quinn, PhD
Director, Advocacy & Consumer Affairs
Center to Champion Nursing in America at AARP
CAP2 and Texas Team

- 3/2/1 Go - The Journey
- Why: Advance Recommendations regarding APRN Scope / Data / Leadership
- Being the First Referral Agreement for the ACs'
- Legal: Thank you to Allen Mattison, JD
- CAP2 working relationship: Open, Transparent, Professional

Cole Edmonson, DNP, RN
CoLead Texas Team
Texas Team Referral Agreement

- Texas Team
- Introduce initial marketing efforts into the state
- Make warm introductions (emails, phone calls etc)
- Invite to conference associated with professional organizations, Intro to state hospital association, post on website, introduce webinars to coalition leadership as champions in their regions and webinars for coalition members.
- 3 year term with 1 year auto renewal (term with 30 day out)
Texas Team Referral Agreement

- Data - use aggregate data for our state
- Access - Access to Texas data / no access to tools
- Publication - Freely use data for internal purposes: external publications require approval and CAP2 statement be included.
- Donations to organization (Texas Team - aka TNA as fiscal sponsor)
- Minimum is 10K in sales (3 hospitals) / payable quarterly based on fees collected: Cost is 4K / hospital with volume discount
- Progressive donation scale from 7.5% to 17.5%
- Texas Team needs 15 hospitals to maximize donations
The Power of Data Driven Communication

Using Data to Drive Organizational Change

March 31, 2015

Trish Anen, RN, MBA, NEA-BC
Vice President, Clinical Services
Metropolitan Chicago Healthcare Council (MCHC)

Executive Sponsor
Center for Advancing Provider Practices (CAP2)
Texas Team and CAP2 Partnership

- New partnership
  - Texas Team Member Services and Discounts
  - Donations to support Texas Team Action Coalition
  - Representation on National Thought Leader’s Council
  - Access to State level data
MCHC work began driven by CNO/CMO request
Hiring more APRNs and need to better understand roles, regulations and infrastructure to support

2009

Partnered with UHC
UHC receiving same request from their members

2012

Developed first of its kind, web-based, interactive management tool

2014

Recognized as Best Practice by the Joint Commission and Advisory Board

2015

Partnered with Texas Team

Received Innovation Award from the American College of Healthcare Executives and the Chicago Health Executives Forum
• **Develop** innovative, cost effective models of care
• **Assess** the use of APRNs and PAs
• **Effectively manage** APRNs and PAs to top of their license
• **Answer** billing and reimbursement questions
CAP2 Database

• Data represents:
  – 210 organizations
    • Hospitals, healthcare systems
    • Academic medical centers → critical access
  – Over 21,000 APRNs and PAs
  – 27 different states
  – 50 different specialty areas
  – And growing
  – One of a kind

Arizona  Arkansas  California  Colorado  Delaware  District of Columbia  Hawaii  Illinois  Iowa  Kansas  Kentucky  Maryland  Michigan  Minnesota
Nebraska  New Jersey  North Carolina  North Dakota  Ohio  Oregon  Pennsylvania  Tennessee  Texas  Vermont  Virginia  Washington  Wisconsin
CAP2 Users

- UnityPoint Health
- MedStar Health
- University of Pennsylvania Health System
- Northwestern Medicine
- Advocate Health Care
- CAP2

CATHOLIC HEALTH INITIATIVES

A spirit of innovation, a legacy of care.

- CHI St. Luke's Health
  The Woodlands Hospital
- CHI St. Luke's Health
  Patients Medical Center
- CHI St. Luke's Health
  Baylor St. Luke's Medical Center
- CHI St. Luke's Hospital
  at The Vintage
- CHI St. Luke's Lakeside Hospital
  The Woodlands
- CHI St. Luke's Sugar Land Hospital
- Memorial Health System of East Texas
  and Memorial Medical Center
- Memorial Medical - Livingston
- Memorial Medical Center
  San Augustine
- Memorial Specialty Hospital
CAP2 Solutions

- Organizational Assessments
- **Benchmarking data and reports**
  - organization, system, state, national, and defined compare groups
- Multiple resources and toolkits *(e.g. OPPE/FPPE)*
- National workgroups and webinars
- National listserv updates
- New in 2015
  - Ambulatory assessment and reports
  - Business case templates
  - Compensation survey*

* Partnership with Sullivan, Cotter and Associates, Inc.
Diagram of the Causes of Mortality in the Army in the East

The areas of the blue, red, & black wedges are each measured from the centre as the common vertex.

The blue wedges measured from the centre of the circle represent area for death from Preventible or Mitigable Zymotic diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.

The black line across the red triangle in Nov.' 1854 marks the boundary of the deaths from all other causes during the month.

In October 1854, & April 1855, the black area coincides with the red; in January & February 1856, the blue coincides with the black.

The entire areas may be compared by following the blue, the red & the black lines enclosing them.
“Never make the mistake of assuming that the data will speak for itself. Data is worthless if you don’t communicate it.”

Tom Davenport
Harvard Business Review
“Use a picture. It’s worth a thousand words”

Arthur Brisbane
Newspaper Editor, New York Journal - 1911
# APRN Core Privilege List

## CAP2 Database

<table>
<thead>
<tr>
<th>Privilege</th>
<th># Hospitals Priviling APRNs</th>
<th>% of Total (n=112)</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write discharge orders</td>
<td>85</td>
<td>76%</td>
<td>N</td>
</tr>
<tr>
<td>Write transfer orders</td>
<td>74</td>
<td>66%</td>
<td>Y</td>
</tr>
<tr>
<td>Obtain history and physical</td>
<td>101</td>
<td>90%</td>
<td>Y</td>
</tr>
<tr>
<td>Order and interpret diagnostic testing and therapeutic modalities</td>
<td>103</td>
<td>92%</td>
<td>Y</td>
</tr>
<tr>
<td>Order and perform referrals and consults</td>
<td>90</td>
<td>80%</td>
<td>Y</td>
</tr>
<tr>
<td>Order blood and blood products</td>
<td>82</td>
<td>73%</td>
<td>Y</td>
</tr>
<tr>
<td>Order and manage conscious sedation</td>
<td>95</td>
<td>85%</td>
<td>Y</td>
</tr>
<tr>
<td>Order inpatient non-scheduled medications</td>
<td>83</td>
<td>74%</td>
<td>Y</td>
</tr>
<tr>
<td>Order inpatient scheduled (II-V) medications</td>
<td>39</td>
<td>35%</td>
<td>N</td>
</tr>
<tr>
<td>Order topical anesthesia</td>
<td>81</td>
<td>72%</td>
<td>N</td>
</tr>
<tr>
<td>Prescribe outpatient non-scheduled medications</td>
<td>85</td>
<td>76%</td>
<td>Y</td>
</tr>
<tr>
<td>Prescribe outpatient scheduled (II-V) medications</td>
<td>73</td>
<td>65%</td>
<td>Y</td>
</tr>
<tr>
<td>Incision and drainage with or without packing</td>
<td>74</td>
<td>66%</td>
<td>Y</td>
</tr>
</tbody>
</table>

CAP2 Data: Identify Variation

<table>
<thead>
<tr>
<th>Health Care System</th>
<th>Hospital A</th>
<th>Hospital B</th>
<th>Hospital C</th>
<th>Hospital D</th>
<th>Hospital E</th>
<th>Hospital F</th>
<th>Hospital G</th>
<th>Hospital H</th>
<th>Hospital I</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>
System Standardization

Across 14 Hospitals

- Models of Care
- Credentialing Process
- Privilege Lists
- Job Descriptions
- Annual Performance Review Form
- Orientation/Onboarding
- Competency Assessment Process
- Billing and Reimbursement Process
## APRN Core Privilege List

<table>
<thead>
<tr>
<th>APRN Core Privilege List</th>
<th>CAP2 Database</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Hospitals</td>
<td>Hospital A</td>
</tr>
<tr>
<td>Write admission orders</td>
<td>77</td>
<td>Y</td>
</tr>
<tr>
<td>Write discharge orders</td>
<td>85</td>
<td>Y</td>
</tr>
<tr>
<td>Write transfer orders</td>
<td>74</td>
<td>Y</td>
</tr>
<tr>
<td>Obtain history and physical</td>
<td>101</td>
<td>Y</td>
</tr>
<tr>
<td>Order and interpret diagnostic testing and therapeutic modalities</td>
<td>103</td>
<td>Y</td>
</tr>
<tr>
<td>Order and perform referrals and consults</td>
<td>90</td>
<td>Y</td>
</tr>
<tr>
<td>Order blood and blood products</td>
<td>82</td>
<td>Y</td>
</tr>
<tr>
<td>Order and manage conscious sedation</td>
<td>95</td>
<td>Y</td>
</tr>
<tr>
<td>Order inpatient non-scheduled medications</td>
<td>83</td>
<td>Y</td>
</tr>
<tr>
<td>Order inpatient scheduled (II-V) medications</td>
<td>39</td>
<td>Y</td>
</tr>
<tr>
<td>Order topical anesthesia</td>
<td>81</td>
<td>Y</td>
</tr>
<tr>
<td>Prescribe outpatient non-scheduled medications</td>
<td>85</td>
<td>Y</td>
</tr>
<tr>
<td>Prescribe outpatient scheduled (II-V) medications</td>
<td>73</td>
<td>Y</td>
</tr>
<tr>
<td>Incision and drainage with or without packing</td>
<td>74</td>
<td>Y</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Achieve Optimization

<table>
<thead>
<tr>
<th>Achieve Optimization</th>
<th>Hospital A</th>
<th>Hospital B</th>
<th>Hospital C</th>
<th>Hospital D</th>
<th>Hospital E</th>
<th>Hospital F</th>
<th>Hospital G</th>
<th>Hospital H</th>
<th>Hospital I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care System</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Health Care System

- **Hospital A**: NYNYNYY
- **Hospital B**: YNYNYNY
- **Hospital C**: YNYNYNY
- **Hospital D**: YNYNYNY
- **Hospital E**: YNYNYNY
- **Hospital F**: YNYNYNY
- **Hospital G**: YNYNYNY
- **Hospital H**: YNYNYNY
- **Hospital I**: YNYNYNY

---

**CAP2 Database**

A National Collaboration of UHC+ and MCHC
Donald Berwick, MD

11 Monsters Facing the Hospital Industry

Number 7: Expand roles and scopes of practice for non-physicians

TOP 10

2015 Healthcare Industry Issues

Issue 8: Scope of practice expands

In 2015, states will lead the way in allowing nurses, nurse practitioners, physician assistants and pharmacists to do more.
"You can’t be a prophet in your own land"

– So your data will have to be

"Truly I tell you," he continued, "no prophet is accepted in his hometown.

Luke 4:24
New Models of Care

CAP2 Data: Inclusion of APRNs and PAs

“I was intrigued by the breadth and the success of APRN/PA activities garnered from the database. It was a crucial factor in moving our hospital system and medical staff toward a new closed ICU model of care that integrates APRN’s and Intensivists for 24/7 face to face care.”

- Dr. Zbigniew Lorenc
Vice President, Medical Affairs
Centegra Health System
Changing Medical Staff Structures

CAP2 Data: APRN on Medical Staff Credentialing Committee

- “CAP2 creates strength in numbers through the data they collect. They've given me a resource to work with our Chief Nurse Executives, Medical Staff Office, Allied Health Professionals, Credentials Committee and the Governing Council of Advocate Medical Group.”

  - Lise Hauser, APN-PA Governing Council Representative
  Advocate Medical Group

- “My organization is changing its medical staff bylaws...due to what we learned from the CAP2 Database.”

  - Michele Rubin, APN Executive Council Chair
  University of Chicago Medical Center
Speak the language of....
Chasing 15% (Reality)  
**Same Service Provided**

**Physician**
- Salary $300,000 ($144/hr)
- The service/office visit is reimbursed at 100% for $100.
- The physician would have to provide 3,000 office visits (*at the same level*) to cover the salary.
- First visit of the day: *still $44 in the RED*. Recurs first visit every hour thereafter.

**NP/PA**
- Salary $100,000 ($48/hr)
- The same service is reimbursed at 85% for $85.
- The PA/NP would have to provide 1,176 office visits (*at the same level*) to cover the salary.
- First visit of the day: *profit $36*.

Source: Tricia Marriott, PA-C, MPAS, DFAAPA  
Director, Regulatory and Professional Advisory Services,  
American Academy of Physician Assistants
Get their attention

Show policy makers the impact on their constituents or the consequences of their actions.
<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Privilege</th>
<th>Practitioner</th>
<th># Hospitals</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Privilege</td>
<td>Order conscious sedation</td>
<td>APRN</td>
<td>45</td>
<td>64.29%</td>
</tr>
<tr>
<td>Core Privilege</td>
<td>Order conscious sedation</td>
<td>PA</td>
<td>37</td>
<td>52.86%</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>General anesthesia or monitored sedation, regional anesthesia administration and monitoring</td>
<td>APRN</td>
<td>52</td>
<td>74.29%</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Moderate/procedural sedation</td>
<td>APRN</td>
<td>44</td>
<td>62.86%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Moderate/procedural sedation</td>
<td>APRN</td>
<td>9</td>
<td>12.86%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Moderate/procedural sedation</td>
<td>PA</td>
<td>9</td>
<td>12.86%</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Moderate/procedural sedation</td>
<td>APRN</td>
<td>3</td>
<td>4.29%</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Sedation administration for invasive or bedside surgical procedures</td>
<td>APRN</td>
<td>2</td>
<td>2.86%</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Moderate/procedural sedation</td>
<td>PA</td>
<td>2</td>
<td>2.86%</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Sedation administration for invasive or bedside surgical procedures</td>
<td>PA</td>
<td>3</td>
<td>4.29%</td>
</tr>
</tbody>
</table>
In Conclusion

**CAP2 Data was used to:**

- Increase practice to top of license
  *System example*
- Decrease Cost
  *Financial example*
- Influence Policy
  *Anesthesia example*
- Change Medical Staff Structure
  *Committee example*
CAP2 Member Only Webinar Series

11:00am-12:30pm CST

March 11, 2015  PA/APRN Reimbursement: Rules, Risks and Realities
Tricia Marriott – American Academy of Physician Assistants
Recording available for CAP2 members

May 5, 2015  Recruitment and Retention:
Compensation Strategies for Primary and Specialty Settings
Debra Slater – Sullivan, Cotter and Associates, Inc.

July 15, 2015  Structural Empowerment:
Adding APRNs/PAs Inpatient Care Teams Outcomes
April Kapu and Pam Jones – Vanderbilt University Medical Center

August 12, 2015  A Strategic Approach to a Post Graduate Fellowship and Beyond
Dennis A. Taylor and Britney Broyhill – Carolinas Healthcare System

September 2, 2015  Workforce Models to Create Effective Provider Teams
Zachary Hartsell and Alisa Starbuck – Wake Forest Baptist Medical Center
Thought Leaders Council

Purpose:
Engage national thought leaders in ongoing dialogue about innovative models of care that optimize the APRN and PA role, increase access, improve patient outcomes, and decrease costs.
Thought Leaders Council

- Susan Okuno-Jones, Advocate Health Care
- Julie Creaden, Ann & Robert H. Lurie Children's Hospital of Chicago
- Liana Orsolini, Bon Secours Health System
- Carol Harden, Carle Foundation Hospital
- Dennis Taylor, Carolinas HealthCare System
- Michelle Edwards, Catholic Health Initiatives
- Tara Merck, Medical College of Wisconsin
- Nancy Alcorn-Kell, Northwestern Medical Group
- Maria Brillant, NYU Langone Medical Center
- Melinda Cooling, OSF Healthcare
- Monique Lambert, Rush University Medical Center
- Michelle Rubin, University of Chicago Medical Center
- Maureen Zaccardi, University of Colorado Hospital
- Maria Lofgren, University of Iowa Hospitals and Clinics
- Barbara Todd, University of Pennsylvania Health System
- April Kapu, Vanderbilt University Medical Center
- Patricia Selig, Virginia Commonwealth
- Alyssa Starbuck, Wake Forest Baptist Health
November 19, 2015
Chicago, IL

- Registration opens in late spring
- Sold out in 2014
- Bring your team (e.g. CMOs, CNOs, Directors of Advanced Practice, Practicing APRNs and PAs)
Ambulatory Survey

Coming May 2015

• Benchmark
  – Primary Care
  – Specialty Clinic
  – Immediate, Urgent Care
  – Retail Clinic

• Compare:
  – Patient type
  – Panel size/case load
  – Productivity expectations
  – Compensation practices
  – Reporting structures
  – Billing practices
State Action Coalitions

• The driving force of the Campaign for Action at the local and state levels, forming a strong, connected grassroots network of diverse stakeholders working to transform health care through nursing.

Center for Advancing Provider Practices (CAP2)

• One of a kind resource to drive change at the organization level to support APRN practice to the full extent of their education and license.
Remember…

• Laws and regulations can be changed at the national and state level, but privileges are granted at the organizational level.

• CAP2 data illuminates variation (barriers) and can drive optimization (top of license).
Florence Nightingale

ORIGINAL DATA COMMUNICATOR

“A true pioneer in the graphical representation of statistics”

I. Bernard Cohen
History of Science Professor, Harvard University

Royal Statistical Society
Fellow (1859)
First woman to become a member

American Statistical Association Honorary Member (1874)
Texas Team and CAP2 Partnership

- New partnership
  - Texas Team Member Services and Discounts
  - Donations to support Texas Team Action Coalition
  - Representation on National Thought Leader’s Council
  - Access to State level data

Trish Anen  
Vice President, Clinical Services  
312-906-6113  
tanen@mchc.com

Amber Volanakis  
Program Manager  
312-906-6167  
avolanak@mchc.com
THANK YOU!
Questions or Comments?

The phone lines are open.

OR

Use the “chat” feature to send “everyone” a question.

You can find the recording, webinar summary, and additional resources by going to: www.campaignforaction.org/webinars.
Campaign Resources

Visit us on the web at www.campaignforaction.org

Transforming Health Care for the 21st Century

http://facebook.com/campaignforaction www.twitter.com/campaign4action