

Role of the APRN in the Provider Team
Developing New Innovative Models of Care

Webinar Summary

August 11, 2014

Presenters:

Susan B. Hassmiller, PhD, RN, FAAN RWJF Senior Adviser for Nursing; Director, Future of Nursing: *Campaign for Action*

Winifred Quinn, PhD. Director, Advocacy and Consumer Affairs, Center to Champion Nursing in America

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

Deb McElroy, MPH, RN, Senior Director, Nursing Leadership, University HealthSystem Consortium (UHC)

Background

The Campaign for Action focuses on making policy changes at the state and national levels. This webinar will focus on an initiative being used to promote effective policies at the institutional level.

Susan Hassmiller of RWJF said the webinar will examine an innovative database being used to help hospitals and health systems develop new models of care. These models promote the role of the APRN on the Provider Team by using data at the institutional level.

This webinar and a webinar summary will be posted at www.campaignforaction.org/webinars

Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level [Future of Nursing: Campaign for Action](#) is a result of the Institute of Medicine's landmark 2010 report on the [Future of Nursing: Leading Change, Advancing Health](#).

The *Campaign for Action's* field-based teams, the [Action Coalitions](#) (ACs), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.

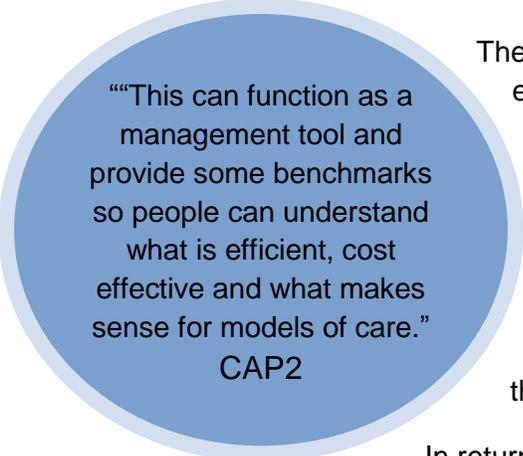
Webinar Goals

Participants will learn to:

- Assess utilization of APRNs
- Manage the infrastructure to support APRN practice
- Optimize all APRN activities at medical level of care
- Standardize best practices for APRNs

Overview

The Center for Advancing Provider Practices, known as CAP 2, is a national collaboration between the University HealthSystem Consortium and the Metropolitan Chicago Healthcare Council.



“This can function as a management tool and provide some benchmarks so people can understand what is efficient, cost effective and what makes sense for models of care.”

CAP2

They designed a comprehensive database to maximize the effectiveness and efficiency of provider teams. This tool provides organizations with the resources and information needed to assess and manage APRNs within provider teams and remove any barriers to scope of practice within an organization.

Hassmiller of RWJ said Cap2 is asking Action Coalitions to identify hospitals and health systems to join their database.

In return, ACs will receive a financial reward and access to the data. This is the only database of its kind that the Campaign is aware of. Should we be informed of others, we will make you aware of those databases as well, **Hassmiller** said. RWJF, AARP, nor the Campaign for Action are officially endorsing this database; although, it is consistent with the Campaign’s efforts.

In this webinar, CAP2 will present its goals, the makeup of the data base and give examples of successful use of that data. Cap2 works closely with the 2010 Institute of Medicine report, which specifically recommends removing scope of practice barriers.

Trish Anen of MCHC said the goal of CAP2 is the practice at top of license for all care team members. The strategic action plan is to:

- ✓ **Assess:** Utilization of APRNs and PAs
- ✓ **Manage:** Infrastructure to support APRN and PA practice
- ✓ **Optimize:** All APRN/PA activities at medical level of care and

- ✓ **Standardize:** Best practices for APRN/PAs

Deb McElroy of UHC said users of the one of a kind interactive website are operating off credible data.

“We need to understand where our folks are practicing and what they’re doing in order to move our work forward.” The data is only as good as the number of participants, she said.

The driving force of the Campaign for Action is at the local and state levels. Cap2 goes one level deeper to understand what is happening and to drive change.

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At this point we are able to assess and compare APRN and PA practices and privileges for over 125 organizations in 25 states, says **Anen of MCHC**. It covers 19,000 APRNs and PAs across the country and 50 different specialties. The more data collected the more we can improve processes and create additional resources as needed, said **Anen**.

Multiple CAP2 charts of data were shown during the webinar on utilization, variations (barriers), top of license, core and specialty privileges, competency assessment and a checklist of organizations. The tools online on the role of APRNs include human resources (job descriptions and hiring checklist), credentials and privileges, competency assessment (12 tools) and billing and reimbursement.

Anen of MCHC and CAP2 cited several challenges from organizations and how their data was able to provide solutions.

Challenge:

An organization wanted to hire an APRN into psychiatry to support behavioral health patients and needed to know the prevalence of this type of role for a medical executive committee meeting...the next day. We were immediately able to pull up this data. Based on that data, they got approval for the hire.

Challenge:

An organization was concerned about lack of anesthesia coverage across the system. CAP2 was able to show them their four hospitals had variation in their group and that all APRNs do not have this privilege. Rather than contract with another group, they looked internally and awarded the privilege to APRNs.

Challenge:

A system CEO was committed to having all providers working to ‘top of their license’ But the system showed a wide variation. CAP2 used data to develop a consistent approach to:

- Models of Care

- Credentialing and Privileging Process, Application and Specialty Privilege Lists
- Job Descriptions
- Hiring Process
- Annual Performance Review Process and Form
- Orientation/Onboarding
- Competency Assessment Process and Forms

They formed a committee, which had 15 practicing APRNs and PAs, and used the data to develop a consistent approach and change the entire culture.

Challenge:

In February, 2014, two bills proposed in the Illinois legislature — one to limit administration of conscious sedation to only physicians, and the other to limit the use of fluoroscopy to only physicians.

Illinois Hospital Association asked for data on impact of these bills and stories of how this would impact APRN and PA practice. The data showed that some APRNs and PAs already order and administer conscious sedation. As a result of the data, the bill was held in committee and never made it to floor.

Challenge:

Organization could not hire enough intensivists to provide 24/7 coverage for new ‘closed’ ICU model. Data allowed them to hire APRNs equal to the number of physicians.

Challenge:

Service line director questioned whether an APRN or PA can bill for inpatient services. Data indicated that they can bill for inpatient services. One organization captured over \$200,000 in revenue by auditing current practices.

Challenge:

Organization considering adding Advanced Practitioner to Medical Staff Credentialing Committee. They needed prevalence statistics and role description. Data showed 20 percent of organizations have added an APRN to the credentialing committee.

Emerging trends

CAP 2 says 40% of academic medical centers have an identified leader who coordinates APRN/PAs. This role is also emerging in healthcare systems

57% of academic medical center participants include APRNs and PAs on their hospitalist team and 70% on their intensivist team.

79 percent of the chief nursing officers in a hospital attend medical executive committee.

CAP2 also offers support for transition to practice in providing a model and supporting resources to structure new APRNs and PAs. CAP2's national workgroup is developing recommendations for a model and key resources. Orientation materials are in the toolkit.

In November, 2014, CAP2 will have an ambulatory survey that includes:

- Models of Care
(*primary care; medical and surgical specialties*) patient type, panel size/case load, productivity expectations, compensation practices, reporting structures, billing practices.
- Advance Practice Leader
- Onboarding/Orientation
- Governance and committee involvement
- Other practice settings

CAP2 is interested in having ACs contact them for details on a potential revenue sharing plan. They are already in ongoing discussions with ACs in Illinois, Texas, Washington, Oregon, Idaho and California.

In the question period following the presentation, **Molly Harper** program coordinator said each hospital would have five users and pay a \$4,000 annual subscription per hospital. The CAP2 data is collected once a year.

Winifred Quinn of CCNA said all negotiations should be with CAP2 and not with the Campaign.

The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

For more information from the Center to Champion Nursing in America about this webinar, technical assistance or other questions related to the Future of Nursing, Campaign for Action contact Michael Pheulpin at MPheulpin@aarp.org or 202-434-3882 or Andrew Bianco at abianco@aarp.org

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