Health Reform and Emerging APRN Policy Issues

NCSBN APRN Roundtable May 18, 2011
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Health Reform (abridged)

• Bending and Bundling
• Delivery system game changers
  – Access expansions create demand Surge
  – Massachusetts on a grand scale
• A Policy Wonk fantasy
  – Demos and more demos
• The Urgency of LACE
Bending and Bundling
CMS Center for Innovation ($10 Billion over 10 years)
Built in Green lights

- Explicit charge to reduce costs/improve quality
- Orientation on needs of the *patient*, not the system
  - Bundled payment
  - Health Care Homes- could reduce national health spending by $175 billion through 2020 \(^1\)
  - Home Based Primary Care Demo
    - an incentive model that uses NPs and MDs
  - Value-Based Purchasing- Payment based on **quality**:
    - Hospitals/ SNFs
    - Home health agencies/ Ambulatory surgical centers

\(^1\)Lewin Group
On bundling...

- Incentivizes Evidenced-Based Practice
  - Geisinger, a model for re-imagined quality care
- Will Require Transition Care
- Shifts the financial risk to the health care system
- Completely alters the power relationships
  - Expect huge fights/resistance
  - Recall non- integration of the RAPERS into DRGs
- Incrementalism continues
  - a decade to implement
On costs... Bending the curve

- HC spending has doubled every decade for 40 years
- End of 2010, 50 million uninsured
- **TOTAL** Health spending (premiums also) for family of 4:
  - $18,000
  - FPL is $22,050

*Hard Times and Health Insurance: How Many Americans Will be Uninsured in 2010* [at](http://content.healthaffairs.org/cgi/content/abstract/hlthaff.28.4.w573).
Consumer Protections
or
Insurance industry game-changers

- Premium rate reviews
- Eliminate Pre-existing conditions (All kids now, adults 2014)
- No Lifetime Limits (now)
- Dependent Coverage till age 26 (now)
- Standard and transparent benefits/pricing
- 32 million more insured 2019
  • Individual mandate
- Prevention care- no cost to consumers (now)

www.healthreform.gov
Expanding Coverage & Pooling Risk

- All U.S. citizens and legal residents under age 65 will have qualifying health coverage. (2016)
  - Catastrophic (↓30), bronze, silver, gold, platinum
  - Or, pay a tax $695-$2,085 or 2.5% of income.
- Expands Medicaid to **all** earning ↓ $14,500
- Creates State-based **Health Insurance ‘Exchanges’**
  - Must have call centers
  - Fully implemented by 2017
  - Mandatory oversight and reporting
The necessities of insurance reform/risk pooling

Everybody buys in

+ Subsidies for the Poor

Eliminate “pre-existing condition” bias
Health Exchanges- by 2014

- Transparent Marketplace
  - More Choice

- States can set up, join other states or opt out.

- Provide Portability of coverage
  - Unlock people from jobs to secure health coverage
  - Eliminate pre-existing conditions

- Invest in Prevention/Wellness
More Provisions....

• Simplify
  – A single set of operating rules for eligibility, verification, claims, and payment (2014)

• Comparative Effectiveness Research Institute

• CLASS - 2 ADL limits get $50 daily to age in place.

• Studies on malpractice alternatives
Specific APRN Workforce Development Expands 43% Increase in 2010

- Nursing student loans
- Nurse-Faculty Loans
  - 800 faculty vacancies in 2009
  - Up to $80,000
- Nursing doctoral education
- Bridge and Accelerated programs
- Geriatric nursing training,
  - 36.3 million over 65, 12% and growing at alarming rate
- Pediatric Health Workforce Training
- Nursing Diversity Programs
APNs and Promising Research

• Care Transition, Mary Naylor
  – APN care transition saves $5,000 per patient

• Evercare Model
  – Reduces hospitalization and ER use by 50%
  – Saved the state of Texas $23 million over 2 years
Astonishing APRN Opportunities
Replete with Provider-neutral language

• Acknowledgment that APRNs are ideal primary, prevention and transitional care providers.
  – $150 million study across 5 hospitals to establish a “graduate nurse education” study.
  – Demonstration Grants for FNPs to receive a one-year immersion (residency) program with full-time pay.
  – CNMs to be paid by Medicare at 100% of the MD rate (↑65%)
  – New funding for Nurse Managed Health Clinics
  – National Health Service Corps - $1 Billion by 2011
Federal Funding

Nursing
HRSA, Title VIII, 2010
$244 Million

Medicine
Medicare Program, 2007
$8.8 Billion
More Astonishing APRN Opportunities....

• Accountable Care Organizations
  – Risk shifted to providers
  – Cost savings go to providers
• Health Care Homes
  – Team delivered
  – Electronic
  – Expanded hours, open scheduling
• Care Transitions
  – Reduce costly re-hospitalizations
• Emphasis on Wellness/Prevention/Chronicity/Coordination
  – Remove preventive care cost-sharing
Resources

• AARP Center to Champion Nursing: Summary of ACA and Nursing Provisions

• Kaiser Family Foundation Reform Summary, A great 9 minute animated video explaining the ACA narrated by Cokie Roberts:

• The APRN Consensus Report: LACE
  – https://www.ncsbn.org/170.htm

• Health Affairs, Re-Inventing Primary Care (May 2010)

• The Initiative on the Future of Nursing
  – http://www.thefutureofnursing.org

• Citizens Advisory Center: Reforming Scopes of Practice: A White Paper

• National Health Policy Forum: Tapping the Potential of the Health Care Workforce
What should a “value based” Health Care Delivery System Do?

A: Move people from “Right to Left” — and keep them there

Healthy/ Low Risk  At-Risk  High Risk  Active Disease  Severe Disease

Current Health Care Spending

Ideal Spending

20% of people generate 80% of costs

A value-based health care system
Every other nation starts at the base of the pyramid with primary care and work their way up until the money runs out.

In the US, we start at the top of the pyramid, and we work our way down until the money runs out... And so we have to change the pyramid. We have to start at the base.
Although the statute defines the term "ACO professional" to include both physicians and non-physician practitioners, such as advance practice nurses, physician assistants, and nurse practitioners, for purposes of beneficiary assignment to an ACO, the statute requires that we consider only beneficiaries' utilization of primary care services provided by ACO professionals who are physicians.

Therefore, for purposes of the Shared Savings Program, the inclusion of practitioners described in section 1842(b)(18)(C)(i) of the Act, such as PAs and NPs in the statutory definition of the term "ACO professional" is a factor in determining the entities that are eligible for participation in the program (for example, "ACO professionals in group practice arrangements" in section 1899(b)(1)(A) of the Act). However, assignment of beneficiaries to ACOs is to be determined only on the basis of primary care services provided by ACO professionals who are physicians.
Creating Urgency in the “L” in LACE

- >50% state Nurse Practice Acts outdated
- Restrictions thwart innovation and access
  - Lack an evidence base
- Citizens Advocacy Center:
  - Changes in SOP are inherent
- National Health Policy Forum:
  - Legislatures not appropriate to adjudicate SOP
- IOM:
  - Link funding priorities to states with modernized nurse practice acts.
- Eileen’s Opinion:
  - Change the name from “Consensus document” to one with heft.
Role of States is HUGE

- Collect it
- Create it
- Sell it
- Engage the consumers
- Engage the providers
- Decide what works
Federal Trade Commission Comments on Florida’s Scope of Practice Expansion Bill

• “H.B. 4103 appears to represent a pro-competitive improvement in the law, one that is likely to benefit Florida health care consumers”

• “We therefore urge the legislature...avoid maintaining provisions that would limit ARNP provision of health care services more strictly than patient protection

• “Restrictions on the supervisory relationships between physicians and ARNPs impose costs on Florida health care consumers “
4 Freshmen Nurse Members of 112th Congress

- Member of the Tea Party voted to repeal ACA
  1. Ann Marie Buerkle RN (R-NY)
  2. Renee Ellmers RN (R-NC)
  3. Diane Black RN (R-TN)

Freshman Congresswoman RN and PA
  4. Karen Bass, RN, PA-C (D-CA)

In addition to the 3 Nurses who have served >10 years
  5. Eddie Bernice Johnson RN (D-TX) 1993
  6. Carolyn McCarthy LPN (D-NY) 1997
  7. Lois Capps RN (D-CA) 1996
Remember....

- The status quo has to go
- We have a responsibility, a social covenant with the public...
- Major roadblock to APRNs: Archaic State Practice Acts