

The Nurse's Role in Accountable Care



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With provisions through the Patient Protection and Affordable Care Act of 2010, the accountable care model is sparking the imagination of leaders across the U.S. health system. Most are forging their own path, since guidelines and regulations are still murky. But for organizations interested in exploring the model, what is clear is that most already have in place professional resources that could be pivotal in implementing this promising approach to patient-centered care: registered nurses.

The accountable care model focuses on addressing one of the key gaps in the current healthcare system: the need for proactive and effective coordination across all levels and types of healthcare services (for a Q&A on the potential value of accountable care organizations, see this article¹ in Milliman's *Insight Online*). To do so, organizations typically extend the roles and responsibilities of their professional resources beyond traditional care delivery, and nurses often are particularly well-suited for these expanded roles. These can include:

- Care coordinator/case manager
- Disease manager
- Resource coordinator
- Support for psycho-social needs
- Health coach
- Community outreach
- Information analyst
- Process manager
- Discharge/transition planner
- Data analyst

Nurses currently work in a variety of organizations likely to be involved with accountable care organizations (ACOs), including practitioner offices and clinics, hospitals, insurers, and community health organizations. As a result, they often are in a position to help address one of the key needs of accountable care: improving care delivery and coordination across a variety of settings and types of care.

As the model for accountable care evolves, a blueprint of standards and best practices is emerging. Accrediting organizations such as the National Committee for Quality Assurance (NCQA) have drafted criteria for evaluating ACOs.

To get there, most organizations will need to take stock of their current resources, fill in gaps, and re-engineer their process. Most can leverage their current resources and help ensure the success of their program by accurately assessing and augmenting the skills of their nursing staff.

FROM CONCEPT TO ACCOUNTABLE CARE MANAGEMENT

Organizations interested in this approach will tailor a program aligned with their particular goals. In addition to enhancing efficiency and quality, strategic goals might include increasing access to care, improving coordination among internal and external resources, and/or improving care outcomes. A sometimes overlooked, and key component of effective goal-setting is the inclusion of all stakeholders, including the nursing staff, in the process. The best-conceived plans will fall apart if those "on the ground" are unaware of the organization's goals or if staff is resistant to the initiative. It is critical to establish leadership of and allegiance to the program from the beginning through clear communications.

While many of the skills needed in an ACO environment dovetail well with most nurses' current areas of expertise, there are some areas that will likely require skill development. Accountable care initiatives center on the coordination of care across a range of resources and entities, requiring skills in data analysis and communication that often go beyond the clinical experience of many nurses, who traditionally have been more patient-focused. Well-designed analytics are critical to clearly understanding the opportunities for improving outcomes, setting goals, and assessing downstream measures of progress in the ACO model. Nurses have the opportunity to play a role in accurately reviewing information about the targeted populations and identifying members who will be well-served by the organization's programs, as well as measuring progress.

¹ Fitch, Kate and Parke, Robert. Accountable care organizations: The new provider model? (October 13, 2009). Retrieved April 27, 2011, from http://insight.milliman.com/article.php?cntid=6056&utm_source=healthreform&utm_medium=web&utm_content=6056&utm_campaign=Milliman%20On%20Healthcare

In assessing the tools and technology needs for creating effective data collection and analytic systems, organizations should audit the resources of all the participating entities and develop an understanding of who has managed these resources. For example, a clinic may have a system for electronic health records in place; a payer may use a decision support system. Information from all systems should be shared within an ACO to enable multiple parties to coordinate and track patients and enable effectively measuring progress and milestones. If nurses have not been actively involved in data analysis, those who are interested in this area of expertise could find an opportunity to expand their professional skill set and fill a critical need in the ACO.

In addition to the ability to analyze data, nurses who are successful in accountable care models tend to take a proactive approach to problem-solving, have significant organization skills, and work well on teams. They tend to be comfortable with ambiguity and interested in envisioning new processes, and then coaching team members in implementing those processes.

Organizations will need to audit their professional resources to see what skill sets they have in place and what they will need to augment. This includes reviewing the resources in all entities participating in the accountable care initiative and determining their availability. For instance, are they dedicated or shared resources? Will they be filling one role or several?

In addition to assessing their professional resources, organizations will need to take a hard look at their current processes and determine what works and what will need to be re-engineered to help meet the goals they have set for their accountable care initiative. For instance, if their goal is to improve access to care, they may need to expand their clinic's office hours, staying open in the evenings and on weekends. If their goal is improving coordination among internal and external resources, they could conduct an assessment to identify those needs and likely partners and then conduct outreach, contracting and designing business processes to fill those gaps in order to improve care delivery and outcomes.

As new clinical workflows and business processes are being designed, the nursing or care management team should be an active part in assessing the baseline processes that are in place, determining where there are gaps where patients might fall through the cracks, and then be part of the team that brings forward better care processes. This is an opportunity to gain valuable feedback from important stakeholders and avoid future barriers to success. During this phase of program development, organizations also have the opportunity to make sure there are nursing or care coordinator staff in place who have those skills and interests necessary to implement the new processes, and for nurses to determine whether or not they are interested in undertaking the professional development necessary to fill important roles in the ACO.

A role for which nurses are particularly well suited is care outreach: proactively identifying and reaching out to members who would benefit from new programs. Because nurses enjoy a high level of credibility among healthcare consumers, their involvement in introducing the program creates an opportunity to increase its success. For instance, a personal joint letter from a nurse and primary care doctor introducing a new program to members, and offering the nurse as the primary contact, may well improve acceptance and participation.

IMPROVING EFFICIENCY THROUGH QUALITY

The accountable care model seeks to incorporate benefit design that incentivizes appropriate behavior and use of resources—such as increasing access to preventive care, reducing unnecessary use of emergency rooms and, in some cases, redesigning reimbursement—and nurses are well-positioned to take an active role.

For instance, serving as case managers, nurses can bring together a range of disciplines and resources across a number of entities. At Community Care of North Carolina, case managers, often community-based, work across a network of primary care practices, providing vital support for patients with chronic care needs. Community Care of North Carolina is a public-private partnership between the state and 14 local, nonprofit networks encompassing 3,500 physicians and 750,000 Medicaid and Children's Health Insurance Program recipients. The networks provide case management, disease management, and care coordination services that most primary practices would not have the resources to support on their own.

Through claims data, such as multiple emergency room visits and diagnoses of chronic conditions, patients are identified who are likely to benefit from case management. Community Care of North Carolina's information systems also allow its case managers to track healthcare utilization of their clients, document care, and communicate with other case managers. This model of coordinated, accountable care has proven successful, saving the State of North Carolina an estimated \$160 million annually.²

In addition to a host of patient-centered, accountable care practices, such as round-the-clock primary and specialty care access, Geisinger Health Plan instituted nurse care coordinators within all practices. Initial results included a 20% reduction in hospital admissions and 7% net cost savings.³

The Boeing Company created the Intensive Outpatient Care Program—a pilot program in Seattle that employs predictive modeling to help the program focus on the highest-risk patients. The role of nurses was found to be one of the key elements of success in that pilot, which has now been adopted by Regence Blue Shield in Seattle and is in planning stages to be expanded to other states.

2 Steiner BD, Denham AC, Ashkin E, Newton WP, Wroth T, Dobson JA. *Community Care of North Carolina: Improving care through community health networks. Ann Fam Med.* 2008;6(4):361–7

3 Paulus RA, Davis K, Steele GD. *Continuous innovation in health care: Implications of the Geisinger experience. Health Aff (Millwood).* 2008;27(5):1235–45

TAKING NURSING PROFESSIONALS TO A NEW LEVEL

In 2010, 200 facilities had registered as accountable care organizations—twice as many as had registered the previous year. While the numbers are not large, the model appears to be gaining traction. At the same time, the evolving roles of nurses in our healthcare system are synching up well with the skills that accountable care organizations demand. Many are successfully moving into roles that focus on expanded areas of expertise, including:

- Health and wellness
- Coaching and behavior modification
- Coordinating psycho-social needs
- Business and financial management
- Population analysis and management strategies

Because this coordinated approach to care often demands the development and incorporation of new skill sets and a willingness

to adapt to new challenges, we might see the evolution of new professional development opportunities within the nursing community. Currently, there are no specified training programs for meeting the needs of accountable care organizations or clear definitions of what those skill sets will be. But if this model for accountable care takes hold in our healthcare system, it may be that professional schools will begin to incorporate training such as care coordination and data analysis in their curricula in order to better prepare their students for a more strategic role in holistic, accountable care. Moving forward, as the medical community continues to define policies and best practices for the ACO model, the nursing leadership should find a place at the table, since this constituency continues to demonstrate its ability to play a critical role in the success of ACOs.

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