



Health Care Reform and Its Impact on Nursing Practice

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What Have You Heard? What Do You Think?

- How do you think the new law will improve the quality of the health care you provide?
- Name one thing about the new law that you think will make the health care system better.
- What concerns do you have about implementation?



Current Healthcare Problems

- 46 million Americans are uninsured.
- America spends twice as much on health care per capita than any other nation.
- 75% of all health dollars are spent on chronic conditions, many of which are preventable.
- America ranks 37 out of 191 countries in quality.



PPACA Becomes Law

- Patient Protection and Affordable Care Act signed by President Obama on March 23, 2010.
- Includes provisions intended to increase the primary care and public health workforce, promote preventive services and strengthen quality measurement.
- Creates an interagency council to promote health policies and prepare a national prevention and health promotion strategy.



The Goal of Health Care Reform

Transform the nation's health care delivery system from one focused on fragmented specialty care for acute illness to one that places more emphasis on primary care, disease prevention and the coordination and management of care for chronic illness across settings.



Critical Components of Healthcare Reform (that impact nurses)

- Patient Protection and Affordable Care Act
 - Quality measures and reimbursement
 - Discretionary funds
 - Center for Medicare and Medicaid Innovation
- Stimulus Monies
 - Health Information Technology



PPACA Overview

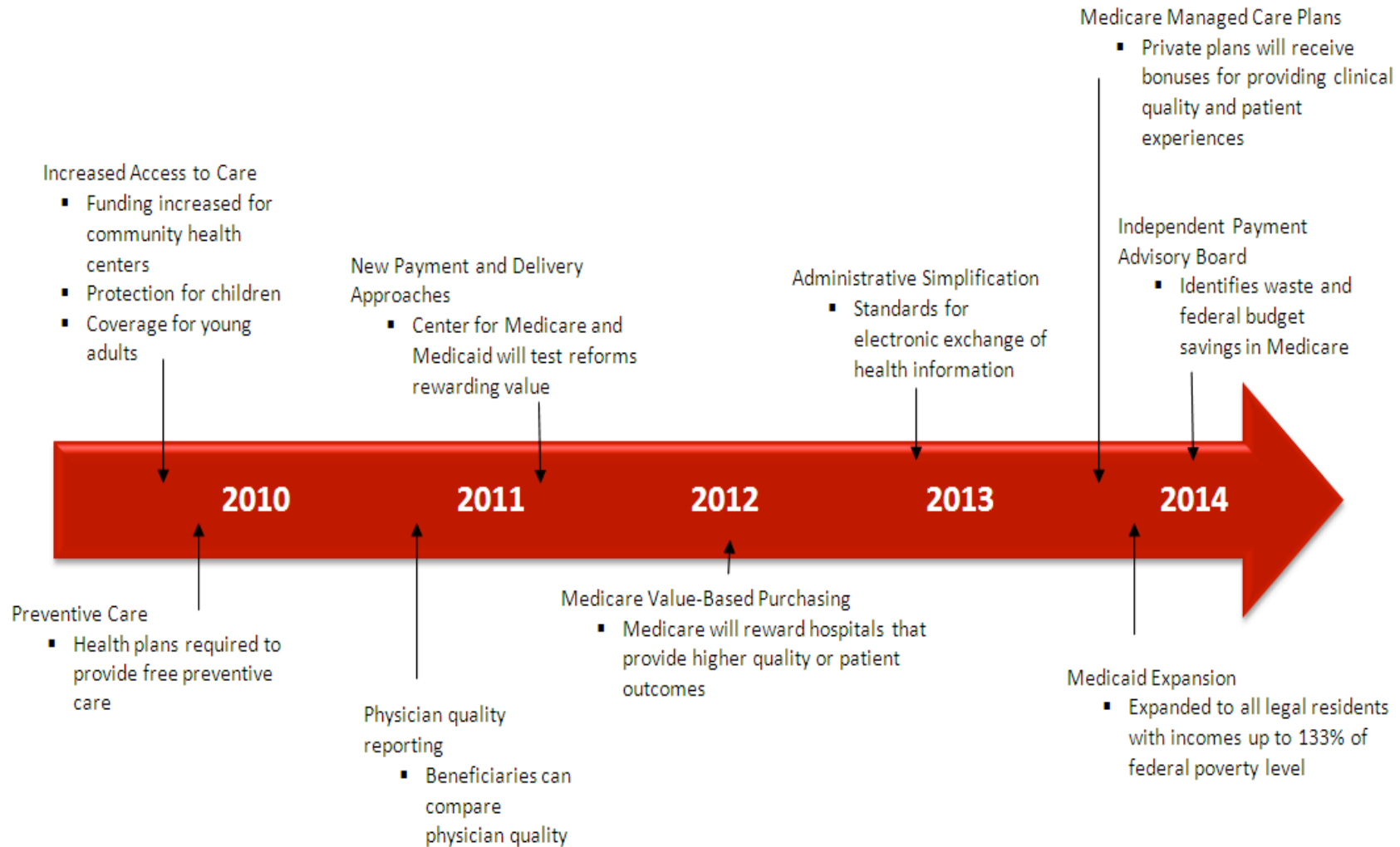
- Expansion of Medicare, Medicaid, and CHIP
- Enhanced Healthcare Workforce Education and Training
- Payment Changes
- New Patient Care Models
- Health Information Technology (HIT)
- Community Outreach



Coverage Extended to 32 Million People

- Creates a mandate for most U.S. residents to obtain health insurance.
- Provides for the establishment of insurance exchanges through which certain individuals and families will be able to receive federal subsidies to reduce the cost of purchasing that coverage.
- Significantly expands eligibility for Medicaid.

Healthcare Reform Timeline





Effective 9/23/10, Health Plans (in their next plan year):

- must stop practice of rescissions;
- cannot deny coverage to children under age 19 with pre-existing conditions;
- must allow kids to remain on parents' plan until age 26;
- are prohibited from imposing lifetime dollar limits on coverage;
- are restricted from setting low annual dollar limits on coverage;
- must have effective internal and external appeals process.



Why Should Providers Care?

- HRSA: by 2020 the national nurse shortage is projected to increase to more than 1 million FTE RNs.
- Could exacerbate health workforce shortages as the newly insured seek health care services.
- Opportunities for career advancement.
- Lots of money for workforce development.



Workforce Initiatives

- National commission to review projected workforce needs.
- Increases loan amounts in the nursing student loan program.
- New LTC training opportunities.
- Funds for geriatric education.



Changes That Will Directly Impact the Nursing Workforce

- Increased funding for graduate education for nurses.
- Increased funding for education for nurses who plan to work in underserved areas.
- Increased Medicare reimbursement rates for advanced practice nurses.
- Creation of midwife pilot program that will deliver Medicare reimbursements for nurse practitioners who have created or led medical homes.
- Increased reimbursements for school-based clinics under Medicaid.



New Patient Care Models

- Movement towards medical homes and team-based care.
- Will require greater inter-department care coordination and effective communication within and between shifts and with other health care providers.
- Nurses authorized to lead various models of care including medical homes, case management of patients with chronic conditions and the Independence at Home pilot program.



The 3 Emerging Care Delivery Models

- Accountable Care Organizations
- The medical or health home
- Nurse-managed health center



Accountable Care Organizations

- Collaboration among primary care clinicians, a hospital, specialists, and other health professionals who accept joint responsibility for the quality and cost of care provided to its patients.
- ACOs are under Medicare and the cost targets are termed “shared savings” allocated between the ACO and the Medicare program.
- If the ACO meets quality performance standards (established by HHS) they are eligible to receive payments for shared savings.



Medical/Health Homes or “Primary Care Health Care Home”

- Mechanism to provide patients with a central primary care practice or provider who coordinates the patient’s care across settings and providers.
- PPACA authorizes HHS to provide grants to states or state-designated entities to establish community-based interdisciplinary, interprofessional teams to support primary care practices.
- Teams may include medical specialists, nurses, pharmacists, nutritionists and others.
- A broad scope of care services typically provided by nurses is required by law.



Nurse-Managed Health Clinics

- Will capitalize on the ability of nurse practitioners to provide high-quality primary and preventive care.
- Will create a new \$50 million grant program to support innovative safety net providers.
- Must provide care to underserved or vulnerable populations.
- “Health care issues cannot be solved by insurance alone...Nurse practitioners are the future of primary care in the United States.” (Kenneth Miller, chair, National Nursing Centers Consortium)



Reauthorization of Title VIII Nursing Workforce Development Programs

- Advanced Education Nursing
- Workforce Diversity Grants
- Nurse Education, Practice and Retention Grants
- National Nurse Service Corps



Quality Measures and Reimbursement

- Development of standardized quality measurements
 - Reimbursements based upon performance on quality measures
- Value Based Purchasing / Pay for Performance
 - Earn back funds from pool by exceeding performance standards
- Hospital-Acquired Conditions (HAC)
 - No additional payments for HAC
- High re-admission rates = decreased payments



Center for Medicare and Medicaid Innovation

- Established within Center for Medicare and Medicaid Services
- Purpose is to research, test, and expand innovative payment and delivery arrangements
 - Accountable Care Organizations (ACOs)
- HHS Secretary to give preference to models that improve the coordination, quality and efficiency of care for Medicare beneficiaries, Medicaid beneficiaries, and dual-eligibles when determining payment and care models



Health Information Technology

- Link components of healthcare delivery system
- Increase care coordination
- Provide greater access to patient information
- Eligible providers can be awarded grants to invest in technology



HIT Stimulus Monies

- American Recovery and Reinvestment Act (2009)
- Set aside over \$20 billion for the development and adoption of healthcare information technology (HIT)
- Incentive payments through Medicare and Medicaid reimbursement channels



What Does This Mean?

- Change is coming to:
 - The work environment
 - Coordination of care
 - Job responsibilities
- What should providers do?
 - Get involved!



What Will Happen if Providers Stay on the Sidelines?

The risks of remaining uninvolved include:

- Introduction of new technology without our involvement in terms of vendors and use
- Outpatient and community jobs going to other employees



Areas for Nurse Involvement

- Patient experience
 - Quality of care
 - Patient safety
- Cost containment
- Coordination of care
 - Integrate patient services to better serve our community
 - Coordinate inpatient → outpatient → long term care



Nurses as Leaders in the Reform Movement

- Knowledge – nurses know what changes need to be made
- Positioning – unique position to ensure changes are implemented and sustained
- Voice – nurses are the most trusted professionals and can use their voice to be patient advocates
- Engagement – participation leads to improved quality and higher job satisfaction.



Useful Web Sites

- Families USA
 - <http://www.familiesusa.org/health-reform-central/>
- Kaiser Family Foundation
 - <http://healthreform.kff.org/>
- AFSCME International
 - <http://www.afscme.org/healthcare>



IOM: The Future of Nursing

“Nurses must be allowed to practice in accordance with their professional training, and the education they receive must better prepare them to deliver patient centered, equitable, safe, high-quality health care services; engage with physicians and other health care professionals to deliver efficient and effective care; and assume leadership roles in the redesign of the health care system.”



IOM: The Future of Nursing

“The search for an expanded workforce....will require changes in nursing scopes of practice, advances in the education of nurses across all levels, improvements in the practice of nursing across the continuum of care, transformation in the utilization of nurses across settings, and leadership at all levels so nurses can be deployed effectively and appropriately as partners in the health care team.”



Questions?