

# The ACA and Emerging Models of Team-Based Care: the Role of Nurses

Catherine Dower, JD

---


HEALTH POLICY INSTITUTE OF OHIO

JULY 18, 2014



# The ACA Era

---

- Federal and state policy
  - Technology
  - Consumers
  - Market
- 

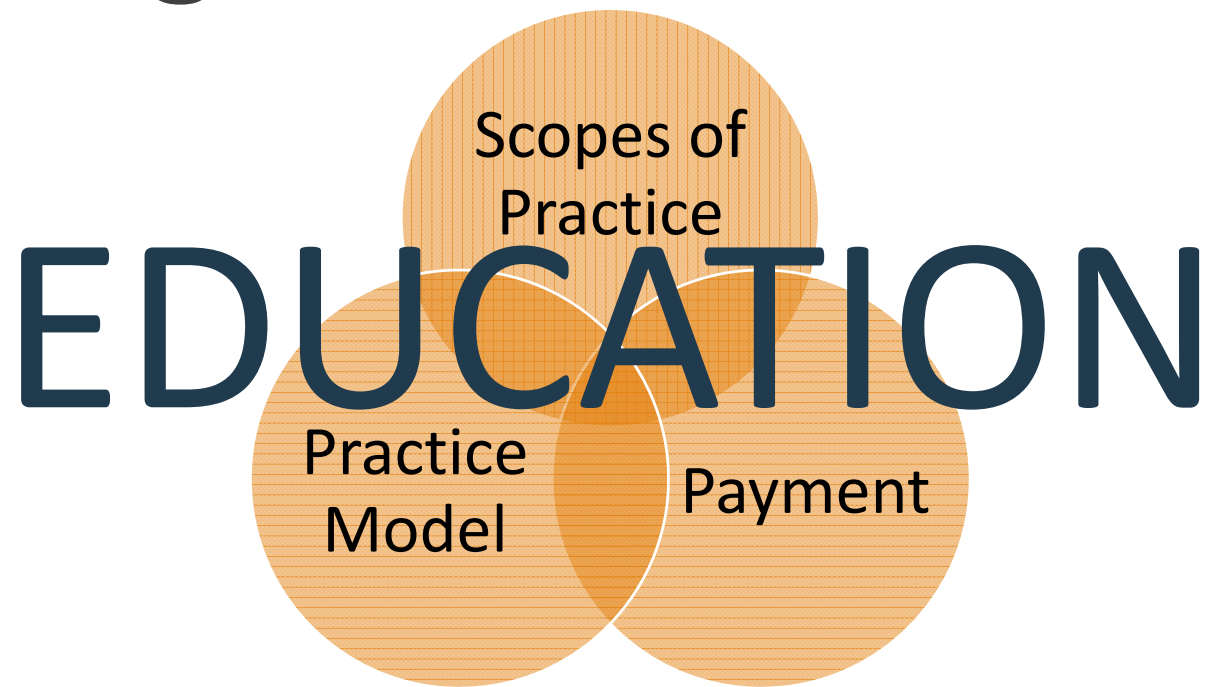
# Nurses in Practice Models

---

- On the teams
- Leading teams
- Driving practice change


# Team Based Care -- Making It Work

---



# Team Based Care Examples

---

- Retail Clinics
  - Primary Care
  - Specialty Care
- 

# Team Based Care Examples

---

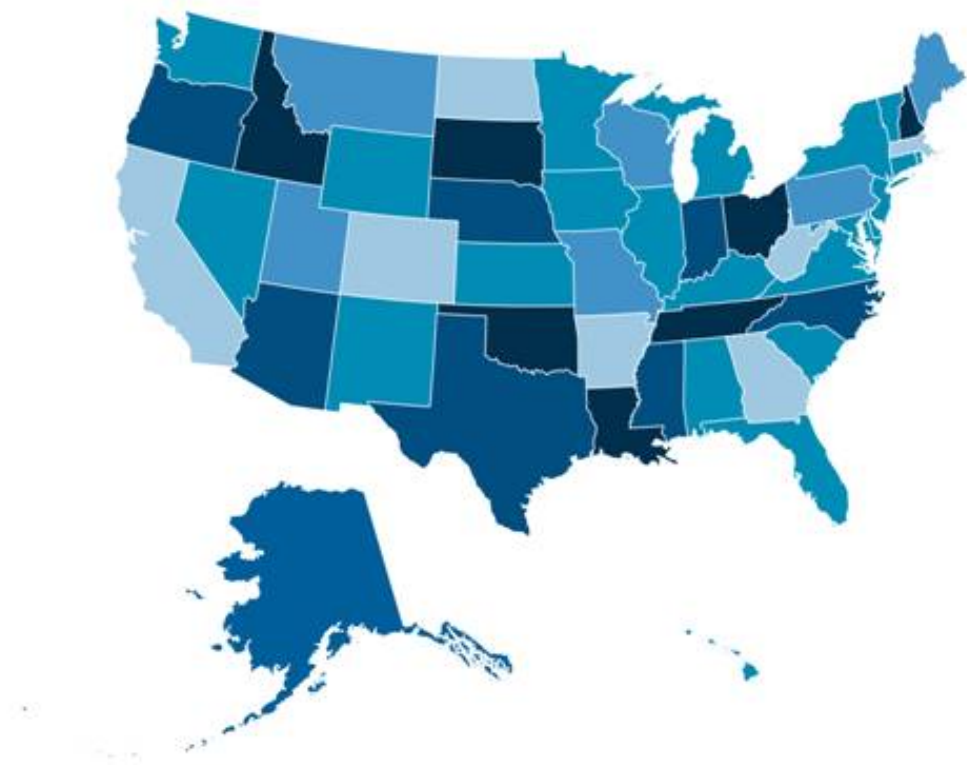
- Retail Clinics
- Primary Care
- Specialty Care

**TELEHEALTH**

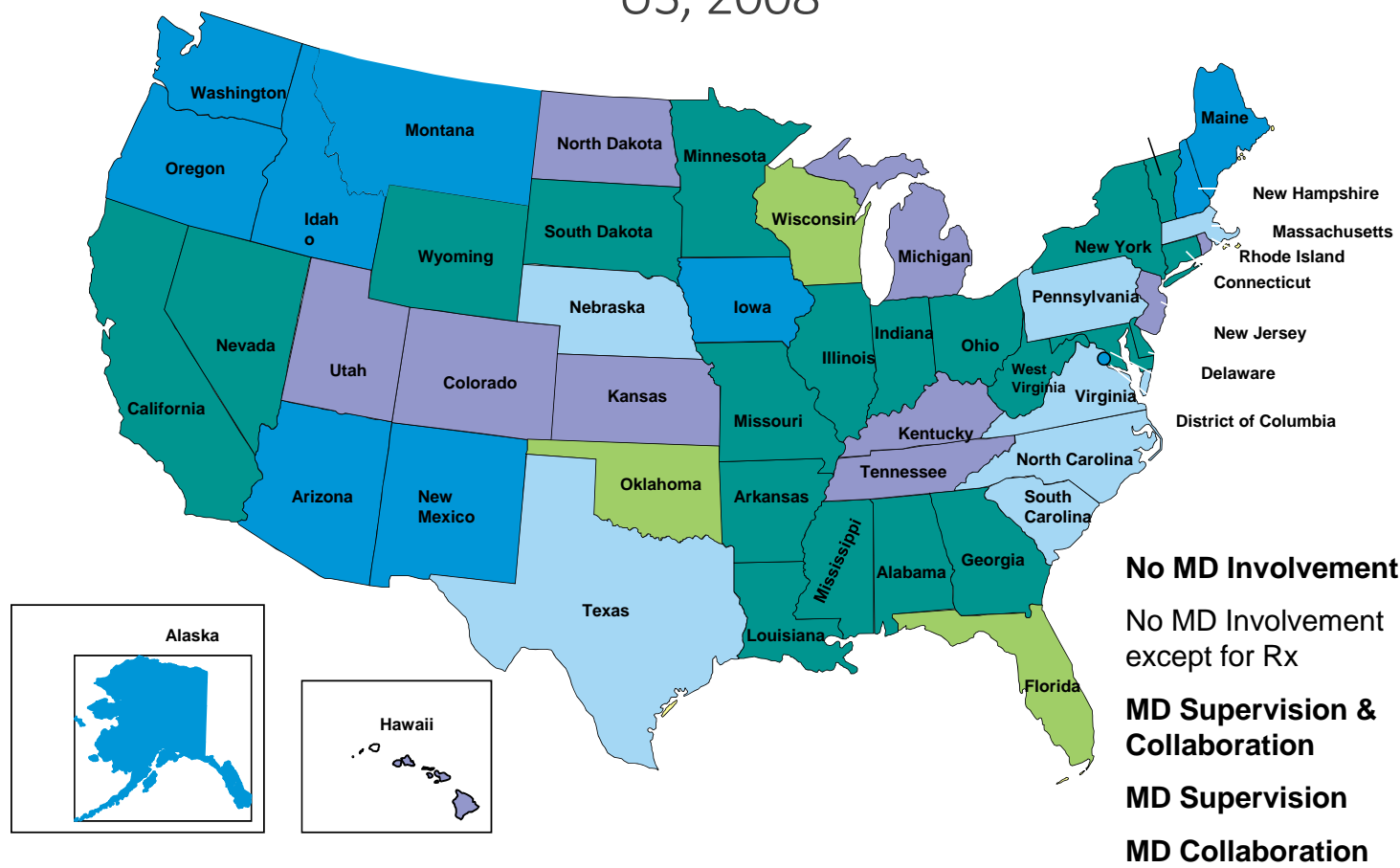
Scope of  
practice laws  
are state-  
based and  
politically  
driven...



... resulting in  
variability and  
disconnects  
between  
competence  
and authority.



# Nurse Practitioner Autonomy US, 2008



Source: UCSF Center for the Health Professions, 2007-2008

### Indicator 3: Removing Barriers to Practice and Care

**IOM Recommendation:**

Advanced practice nurses to be able to practice to the full extent of their education and training

Independent

No requirement for a written collaborative agreement, no supervision, no conditions for practice.

Not Independent

A written agreement exists that specifies scope of practice and medical acts allowed with or without a general supervision requirement by a MD, DO, DDS or podiatrist; or direct supervision required in the presence of a licensed, MD, DO, DDS or podiatrist with or without a written practice agreement.

### Prescriptive Authority

An NP is authorized to prescribe pharmacologic and non-pharmacologic therapies beyond the perioperative and periprocedural periods.

### State progress in removing regulatory barriers to care by nurse practitioners (NPs)



Data from December 2013

Data source: National Council of State Boards of Nursing  
[www.ncsbn.org/2567.htm](http://www.ncsbn.org/2567.htm); primary data collection by  
 Philip R. Lee Institute for Health Policy Studies, UCSF (Nov/Dec 2013)

# Variable, restrictive practice acts ...

---

Increase costs

Limit access

- Reinforce provider geographic mal-distribution
- Underuse our workforce

Limit job & workforce growth

Protect some careers; limit others

Hinder innovation

Have no positive impact on quality and safety



$$y_{ist} = \beta_0 + \sum_{k=-5}^{-1} \tau_k \cdot 1(t - T_s = k) + \sum_{k=1}^{11} \eta_k \cdot 1(t - T_s = k) + \gamma \cdot X_{it} + \alpha_t + \alpha_s + \epsilon_{ist}$$

---

Traczynski, Jeffrey and Victoria Udalova.  
“Nurse Practitioner Independence,  
Health Care Utilization, and Health  
Outcomes.” Working Paper 2013

# Traczynski and Udalova 2013

---

States that allow NPs to practice and prescribe without MD supervision see:

- Increases in health care utilization 16-35%
- Increases in care quality
- Reductions in emergency room use.

Primarily due to

- Elimination of MD and NP supervision time 10%
- Lower indirect costs
  - better appointment availability, lower patient travel costs

# Nature of scopes of practice ...

---

...Exacerbate  
inter-  
professional  
tensions.



The Future of Nursing:

**LEADING CHANGE, ADVANCING HEALTH**



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

**Recommendation  
#1. Remove Scope  
of Practice Barriers.  
Advanced practice  
registered nurses  
should be able to  
practice to the full  
extent of their  
education and  
training.**

# Updating scopes of practice

---

- Evidence-based
- Standardized
- Public perspective
- Overlapping



# CA Health Workforce Pilot Projects (HWPP)

HWPP offers an opportunity to safely demonstrate and evaluate new approaches to care delivery before changing laws and regulations.

Between 1973 and 2005, a total of 171 applications were made to HWPP.

121 approved and 115 implemented.

**Table 5. Pilot Program Outcomes**

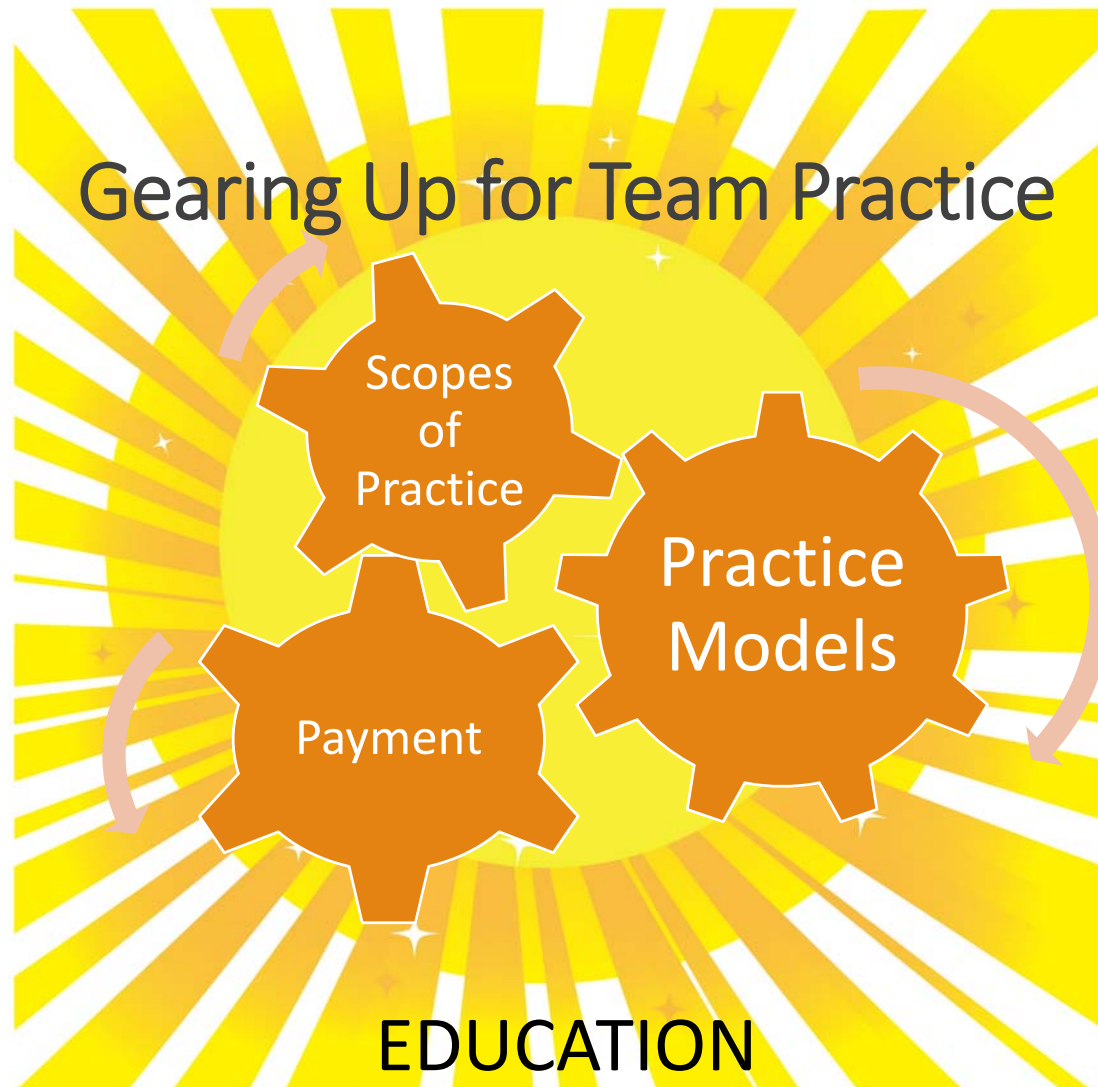
| Category | Not Approved or Not Run               |                            | Approved and Run                     |                                     |                                | Total <sup>10</sup> |
|----------|---------------------------------------|----------------------------|--------------------------------------|-------------------------------------|--------------------------------|---------------------|
|          | A                                     | B                          | C                                    | D                                   | E                              |                     |
| Outcome  | Withdrawn in review or denied by HWPP | Approved and not activated | Change in law, policy, or regulation | Terminated at the sponsor's request | Terminated for "other" reasons |                     |
| Total    | 50                                    | 6                          | 75                                   | 19                                  | 17                             | 167                 |
|          | 30.00%                                | 3.60%                      | 45.00%                               | 11.37%                              | 10.18%                         | 100.00%             |

# What's the connection to payment?

---

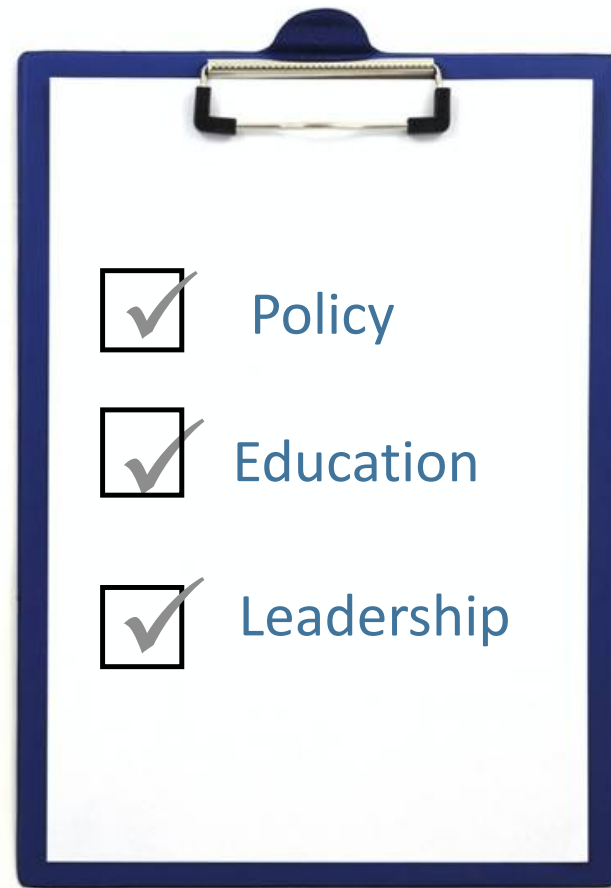
- In fee for service model, payments are tied to services provided by named or recognized providers.
  - Some professions can be kept off panels, ineligible for direct payment
  - Services maximized
- Bundled & global payments can break ties to services & professions
  - Shift focus to outcomes
- ACOs and integrated systems focus on outcomes, whole care

## Gearing Up for Team Practice



---

## Improving Team Care in Practice Models





# INTEGRATION



**CREATIVITY**



**ACCOUNTABILITY**

---

Catherine Dower, JD  
[cathdower@gmail.com](mailto:cathdower@gmail.com)

