NP Value in Value-Based Care

Knowledge is POWER!

Beth Chalick-Kaplan, DNP, CRNP, FNP-BC, CCM
Michelle Keating-Sibel, MSN, CRNP, FNP-BC

Objectives:
Participants will:
- Develop a basic understanding of value-based reimbursement
- Be able to identify major value based care and reimbursement models including, but not limited to: Patient Centered Medical Homes (PCMH), Accountable Care Organizations (ACOs), and Medicare’s Quality Payment Program (QPP)
- Be able to identify three sources to obtain additional information and resources to increase their likelihood of success in value-based reimbursement models, and
- Be prepared to successfully utilize this knowledge in salary and contract negotiations, and transition to leadership roles.

The Landscape
- Primary Care Physician Shortage
- Full Practice Authority Expanding (23 states plus D.C)
- Health Care Reform
- New delivery and payment models

New Delivery and Payment Models

- Patient Centered Medical Homes (PCMH)
- Centers for Medicare and Medicaid Innovation (CMMI) Models/Demonstration Projects
- Accountable Care Organizations (ACOs)
- Medicare Shared Savings Programs (MSSPs)
- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- Quality Payment Program (QPP)
  - Merit-Based Incentive Payment System (MIPS)
  - Advanced Alternate Payment Models (APMs)

QPP Performance Categories

- Quality
- Cost
- Improvement Activities
- Advancing Care Information

So what does this all mean?

What you do today directly impacts how you/practice/system are reimbursed...
The 411 on the QPP

- NPs who bill Medicare Part B Services for their Fee For Service (traditional) Medicare patients are required to participate and report data the same way our physician colleagues (and CNs, CRNAs, PAs) do*
- Must prove the value of your services through selective measure reporting
- Select measures that demonstrate patient-centered care, quality improvement and sustainable business operations

*exemptions may apply

Do you know your impact on your MIPS score?

- You were responsible for part of that score
- How is your value recognized within your practice?
  - Incentive payment equal to your performance?
  - Additional time off?
  - Other benefits?
  - Negotiating power?
  - Feel good?

We know our numbers*...

- More than 234,000 NPs practicing across the United States
- 87% of NPs are prepared in Primary Care
- 85% of NPs see Medicare patients
- NPs conduct more than 870 million patient visits each year (not including services billed “incident to”)

*AANP Talking Points, accessed 9/17
And We Know our Value...

- Quality outcomes at lower cost: Every study demonstrates that NP PCP outcomes are equal to or better than our physician PCP counterparts with significantly lower cost.
- Every study, including a recent Medicare study, finds that the cost of care including ER visits and inpatient stays is 20-30% less for patients of NP PCPs than physician PCPs with quality of care being equal to or better.


And so does the Institute of Medicine...

- The IOM/RWJF Future of Nursing report cites hundreds of articles in peer reviewed journals and presents dozens of case studies that demonstrate the harmful impact of today’s scope of practice barriers. The published literature uniformly shows that nurse practitioners provide care that is high quality, cost effective and equal to or better than the same care provided by physicians.

So what do we do now?

...Continue to Provide high quality, cost effective care...

SOUND FAMILIAR???
Know Your Role

- It’s more important than ever to know what you do, how you do it, how well you perform, and why YOU are critical to your practice, your patients, and the bottom line.

- Always remember - patient care is paramount...but in order to provide patient care an organization must be profitable.

  NO MARGIN NO MISSION! (Berkowitz, 2015)

Improving your outcomes

- Quality, Cost Effective, Preventative
- “An ounce of prevention is worth a pound of cure.”
- Know what is being measured
  - If you can choose – focus on what you’re good at
  - If you can’t, make sure you know what measures have been chosen
  - Be able to determine if meeting these measures is realistic given your patient population

It matters to your patients...

- Improving Quality of Care for your Medicare Patients
  - Remember what you’re measuring/reporting

Examples:
- Preventative screenings: mammogram, colonoscopies, etc.
- Diabetic Hgb A1C control
- Tobacco cessation
- Diabetic screenings: podiatry, ophthalmology
- Weight management
It matters to your organization...

- Depending on the data you submit by March 31, 2018, your 2019 Medicare payments will be adjusted up, down, or not at all (CMS, 2017).

...and it matters to you!

- Improved Patient Outcomes
- Quality vs. Quantity
- Increased job satisfaction
- Potential for increased Compensation
- Increased professional parity

Nurse Practitioners are known for high quality care and now we have the opportunity to prove it further and finally be compensated for it!
Knowledge is Power

But first, a few thoughts:

As we move into value based reimbursement keep in mind that as NP we must provide and document value

Professional Parity:
   We must get rid of the clock-in/clock-out mentality

Even if you are employed by a practice or health system - remember you are in the business of YOU, therefore self-improvement is ongoing and your responsibility

Knowledge is Power

► This is just the tip of the iceberg, but adding information on value based reimbursement to your tool bag will help you navigate your search for opportunities or contract renegotiation

► Think of it this way
   ■ Right now employers/systems are working hard to motivate their clinical staff to embrace the new reimbursement models
   ■ Make it easy on them, jump in & embrace it
The Job Search—What’s important to YOU!
Make your top 10 list...

- Compensation
- Vacation
- Schedule
- Specialty vs. Primary Care
- Training
- Orientation
- Potential for Growth
- Commute
- Co-workers
- Reputation
- Bonus
- Benefits

New NPs—What’s next

- What’s important to you? What’s negotiable, what’s not
- Prepare your resume
- Submit resume; job boards, walk in, professional meetings, networking, friends
- Interview Preparation
- Offers
- Review offers
- Accept position

New Nurse Practitioners: The Basics

- Resume
  - Highlight clinical rotations
  - Patient population, chronic disease, age, ethnicity
  - Research the practice you are interviewing with
  - Know their patient population
  - Are they familiar with Nurse Practitioners
- Make sure your cover letter and resume translate all of the above to match the job descriptions
New NPs - The Interview - You’re interviewing them too!!

- Business attire
- Resume/Cover letter in hand
- Arrive 15 minutes early
- Have references ready (3 professional, 2 personal; most current/best contact info)
- Data to support your experience-tracked clinical hours? Pie Charts, graphs-age, gender, ethnicity
- Role transition-expect nerves but know the expectations for your new role-the one you’re interviewing for!

Review the Contract

- Salary
- Bonus
- Schedule
- Non-compete clauses
- Resignation notice
- Contract renewal terms

When do you think about/plan for contract renegotiation?

- Journal your accomplishments and successes as you go
  - Professional
  - Personal
  - Clinical successes
- Highlight your talents
  - Training staff, new NPs, or students
  - Patient satisfaction
  - Team player

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If asked, what would your colleagues say about you...

If it wouldn’t be complementary something needs to change!

Professional

- Speaker/Poster opportunities at conferences
- Professional Association recognitions
- New designations
- Did you recruit anyone to the practice?

Personal success/achievements

- Volunteer opportunities
- Personal accomplishments
  - Physical fitness, marathons, tri-athlons
  - Coaching
  - Boards/committees—directly or indirectly related to your professional position
- Why does this matter?
  - Even when you’re off you’re always representing your profession/organization
  - Being a community leader can positively influence your practice!
Clinical Successes are DIAMONDS!!

- Keep a list of patient scenarios where your clinical judgement, education, assessment led to a change
- Should always include examples of quality measures
- Weight loss
- Lowered A1c
- Smoking cessation
- Preventive screenings
- DM screenings
- Patient driven goals: walk across a room, pick up your grandchild

Know what NPs earn

- There are numerous resources that will provide detailed information about NP compensation packages in your local area, with comparable experience
- Keep in mind, you might make more than NP in your geographic area, that’s fine...
- You just have to demonstrate to your employer why you have earned what you are asking for

NP Compensation Package

- Salary
- Bonus
- Benefits
  - Health
  - Dental
  - Vision
  - Life
  - Disability
- PTO/Vacation/Sick
- Retirement/401k
- Profit Share
- CME Reimbursement
- Licensing fees: state, DEA
- Resources
  - UpToDate
  - Epocrates
  - Journal
  - Resources
In 2017, the mean, full-time base salary for an NP was $105,670.

According to Salary.com, the median NP salary as of August 2017 was $101,837.

2017 Nurse Practitioner Salaries

- In 2017, the mean, full-time base salary for an NP was $105,670 (AANP National Nurse Practitioner Sample Survey).
- As of August, 2017, the median NP salary was $101,837 (Salary.com).

Resources

- ACOs: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/
- Salary Reports: https://www.aanp.org/research/reports
- Local PCNP Chapters: FIND YOUR CHAPTER AND ATTEND!!!
Final Thoughts
So when someone says...“So, you are almost a doctor?”

What you are:
An advanced practice registered nurse (APRN) certified in specialty areas such as family, pediatrics, adult/geriatric, etc. Nurse practitioners are prepared to provide a full range of health care services, including but not limited to:
- Ordering, performing and interpreting diagnostic tests such as lab work and x-rays.
- Diagnosing and treating acute and chronic conditions such as diabetes, high blood pressure, infections, and injuries.
- Prescribing medications and other treatments.
- Managing patients' overall care.
- Educating patients on disease prevention and positive health and lifestyle choices.

What you are not:
- Non Physician Provider
- Mid-level provider
- “Just a nurse/nurse practitioner”
- Physician Assistant