

The Promise of Nursing in Population Health: The Experience of Banner Health

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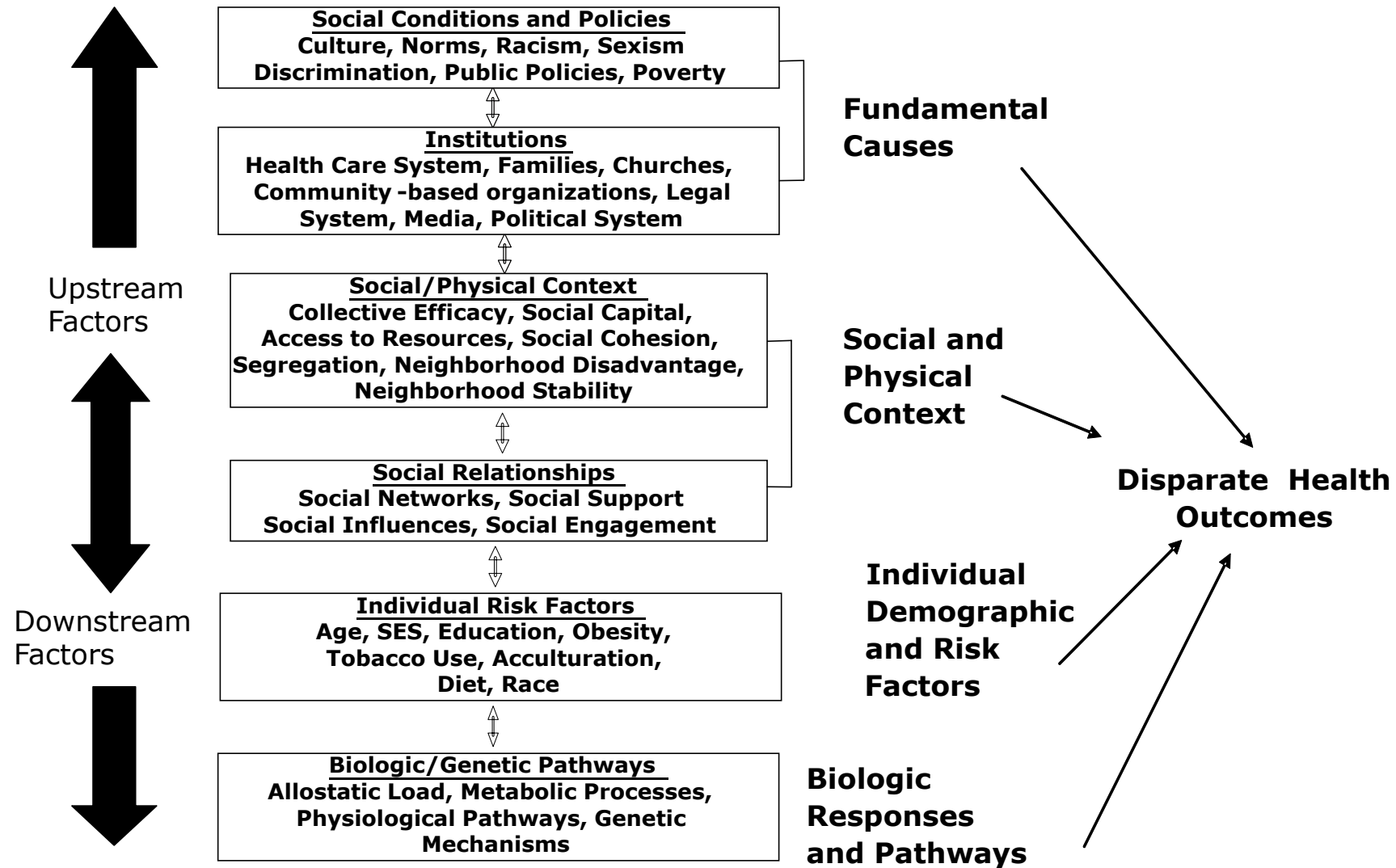
Population Health

- Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group (Evan & Stoddart, Kindig & Stoddart)
- The goal of population health is to improve the quality of care and outcomes while managing costs for a defined group of people (Churchill)
- Population health signals a change in the way health care is accessed, provided and utilized — a move away from reactive responses to an individual's health needs. The concept marks a fundamental shift towards outcomes-based, proactive approaches...and prevention efforts while reducing disparity and variation in care delivery (Cohen)
- Population health is the study of health outcomes, patterns of health determinants and disease states in populations (Stanford Medicine)

What is a Health Disparity?

- “Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage”
- Social determinants of health
- \$1.24 trillion → costs of health inequalities and premature death in the U.S. from 2003 and 2006. (JCPES, 2010)

Model for Analysis of Population Health and Health Disparities



Why Navigation?

- Need for great psychosocial support of patients' needs – It's about the patient and their family
- Fragmentation of the healthcare system
- Health disparities and promotion of health equity
- Increase quality coordinated care and provision of medical home

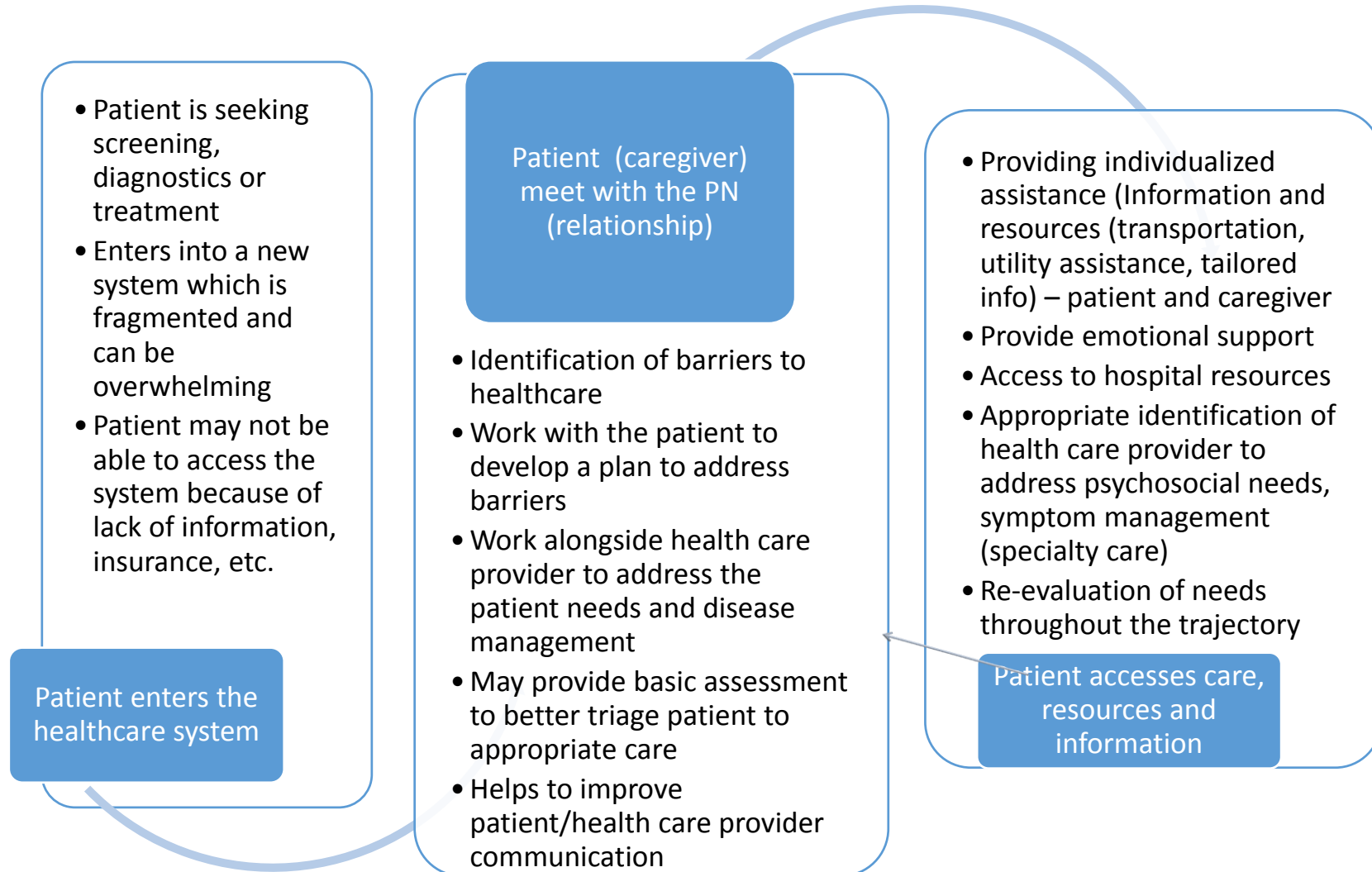
Why Navigation?

- Development of support services that are cost-effective, improve efficiency, and provide quality outcomes
- Increase quality coordinated care and provision of medical home
- Development of support services that are cost-effective, improve efficiency, and provide quality outcomes

Patient Navigation

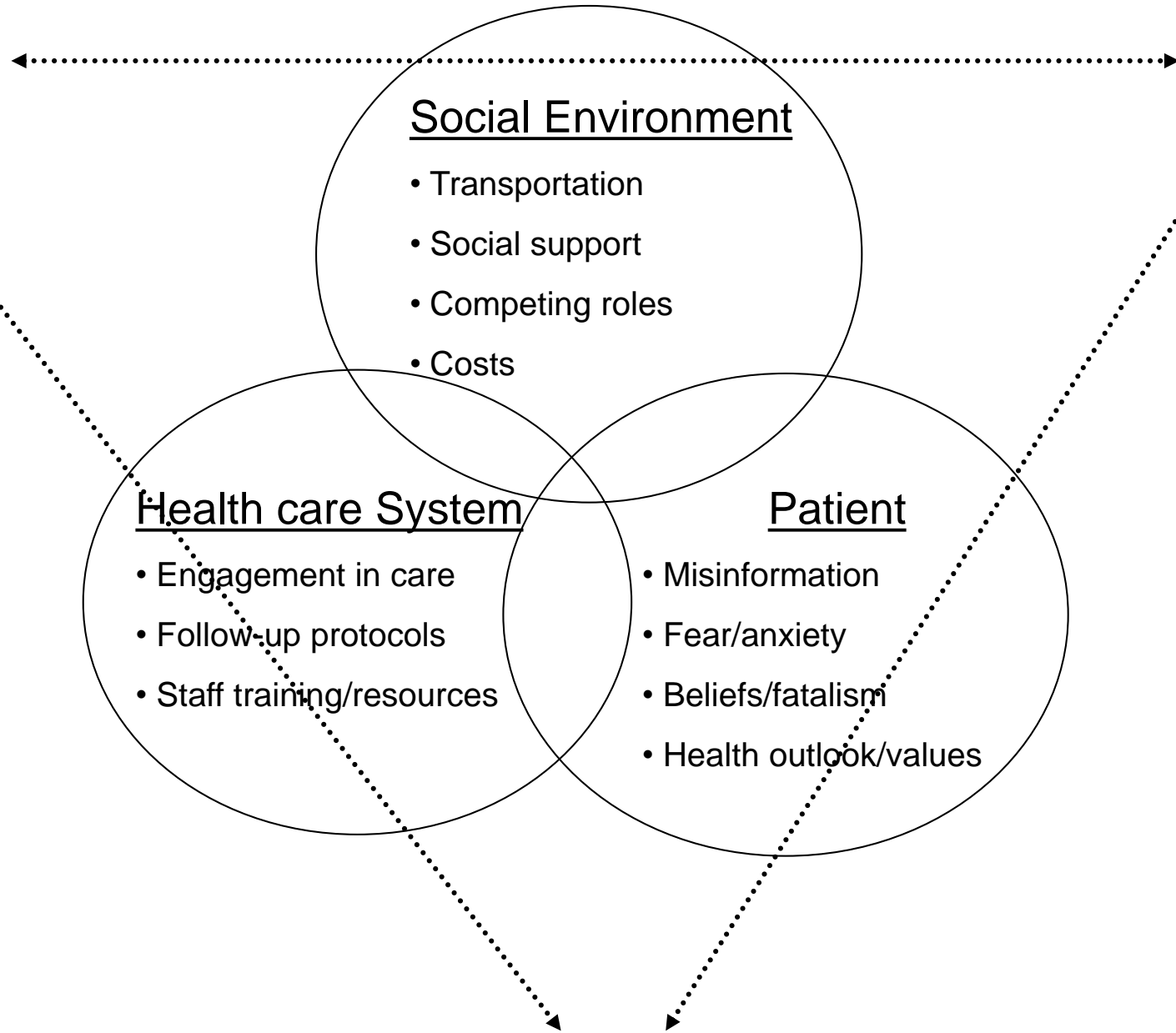
- Navigation services and programs should be provided by culturally competent professional or non-professional persons in a variety of medical, organizational, advocacy, or community settings
- The type of navigation services will depend upon the particular type, severity, and/or complexity of the identified barriers and the organization/system in which the program operates

Navigation in Action

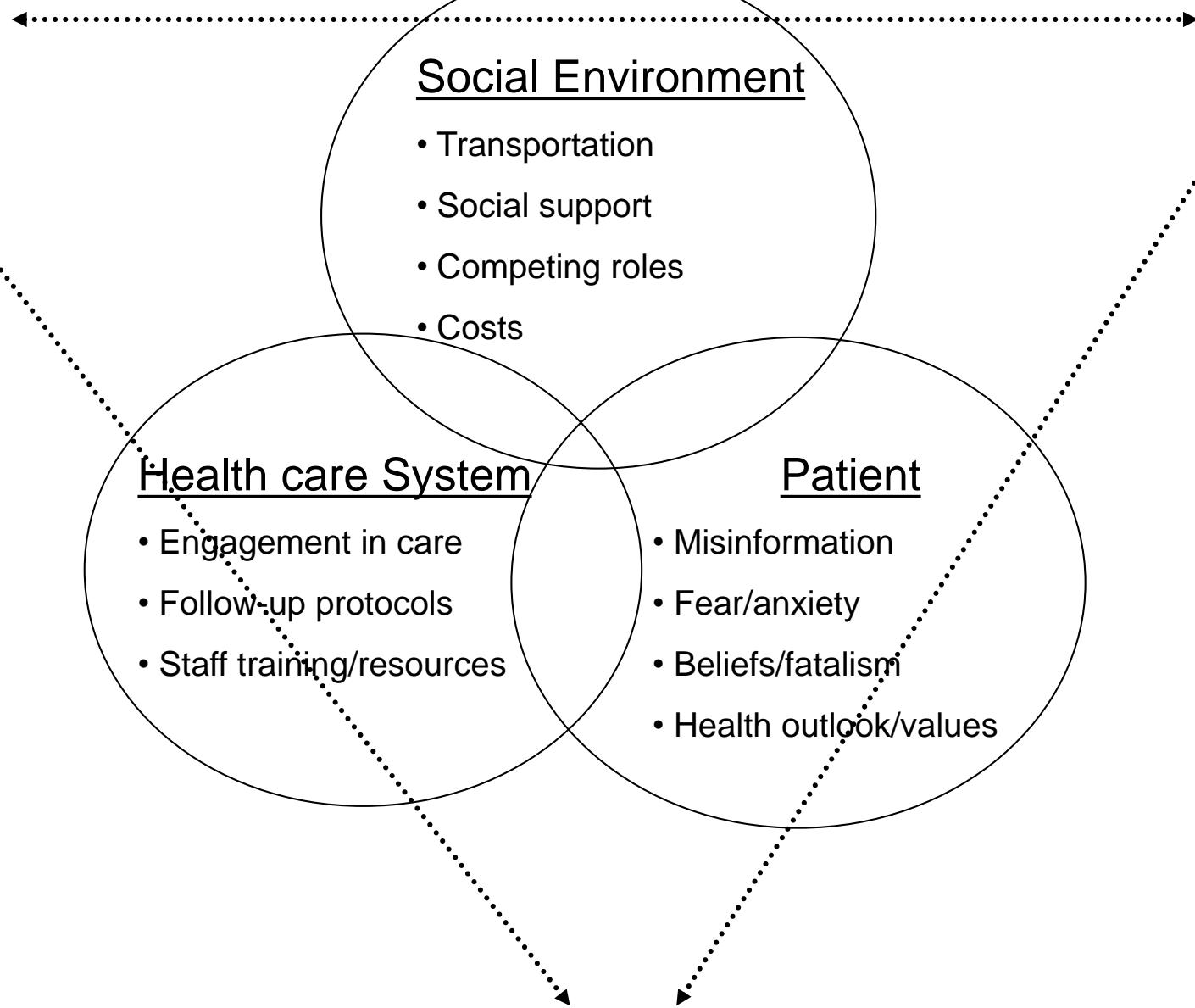


Social Worker

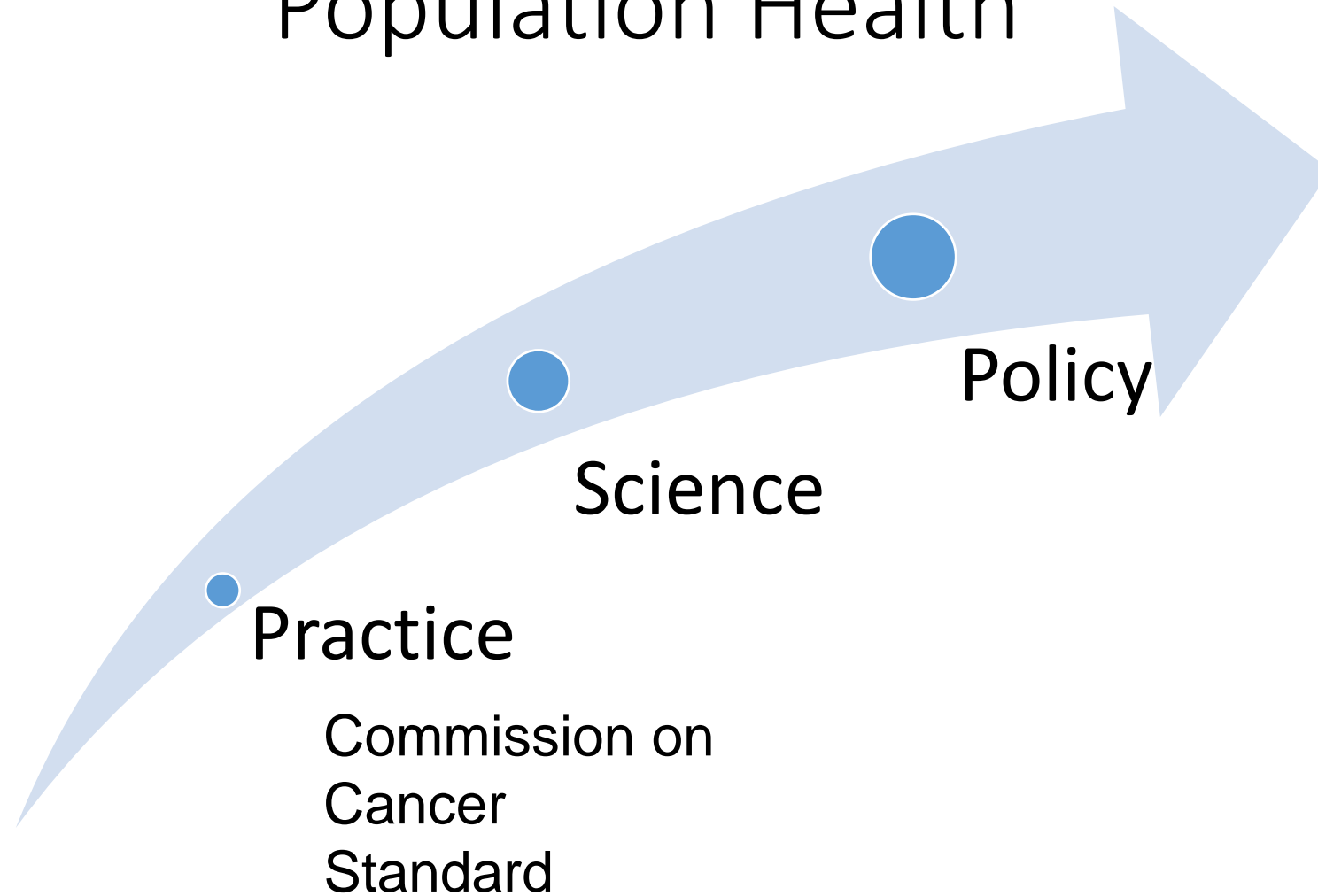
Lay Navigator



Nurse



Integrating Navigation into Population Health



Commission on Cancer Standard

Patient Navigation

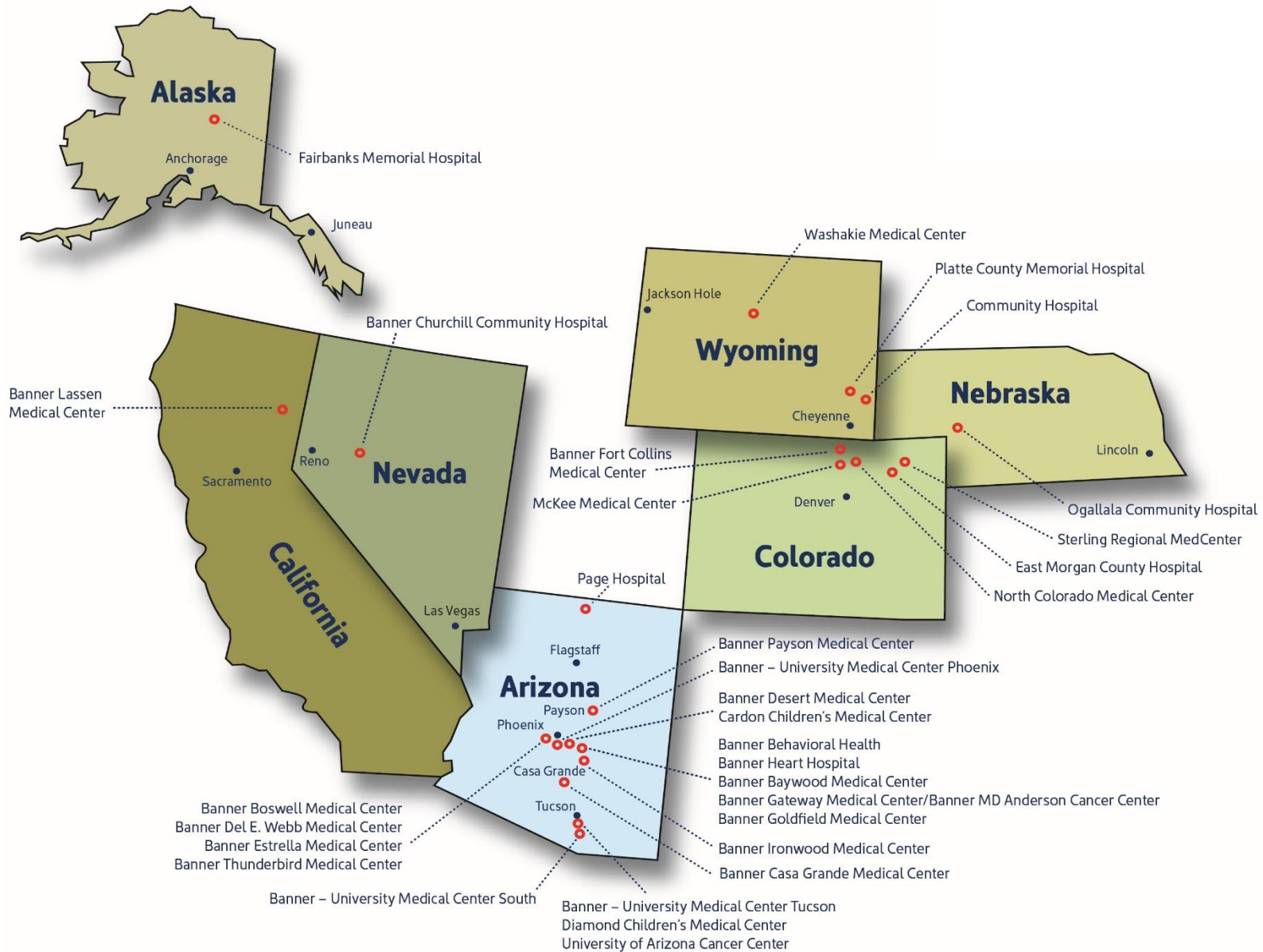
- ***S 3.1: “The cancer committee conducts an assessment of barriers to care for patients with cancer. A patient navigation process is established to address barriers to care for patients with cancer and health care disparities either on site or by referral. The cancer committee evaluates and reports on the process annually.”***
- Provide a navigation process to overcome barriers to care
 - Facilitate timely access to quality medical and psychosocial care
 - Requires an initial needs assessment by the cancer committee
 - Cancer committee responsible for evaluating and reporting on the process each year

Future of Navigation in Population Health

- Clarification on the definition, skills and competencies of lay navigators
- Standardize training: facilitate integration into the health team
- More effective use within the healthcare system
- Maximize nurses' skills and knowledge - allowing them to work at the top of their license
- Demonstrate cost-benefit; budget impact; cost-effectiveness

Banner Health

- Established in 1999 as a not-for-profit, multi-state (currently seven), healthcare system
- Pioneer ACO
- Operating model emphasizes reduction of variation in all areas
- Operates:
 - 29 hospitals
 - Homecare and Hospice
 - Academic- and community-based delivery
 - Ambulatory Care
 - Banner Medical Group and Banner University Medicine Physicians
- 47,000 employees, somewhat more than 1/3 are nurses



Pioneer Accountable Care Organization (ACO)

- Created by CMS in the Center of Innovation (CMMI).
- Five-year program starting in 2012 and ending 12/31/16.
- Thirty-two entities started in Year One. No further applications were accepted.
- There are now 18 remaining Pioneer ACOs for Year Four, and even fewer for Year Five, as several did the early conversion to Next Generation (starting 1/1/16).

Four Foundational Elements – THE HOW

Banner Health Network



**Care
Management**



**Air Traffic
Control**
*Real time
monitoring*



**Actionable
Data
Analytics**



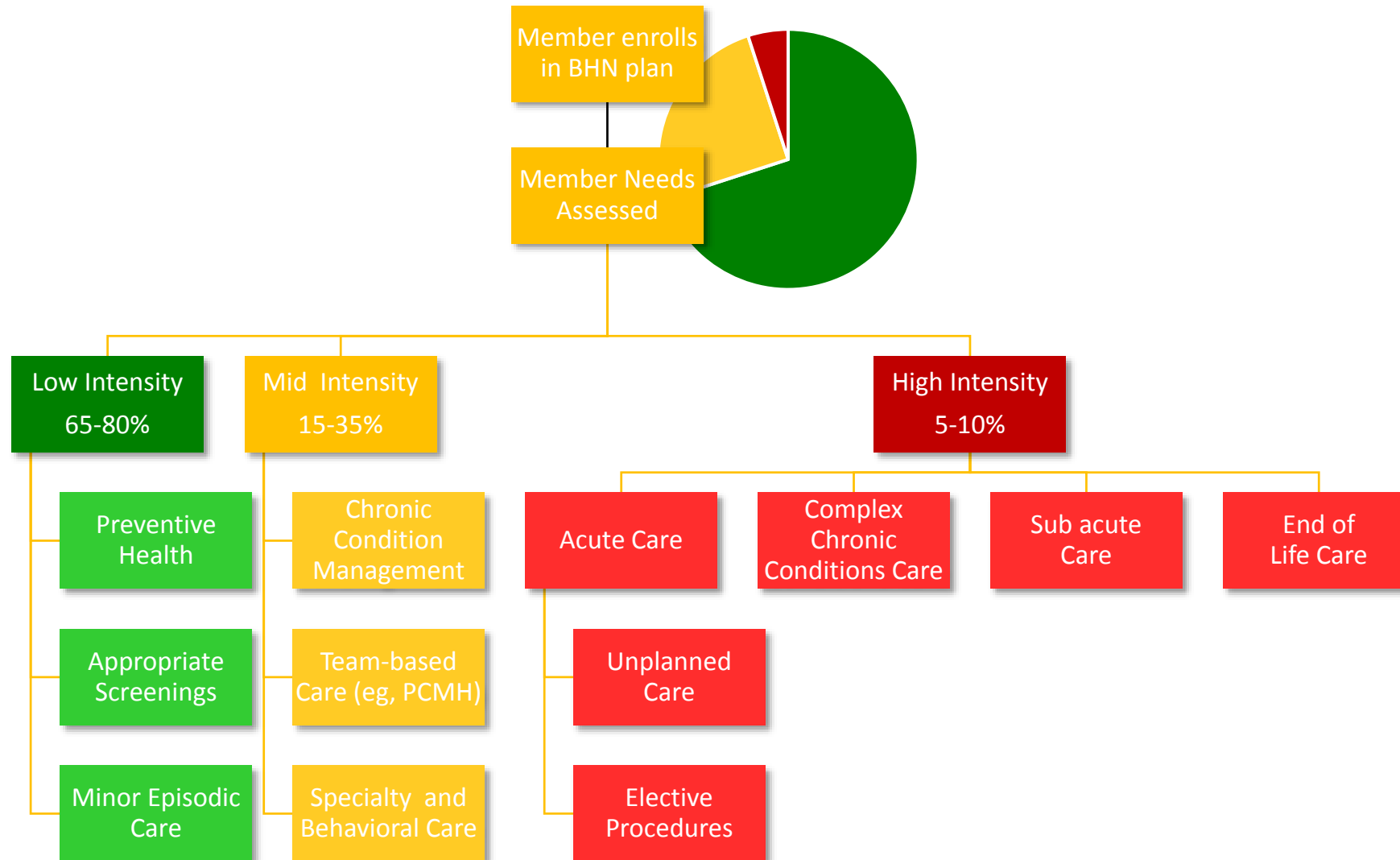
**Seamless
transitions of
care**

Banner Health Integrated Care Delivery Model

Network Changes

- For the Pioneer Provider List, we add PCPs and a small subset of primary specialists (e.g., cardiology, oncology, nephrology) as allowed by CMMI.
- We were able to add facilities and ancillary providers, such as hospitals, post acute facilities and home care.
- For Next Generation ACO, we will add the same providers, but they will have different names:
 - Primary Care and Specialists will be ***Providers/Suppliers***
 - Providers in our network who don't fit the taxonomy codes for *Providers/Suppliers* can be added as ***Preferred Providers***
 - SNFs will be ***Affiliates*** (these providers can be used for 3 Day Waivers)
 - If we participate in Capitation, we can add providers as ***Capitated Affiliates***.

Health Management Model



Nurse

Implementation

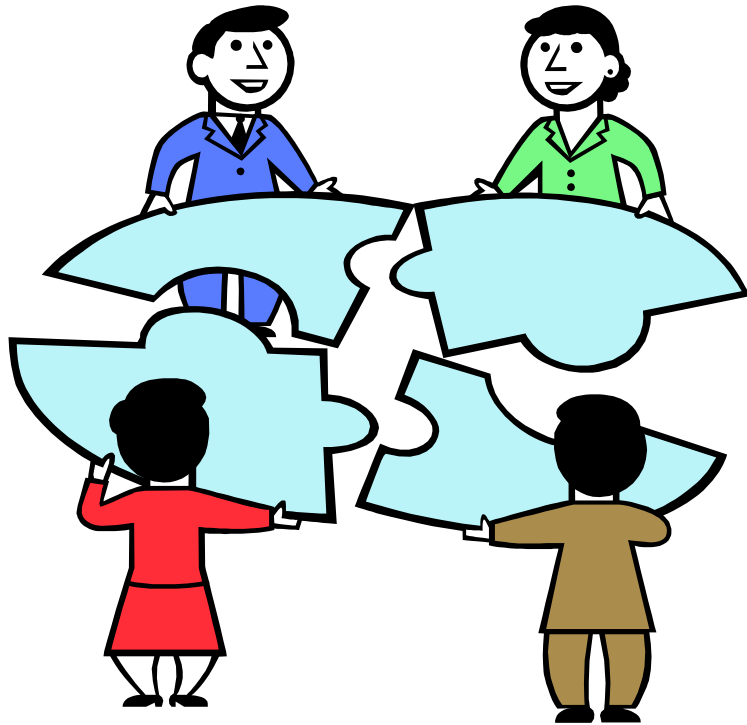
Surveillance

Member

Current Roles for BSN Nurses at Banner

- Care Coordination
- Medical Management
- Disease-specific focus
- Triage
- Remote, technology-enabled surveillance and intervention

Care Coordination



- Classic Case Management:
 - Ensuring high-risk and other members receive the care, follow-up, education, and programs they need

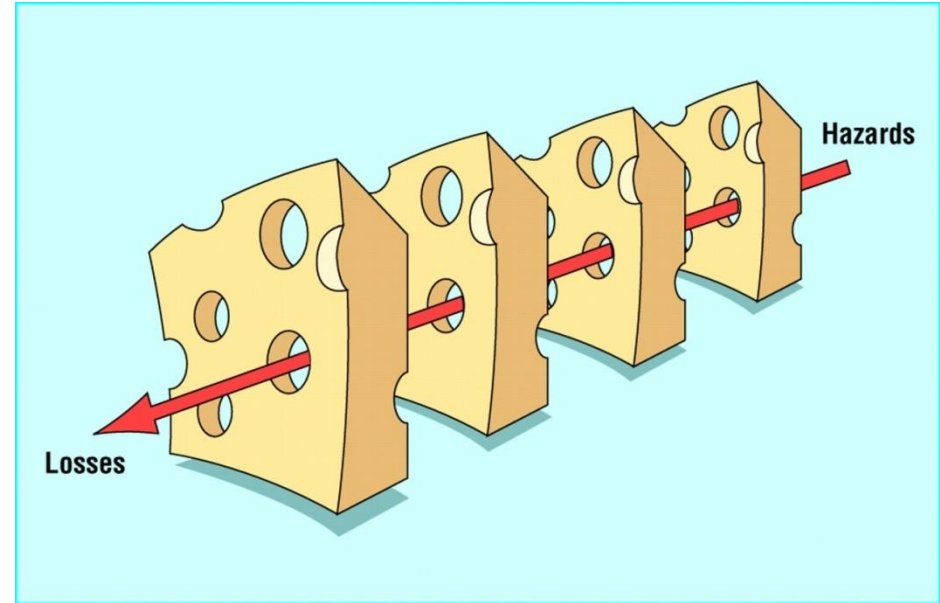
Medical Management

- Prior authorization
- Concurrent and retrospective review
 - Appropriateness
 - Alignment with contracts



Disease-Specific Focus

- Diabetes
- High-risk pregnancy
- Behavioral health
- Providing:
 - Education
 - Training
 - Follow-up
 - Response to care questions and needs
 - One-on-one or in groups



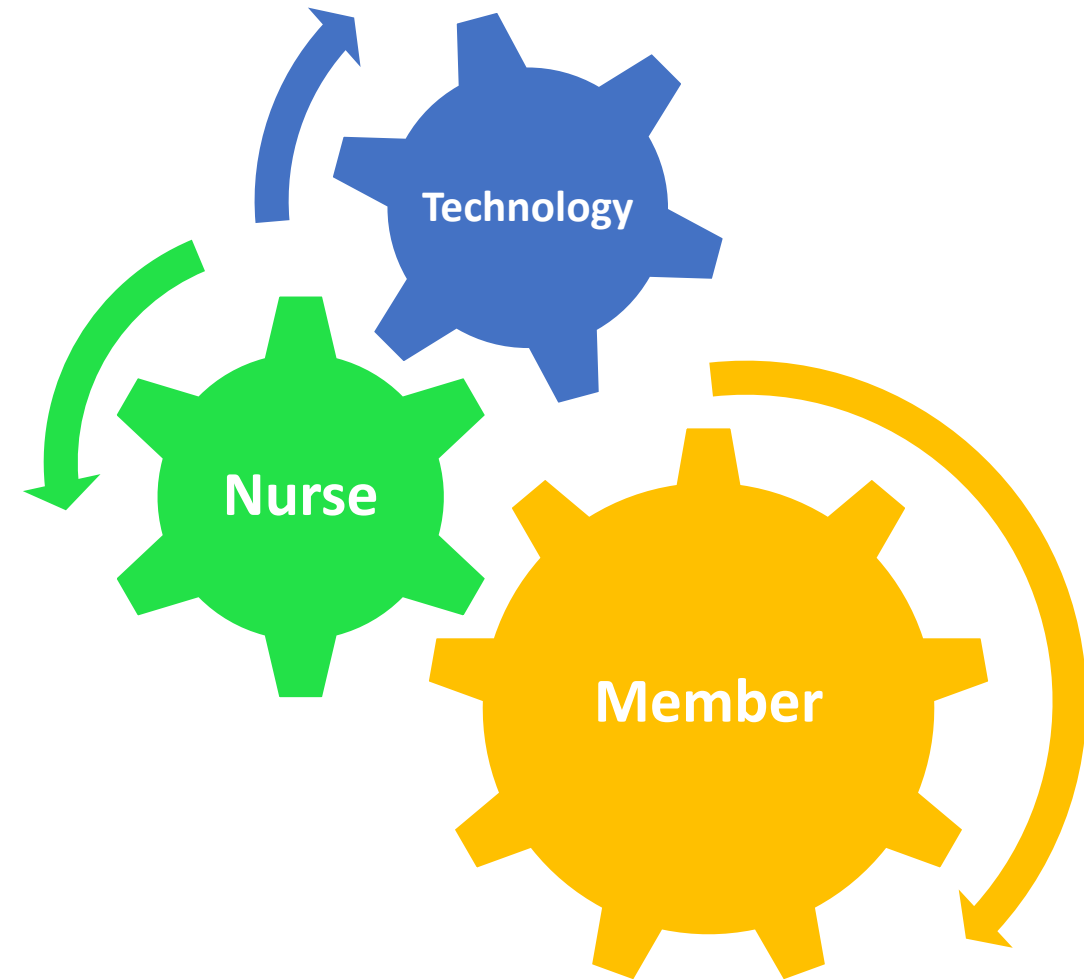
Triage

- Telephonic
- Webchat
- Member-initiated
- Target high utilizers of most intensive services
- Referred to the appropriate level of care
- Assist with access to care

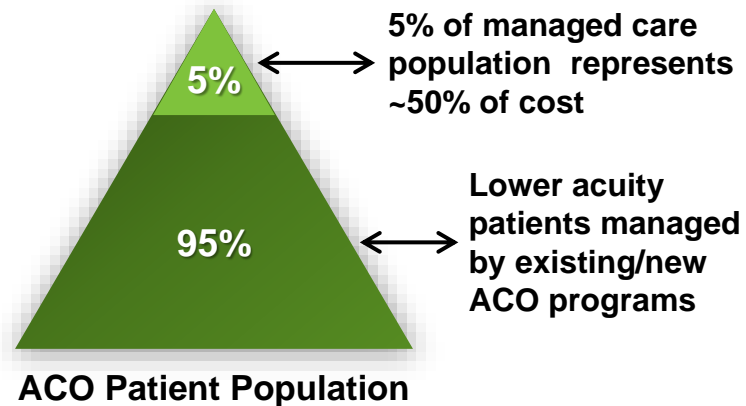
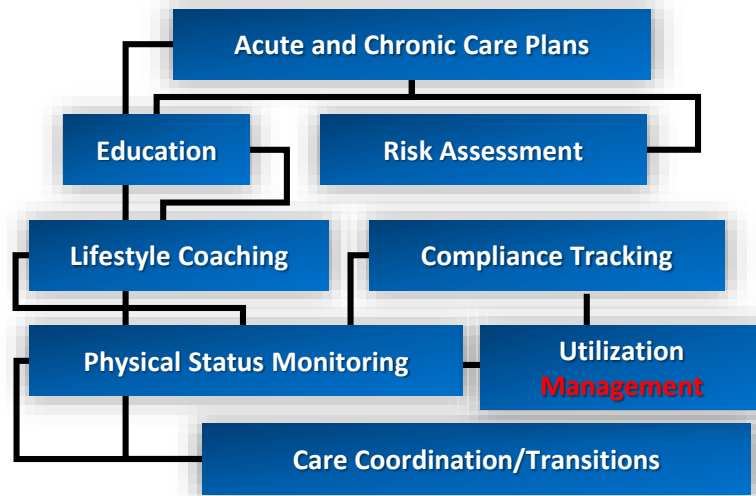


Remote, Technology-enabled Surveillance and Intervention

- “Air Traffic Control”: Follow algorithms for care enhanced by professional competencies
- Address care gaps: Leveraging the cognitive expertise of the nurse, utilizing the tactics of surveillance, and the enabling technology to manage health across large populations (700 members/3 RNs)
- With and without direct member contact



Example: Intensive Ambulatory Care Program



Design Concept

- Extension of the TeleICU and TeleAcute care model
 - Telehealth team manages highest risk, highest cost outpatients

Care Model

- “Perpetual” management of high-risk patients with chronic health conditions
 - Targeted population (top 5%) allows high intensity, home-focused care
 - Dedicated IAC care team (physicians, nurses, pharmacists, coaches, MSW, quarterbacks) provides coordinated, proactive care;

Structure

- Advanced data tools and in home devices enable daily patient assessment and centralized patient management from TeleHealth center
- High touch services for patient education and support

Future Roles for Nurses



- Working with informaticist to hardwire information required in documentation for communication, coding, risk-adjustment
- Remote monitoring
- “Quarterback” of the Population Health Team
- “Managing Up”: ensuring all necessary data is obtained and available in advance of member interaction with the care team
- Maximizing scope of practice with innovation in roles

Education Needed

- Managed Care 101
- Population Health competencies
- Continuum-focus
- Leveraging cognitive expertise using technological tools
- Coaching skills
- Value-based care
- Motivational interviewing techniques
- Ambulatory care delivery models
- Independence in practice
- Coordination of multi-disciplinary teams
- Pattern recognition
- Moving from Novice to Expert in non-linear ways



For Discussion

Where might we focus attention most effectively in order to harmonize educational programs and regulatory requirements such that the nursing workforce has the expertise and competencies needed in the future?