



Interprofessional Practice: What are the Challenges and Opportunities for Nursing Practice?



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The Affordable Care Act - Opportunities for Interprofessional Practice



Essential Health Benefits :

Opportunities for Interprofessional Practice

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity & newborn care
- Prescription drugs
- Laboratory services
- Mental health & substance use disorder services
- Rehabilitative services
- Preventive & wellness services & chronic disease management
- Pediatric services

APRNs Provide Essential Benefits

All four APRN
roles need to be
included in
health
Exchanges

Ambulatory Services

Maternity & Newborn Care

Services during
Hospitalizations

Chronic disease management

Mental health & substance
use disorder services

Opportunities for Interprofessional Practice

Nurses and

- Patients and Family Caregivers
- Pharmacists
- Therapists – PT, OT, SLP
- Psychologists
- Social Workers
- Physicians

CARE COORDINATION exemplar

INVISIBLE WORK

Challenges in Interprofessional Practice



Nurses are invisible providers
“It’s the things that can be counted that become the things that count. Registered nurses are merely counted upon.”

Peter McMennamin, PhD

EXAMPLES

- RN and APRN work invisible in hospital claims
- RN and APRN work invisible in in CPT E&M claims – billed “incident to”

Data Challenges - Interprofessional Practice

- Attribution of results is typically to one provider (physician) or practice
 - Comprehensive Primary Care Initiative
 - Accountable Care Organizations
- Large National Data Sets
 - Do not ask about APRN or RN care
 - Medicare Current Beneficiary Survey
 - MEPS
 - Health Care Cost Institute
 - Omit or lump together nurse providers
 - NAMCS & NHAMCS – NPs & CNMs, RNs & LPNS
 - UDC – RNs & LPNs
 - Medicare Claims
 - Medicaid Data

Patient Outcomes Data

- 🔥 PQRS
 - Group Practice Reporting Option – lists providers but no attribution
 - Starting to get outcomes but not attributed
- 🔥 Pfp
 - Patient outcomes include readmissions, pressure ulcers, CLABSI, CAUTI, injuries from falls, and others
- 🔥 Large Multi-Specialty Groups – Geisinger, Mayo, Kaiser, Puget Sound
 - Report patient outcomes but attribution not reported
- 🔥 Veterans Health Administration
- 🔥 National Center for Interprofessional Practice & Education
 - National Standardized Research Database – UNDER DEVELOPMENT

Recommendations

- 🔥 **Team -Based Accountability**
 - Payment Models include all Providers – APRNs and RNs
- 🔥 **With Attribution**
 - All Providers – APRN and RN – obtain NPI numbers
 - Eliminate incident to billing
 - Require a billing modifier for any services billed by a physician that s/he did not personally perform
- 🔥 **To ensure Accuracy**
 - Claims data
 - National large data sets
- 🔥 **And Equitable Payment**



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