Nurse Practitioner Leadership For Payment Reform
Objectives:

First
Participants will understand the purpose and structure of the Transforming Clinical Practices Initiative (TCPI)

Second
Participants will understand the benefits of TCPI participation for Nurse Practitioners

Third
Participants will learn how they can enroll in the TCPI through a Practice Transformation Network
HELLO!

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Director, Practice Transformation and Quality Improvement, National Nurse-Led Care Consortium
1. Transforming Clinical Practice Initiative
Practice Transformation

One of the largest-ever federal initiatives to support practice transformation through collaborative and peer-based quality improvement
MACRA and the Quality Payment Program

- Medicare Access & CHIP Reauthorization Act
- Establishes the **Quality Payment Program**
- Streamlines several quality payment programs into Merit-based Incentive Payment System (MIPS)
- Incentive payments for clinicians participating in an Advanced Alternative Payment Model (APM)
- Most clinicians will be involved with MIPS:
  - Quality
  - Resource use
  - Clinical practice improvement activities
  - Advancing care information
Structure of the TCPI

- National network of peer-based quality improvement networks (PTNs)
- Share change methodologies, tools, published literature, and technical assistance programs
- Help clinicians prepare for transition away from fee-for-service to value-based payment
Clinical Journey of the TCPI
Over-Arching Goals of the TCPI

- Support more than 140,000 clinicians in their practice transformation work
- Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients
- Reduce unnecessary hospitalizations for 5 million patients
- Generate $1 to $4 billion in savings to the federal government and commercial payers
- Sustain efficient care delivery by reducing unnecessary testing and procedures
- Transition 75% of practices completing the program to participate in Alternative Payment Models
- Build the evidence base on practice transformation so that effective solutions can be scaled
## Practice Transformation Networks

<table>
<thead>
<tr>
<th>What?</th>
<th>Why?</th>
<th>Who?</th>
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<tbody>
<tr>
<td>29 grant-funded, peer-based learning networks that have responsibility for enrolling and supporting clinicians that will take part in TCPI</td>
<td>Provide <strong>FREE</strong> “boots on the ground” technical assistance and services to help realize practice transformation – set quality goals</td>
<td>Enrolling MDs, NPs, DOs and PAs in primary and specialty care and their practices (clinicians cannot be a part of existing ACO or MSSP)</td>
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Support and Alignment Networks

What?
10 grant-funded networks of professional associations that have responsibility for raising awareness of TCPI amongst clinicians and aligning CE and training with TCPI

Why?
SANs help ensure clinicians are aware of the TCPI and understand its importance; also help match clinicians to the best network for their practice

Who?
NNCC and AANP have teamed up to make sure NPs are aware of the TCPI and are connected to a PTN that meets their needs
NNCC and AANP Collaboration

Nurse Practitioner Support and Alignment Network

- Raise Awareness of TCPI in NP Community
- Provide Referral Services to Link NPs to Best-Fit Networks
- Provide Ongoing Education and CE to Help NPs Achieve TCPI Aims
NNCC/ AANP Project

Goals

- Raise awareness of TCPI among NPs
- Recruit 7,100 NPs into PTNs that fit the needs of their practices over four years
- Provide PTNs with NP-specific CE resources to support continued engagement
- Develop TCPI-related content specifically for the NP community
- Ensure NPs can thrive in a value-based payment environment
2. Importance of NP Leadership in Practice Transformation
222,000+ NPs
Licensed in the United States in 2016

870 million visits
In 2016

83.4% Of NPs are prepared in primary care

*Figures from AANP National Sample Survey 2016
<table>
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<tr>
<th>Past Exclusion</th>
<th>Low Participation</th>
<th>TCPI Opportunity</th>
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<tbody>
<tr>
<td>NPs often unintentionally excluded from past payment reform efforts, or as afterthoughts – PQRS or Meaningful Use – often due to billing methods</td>
<td>As a result, NP participation rates in value-based payment programs or incentive programs are below those of physicians</td>
<td>NPs were consciously chosen as founding partners in the TCPI process – opportunity to affect design and rollout of program</td>
</tr>
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TCPI Embraces Principles of Nurse-Led Care

TCPI Change Package embraces elements of nurse-led care: patient engagement, team-based care, community engagement, enhanced access, culture of quality and workforce vitality!

Photo credit: James Gathany, Judy Schmidt, USCDCP
3. Benefits of NP-TCPI Collaboration

Practices and PTNs Benefit from NP Participation
The Role of NP Leadership in Practice Transformation

Familiarity
NPs will be familiar with many of the concepts and drivers laid out in the TCPI Change Package.

Practice Style
NPs have experience working in a collaborative format with peer-based networks and as part of care teams.

Experience
Nurse-led practices understand the importance of sustainability and NPs have often participated in peer-driven quality projects.
TCPI Can Support NPs and Nurse-Led Care

**Resources**
NPs are more likely to work in low-resource settings that cannot afford external consultants to assist with transition to P4P.

**Size**
NPs are more likely to work in smaller practices and can benefit from collaboration with a larger network of clinical peers.

**Practice-Focus**
A NP’s patient outcomes may be tied to physicians or other providers, and the practice-level focus of the TCPI ensures all clinicians receive training and support.
4. Get Involved!

Learn More About PTNs and Make Introductions
NNCC and AANP Can Find the PTN for You!

- Geographic Focus and Population
- TA Services and Products
- Quality Improvement Work
- Quality Measures Chosen
Easy Ways to Learn More and Become Involved in the TCPI

**Good**
Visit our info page at [www.aanp.org/practice/np-san](http://www.aanp.org/practice/np-san) to learn more and get connected.

**Better**
Join the TCPI Portal Page at [www.healthcarecommunities.org](http://www.healthcarecommunities.org) to follow TCPI developments, review PTNs and receive updates. Join our Nurse Practitioner SAN page while there!

**Best!**
Contact us directly and we can have a conversation and match you to the best PTN: Chantel DePaepe, cdepaepe@aanp.org or Casey Alrich, calrich@nncc.us
Care Transitions Network for People with Serious Mental Illness

A Practice Transformation Network

National Council for Behavioral Health
Montefiore Medical Center
Northwell Health
New York State Office of Mental Health
Netsmart Technologies
Elizabeth Arend, MPH
Quality Improvement Advisor
National Council for Behavioral Health
ElizabethA@thenationalcouncil.org

Kate Davidson, LCSW
Clinical Advisor
National Council for Behavioral Health
KateD@thenationalcouncil.org
The Care Transitions Network is...

- The only PTN focused on supporting clinicians who serve people with serious mental illness
- One of the three project options for OMH’s 2016 Continuous Quality Improvement Initiative

Source: Centers for Medicare & Medicaid Services
Five “Phases of Transformation”

- Set Aims
- Use Data to Drive Care
- Achieve Progress on Aims
- Benchmark Status
- Thrive as a Business Through Value-Based Payment Systems

Care Transitions Network for People with Serious Mental Illness
What are Value-Based Payments?

**Fee-for-Service** = payment is dependent on quantity of care, rather than quality

**Value-based payments** = payment model rewards health care providers for meeting certain predetermined performance measures related to quality and efficiency
Moving toward Value over Volume in New York State

Current State
Increasing the value of care delivered more often than not threatens providers’ margins

Future State
When VBP is done well, providers’ margins go up when the value of care delivered increases
Why Focus on Serious Mental Illness (SMI)?

• 673,000 adults in New York state live with SMI (3.4% of population)

• Adults with SMI die on average 25 years earlier, largely due to treatable co-morbid medical conditions

• Between 2003-2011, hospitalization for mental illness increased at a faster rate than for any other type of hospitalization

• Among 15 states, behavioral health discharges ranked among the top five diagnostic categories for 30-day readmissions

<table>
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<tr>
<th>Recipient Health Condition</th>
<th>Potentially Preventable Readmission Rate</th>
<th>Total PPR Cost</th>
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<tbody>
<tr>
<td>Mental health</td>
<td>8.0</td>
<td>$202,842,118</td>
</tr>
<tr>
<td>Substance use</td>
<td>10.3</td>
<td>$90,714,989</td>
</tr>
<tr>
<td>Mental health and substance use</td>
<td>17.9</td>
<td>$370,272,653</td>
</tr>
<tr>
<td>All others</td>
<td>4.8</td>
<td>$149,116,486</td>
</tr>
<tr>
<td>Total</td>
<td>9.4</td>
<td>$812,946,246</td>
</tr>
</tbody>
</table>
Goal: To reduce all-cause re-hospitalization rates by 50 percent for people with serious mental illness.
Approach

- Targeted Coaching & Clinical Support
- Short-term Care Transitions Support
- Web-based Platforms to Track Progress

Set Aims
Use Data to Drive Care
Achieve Progress on Aims
Benchmark Status
Thrive as a Pay-for-Value Business
## CMS Change Package: Primary and Secondary Drivers

<table>
<thead>
<tr>
<th>Category</th>
<th>Primary and Secondary Drivers</th>
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</table>
| **Patient and Family-Centered Care Design**  | 1.1 Patient & family engagement  
1.2 Team-based relationships  
1.3 Population management  
1.4 Practice as a community partner  
1.5 Coordinated care delivery  
1.6 Organized, evidence-based care  
1.7 Enhanced access |
| **Continuous, Data-Driven Quality Improvement** | 2.1 Engaged and committed leadership  
2.2 QI strategy supporting a culture of quality and safety  
2.3 Transparent measurement and monitoring  
2.4 Optimal use of HIT |
| **Sustainable Business Operations**           | 3.1 Strategic use of practice revenue  
3.2 Staff vitality and joy in work  
3.3 Capability to analyze and document value  
3.4 Efficiency of operation |
Individualized Coaching and Clinical Support

- Support to assess practice and set individualized goals
- Clinical and training expertise in evidence-based treatments
- Menu of monthly webinars
- Tele-consultations with subject matter experts

Available to all eligible professionals in each enrolled practice
Customized Short-term Care Transitions Support

Readmissions

- <30 days:
  - NYC: 0%
  - Montefiore: 20%

- <90 days:
  - NYC: 0%
  - Montefiore: 40%

Rate of Appointments Kept

- <7 days:
  - NYC: 20%
  - Montefiore: 40%

- <30 days:
  - NYC: 0%
  - Montefiore: 80%
Web-based Platforms to Track Progress

- Regular dashboard reports to track progress toward goals
- ALL data derived from Medicaid claims data = no extra burden for members!
Outcomes

By 2019, Care Treatment Network members will:

✓ Be better positioned as **clinical leaders** for people with SMI
✓ Be locally and nationally recognized as **high performing organizations**
✓ Have the **acumen to thrive as a business** in a rapidly-changing environment
Select Eligibility Criteria

- Acute and ambulatory
- Behavioral health and primary care
- Urban or rural
- Must include at least one eligible professional, which includes NPs, physicians, PAs, PhDs/PsyDs, LCSWs
Minimal Investment

• Signed enrollment agreement
• Provide licensure, NPI, contact information of all enrolled clinicians
• Designated leadership to engage team in continuous quality improvement
Benefits

• All technical assistance, clinical consultation and other resources are free and available to your entire workforce

• Up to $1000 incentive payment per eligible clinician

• Enrollment fulfils OMH QI initiative requirements

• Free contact hours that contribute to CMEs and CEUs

• No minimum participation requirements; all resources available on demand
Next Steps

• Sign the enrollment agreement and join the network!
• Share the attached handout with your organization’s leadership and share how you think your organization could benefit
• Contact us to discuss eligibility, enrollment and network benefits with Elizabeth or Kate

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org
Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

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