

# **FUTURE OF NURSING™**

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## Campaign for Action



**Using Data Driven Communication to Support  
Top of License Practice  
March 31, 2015**

- Overview of Center for Advancing Provider Practices (CAP2) national network
- Describe different approaches to using data driven communication
- Illustrate how data driven communication drove change with multiple audiences
- Learn how data driven communication can be a funding source
- Q&A



**Winifred V. Quinn, PhD**

Director, Advocacy & Consumer Affairs

*Center to Champion Nursing in America at AARP*

- 3/2/1 Go - The Journey
- Why: Advance Recommendations regarding APRN Scope / Data / Leadership
- Being the First Referral Agreement for the ACs'
- Legal: Thank you to Allen Mattison, JD
- CAP2 working relationship: Open, Transparent, Professional



**Cole Edmonson, DNP, RN**  
CoLead Texas Team

- Texas Team
- Introduce initial marketing efforts into the state
- Make warm introductions (emails, phone calls etc)
- Invite to conference associated with professional organizations, Intro to state hospital association, post on website, introduce webinars to coalition leadership as champions in their regions and webinars for coalition members.
- 3 year term with 1 year auto renewal ( term with 30 day out)

# Texas Team Referral Agreement

- Data - use aggregate data for our state
- Access - Access to Texas data / no access to tools
- Publication - Freely use data for internal purposes: external publications require approval and CAP2 statement be included.
- Donations to organization (Texas Team - aka TNA as fiscal sponsor)
- Minimum is 10K in sales ( 3 hospitals) / payable quarterly based on fees collected: Cost is 4K / hospital with volume discount
- Progressive donation scale from 7.5% to 17.5%
- Texas Team needs 15 hospitals to maximize donations

The CAP2 logo consists of the text 'CAP2' in white, bold, sans-serif font, enclosed within a dark blue square. The square is positioned in the top left corner of the slide.

**CAP2™**

**CENTER FOR ADVANCING  
PROVIDER PRACTICES**

*A National Collaboration of UHC® and MCHC*

# **The Power of Data Driven Communication**

*Using Data to Drive Organizational Change*

A large, 3D bar chart is the central visual element of the slide. It is rendered in a light gray color with a slight shadow. The chart shows a series of bars of varying heights, with the tallest bar on the right side, indicating an overall upward trend. The chart is set against a background of a light gray grid that recedes into the distance, creating a sense of depth. The bars are positioned on a grid that appears to be a perspective view of a floor or a table.

**March 31, 2015**

**Trish Anen, RN, MBA, NEA-BC**

Vice President, Clinical Services  
Metropolitan Chicago Healthcare Council  
(MCHC)

**Executive Sponsor**

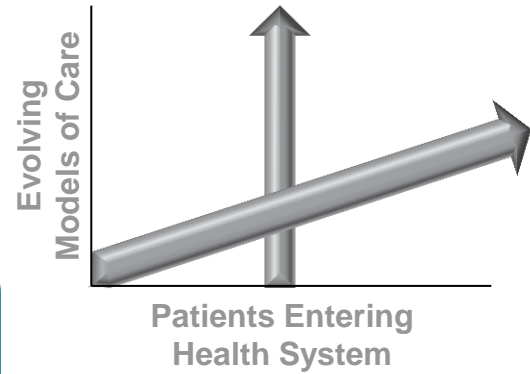
Center for Advancing Provider Practices  
(CAP2)

# Texas Team and CAP2 Partnership



- New partnership
  - Texas Team Member Services and Discounts
  - Donations to support Texas Team Action Coalition
  - Representation on National Thought Leader's Council
  - **Access to State level data**

# CAP2 History



**MCHC work began driven by CNO/CMO request**

Hiring more APRNs and need to better understand roles, regulations and infrastructure to support

**2009**

**Partnered with UHC**

UHC receiving same request from their members

**2012**

**Developed first of its kind, web-based, interactive management tool**

**2014**

**Partnered with Texas Team**

**2015**

**Recognized as Best Practice**  
*by the Joint Commission and Advisory Board*

**Received Innovation Award**  
*from the American College of Healthcare Executives and the Chicago Health Executives Forum*



# Introducing CAP2



<https://www.cap2.net>

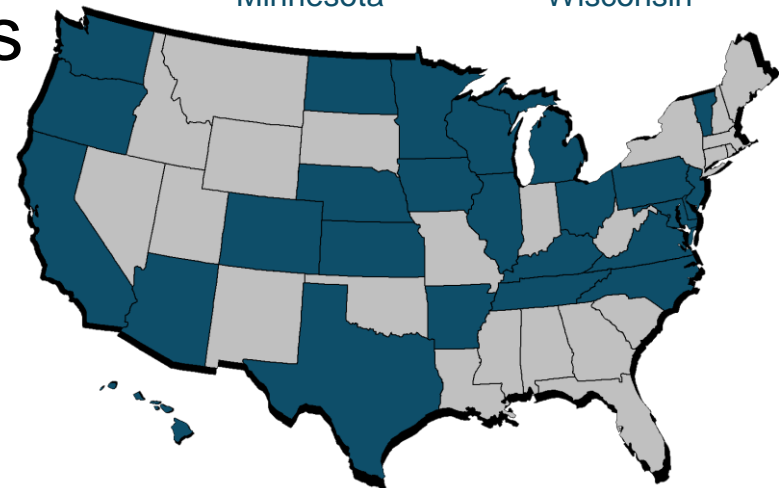
**Building Effective Provider Teams**

- **Develop** innovative, cost effective models of care
- **Assess** the use of APRNs and PAs
- **Effectively manage** APRNs and PAs to top of their license
- **Answer** billing and reimbursement questions

# CAP2 Database

- Data represents:
  - 210 organizations
    - *Hospitals, healthcare systems*
    - *Academic medical centers → critical access*
  - Over 21,000 APRNs and PAs
  - 27 different states
  - 50 different specialty areas
  - And growing
  - **One of a kind**

Arizona  
Arkansas  
California  
Colorado  
Delaware  
District of Columbia  
Hawaii  
Illinois  
Iowa  
Kansas  
Kentucky  
Maryland  
Michigan  
Minnesota  
Nebraska  
New Jersey  
North Carolina  
North Dakota  
Ohio  
Oregon  
Pennsylvania  
Tennessee  
Texas  
Vermont  
Virginia  
Washington  
Wisconsin



# CAP2 Users



*A spirit of innovation, a legacy of care.*



Presence Health™



Carolinas HealthCare System



University of Michigan Health System



- CHI St. Luke's Health  
The Woodlands Hospital
- CHI St. Luke's Health  
Patients Medical Center
- CHI St. Luke's Health  
Baylor St. Luke's Medical Center
- CHI St. Luke's Hospital  
at The Vintage
- CHI St. Luke's Lakeside Hospital  
The Woodlands
- CHI St. Luke's Sugar Land Hospital
- Memorial Health System of East Texas  
and Memorial Medical Center
- Memorial Medical - Livingston
- Memorial Medical Center  
San Augustine
- Memorial Specialty Hospital

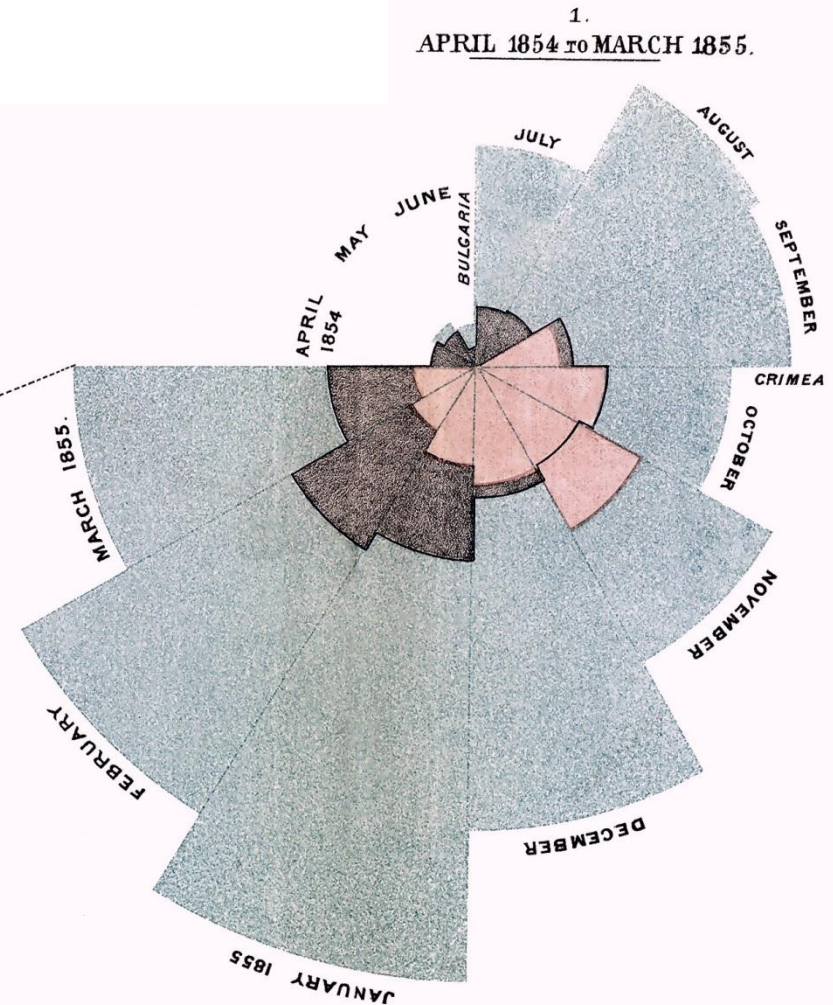
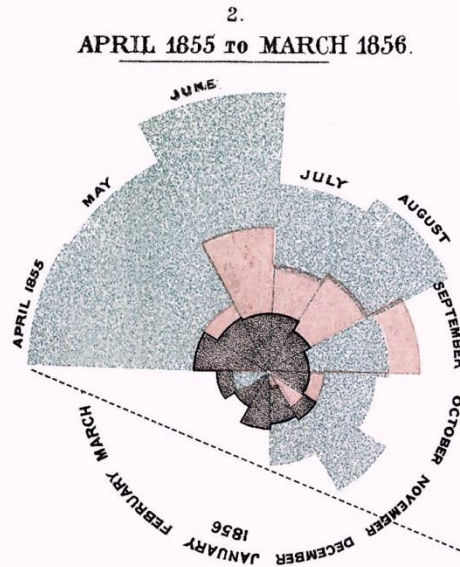
# CAP2 Solutions

- Organizational Assessments
- **Benchmarking data and reports**
  - organization, system, state, national, and defined compare groups
- Multiple resources and toolkits (e.g. OPPE/FPPE)
- National workgroups and webinars
- National listserv updates
- New in 2015
  - Ambulatory assessment and reports
  - Business case templates
  - Compensation survey\*



CAP2™ CENTER FOR ADVANCING  
PROVIDER PRACTICES  
A National Collaboration of UHCs and MCHC

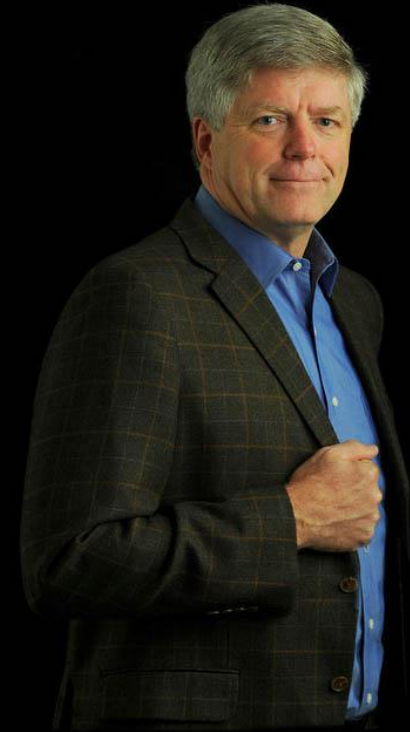
# Diagram of the Causes of Mortality in the Army in the East



The Areas of the blue, red, & black wedges are each measured from the centre as the common vertex.  
 The blue wedges measured from the centre of the circle represent area for area the deaths from Preventible or Mitigable Zymotic diseases; the red wedges measured from the centre the deaths from wounds; & the black wedges measured from the centre the deaths from all other causes.  
 The black line across the red triangle in Nov<sup>r</sup> 1854 marks the boundary of the deaths from all other causes during the month.  
 In October 1854, & April 1855, the black area coincides with the red; in January & February 1856, the blue coincides with the black.  
 The entire areas may be compared by following the blue, the red & the black lines enclosing them.

“Never make the mistake  
of assuming that the data  
will *speak for itself*.

Data is worthless if you  
don't communicate it.”



**Tom Davenport**  
*Harvard Business Review*

**“Use a picture.  
It’s worth a thousand words”**

**Arthur Brisbane**

*Newspaper Editor, New York Journal - 1911*

# CAP2 Data: Identify Variation

APRN Core Privilege List	CAP2 Database		Health Care System								
	# Hospitals Privileging APRNs	% of Total (n*=112)	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E	Hospital F	Hospital G	Hospital H	Hospital I
Write discharge orders	85	76%	N	Y	Y	N	Y	Y	Y	N	N
Write transfer orders	74	66%	Y	Y	Y	N	N	Y	Y	N	N
Obtain history and physical	101	90%	Y	Y	Y	N	Y	Y	Y	N	N
Order and interpret diagnostic testing and therapeutic modalities	103	92%	Y	Y	Y	N	Y	N	Y	Y	N
Order and perform referrals and consults	90	80%	Y	Y	N	N	N	Y	Y	Y	N
Order blood and blood products	82	73%	Y	Y	Y	N	N	N	Y	N	N
Order and manage conscious sedation	95	85%	Y	Y	Y	N	Y	N	Y	Y	N
Order inpatient non-scheduled medications	83	74%	Y	Y	N	N	Y	N	Y	N	N
Order inpatient scheduled (II-V) medications	39	35%	N	Y	Y	N	N	N	Y	Y	N
Order topical anesthesia	81	72%	N	Y	Y	N	N	N	Y	Y	N
Prescribe outpatient non-scheduled medications	85	76%	Y	Y	Y	N	N	N	Y	Y	N
Prescribe outpatient scheduled (II-V) medications	73	65%	Y	Y	N	N	N	N	N	N	N
Incision and drainage with or without packing	74	66%	Y	Y	N	N	Y	N	Y	Y	N



# System Standardization

## *Across 14 Hospitals*

- Models of Care
- Credentialing Process
- Privilege Lists
- Job Descriptions
- Annual Performance Review Form
- Orientation/Onboarding
- Competency Assessment Process
- Billing and Reimbursement Process



# Achieve Optimization

APRN Core Privilege List	CAP2 Database		Health Care System									
	# Hospitals Privileging APRNs	% of Total (n*=112)	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E	Hospital F	Hospital G	Hospital H	Hospital I	
Write admission orders	77	69%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Write discharge orders	85	76%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Write transfer orders	74	66%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Obtain history and physical	101	90%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order and interpret diagnostic testing and therapeutic modalities	103	92%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order and perform referrals and consults	90	80%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order blood and blood products	82	73%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order and manage conscious sedation	95	85%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order inpatient non-scheduled medications	83	74%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order inpatient scheduled (II-V) medications	39	35%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Order topical anesthesia	81	72%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prescribe outpatient non-scheduled medications	85	76%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prescribe outpatient scheduled (II-V) medications	73	65%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Incision and drainage with or without packing	74	66%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Other	12	11%	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y



## Donald Berwick, MD

### *11 Monsters Facing the Hospital Industry*

**Number 7: Expand roles and scopes of practice for non-physicians**



**pwc**

## TOP 10

### *2015 Healthcare Industry Issues*

Issue  
**8**

*In 2015, states will lead the way in allowing nurses, nurse practitioners, physician assistants and pharmacists to do more.*

**Issue 8: Scope of practice expands**



“You can’t be a prophet in  
your own land”

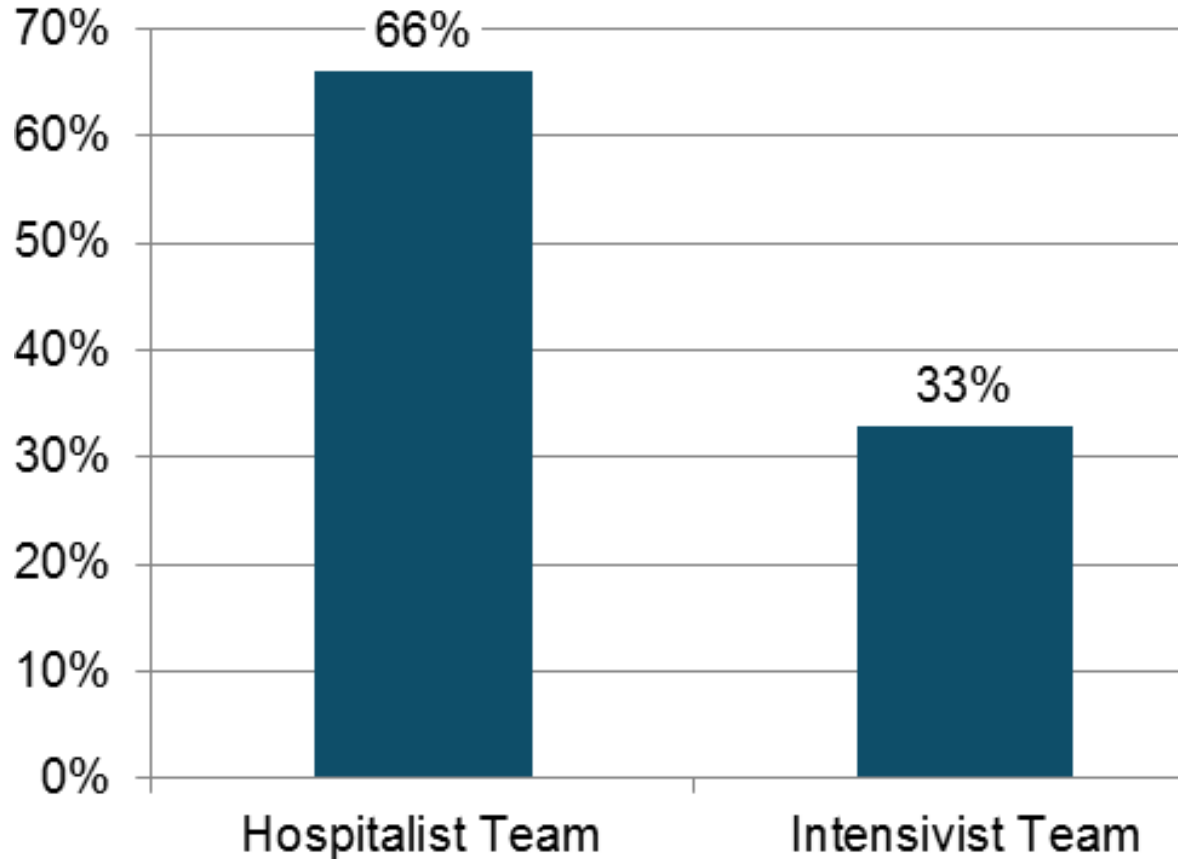
– ***So your data will have to be***

*"Truly I tell you," he continued, "no prophet is accepted in his hometown.*

*Luke 4:24*

# New Models of Care

## *CAP2 Data: Inclusion of APRNs and PAs*

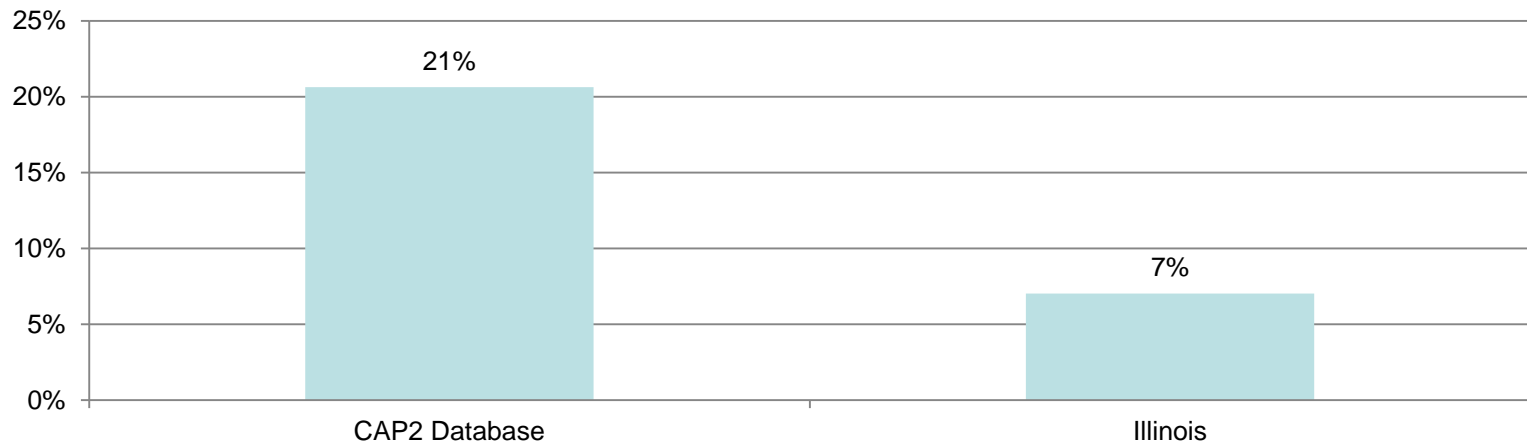


“I was intrigued by the breadth and the success of APRN/PA activities garnered from the database. It was a crucial factor in moving our hospital system and medical staff toward a new closed ICU model of care that integrates APRN’s and Intensivists for 24/7 face to face care.”

- Dr. Zbigniew Lorenc  
Vice President, Medical Affairs  
Centegra Health System

# Changing Medical Staff Structures

## CAP2 Data: APRN on Medical Staff Credentialing Committee



- **“CAP2 creates strength in numbers through the data they collect. They've given me a resource to work with our Chief Nurse Executives, Medical Staff Office, Allied Health Professionals, Credentials Committee and the Governing Council of Advocate Medical Group.”**

*- Lise Hauser, APN-PA Governing Council Representative  
Advocate Medical Group*

- **“My organization is changing its medical staff bylaws...due to what we learned from the CAP2 Database.”**

*- Michele Rubin, APN Executive Council Chair  
University of Chicago Medical Center*

**Speak the language of....**



# Chasing 15% (Reality)

## *Same Service Provided*

### Physician

- Salary \$300,000 (\$144/hr)
- The service/office visit is reimbursed at 100% for \$100.
- The physician would have to provide 3,000 office visits (*at the same level*) to cover the salary.
- First visit of the day: **still \$44 in the RED. Recurs first visit every hour thereafter.**

### NP/PA

- Salary \$100,00 (\$48/hr)
- The same service is reimbursed at 85% for \$85.
- The PA/NP would have to provide 1,176 office visits (*at the same level*) to cover the salary.
- First visit of the day: **profit \$36.**

Source:

*Tricia Marriott, PA-C, MPAS, DFAAPA*

*Director, Regulatory and Professional Advisory Services,  
American Academy of Physician Assistants*





Get their attention

***Show policy makers the impact  
on their constituents or the  
consequences of their actions.***

# CAP2 Data: Anesthesia

Privilege Report - Sedation			Illinois	
Specialty Area	Privilege	Practitioner	# Hospitals	% of Total
Core Privilege	Order conscious sedation	APRN	<b>45</b>	64.29%
Core Privilege	Order conscious sedation	PA	<b>37</b>	52.86%
Anesthesia	General anesthesia or monitored sedation, regional anesthesia administration and monitoring	APRN	<b>52</b>	74.29%
Anesthesia	Moderate/procedural sedation	APRN	<b>44</b>	62.86%
Emergency Medicine	Moderate/procedural sedation	APRN	<b>9</b>	12.86%
Emergency Medicine	Moderate/procedural sedation	PA	<b>9</b>	12.86%
Neurosurgery	Moderate/procedural sedation	APRN	<b>3</b>	4.29%
Neurosurgery	Sedation administration for invasive or bedside surgical procedures	APRN	<b>2</b>	2.86%
Neurosurgery	Moderate/procedural sedation	PA	<b>2</b>	2.86%
Neurosurgery	Sedation administration for invasive or bedside surgical procedures	PA	<b>3</b>	4.29%

# In Conclusion

## *CAP2 Data was used to:*

- Increase practice to top of license  
*System example*
- Decrease Cost  
*Financial example*
- Influence Policy  
*Anesthesia example*
- Change Medical Staff Structure  
*Committee example*

# CAP2 Member Only Webinar Series

11:00am-12:30pm CST

**March 11, 2015 PA/APRN Reimbursement: Rules, Risks and Realities**

*Tricia Marriott – American Academy of Physician Assistants  
Recording available for CAP2 members*

**May 5, 2015 Recruitment and Retention:  
Compensation Strategies for Primary and Specialty Settings**

*Debra Slater – Sullivan, Cotter and Associates, Inc.*

**July 15, 2015 Structural Empowerment:  
Adding APRNs/PAs Inpatient Care Teams Outcomes**

*April Kapu and Pam Jones – Vanderbilt University Medical Center*

**August 12, 2015 A Strategic Approach to a Post Graduate Fellowship  
and Beyond**

*Dennis A. Taylor and Britney Broyhill – Carolinas Healthcare System*

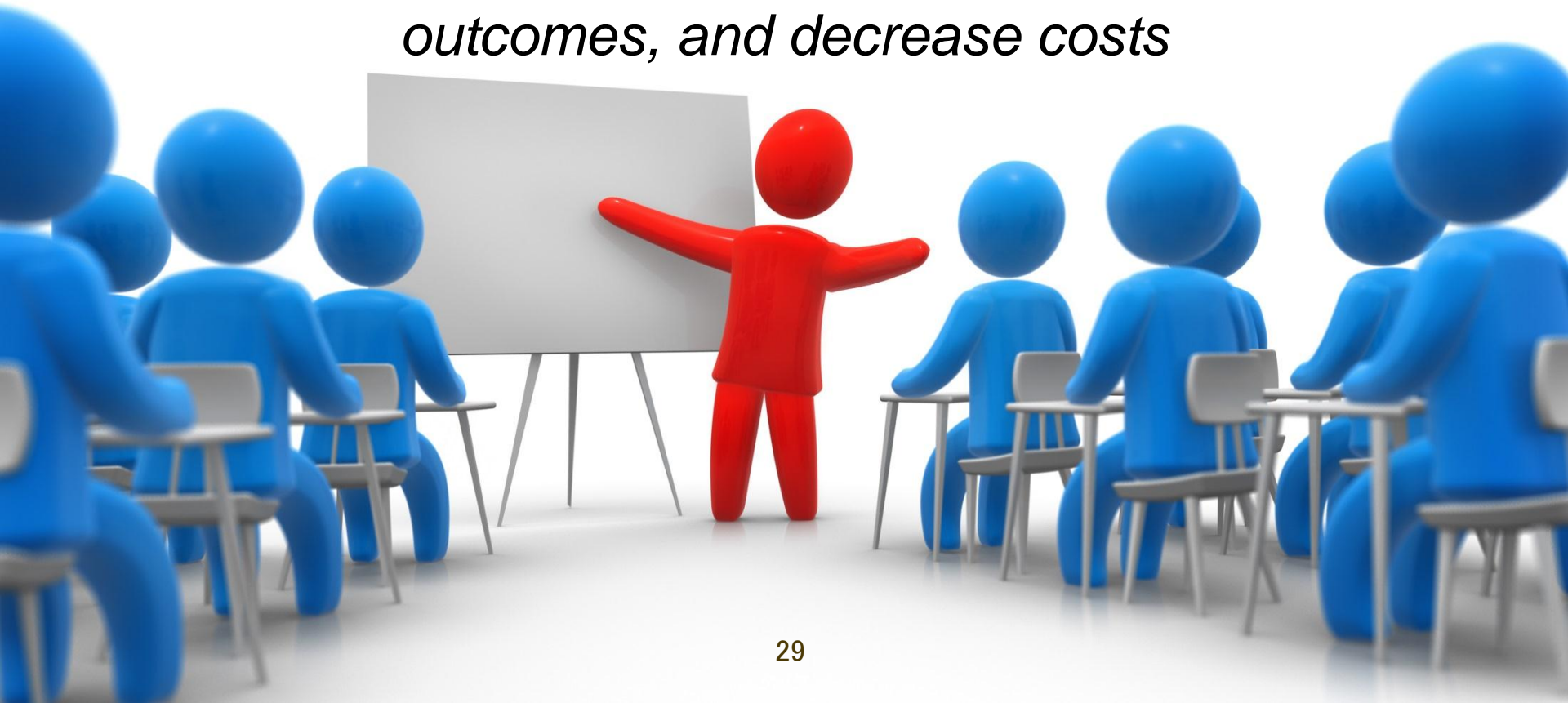
**September 2, 2015 Workforce Models to Create Effective Provider Teams**

*Zachary Hartsell and Alisa Starbuck – Wake Forest Baptist Medical Center*

# Thought Leaders Council

*Purpose:*

*Engage national thought leaders in ongoing dialogue about innovative models of care that optimize the APRN and PA role, increase access, improve patient outcomes, and decrease costs*



# Thought Leaders Council

- Susan Okuno-Jones, Advocate Health Care
- Julie Creaden, Ann & Robert H. Lurie Children's Hospital of Chicago
- Liana Orsolini, Bon Secours Health System
- Carol Harden, Carle Foundation Hospital
- Dennis Taylor, Carolinas HealthCare System
- Michelle Edwards, Catholic Health Initiatives
- Tara Merck, Medical College of Wisconsin
- Nancy Alcorn-Kell, Northwestern Medical Group
- Maria Brilliant, NYU Langone Medical Center
- Melinda Cooling, OSF Healthcare
- Monique Lambert, Rush University Medical Center
- Michelle Rubin, University of Chicago Medical Center
- Maureen Zaccardi, University of Colorado Hospital
- Maria Lofgren, University of Iowa Hospitals and Clinics
- Barbara Todd, University of Pennsylvania Health System
- April Kapu, Vanderbilt University Medical Center
- Patricia Selig, Virginia Commonwealth
- Alyssa Starbuck, Wake Forest Baptist Health



# November 19, 2015

## Chicago, IL

- Registration opens in late spring
- Sold out in 2014
- Bring your team (*e.g. CMOs, CNOs, Directors of Advanced Practice, Practicing APRNs and PAs*)

# Ambulatory Survey

## *Coming May 2015*

- Benchmark
  - Primary Care
  - Specialty Clinic
  - Immediate, Urgent Care
  - Retail Clinic
- Compare:
  - Patient type
  - Panel size/case load
  - Productivity expectations
  - Compensation practices
  - Reporting structures
  - Billing practices





# State Action Coalitions

- The driving force of the Campaign for Action at the **local and state levels**, forming a strong, connected grassroots network of diverse stakeholders working to transform health care through nursing.

## Center for Advancing Provider Practices (CAP2)

- One of a kind resource to drive change at the **organization level** to support APRN practice to the full extent of their education and license.

# Remember...

- Laws and regulations can be changed at the national and state level, **but privileges are granted at the organizational level.**
- CAP2 data illuminates variation (barriers) and can drive optimization (top of license).



# Florence Nightingale

ORIGINAL DATA COMMUNICATOR

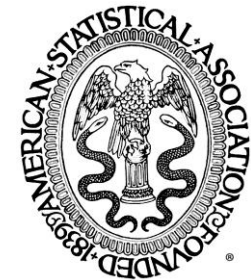


“A true pioneer in the graphical representation of statistics”

*I. Bernard Cohen  
History of Science Professor, Harvard University*



Royal Statistical Society  
Fellow (1859)  
First woman to become a member



American Statistical  
Association Honorary  
Member (1874)

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# Texas Team and CAP2 Partnership



- New partnership
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  - Donations to support Texas Team Action Coalition
  - Representation on National Thought Leader’s Council
  - **Access to State level data**

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**Amber Volanakis**

*Program Manager*

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avolanak@mchc.com



**THANK YOU!**





The phone lines are open.

OR

Use the “chat” feature to send “everyone” a question.

You can find the recording, webinar summary, and additional resources by going to: [www.campaignforaction.org/webinars](http://www.campaignforaction.org/webinars).

# Campaign Resources

**FUTURE OF NURSING™**  
Campaign for Action

Visit us on the web at [www.campaignforaction.org](http://www.campaignforaction.org)



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state action  
coalitions

evidence

community

the  
challenge

Transforming  
Health Care for  
the 21st Century

our  
progress



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