

The Role of Nurses in Accountable Care Organizations

Takeaways:

- 1** Accountable Care Organizations (ACOs) are groups of health care providers that work as a team to coordinate care for a group of patients, with the goals of providing high-quality, patient-centered care and reducing costs.
- 2** Nurses have an integral role to play in helping ACOs deliver high-quality care at lower costs.
- 3** The Affordable Care Act (ACA) limits assignment of patients for purposes of Medicare shared savings programs to those cared for only by primary care physicians, which restricts the best effective use of nurse practitioners. A statutory fix is needed to address this.
- 4** Other models of ACOs allow for better recognition and utilization of advanced practice registered nurses (APRNs) such as nurse practitioners, clinical nurse specialists and others.
- 5** As ACOs seek to cut costs, there is a risk that some organizations may reassign roles typically played by nurses to individuals with considerably less clinical experience and knowledge. Nurses are concerned that these substitutions could compromise patient care.

Overview

An accountable care organization (ACO) is a group of health care professionals (including hospitals, primary care physicians, specialists and nurses) that work together as one team to coordinate care for a set group of patients across all settings of care. An ACO is responsible for managing the health of its patient group and the costs associated with providing care. The concept of an ACO is based on the premise that well-coordinated care can improve patients' health and health care quality, while decreasing duplication of services, reducing risks of errors and complications and lowering costs.¹ The Affordable Care Act (ACA) created the Medicare Shared Savings Program, which will reward ACOs that successfully restrain growth in health care spending and meet quality performance standards.² The CMS shared savings program aims to encourage providers in ACOs to work together across multiple care settings in order to meet these goals. Other ACO models serve broader populations of patients and offer more opportunities for nurses and APRNs to participate as equal partners.

The Roles of Nurses in ACOs

The 3.1 million nurses in the U.S. workforce are set to play integral roles in ACOs, helping to provide high-quality, patient-centered care while reducing costs. These roles include acting as care coordinators, communicators, quality improvement managers and providers of advanced levels of care.

- **Care Coordinators.** ACO regulations require all providers within the ACO to coordinate care across settings, including doctors' offices, hospitals, rehab centers or home settings. Nurses are currently responsible for coordinating care from a variety of sources—physicians, specialists, pharmacists, etc. As a result, ACOs will call on nurses to coordinate care on a larger scale—across the continuum of the organization—and ensure the delivery of high-quality care.
- **Communicators.** ACO regulations call for the organization to deliver patient-centered care, where patients are actively involved with their providers in

health care decisions. ACOs will likely call on nurses to communicate and translate care choices and treatment plans to families. Nurses are experts in health education and communicating information regarding diagnoses, medications and post-discharge care instructions. These are skills already utilized by nurses who are on the frontline of patient care and, as a result, frequently explain to patients and families instructions or diagnoses that were not understood when delivered by other health care providers.

- **Quality Improvement Managers.** In order to participate in the Medicare Shared Savings Program, ACOs must promote evidence-based medicine and use data to evaluate quality and cost measures. Nurses have experience as data managers. Nearly 40 percent of U.S. hospitals currently participate in the National Database of Nursing Quality Indicators (NDNQI), to measure processes of nurse care and outcomes. Nurses analyze data and seek innovative solutions to improve quality of care delivered.
- **Advanced Practice Registered Nurses.** Advanced practice registered nurses (APRNs)—which include certified nurse practitioners, certified nurse midwives and certified clinical nurse specialists—provide high-quality

primary care. APRNs have the skills and education to provide valuable services as ACO participants. Currently, 250,000 nurses are nationally board-certified APRNs and are a key source of primary care in community health settings and nurse-managed clinics. They are highly educated and skilled in providing primary care across to patients of all ages.

Potential Obstacles for Full Nurse Participation

- **Policy Obstacle.** The ACA authorizes nurse practitioners to be ACO professionals; however, the statute limits patients assigned to Medicare ACOs to only those treated by primary care physicians. This means that patients assigned to these ACOs cannot be counted as beneficiaries if they choose a nurse practitioner as their primary care provider. It also prevents nurse practitioners' patients from being assigned to a Medicare ACO.³ Removing the obstacle requires statutory change.
- **Implementation Obstacle.** As ACOs seek to cut costs, some organizations may reassign roles typically played by nurses to individuals with less clinical experience and knowledge. Many nurses are concerned that these substitutions could compromise patient care.

Endnotes

- 1 <http://www.rwjf.org/files/research/Whatareaccountablecareorganizations.pdf>
- 2 http://www.cms.gov/MLNProducts/downloads/ACO_Providers_Factsheet_ICN907406.pdf
- 3 <http://www.aanp.org/NR/rdonlyres/C007705B-D238-426E-83BF-30E6654CB632/5423/ACOFactSheet1111.pdf>