

# **Nursing's Unique Role in Care Coordination**

Session NI1, February 11, 2019
Robin Newhouse, PhD, RN, Distinguished Professor and Dean Indiana University School of Nursing











### **Conflict of Interest**

Robin Newhouse, PhD, RN, NEA-BC, FAAN

Royalty: American Nurses Association

Co-author of Care Coordination: A Blueprint for Action for RNs



# **Agenda**

- Provide an in-depth overview of the concept of care coordination
- Outline the role of nurses and nurse informaticists in care coordination
- Provide concrete examples of the value and impact of leveraging information and technology to achieve care coordination



# **Learning Objectives**

- Define care coordination
- Identify one action step you will take to advance your role in care coordination
- Reflect on use of technology and information to achieve care coordination in a clinical setting linking value and impact patient care



## This Changes Everything.....

https://team.myiuhealth.org/news/2018/10/iuh-this-changes-everything-care-coordination-mw



American Nurse Today, February 2018 available at:

https://americannursetoday.mydigitalpublication.com/publication/?i=475055#{%22issue\_id%22:475055,%22page%22:0}



# ANA and AAN Task Force (2014-2015)

# Charge to the 2014 Care Coordination Task Force

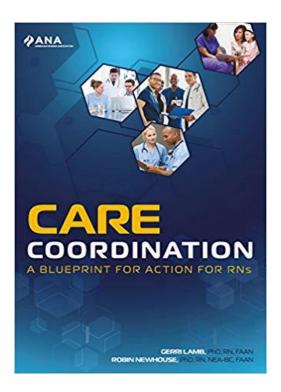
- Identify and prioritize the policy options in the three policy and framework briefs
- Develop strategies and a timeline for implementation of the policy options
- Propose suggested lead organizations or entities for implementation of the policy options

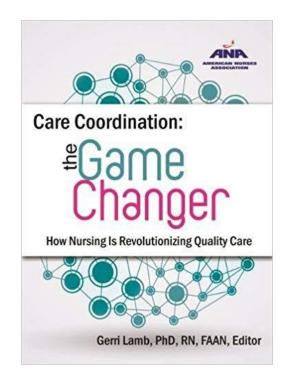






## What do we know, and what can we do?







#### **Care Coordination Definition**

#### <u>Care Coordination</u> is the deliberate....

"..synchronization of activities and information to improve health outcomes by ensuring that care recipients' and families' needs and preferences for healthcare and community services are met over time."

National Quality Forum, 2014

"..organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health services. Organizing care involves the marshalling of personnel and other resources needed to carry out all the required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care."

McDonald et al., 2014, p. 6



## **Mechanisms for Achieving Care Coordination**

McDonald et. al., 2014, p. 14

#### **Coordination Activities**

- Establish accountability or negotiate responsibility
- Communicate
- Facilitate transitions
- Assess needs and goals
- Create a proactive plan of care
- Monitor, follow up, and respond to change
- Support self-management goals
- Link to community resources
- Align resources to with patient and population need

#### **Broad Approaches**

- Teamwork focused on coordination
- Health care home
- Care management
- Medication management
- HIT-enabled coordination



# Care Coordination: Central to Achieving U.S. Quality Goals

National Quality Strategy priority for improving health care quality, better care, healthier people and communities, and lower cost

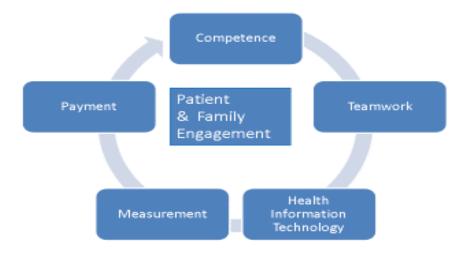
Agency for Healthcare Research and Quality [AHRQ], 2016, 2017

Nurses play an integral role in comprehensive care coordination - how can we accelerate our contribution?

- What do we know?
- What's trending?
- What can RNs do?



#### **Six Actionable Care Coordination Issues for RNs**





### **Six Actionable Issues for Nurses**

- Patient, family, and caregiver engagement
- Competency and readiness
- Teams and teamwork
- Documentation and Health Information Technology (HIT)
- Quality and performance measurement
- Payment



# Action Issue 1: Engaging Patients, Families, and Caregivers in Care Coordination

- Choose and implement a visible and systematic approach to engaging patients in your care coordination practice.
- Use robust patient engagement tools and decision aids.
- Document and evaluate patient engagement activities.
- Advocate for patients, family members and caregivers to serve on healthcare advisory committees and boards.



# **Action Issue 2: Demonstrating Competence and Readiness for Care Coordination Practice**

- Know nursing's scope and standards for care coordination.
- Recognize and name care coordination when you're doing it; educate patients, families, and team members about nursing's competency requirements.
- Explore continuing education opportunities and formal degree programs to increase your knowledge and skill in care coordination.
- Seek national certification when your practice meets qualifications for specialty certification.
- Advocate for care coordination being provided by competent professionals.



# **Action Issue 3: Optimizing Teams and Teamwork for Care Coordination**

- Step forward on health care teams to lead care coordination.
- Foster a practice culture and environment that supports team members practicing to their full scope.
- Assist team members with identifying core competencies for care coordination and the appropriate team member to carry them out.
- Advocate for and lead competency-based evaluation of care coordination interventions.



# **Action Issue 4: Using Documentation and HIT in Care Coordination**

- Review EMR data elements and determine if care coordination activities are captured.
- Talk with the chief nurse executive (CNE) or chief information officer (CIO) to discuss future plans to add care coordination data elements and patient-reported outcomes.
- Use established domains for informing HIT architecture for care coordination.
- Determine which patient outcomes are available in the EMR.
- Identify the resources available to support the implementation and evaluation of HIT that captures care coordination.



### **Action Issue 5: Measuring Care Coordination**

- Become familiar with care coordination measures.
- Identify and share measures that address gap areas for nursing.
- Volunteer to serve on care coordination measurement workgroups and committees.
- Advocate for new measures and funding.



# **Action Issue 6: Understanding Payment in Care Coordination**

- Become familiar with the ANA and AAN policy priorities for payment to be ready for dialogue with health care leaders, businesses, insurers, and policy-makers.
- Be aware of and ready to discuss care coordination models with cost effectiveness established.
- Document the care coordination components that require an RN or APRN and those that do not in both established care coordination models and those that are being evaluated locally.
- Collaborate with practice settings to disseminate, translate, and test new nurse care coordination models in multiple settings with diverse populations of patients.
- Engage in the policy debate on issues of payment reform at the local, state, and policy levels to advance value-based nurse care coordination.



### **Role of Nurses and Nurse Informaticists**

- Develop and test common data elements for care coordination
- Select and implement care coordination measures
- Evaluate care coordination patient, administrative and system outcomes
- Assess patient portals applications for care coordination
- Develop decision aids to assist patients, families, caregivers and clinicians
- Consult for interdisciplinary teams on strategies to measure care coordination
- Create technology solutions to care coordination challenges



# **Care Coordination for 21st Century Nurses**

Will nurses lead the way?

If not us...who?



#### References

Agency for Healthcare Research and Quality. (2016). 2015 National healthcare quality and disparities report and 5th anniversary update on the National Quality Strategy. AHRQ Pub. No. 16-0015. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from <a href="https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/nhqdr15/2015nhqdr.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/nhqdr15/2015nhqdr.pdf</a>

Agency for Healthcare Research and Quality. (2017). About the National Quality Strategy. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from <a href="http://www.ahrq.gov/workingforquality/about/index.html">http://www.ahrq.gov/workingforquality/about/index.html</a>

Lamb, G. 2013. *Care coordination: The game changer*. Silver Spring, MD: American Nurses Association.

Lamb, G., Newhouse, R., Beverly, C., Toney, D.A., Cropley, S., Weaver, C.A., Kurtzman, E., Zazworsky, D., Rantz, M., Zierler, B., Naylor, M., Reinhard, S., Sullivan, C., Czubaruk, K., Weston, M., Dailey, M., Peterson, C. (2015). Agenda for Nurse-Led Care Coordination. American Nurses Association and American Academy of Nursing, Washington, DC available at http://www.nursingworld.org/DocumentVault/Health-Policy/ANAs-Policy-Agendafor-Nurse-Led-Care-Coordination.pdf.



#### References

Lamb, G., Newhouse, R., Beverly, C., Toney, D.A., Cropley, S., Weaver, C.A., Kurtzman, E., Zazworsky, D., Rantz, M., Zierler, B., Naylor, M., Reinhard, S., Sullivan, C., Czubaruk, K., Weston, M., Dailey, M., Peterson, C. (2015). Task Force Members Policy Agenda for Nurse-led Coordination. *Nursing Outlook*, 63(4), 521-530.

Lamb, G. & Newhouse, R. (2018). Care Coordination: A Blueprint for Action, American Nurses Association. Silver Spring: MD.

McDonald, K. M., Schultz, E., Albin, L., Pineda, N., Lonhart, J., Sundaram, V., ... Davies, S. (2014). *Care coordination measures atlas, version 4*. Prepared by Stanford University under subcontract to American Institutes for Research on Contract No. HHSA290-2010-00005I. AHRQ Pub. No. 14-0037-EF. Version 4. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from https://www.ahrq.gov/sites/default/files/publications/files/ccm\_atlas.pdf

National Quality Forum. (2014). Priority setting for healthcare performance measurement: Addressing performance measure gaps in care coordination. Washington, DC: National Quality Forum. Available from

https://www.qualityforum.org/Publications/2014/08/Priority\_Setting\_for\_Healthcare\_Performance\_Measurement\_Addressing\_Performance\_Measure\_Gaps\_in\_Care\_Coordination.aspx



### **Case Examples**

- Abu-Rish Blakeney, E., Lavallee, D., Baik, D., Pambianco, S., O'Brien, K., Zierler, B. (2018). Purposeful interprofessional team intervention improves relational coordination among advanced heart failure care teams. *Journal of Interprofessional Care*, 27(1), 1-9, doi: 10.1080/13561820.2018.1560248.
- American Academy of Nursing Care Coordination Edge Runners. Accessed January 13, 2019 at <a href="http://www.aannet.org/initiatives/edge-runners/carecoordination">http://www.aannet.org/initiatives/edge-runners/carecoordination</a>
- AHRQ, Care Coordination Measures Data Base. Accessed January 13, 2019 at <a href="https://primarycaremeasures.ahrq.gov/care-coordination//Search">https://primarycaremeasures.ahrq.gov/care-coordination//Search</a>
- Bates, D. (2015). Health Information Technology and Care Coordination: The Next Big Opportunity for Informatics? Yearbook of medical informatics. 10(1), 11-14. doi: 10.15265/IY-2015-020.
- Rantz, M., Popejoy, L., Galambos, Cl, Phillips, L., Lane, K., Dorman Marek, K., Hicks, L., Musterman., Back, J., Miller, S., Ge, B. (2014). The continued success of registered nurse care coordination in a state evaluation of aging in place in senior housing. *Nursing Outlook*, 62(4), 237-246. doi: 10.1016/j.outlook.2014.02.005
- Williams, J, Feero, W.G, Leaonad, D, Coleman, B (2017). Implementation science, genomic precision medicine, and improved health: A new path forward? *Nursing Outlook*, 65(1), 36-40. doi: 10.1016/j.outlook.2016.07.014.



## Questions

#### Contact information:

- newhouse@iu.edu
- Twitter handle RobinPNewhouse
- LinkedIn Robin Newhouse



Don't forget to complete the online session evaluation