

ACC Health Policy Statement on CV Team-Based Care: Author Insight

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Disclosures

- TBC Policy Statement Co-Chair
- ACC Board of Trustee
- CV Team Member since inception
- Team member since graduation from nursing school and took my first nursing job



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The American College of Cardiology Is an Evolving Organization



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Our PROFESSIONAL COMMUNITY



Since 2004.....

Representing the **Entire**
CV Care Team



More Traditional Role of the ACC

Evidence-Based **SCIENCE**



Purposeful EDUCATION

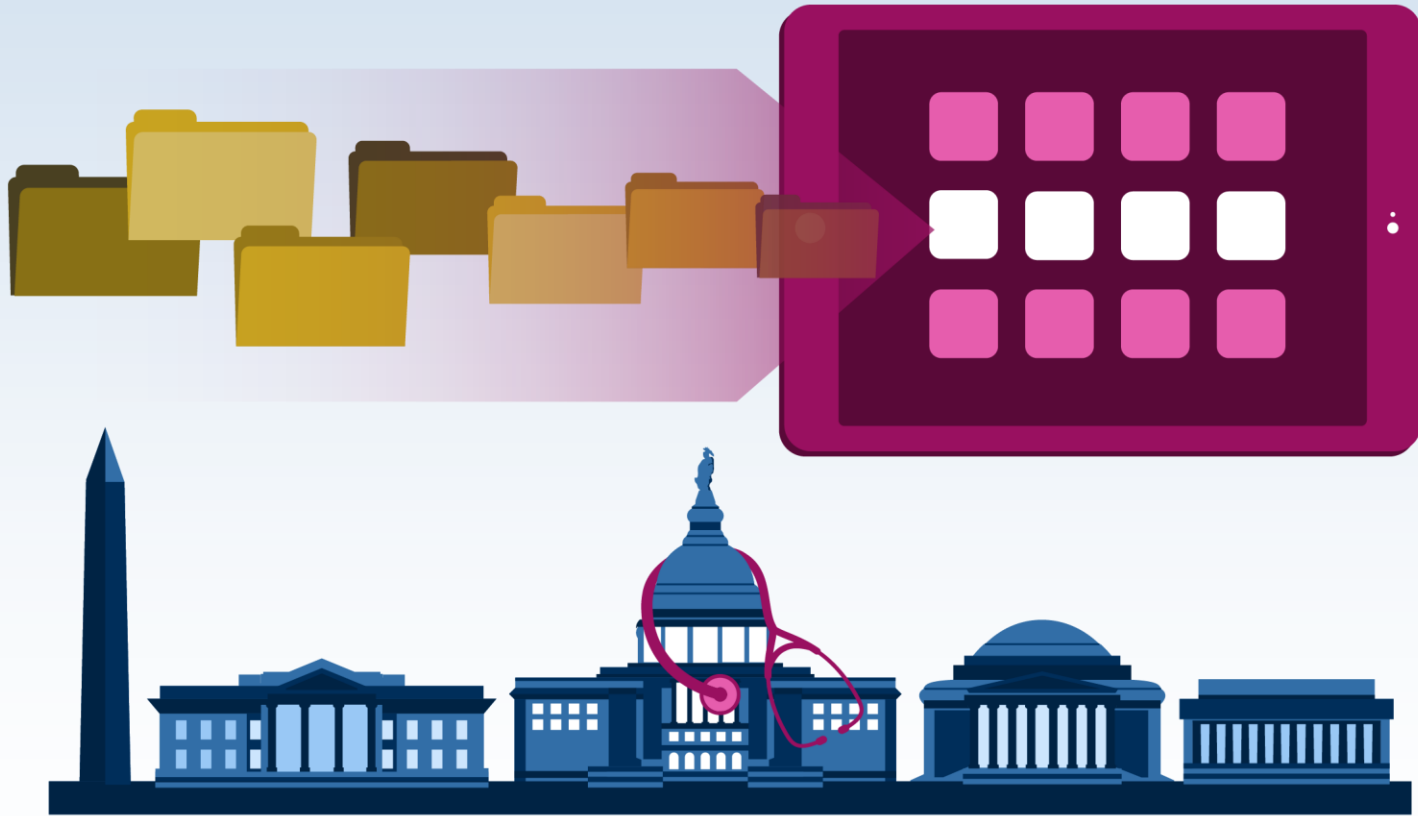


Evolving Areas of Focus to Support ACC Members/Mission

TRANSFORMATION of Care



Manage **PRACTICE CHANGE**



Shifting from Fee for Service to Value-Based Health Care (VBHC)

- A health care management strategy focusing on *costs, quality* and, most importantly, *outcomes*
- Aims to create a culture of health within an organization.
- Removes barriers and encourages participants to pursue healthy lifestyles
- Involves collaboration among plan sponsors, participants and providers to pursue high-quality and high-value care while reducing the need for high-cost medical services



Team-Based Care will be essential to achieve
goals of VBHC



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Team Based Care Is Not New In Medicine

- Cardiology has been a forerunner in the integration of the team
- Necessity of practice due to complex interventions, procedures that utilize other members of the team to accomplish
- ICU care, Cath, EP, Echo labs, nuclear and stress testing labs
- Now with cross speciality procedures- TAVR
- Quality initiatives- D2B



Those Teams Are Fictional and Drama Filled!

- Actual health care teams are more diverse
- In the care of any given cardiac patient:
 - Multiple physicians/specialities
 - Advance Practice Providers
 - NP, PA
 - PharmD- more often on hospital services
 - Registered Nurses
 - Social Workers/Discharge Planners
 - OT/PT/Cardiac Rehab
 - CV Technologists
 - Dieticians
 - LPN's, CNA's, MA's
 - Support staff/office/wards

Now It's a Buzz Word

- But there are issues.....
- Not all cardiologists/hospitals have optimal teams
- Barriers exist
 - Local norms
 - State license variability/regulations
 - Fiscal limitations related to reimbursement



HPS Background & Writing Committee

- In Fall 2014, a committee of interdisciplinary members were appointed by the president of the College, Patrick T. O' Gara, to participate on a writing committee tasked with writing a Health Policy Statement on CV Team-Based Care.
- The HPS Writing Committee included:

John E. Brush, JR, MD, FACC, Co-Chair
Eileen M. Handberg, PHD, ARNP, FACC, Co-Chair
Cathleen Biga, MSN, RN
Kim K. Birtcher, MS, PHARMD, AACC
Alfred A. Bove, MD, PHD, MACC
Paul N. Casale, MD, MPH, FACC
Michael G. Clark, PHD, PA-C, AACC

Arthur Garson, JR, MD, MPH, MACC
Jerome L. Hines, MD, PHD, FACC
Jane A. Linderbaum, MS, AACC
George P. Rodgers, MD, FACC
Robert A. Shor, MD, FACC
Vinod H. Thourani, MD, FACC
Janet F. Wyman, DNP, RN-CS, ACNS-BC, AACC



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ACC Think Tank on TBC

- To help facilitate the development of the statement, the ACC convened a think tank on the topic of CV Team-Based Care at Heart House.
- The primary objective of this meeting was to inform the development of the College's Health Policy Statement on Team-based Care in Cardiology, by bringing together thought-leaders, as well as internal and external stakeholders to discuss team-based practice.



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ACC Think Tank on TBC

- The think tank focused on advanced practice clinicians in the nursing, physician assistant, and clinical pharmacy professionals in the U.S., engaged in cardiovascular care.
- Think tank participants were tasked with the following objectives:
 - Reviewing the current state of team-based practice, including models of team-based care.
 - Identifying opportunities and challenges to team-based care.
 - Reviewing and discussing relevant literature, current and needed research, and key concepts related to team-based care.
 - Reviewing education, training, credentialing and licensure for advanced practice clinicians and consider how cardiovascular specialization can be formalized and what it would entail.



ACC Think Tank on TBC

Participating external organizations for the ACC Think Tank on Team-Based Care, included:

- American Academy of Physician Assistants
- American Association of Colleges of Pharmacy
- American Association of Colleges of Nursing
- American Association of Nurse Practitioners
- American College of Clinical Pharmacy/ Board of Pharmacy Specialties
- American College of Physicians
- American Nurses Association
- American Nurses Credentialing Center
- American Pharmacists Association
- Association of Physician Assistants in Cardiology
- Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine
- Federation of State Medical Boards
- MedAxiom
- National Association of Clinical Nurse Specialists
- National Council of State Boards of Nursing



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Health Policy Statement Objectives

- The policy statement focuses on the role of advanced practice providers because they have the “requisite education, training and experience to allow them greater autonomy.”
- It outlines the capabilities of these providers in a team-based care model, highlights existing barriers and offers recommendations for improvement.



IOM Principles & Values of Effective Team Based Health Care

Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care.

Mitchell, P., M. Wynia, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, and I. Von Kohorn. 2012. Core principles & values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington, DC. www.iom.edu/tbc.



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Who Leads the Team?

What Roles Do Team Members
Have?

Who determines the Responsibilities
of Team Members?

What Models Deliver the Most Cost-
Effective, Quality Care?



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Principles of Team-Based Health Care

Principles of Team-Based Health Care

Shared goals: The team—including the patient and, where appropriate, family members or other support persons—works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.

Clear roles: There are clear expectations for each team member's functions, responsibilities, and accountabilities, which optimize the team's efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.

Mutual trust: Team members earn each others' trust, creating strong norms of reciprocity and greater opportunities for shared achievement.

Effective communication: The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.

Measurable processes and outcomes: The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.

AANP Policy statement

Team Based Care

It is the belief of AANP that in systems utilizing coordinated care models, such as team based care, the following principles apply:

- The patient is the center of the health care team.
- Health care teams consist of patients and their health care providers.
- The health care team does not belong to a single provider, system or health care discipline.
- The health care team is dynamic, with the needs of the patient directing who best can lead the team at any given point of time.
- Characteristics of the health care team include:
 - o Patient identified and supported goals
 - o Mutual trust among all participants
 - o Effective communication
 - o Measurable processes and outcomes in the provision of health care services
- All members of a health care delivery team should practice to the fullest extent of their educational preparation in order to provide high quality care for patients at the appropriate time and in various settings to meet the patients' needs and desires.



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Workforce Report from American Hospital Association 2011

The workforce must change how it functions on multiple levels. Care must be provided by inter-professional teams where work is role-based, not task-based, and the team must be empowered to create effective approaches for delivering care.



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AMA Statement on Physician Led Team Based Health Care

AMA adopted a policy to define physician-led team-based health care as "the consistent use by a physician of the leadership knowledge, skills and expertise necessary to identify, engage and elicit from each team member the unique set of training, experience and qualifications needed to help patients achieve their goals, and to supervise the application of these skills.

AMA 2014 Press Release



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To Develop the Best TBC Models
The Terminology That Should Not
Be Named Has to Be Addressed

Scope of Practice



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Attitudes Regarding Scope of Practice

- There are barriers to scope of practice for many providers
- Not limited to NP, PA, CNS, PharmD vs MD's
- Across medical specialties as well
- Turf wars impede progress-leave our ego's at the door
- Solutions need to be data driven
- Shortage of Nurses, Physicians will leave gaps for patients



IOM-Future of Nursing

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.



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Scope of Practice Concerns

- Differences in training between providers
 - Years
 - Lack of consistency across training programs for NP/CNS role
 - Certification
- Quality of care provided
- Extent of supervision required



What Are ACC Member Cardiologist Perceptions of Practice Infrastructure and Scope of Practice?

June 2014 CardioSurve

Paul Theriot – Market Intelligence



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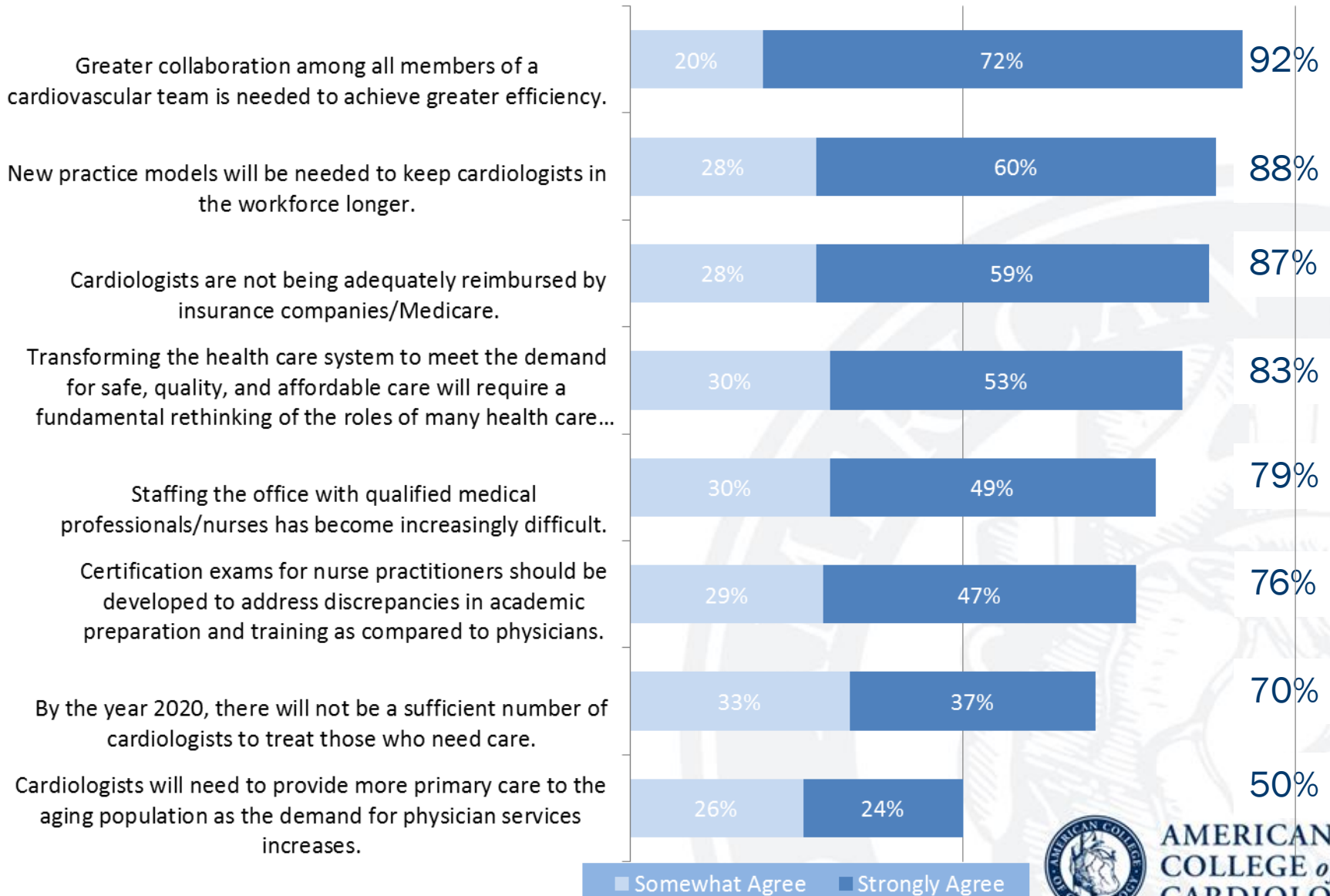
Methodology

- Survey of 393 CardioSurve panelist in June/July 2014 to develop a general understanding from U.S. cardiologists of their practice infrastructure and perceptions of scope of practice (40% response rate)

Staff Composition					
	<u>None</u>	<u>1</u>	<u>2-5</u>	<u>6-10</u>	<u>11+</u>
Cardiologist	0%	16%	18%	15%	50%
Other MD	61%	4%	11%	4%	16%
NP	37%	11%	26%	15%	8%
PA	52%	8%	24%	8%	4%
PharmD	86%	4%	3%	0%	4%
CNS	74%	3%	11%	4%	4%
RN	36%	8%	18%	15%	21%

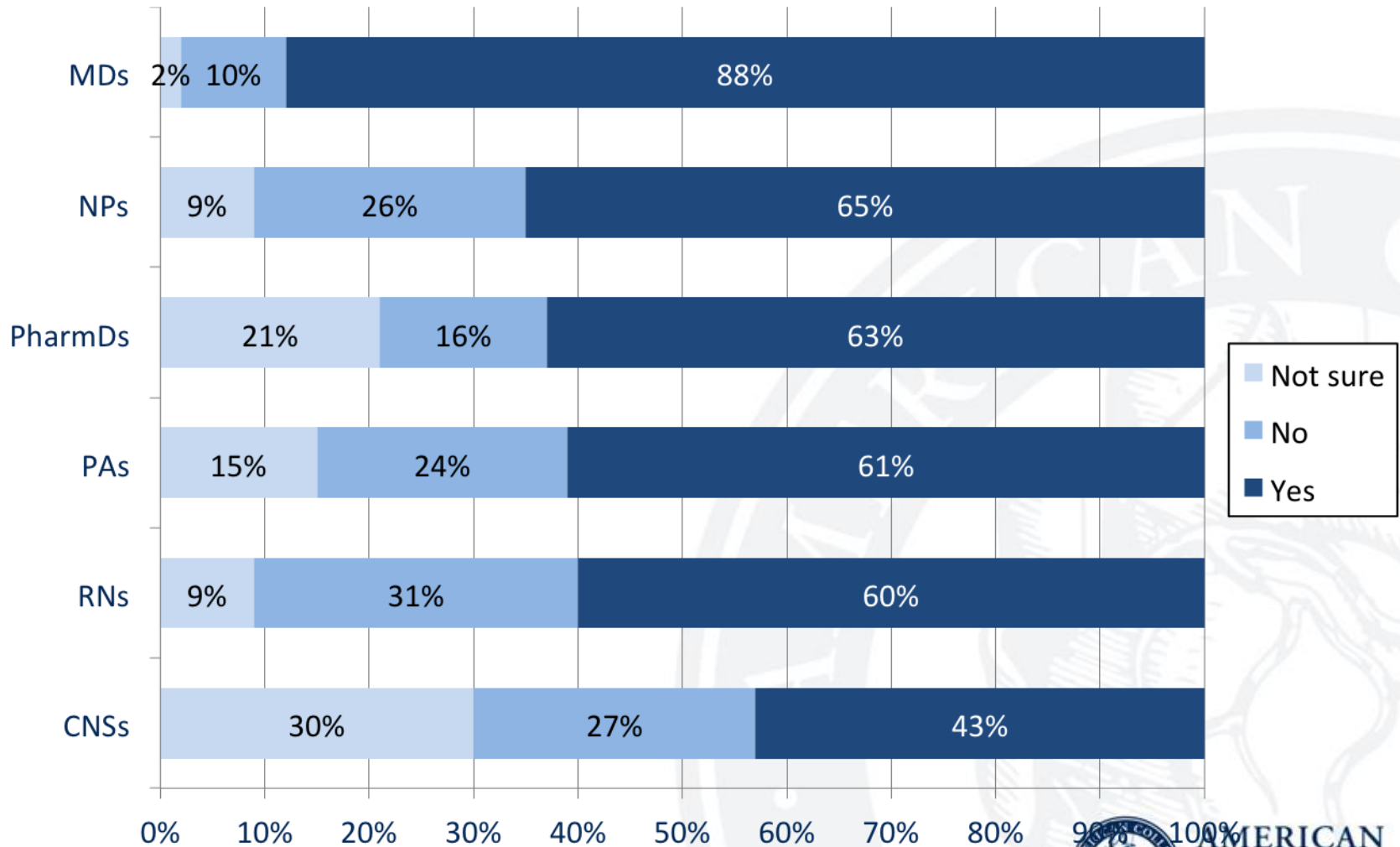


Perceptions of Practice-Related Issues-Agree or Disagree



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Are Your Practice Members Practicing To The Fullest Extent Of Education, Training and Certification?



Quality Metrics For Team Based Care Providers **ALREADY** Exist

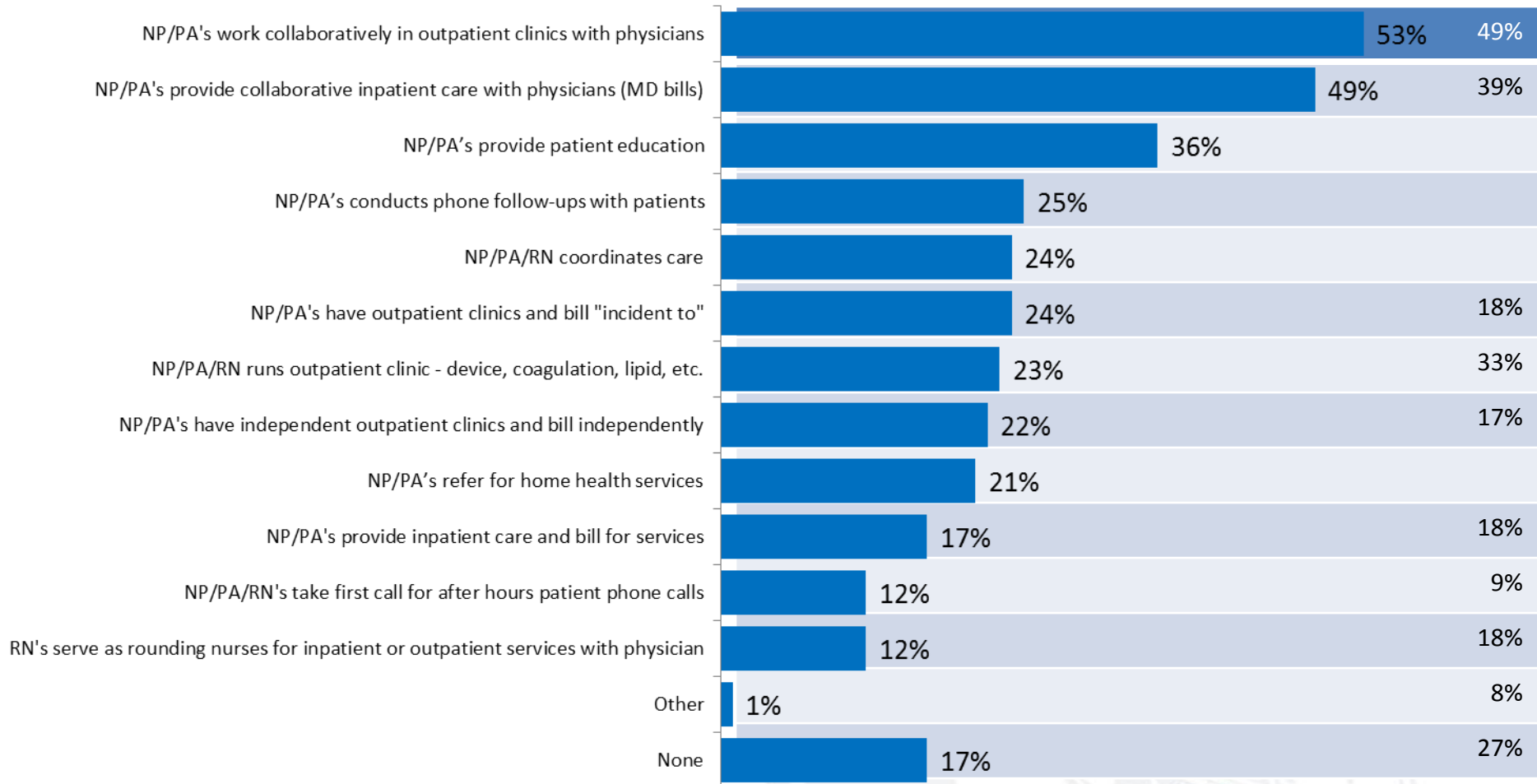
- 1981 and 1986 Government reports validated quality of NP, PA and CNM as equivalent or better than physicians for similar duties performed that were within scope of practice
- 2011 Meta analysis of NP reaffirm quality of care
- Recent publications of pharmacist run clinics have consistently shown equivalent or better clinical measures (TTR, HTN control)



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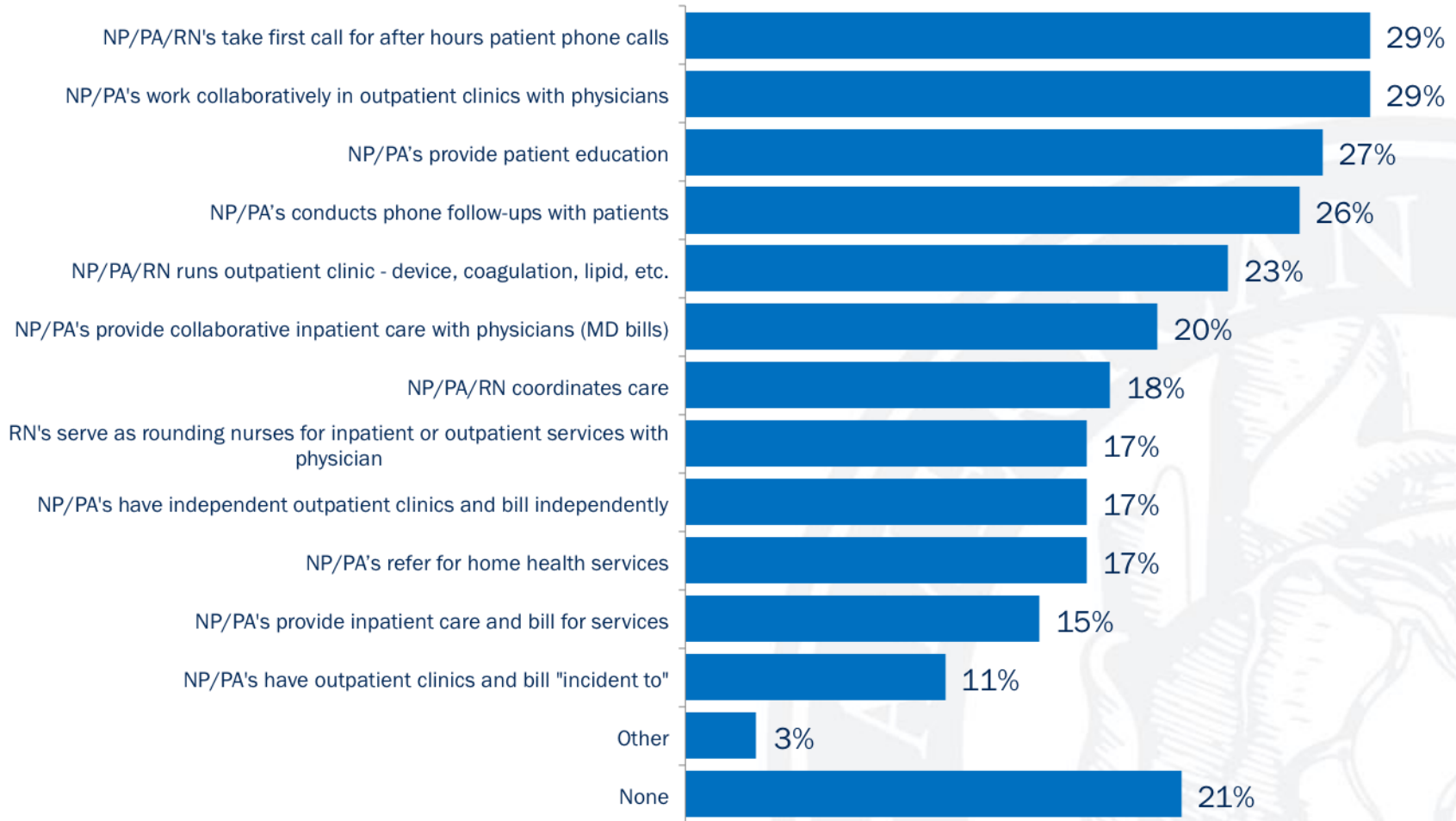
Practice Models Currently Utilized

2010



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Desired Practice Models



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Q: Which of the following would you like to see implemented at your practice? (CardioSurve n=157)

TBC Models

- One size does not fit all practices
- Limited fiscal data reported in literature
- Is our vision broad enough to envision all of the best options?



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Frontline Health Care Workers as Part of the Team

- Represent 50% of 18 million people employed in the health care workforce
- Defined as professionals that provide routine and essential services in a medical practice or health system, such as medical assistants, administrative assistants, laboratory and pharmacy technicians, community health workers, health educators, and home health aides.
- Represent a critical role in a patient's health care experience
- Often first point of contact for many patients and families, and also provide basic clinical support services



Efficient Team-Based Care Can Improve Financial Bottom Line

FP MD developed a model based on an understanding that routine patient visits can be divided into four parts:

- data gathering,
 - data analysis and physical exam,
 - decision-making and care plan development
 - plan implementation and patient education
- <http://www.aafp.org/news/pcmh/20090217anderson-q-a.html>



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Successful FP TBC Model

- EMR implementation went from 30-35 to 22 pts per day
- \$80,000 in red
- Focused on 1 & 4 and became fiscally solvent
- Improved to 35-40 pts per day
- Better care provided
- Improved pt and practitioner satisfaction



ADVOCACY



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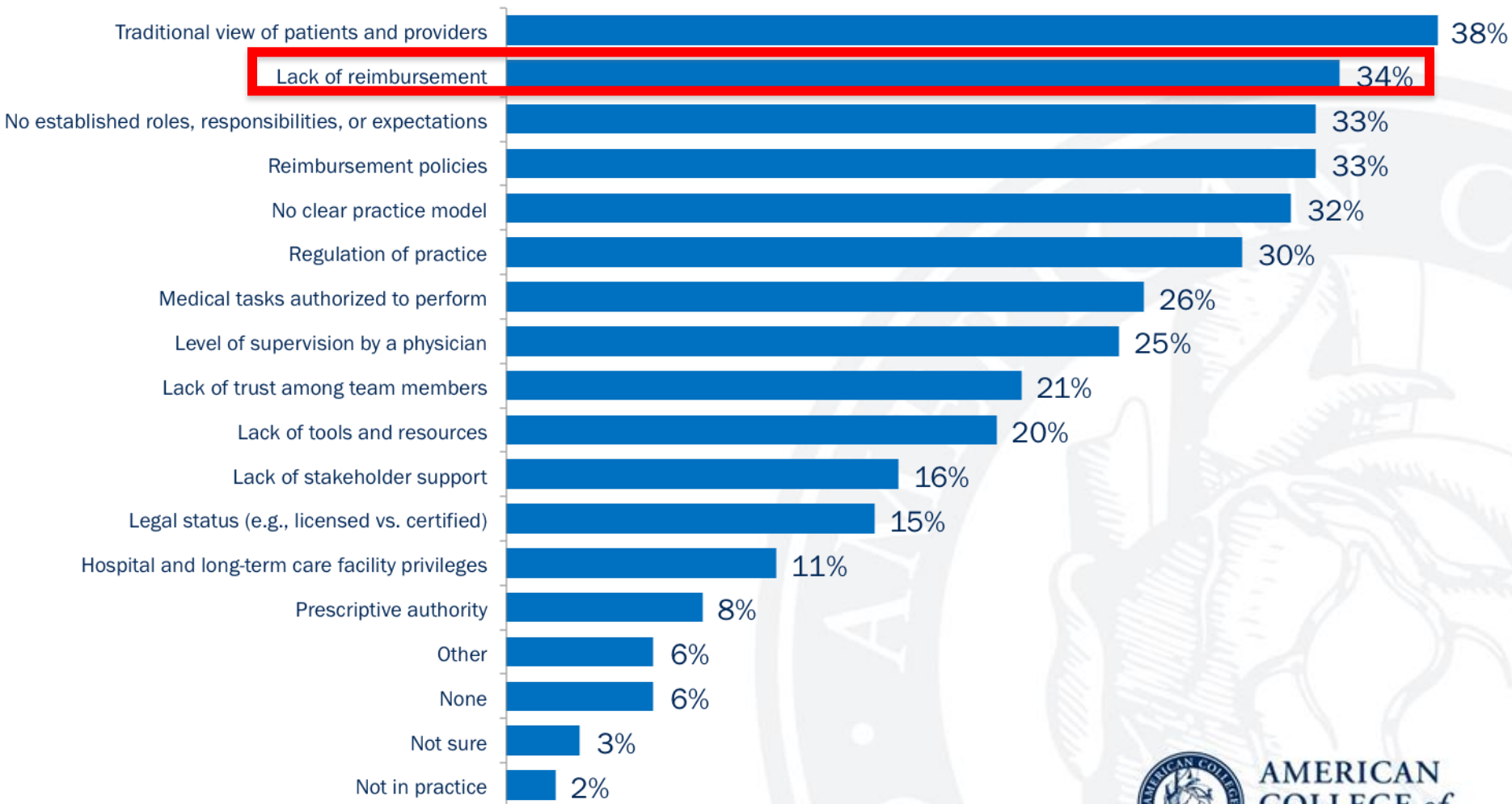
Efforts At The ACC

- Policy Statement on Team Based Care
 - Drives opportunity for Advocacy
- Legislative Conference
- Opportunities/Challenges



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Barriers Limiting Practice Members From Practicing To Full Extent Of Education/Training/Certification



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IOM Guide for Advocacy-Future of Nursing-Food For Thought ACC Advocacy

Recommendation 1: Remove scope-of-practice barriers. *APN's should be able to practice to the full extent of their education and training. To achieve this goal, the committee recommends the following actions.*

For the Congress:

- Expand the Medicare program to include coverage of ANP services that are within the scope of practice under applicable state law, just as physician services are now covered.
- Amend the Medicare program to authorize ANPs to perform admission assessments, as well as certification of patients for home health care services and for admission to hospice and skilled nursing facilities.
- Extend the increase in Medicaid reimbursement rates for primary care physicians included in the ACA to ANPs providing similar primary care services.
- **For state legislatures:**
- Reform scope-of-practice regulations to conform to the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules (Article XVIII, Chapter 18).
- Require third-party payers that participate in fee-for-service payment arrangements to provide direct reimbursement to advanced practice registered nurses who are practicing within their scope of practice under state law.



IOM Advocacy Recommendations

For CMS:

- Amend or clarify requirements for hospital participation in the Medicare program to ensure that ANP's are eligible for clinical privileges, admitting privileges, and membership on medical staff.

For the Office of Personnel Management:

- Require insurers participating in Federal Employees Health Benefits Program to include coverage of services of ANP's that are within their scope of practice under applicable state law.

For the Federal Trade Commission and the Antitrust Division of the Department of Justice:

- Review existing/proposed state regulations concerning ANPs to identify those that have anticompetitive effects without contributing to the health and safety of the public. States with unduly restrictive regulations should be urged to amend them to allow ANP's to provide care to patients in all circumstances in which they are qualified to do so.



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2015 ACC Legislative Conference Talking Point

The Legislative Correction

- H.R/ 3355 and S. 488 would allow NPPs to provide day-to-day supervision of CR and PR programs. Medicare statute identifies these individuals as physician assistants, nurse practitioners and clinical nurse specialists.
- The safety of CR in a medically supervised, community-based program is well established.^{3,4} Additionally, NPPs are already utilized in a number of critical care environments, including Critical Access Hospital emergency departments, hospitals and hospital clinics, emergency rooms, intensive care units, recovery rooms, cardiac catheterization laboratories, heart failure and arrhythmia clinics, community clinics, health centers, urgent care centers, walk-in clinics, and many other sites. NPPs are highly trained to respond should emergencies arise.
- This bipartisan legislation was introduced in the House by Rep. Lynn Jenkins (R-KS) and Rep. John Lewis (D-GA) and in the Senate by Senator Crapo (R-ID) and Senator Schumer (D-NY).

Supporters

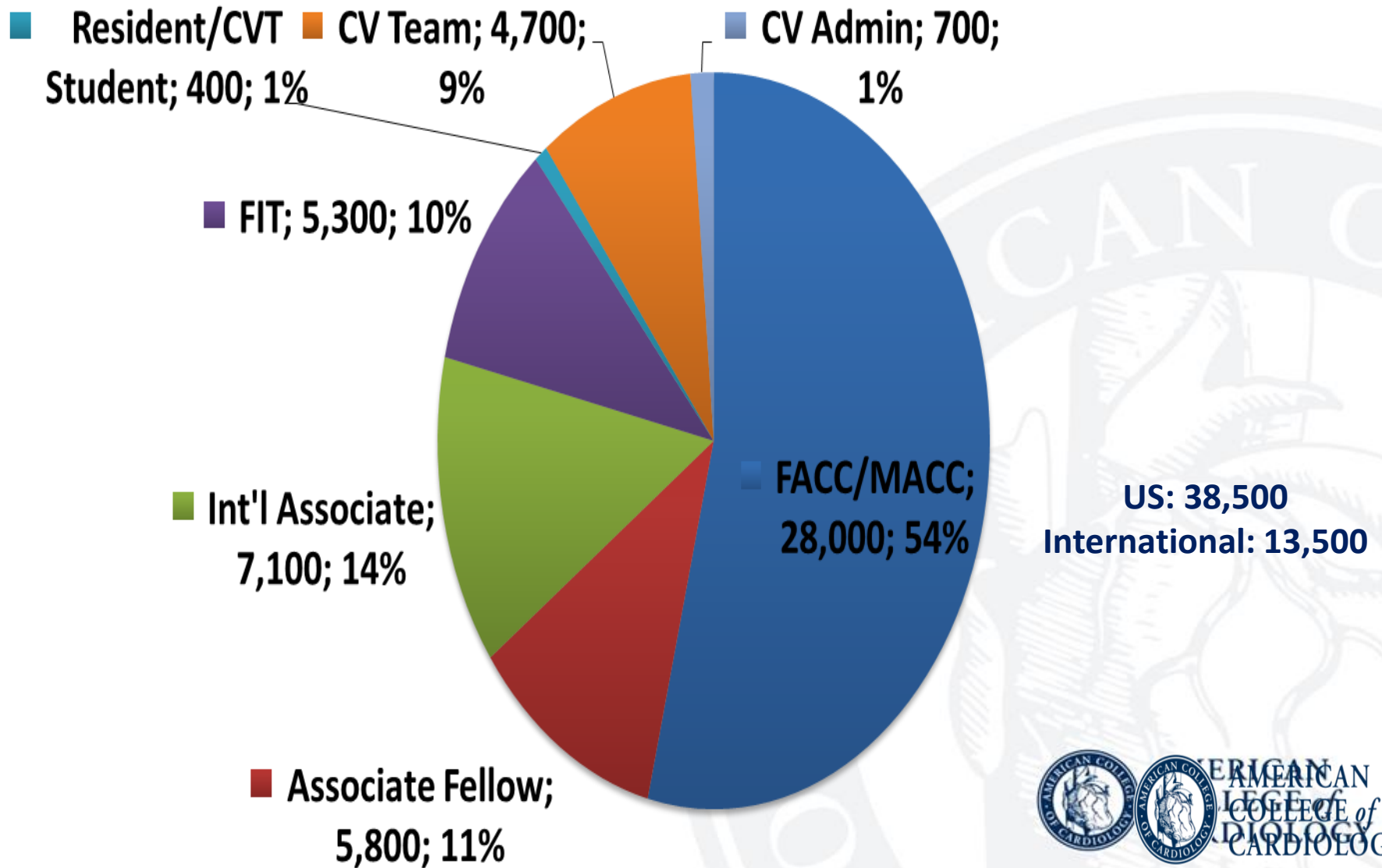
- The American Association of Cardiovascular and Pulmonary Rehabilitation
- American College of Cardiology
- American Heart Association
- Association of Black Cardiologists
- Heart Failure Society of America
- National Association for Medical Direction of Respiratory Care
- National Women's Health Network
- Mended Hearts
- Mended Little Hearts
- Preventive Cardiovascular Nurses Association
- Society for Women's Health Research
- WomenHeart
- The Women's Heart Alliance



The ACC Reaches 52,000 Members in 2016 Official Member Count



ACC in 2016: 52,000 Members Worldwide



Work Setting Breakdown of All ACC Members (2015)

Work Setting	# of members	% of members
Cardiology Group	13,966	26.1
Medical School/Univ	5,509	10.3
Retired	4,574	8.5
Non-Govnt Hospital	2,770	5.1
Multispecialty Group	1,939	3.6
Solo practice	1,894	3.5
Fellow-in-Training	1,197	2.2
Government Hospital	1,105	2.1
Other/Unknown	20,453	38.5



Health Policy Statement: Key Take-aways

- The statement highlights the many ways the varied post-graduate training experiences of advanced practice providers add a rich diversity of talent and capabilities to the care team.
- It also highlights the need for successful and effective teams to have “shared goals and clear roles” and touches on the need for a more flexible approach to leadership.



Health Policy Statement: Key Take-aways

- The statement also recognizes that broad dissemination of this team-based approach to cardiovascular care is not without its challenges.
- There are differences between states in regulations defining prescriptive authority among providers. Inconsistencies between states affecting what PAs, APRNs, and PharmDs are licensed to prescribe can become a barrier to a broad-based implementation of cardiovascular care teams, and can create impediments to the development of national standards for cardiovascular team-based care.



Health Policy Statement: Key Take-aways

- Differences in state regulations regarding the licensure of practitioners, as well as variations in payment policies by private and public payers, can interfere with the team-based approach. In addition, new payment models focusing on value over volume “represent both an opportunity and a challenge for cardiovascular team-based care,” the report states.



Recommendations from the HPS

Key recommendations from the HPS, include:

1. Expand interprofessional education to encourage creative interaction by all members of the team;
2. Pursue advocacy around sensible payment reforms;
3. Explore emerging technologies to extend the capabilities of the CV Team including telemedicine and virtual teams to help bring care to underserved regions.



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Questions?



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