

# The Role of the Advanced Practice Registered Nurse (APRN) in Community-Based Palliative Care

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- **Identifying and Managing Frail Patients in the Community: A Look at a Coordinated Care Model**  
Tuesday, January 19 from 1:30—2:30 PM ET  
Featured Presenter: Balu Gadhe, MD

## → Virtual Office Hours:

- **Promoting Partnerships in Primary & Specialty Care - Office & Outpatient Clinics with Connie Dahlin**
  - February 9, 2016 at 12:00 p.m. ET
- **Metrics that Matter for Hospices running Palliative Care Services with Lynn Hill Spragens, MBA**
  - January 15, 2016 at 10:00 a.m. ET
- **Planning for Community-Based Care with Jeanne Twohig, MPA Virtual Office Hour**
  - January 19, 2016 at 11:00 a.m. ET
- **NEW! Risk Assessment for Opioid Substance Use Disorder with Andrew E. Esch, MD, MBA**
  - January 20, 2016 at 12:00 p.m. ET
- **Palliative Care Models in the Community with John Morris, MD, FAAHPM**
  - January 20, 2016 at 3:00 p.m. ET
- **Palliative Care in the Home with Donna W. Stevens, BS**
  - January 21, 2016 at 1:00 p.m. ET



# Objectives

- Articulate the role of the Palliative APRN
- Discuss the benefits of APRN utilization in community-based palliative care
- Examine four models from the literature emphasizing the APRN
- Describe reimbursement for APRNs in community-based palliative care

# Rationale for APRN Utilization

*Although research suggests that APRNs are well equipped to deliver safe & effective care, legal, regulatory, institutional, & cultural barriers prevent many from practicing to the full extent of their training and education. We need to change that to make the best use of health care's human capital.*

The Future of Nursing: Campaign for Action

Lloyd H. Dean, CEO, Dignity Health, and member, strategic advisory committee

# APRN Positioned to Meet Needs of Palliative Care Population

- APRNs able to fill all aspects of community- based palliative care core services
  - Consultation
  - Complex pain & symptom management
  - Complex medical decision making
  - Medication management/reconciliation
  - Advance care planning
  - Counseling
  - Care coordination/case management

# APRN Positioned to Meet Needs of Palliative Care Population

- APRN well-suited to meet gap of palliative care needs in:
  - home,
  - rehabilitation setting,
  - and long term care setting
- Can assure 24/7 coverage to avoid emergent hospital visits & admissions which are costly
- Help with financial aspects of cost avoidance

# OVERVIEW OF THE APRN ROLE

# American Nurses Association

→ Advanced Practice Registered Nurse (APRN) is a regulatory & protected title that includes 4 roles:

- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse Practitioner (CNP)
- Clinical Nurse Specialist (CNS)

→ In palliative care, only CNS & NP are recognized for specialty practice.

→ Core palliative nursing competencies and scope of practice are defined by ANA and Hospice and Palliative Nurses Association.



# National Council of State Boards of Nursing

- Sets the national requirements for practice
- APRN's primary focus is direct patient care, unless DNP or PhD.
- The 2008 Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (LACE) delineated graduate education within six populations:
  - Adult/Geriatrics,
  - Pediatrics,
  - Neonatal,
  - Women's Health/Gender Related,
  - Family, and
  - Psychiatric/Mental Health.
- Oncology, palliative care, & nephrology are specialty APRN practice

# Clinical Nurse Specialist or Nurse Practitioner

- Be a registered professional nurse who is authorized by the state in accordance with state law;
- Be certified as a clinical nurse specialist or nurse practitioner by a recognized national certifying body that has established standards
- Possess a master's degree in nursing or a doctoral nursing degree from an accredited program

DHHS 2011

# Collaboration

- Collaboration occurs when CNSs or NPs work with one or more physicians to deliver health care services
- Medical direction & appropriate supervision is provided as required by the law of the State in which the services are furnished
- Some states require collaboration; others may use the terms “supervise,” “delegate,” or “direct,” or may mandate use of protocols or a mix of all of these terms

Center for Medicare and Medicaid Services (CMS)

# Hospice and Palliative APRN Scope of Practice

- Both CNSs and NPs can be primary care providers
- For hospice & palliative care patients -
  - Take health histories & conduct physical examinations
  - Diagnose & treat acute and chronic problems
  - Interpret diagnostic results
  - Manage medications & other therapies
- Provide case management and care coordination services for patients with serious illness
- Plan and run disease prevention & health maintenance programs for patients with serious illness

# FOUR APRN COMMUNITY-BASED PALLIATIVE CARE MODELS

# Four APRN Community-based Palliative Care Models

- 1) Palliative APRN consultant in a community oncology practice
- 2) Primary care palliative APRN provider in a clinic
- 3) Palliative APRN consultant in the home – Small City
- 4) Palliative APRN consultant in the home – Large Urban City

# Palliative APRN in Clinic Practice

- **Site** – Lake Health/University Hospitals Seidman Cancer Center, Mentor, OH; initiated in 2007
- **Description** - Collaboration between a hospice & a community hospital oncology practice
- **Clinical Responsibility** – Consultative & Co-Management Model
- **Type of Program** - Palliative CNS from a hospice was integrated into a community oncology setting to provide PC consultative services to adult patients with advanced cancer
- **Findings** - Patients in the PC arm experienced significantly lower mortality rate at 4 months & were 84% less likely to be hospitalized.

# APRN Primary Palliative Care Clinic

- **Site** – University of WA Harborview Hospital, Seattle, WA; initiated in 2006
- **Description** - All NP clinic that grew from inpatient palliative care service & office-based nurse case management service
- **Clinical Responsibility** - Co-Management & Primary Care
- **Type of Program** - Currently serve approximately 500 patients & families with serious illness for primary & palliative care
- **Findings** - Improved symptom management & decreased emergency department utilization over time



# Palliative APRN in the Home – Small City Program

- **Site** – Hospice of Santa Barbara, Santa Barbara, CA; initiated in 2009
- **Description** – NP provision of full range of palliative care services to patients with life limiting illness in their homes
- **Clinical Responsibility** - Consultative and Co-Management Model
- **Description** - Partnership between a HHA, Hospice (Inpatient Unit) & Cancer Center resulting in a collaboratively run clinic In person visits, & telephone calls
- **Findings** – High continuity & high hospice referral rate

# Palliative APRN in the Home – Large Urban Program

- **Site** – Beth Israel Hospital, Pain and Palliative Care Division, New York, NY; initiated in 2003
- **Description** – Outgrowth from academic palliative care service
- **Clinical Responsibility** - Consultative & Co-Management Model
- **Type of Program**
  - Palliative NP/SW team in a particular region of the city
  - Palliative NP embedded into a hospice program
- **Findings** –
  - NP/SW model followed 114 home patients for 350 visits; initial visit \$238 /follow-up visit \$102 -170
  - APRN in hospice resulted in 360% increase in hospice referrals
    - \$1.875 million yield

# Observation of Models

- Palliative APRNs in all settings (clinic, home, hospice), although NP more common than CNS
- Mix of palliative care service delivery
- Clinical responsibility primarily consultative & co-management
- Reimbursement affected APRN usage

# Established Community-based Palliative Care Programs with High APRN Utilization

## HOME

- Lehigh Valley Health System, OACIS (Optimizing Advanced Complex Illness Support), – Lehigh Valley PA
- Journey Care – Chicago, IL
- University of Alabama, ENABLE (Educate, Nurture, Advise Before Life Ends) - Birmingham, AL

# Established Community-based Palliative Care Programs with High APRN Utilization

## OFFICE

- Spartanberg Regional Healthcare System, Spartanberg, SC
- Palliative Care Center of Silicon Valley, San Jose, CA
- Bridgeport Hospital Outpatient Palliative Care, Bridgeport, CT

# UTILIZATION AND REIMBURSEMENT

# Utilization of Palliative APRNs for Complex Patients

**Each state has a legal definition in its statutes or regulation that defines APRN practice with consideration of their education & training.**

- In order to bill, the APRN scope of practice must allow the APRN to take a history, perform a physical examination, make a diagnosis, & provide treatment
- Billable if beyond the RN level of care. Specifically, if services can be performed by RN, then cannot be billed.

Buppert 2012, Hamric 2014, Hanson 2014.

# APRN Reimbursement

CMS states APRN services must be:

- “medical in nature must be reasonable & necessary, be included in the plan of care & must be services that, in the absence of a nurse practitioner or clinical nurse specialist would be performed by a physician.”
- **If the services performed by a APRN are such that a RN could perform them in the absence of a physician, they are not billable**

Centers for Medicare and Medicaid Services, 2012b



# Reimbursement

→ Fee-for-Service

→ Risk Sharing

# FEE-FOR-SERVICE

# Fee-for-Service

- Hospice and palliative APRNs provide a range of complex services to patients, which qualify for third party reimbursement & are both reimbursable.
- In order for the Palliative APRN to be eligible to submit bills for reimbursement to CMS, there must be some source of the Palliative APRNs salary that is not part of the organization's Medicare Part A Cost Report.
  - Consultation - consultations/initial evaluations at all levels
  - Co-Management - pain and symptom management, etc.
  - Primary care – Both CNS and NP can serve as attending of record for palliative care, but only an NP for hospice patients

# MEDICARE A BILLING

# Medicare A

## **Under Hospice & Home Health:**

1. Palliative APRN sees patients under hospice or home health benefit as staff or contracted employee
2. Palliative APRN services are billed under per diem or bundled rate of Hospice & Home Health Services
3. Only Hospice NP as the Attending of Record can be separately billed

# Attending of Record (AOR)

- The **clinician** primarily responsible for patients in the home and hospital setting. Clinicians include:
  - Physician - Medical doctor [MD] or Doctor of osteopathy [DO],
  - APRN - Nurse practitioner [NP], Clinical nurse specialist [CNS], Certified registered nurse anesthetologist [CRNA], Certified nurse midwife [CNM]
  - Physician assistant [PA]
  
- NP (not CNS) may service hospice patients.

# MEDICARE B BILLING & COMMERCIAL BILLING

# Types of Billing

## → **Independent Billing** (also known as Direct Billing)

- Provides care and services under his or her own license and NPI number

## → **Incident to Billing**

- The APRN bills under the physician's direction in which he or she provides an integral aspect of care such as a commonly rendered service
- Possible in only three particular settings:
  - the office,
  - the patient's home, or
  - an office within a SNF



# RISK SHARING

# Risk Sharing

- Set rate per patient per time periods or bundling of payment
- Visits based on complexity and necessity
- Since payment by incentive to keep patient at home, promotes use of other IDT members essential as well as use of community resources
- May alternate APRN visit with RN, SW, or telehealth visits

# New Model of Payment

- Reimbursement shifts from face-to-face visit time to outcomes
  - Care management
  - Core coordination
  - Telehealth
- Time necessary to create community collaboration to care for the patient
  - Creating collaborative partnerships and clinician relationships
  - Maintaining relationships with other clinicians
- **Right clinician, right patient, right time, right service**

# New Model of Payment

- Risk environment, all costs are costs (vs. revenues)
- Palliative APRN cost is lower than Palliative MD (salary, benefits, malpractice, etc.)
- More incentive to be proactive and comprehensive in community-based palliative care, which is ideal for the palliative APRN

# Goals for APRN Models

- Advance care planning
- Phone calls/Visits/Telemonitoring to avoid Emergency Department visits, hospital admissions, and 30-day readmissions
- Case management & care coordination
- Visits before discharge in all settings to promote smooth, safe, transitions of care

# Challenges

## → Fee for Service

- As in all aspects of palliative care, money generated by visits by may not be effective use of time

## → Risk Sharing

- Allows for fuller coverage of needs with referrals
- Plan needs to be established to determine APRN usage

# SUMMARY

# Federal Trade Commission (FTC)

- APRNs play a critical role in alleviating provider shortages & expanding access to health care services for medically underserved populations
- FTC staff has urged state legislators to avoid imposing restrictions on APRN scope of practice
  - unless those restrictions are necessary to address well-founded patient safety concerns
- Expert bodies have concluded that APRNs are safe & effective as independent providers of many health care



# APRNs in Palliative Care

- Few studies about APRN utilization in community-based palliative care
- Wide APRN scope of practice is well-suited to palliative care. in providing core palliative care services, filling the palliative care gaps in the community
- APRNs provide specialty palliative care that is sustainable, billable, economical, and promotes collaboration
- APRNs effective in various community-based care models particularly office-based & home-based care

# APRN Practice References

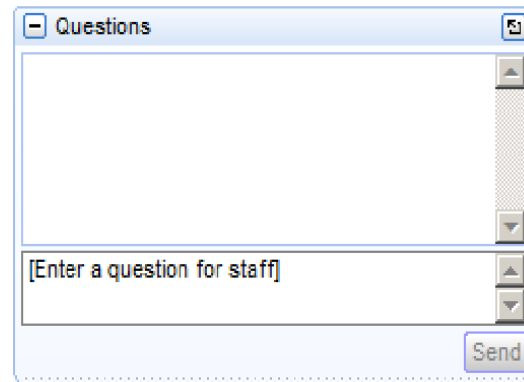
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# Questions and Comments

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