

# Convenient Care, Nurse-Led Care, and the Evolution of Healthcare

Super User 11 January 2017

On the 10th anniversary of the Convenient Care Association (CCA), it is worth looking back on the rapid growth of convenient care clinics (CCCs) over the last ten years in conjunction with the growth of nurse practitioners (NPs) and nurse-led care, and need for training and education specific to payment reform methodologies if these sectors are to continue to experience expansion moving forward. CCCs and NPs are poised to take advantage of changes occurring to the healthcare landscape as a result of federal payment reform initiatives, but they'll need timely, convenient training and education to realize this potential.

At the time of CCA's founding in the mid-2000s, CCCs numbered in the low hundreds and today there are almost 3,000 spread across the country. Market forces, not regulatory or industry pressures, fueled the growth in CCCs due to their focus on accessibility, convenience, patient satisfaction, and high-quality care. The CCA now represents thousands of CCCs across 41 states and the District of Columbia and retail clinics continue to expand to new, innovative sites in response to patient demand.

As with CCCs, the number of NPs providing nurse-led care has skyrocketed over the past 10 years and shows no signs of slowing down. The number of NPs grew from 120,000 in 2007 to over 222,000 in 2016 and new NPs are entering the workforce at approximately 20,000 per year.<sup>1</sup> Like CCCs, NP growth is a function of market demand for healthcare services driven in large part by increasing insurance coverage, an aging Baby Boomer generation, and improving economic conditions. More than other medical professionals, NPs have been meeting this increased demand for healthcare services. Over 80% of NPs are certified in areas of primary care, and roughly three-quarters of NPs are accepting new Medicare/Medicaid patients.<sup>2</sup> CCCs are routinely staffed by NPs and the CCA has showcased the critical role nurse-led care has played in both the expansion of retail clinics and their commitment to quality.

Despite the impressive growth of nurse-led care through the expansion of CCCs and the proliferation of NPs over the past decade, changing aspects of the healthcare landscape suggest this trend will continue or accelerate. In order to understand how this may be the case, we need to understand some of the recent payment reform steps being taken at the national level.

In October 2016, the federal government approved a final rule for the Quality Payment Program (QPP).<sup>3</sup> The QPP was established by the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 to improve

Medicare by shifting the focus on federal health spending away from quantity to the quality of care delivered. Under the QPP, providers are in line for Medicare Part B payment adjustments (negative as well as positive) based on a scoring mix of service utilization, quality metrics, quality improvement activities, and health IT usage. While the QPP only applies to Medicare for now, as the single largest payer for healthcare services in the country, we expect Medicaid and private insurance alternative payment methodologies to follow suit.

Leaving aside the intricacies of the QPP and other payment reform initiatives, healthcare providers will need to demonstrate the quality and value of care delivered. Generally, this means being able to:

- Provide and refer for healthcare services efficiently and according to clinical standards of care;
- Improve clinical outcomes and patient satisfaction;
- Engage patients, their families, and clinical staff in quality improvement activities; and
- Use health IT to capture, report out on, and share data related to all of the above.

With a focus on patient engagement, the efficient use of healthcare resources, the delivery of high-quality care, and the ongoing introduction of innovations into clinical practice, payment reform initiatives are adhering closely to long-standing principles of nurse-led care. As providers of nurse-led care, CCCs and NPs are poised to succeed in

just such a healthcare environment but only if they receive education and training to help them prepare for payment reforms.

However, convenient care clinics and nurse practitioners cannot assume continued success in this new healthcare environment, which is why the National Nurse-Led Care Consortium (NNCC) is providing CCCs and NPs with training and education to help them press their advantage in the era of payment reform. NNCC is developing education and training programs to ensure CCCs and NPs can demonstrate their adherence to the principles of care mentioned above. NNCC is proud to be rolling out two programs that both CCCs and NPs can take advantage of to help them transform their practices ahead of payment reform.

NNCC has taken the lead, in conjunction with project partner the American Association of Nurse Practitioners (AANP), in the creation of the Nurse Practitioner Support and Alignment Network (NP SAN). The NP SAN is a grant-funded program of CMS' Transforming Clinical Practice Initiative (TCPI). The TCPI is designed to support more than 140,000 clinician practices over the next 3 years in sharing, adapting, and further developing their comprehensive quality improvement strategies. Clinicians participating in TCPI will have the advantage of learning about QPP and moving to alternative payment methodologies. CCCs and NPs are eligible to join TCPI-funded practice transformation networks and receive free,

quality coaching, data reporting tools, and other services to help them prepare for the QPP. Even if they don't join a network, CCCs and NPs can access NP SAN education and training content via AANP's CE Center, informational webinars, and online training programs. Best of all, when CMS designed the TCPI they incorporated principles of nurse-led care into their curriculum. The TCPI includes a commitment to patient and family engagement, continuous, data-driven quality improvement, and the adoption of sustainable business operations. CCCs, NP practices, and other clinicians participating in the TCPI will be well-positioned to demonstrate the quality of care delivered in a value-based payment healthcare environment.

NNCC understands that NPs, whether working in a CCC setting or other practice environment, need to be able to access reliable, free, online education and training at their convenience. NNCC developed the NP Academy to meet the growing need for such flexible, convenient, online training content. NP Academy is an online learning platform designed for future nurse leaders to build the skills necessary to effectively direct innovative healthcare practices. Lessons cover a range of topics, addressing specific objectives through interactive content, resources, learning activities, and assessments to measure knowledge retention and participant satisfaction. NNCC is using this platform to host original training programs and link to vetted, third-party content. Modules will address

critical clinical administration, policy advocacy, finance, organizational leadership, and entrepreneurship aspects of nurse-led care. As NNCC continues to flesh out modules and learning content, it is our hope that it will provide NPs working in CCCs, nurse-led clinics, and other practice settings with the tools and resources necessary to advance nurse-led care over the next ten years.

CCCs and NPs have experienced extraordinary growth over the past 10 years, and there are very real reasons to believe that growth will continue apace or accelerate over the next 10 years. However, if CCCs and NPs are to take advantage of the opportunities posed by payment-reform initiatives in the mold of the QPP, they will need innovative education and training programs. NNCC hopes to provide CCCs and NPs with the specific educational and training programs necessary to continue the advancement of nurse-led care in the foreseeable future.

## References

1. Di Fang, Yan Li, David C. Stauffer, and Deborah E. Trautman, "2015-2016 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing," American Association of Colleges of Nursing (2016).
2. "2016 AANP National Nurse Practitioner Sample Survey," American Association of Nurse Practitioners, available from <https://www.aanp.org/research/reports>.

3. Quality Payment Program, accessed January 3, 2017,  
<https://qpp.cms.gov/>.