

REVENUE OPERATIONS

**University of Nebraska
Medical Center College of Nursing**

Faculty Practice Initiative

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Report Overview

Health Associates, Inc. (Consultant) conducted an assessment of programs and services provided within the University of Nebraska Medical Center (UNMC), College of Nursing (CON). The Consultant reviewed services provided, assessed those that would be eligible for billing, evaluated options for infrastructural support, considered options for future programs, and continued conversations to establish a more structured faculty practice plan for the college. Consultant conducted interview with representatives from the CON and UNMC. Those visited with during the onsite consultation will serve as exhibit to this report to illustrate those interviewed and for who contributed to the following recommendations.

Patient Care Perspective

"Nursing is a science that is applied in practice and is deeply rooted in a fundamental commitment to meeting the health needs of people regardless of their life circumstances" (J. Edwards, 2002).

The faculty practice provides student exposure, teaching and patient care opportunities through the direct placement of faculty. Faculty identifies and secures opportunities individually. Faculty is placed for a defined time period in various clinical sites with compensation to the CON equal to salary, fringe and indirect expenses. Through interview, there is an effort to move current agreements to a breakeven point and ensure new agreements established are financially viable.

The CON is seeking to explore a second tier and complementary approach in establishing actual care sites owned by the CON and for which revenues generated from patient care are retained by the CON. Establishing a model to incorporate billing and practice management will provide a consistent teaching environment for students and stability in skill retention and licensure opportunity for faculty practitioners.

In exploring and discussing options, conversations seemed to fall to a common vision and characteristics for the CON. They include the following.

Characteristics	Comment
Complimentary to the medical model	There was no discussion or interest by faculty, staff or others to create an environment competitive in nature to the medical models, medical school and physicians in the community. A common thread of interest was to identify complimentary services, ways in which to support population health initiatives along side the medical community and work as a peer in the delivery of care.
Increase access to care	The CON should assist the UNMC and work with UNMC in addressing access to care as a new frontier in healthcare gains momentum in the market. The mobile van along with outreach through the five campuses

	<p>provides a foundation for access. The increase to access isn't designed around "doing-the-same-thing" but rather exploring new approach to reaching patients.</p> <p>This new approach can be packaged as using existing clinics for after hours primary care (not urgent care but extended hours), for weekend care and in going into the community to provide care rather than relying on public or private transportation to bring the patients to us. The mobile van could provide a solid opportunity for outreach in the community.</p>
<p>Programming should focus on cost avoidance in the delivery of healthcare services.</p>	<p>CON clinical programs need developed with a focus on cost avoidance realized through the evidence based care rendered providing high quality outcomes. The focus in the healthcare industry in movement away from a fee-for-service model, movement towards payment based on outcomes and global fee compensation based on reimbursement for an episode of care rather than an encounter. As such, clinical programs, those complimentary to the medical model, all need to demonstrate avoidance of cost, avoidance of ER visits, ability to avoid costly admissions and management of a patient where care provided is cost effective and highly efficient.</p>
<p>Interdisciplinary</p>	<p>There exists the opportunity though alignment with the College of Pharmacy, College of Public Health, College of Dentistry and School of Allied Health Professions to create a robust interdisciplinary quality based model of care that could compliment both primary care and specialty care of the College of Medicine. In 2012, the College of Medicine was ranked 6th in the nation for primary care (U.S. News & World Report). Innovative approaches would strengthen this position to included isolation of patient populations, similar to a diseases registry model, to allow segments of patients to gain nurse managed care of their disease having an interdisciplinary approach through the School and College's listed.</p>
<p>Build upon existing facilities.</p>	<p>There was no desire to establish or build out a free standing nurse managed clinic, to assume those expenses and fund, even if through a grant, the physical plant for a practice. There exists today the mobile van having capacity and practice modeling builds on already facilities and current infrastructure.</p>

Educational Perspective

The faculty practice provides consultative service, program development, and student teaching opportunity through direct placement of faculty. These educational, non patient care arrangements are too identified by faculty and secured for students. The CON provides consultative expertise. This consultative expertise should expand to include practice related topics of expertise to the physician community on the usage and benefits of advanced practice nursing.

Through discussion on clinical practice, practice management, and related revenue opportunities in care rendered, discussion surfaced in regards to the need of the CON to broaden and seek a higher level of practice management business expertise. This would include faculty training and higher degree of focus in student curriculum.

There was an apparent gap identified by faculty to the business aspects, lack of practice management tools and business skills needed by faculty in practice. For faculty to be nurse leaders, to benefit and add value to the practices they are placed for clinical service and to operate a CON management practice, this is an area in which to enhance.

Discussion occurred in regards to approaches and ways this could be accomplished.

Discussion Point	Comment
Faculty Practice Committee	It was discussed that the faculty practice committee could serve as the gatekeeper of educational business and practice management skills and to coordinate the expanded role with faculty in practice.
Webinar training	A series of webinar training and educational sessions could be prepared to generate a higher level of awareness and encourage faculty to seek out the Faculty Practice Committee for practice support.
Alumni support network	Students were trained and graduated from the CON. As a post-graduate, they could seek out the CON as a resource and tool for themselves when it comes to practice questions, for support in the practices they may be employed, or for issues facing advance practice nursing in regards to practice and see ongoing professional value through the alumni association. This would be applicable if they are employed, an entrepreneur, or seeking specific advanced practice billing or related topics.
Regional expertise	The CON desires to be part of the clinical enterprise and bring expertise from a state-wide perspective regarding advanced practice nursing. CON should be instructing others and taking a forefront on the nuances of billing and be the experts regionally for advanced practice nursing.

Clinical Practice Options

A series of programming and practice options were explored. The following were opportunities identified consistent with the characteristics outlined within this document and supportive of The Morehead Center for Nursing Practice on support provided to faculty.

Practice Option	Comment
Dental School	There may exist a medical need for episodic care and coordination amidst patients seeking dental care. During a course of dental treatment, medical issues may surface needing addressed by a practitioner. To align the CON with the dental program provides a unique approach to addressing the medical issues of dental patients, especially those without a primary care home.
Transitional Care Management	Transitional Care Management (TCM) has a defined outline in which to capture reimbursement for post-discharge care rendered in an attempt to avoid re-admission. This is something that can be designed and implemented not only with UNMC but with regional partner hospitals of the CON. As outlined in the TCM protocol, patients will have a face-to-face encounter within seven or fourteen days depending on complexity of the medical condition which can be completed on the mobile van. With TCM, a large portion of the care coordination is outside face-to-face encounters and can be completed by a registered nurse or other non-traditional billing provider.
Clinical coordination in the rural community	UNMC draws patients regionally to its specialty programs. Patients who return home need a support system as well as the physicians in the rural communities could benefit from a patient care liaison with the tertiary center. A combination of medical home visits and mobile van encounters can provide access and reinforce the link to UNMC.
Geriatric services	Explore opportunity within the geriatric assessment program to obtain compensation for a level of service or from which to expand the program on other campuses in a compensable model. Focus on the wellness center model, health promotion, Welcome to Medicare and other programming options to compliment current work and research of the geriatric population on all five campuses.
Pediatric outreach	The children's hospital expressed plans to expand and set-up additional outpatient clinics and development of a new outpatient building in Iowa. Staying consistent with the characteristics identified, the pediatric nurse

	<p>practitioner program would compliment the pediatricians in a non-competitive role. The model used in other practice options would deploy across the pediatric service line. Here too, the mobile van presence can be used to capture new access and provide support to day-care and schools not having a clinical practice within the facility.</p>
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Professional Staffing

The patient care perspective of the faculty practice is two fold, direct placement and CON managed practice. It will be necessary to hire new faculty to fill the need and development of the CON managed practice. There does not exist today excess with current faculty to dedicate the time and commitment needed to ensure success of a CON managed practice. In both cases, direct placement and CON managed, the compensation arrangements for professional staff should include both a base and incentive.

Direct Placement Incentive

There exists today through the Faculty Practice Committee a Clinical Revenue Distribution Plan to address the incentive and alignment of incentives for faculty. The document does not address any future plan for a CON managed program or for new faculty with a greater focus on practice.

CON Managed Practices

The funding mechanism for the CON Managed Practice should include consideration of productivity. As an addendum to the current Clinical Revenue Distribution plan, there exists a need to address distribution from a CON managed practice. Productivity should be defined along the relative value model with definition to include those services eligible for compensation.

Recommendations and Next Steps

The following are recommendations and next steps for the College of Nursing.

Revenue Process	Recommendation
Faculty Practice Committee	<ul style="list-style-type: none"> • Expand the scope of the Faculty Practice Committee to include broader focus on practice management, issues facing practice, coding, and awareness and increased sensitivity to the uniqueness of advanced practice nursing in practice. • Schedule an instructional webinar for the committee and leadership faculty on the relative value unit, the application of it in regards to compensation and deeper dive into usage of it as a productivity measure in compensation models. • Create more awareness of practice through inclusion of practice management related topics in faculty

	<p>newsletters and alumni publications. Focus on industry changes in practice and topics specific to advanced practice nursing.</p> <ul style="list-style-type: none"> • Begin to explore a Clinical Revenue Distribution plan based on productivity for practices managed by the College of Nursing.
Program review	<ul style="list-style-type: none"> • Establish meeting with dental school to explore the opportunity as to if a medical evaluation component would be beneficial to patients and financially viable for the College of Nursing. • Schedule an instructional webinar on the guidelines in establishing a transitional care program to foster discussion on role of the student, registered nurse and nurse practitioner in delivery of service. Consider too an expanded medical home visit wrap around program. • Explore further the regional provider network and role of the College of Nursing in being the link in the rural community for the medical center campus. Services to include psychiatric nurse practitioner, social work and primary care. Consider this one of the opportunities to practice within the clinical enterprise. • Explore further the partner organizations of the other campuses and begin discussions with hospital leadership, CEO and CNO to identify CON program opportunities. • Engage the mobile van for compensable care in the local community to provide primary care access. • Continue initiated conversation of a “practice-in-a-practice” model with the pediatric subspecialties to provide focused primary care within the specialty practice.
Pro-forma and budget	<ul style="list-style-type: none"> • Establish a budget to include expenses and revenue projections of various practice and mobile van models to ensure sustainability, volumes and financial viability.
Infrastructure	<ul style="list-style-type: none"> • Establish the roster of practitioners who will provide direct care in CON nurse managed programs. • Initiate credentialing and individual participation status with managed care partners and within the clinical enterprise. • Initiate conversation with EPIC leadership on campus to obtain cost center and revenue center for the College of Nursing or collectively, the Morehead Center for Nursing Practice. With a “one bill” approach, CON patients and revenues need tracked back to revenue center of the college and while “one” the college needs to account for its accounts receivables, patients, and data regarding clinical service specifically.

Exhibit - Participant Roster

Participant	Title	Representation
Ann Berger, PhD, APRN-CNS, AOCNS, FAAN	Professor, Director, PhD Program & Dorothy Hodges Olson Chair in Nursing	College of Nursing Executive Council Faculty Coordinating Council
Audrey Nelson, PhD, RN	Associate Professor	Faculty Coordinating Council
Becky Kreman, PhD, RN, APRN-NP	Assistant Professor	Faculty Coordinating Council
Bill Dinsmoor	Chief Financial Officer, The Nebraska Medical Center (TNMC) & Clinical Enterprise Interim CEO	OneTeam Luncheon
Brad Britigan, MD	Dean and Professor, College of Medicine, UNMC & Clinical Enterprise Interim President	OneTeam Luncheon
Carl Smith, MD	Chairperson, Professor & Chris & Marie Olson Chair/OB-GYN Obstetrics/Gynecology; Senior Associate Dean for Clinical Affairs, UNMC	OneTeam Luncheon
Catherine Bevil, EdD, RN	Professor & Director of Continuing Nursing Education and Evaluation	College of Nursing Executive Council
Christine Eisenhauer, PhD, RN	Assistant Professor	Faculty Coordinating Council
Connie Miller, PhD, RN	Associate Professor & Director, Learning Resources Center	College of Nursing Executive Council, Faculty Coordinating Council
Cory Shaw	Chief Administrative Officer and Executive Vice President, UNMC Physicians	OneTeam Luncheon
Dawn Straub, RN	Director, Strategic Nursing Practice and Development, TNMC	TNMC Nursing Service
Diane Brage Hudson, PhD, RN	Associate Professor	Faculty Coordinating Council
Douglass Haas	Master's Student Adult Gero Acute Care NP Program	Faculty Practice Committee
Jan Twiss, PhD, RN, CWHNP, APRN-NP	Associate Professor	Faculty Practice Committee
Jana Pressler, PhD, RN	Professor & Assistant Dean, Lincoln Division	College of Nursing Executive Council
Janet Cuddigan, PhD, RN, CWCN, FAAN	Associate Professor, Chair, Adult Health & Illness Department, & Interim Chair, Community-Based Health Department	College of Nursing Executive Council
Janet Nieveen, PhD, RN	Assistant Professor	Faculty Coordinating Council Faculty Practice Plan Taskforce
Jill Thewke, MPA	Director of Administration & Operations Administrator II	
John W. Sparks, MD	Associate Dean for Pediatric Affairs & Helen Freytag Chair in Pediatrics, UNMC	Children's Hospital
Juliann Sebastian, PhD, RN FAAN	Dean and Professor	College of Nursing Executive Council OneTeam Luncheon Faculty Coordinating Council
Julie Lazure, RN, BSN	Executive Director ED/Trauma/CCU, TNMC	TNMC Nursing Service
Karen Grigsby, PhD, RN	Associate Professor, Chair, Families and Health Systems Department, & Interim Associate Dean for Academic Programs	College of Nursing Executive Council
Karst, Greg, PhD, PT	Professor	Children's Hospital
Katherine Hoffman, MSN, RN, APRN-NP	Instructor	Faculty Practice Committee
Kathy Duncan, PhD, RN	Associate Professor	Faculty Coordinating Council
Kathy Morris, DNP, RN, APRN-NP	Assistant Professor	Faculty Practice Plan Taskforce
Kelly Gonzales, PhD, RN	Nurse Specialist	Discussion of Transitional Care Clinical Opportunities

Participant	Title	Representation
Kelly McDonald, MHA	Director of Administration & Operations	Faculty Practice Plan Taskforce College of Nursing Executive Council
LaDonna Tworek	Administrative Assoc. II	College of Nursing Executive Council
Lani Zimmerman, PhD, RN, FAAN	Professor	Faculty Coordinating Council
Leeza Struwe, MSN, RN	Instructor	Faculty Practice Plan Taskforce
Liane Connelly, PhD, RN, NEA-BC	Associate Professor & Assistant Dean, Northern Division	College of Nursing Executive Council
Linda Sather, EdD, RN	Ex officio Assistant Professor & Interim Director, Morehead Center for Nursing Practice	Faculty Practice Committee College of Nursing Executive Council
Louise LaFramboise, PhD, RN	Associate Professor & Director, Undergraduate Program	College of Nursing Executive Council
Marge Kaiser, PhD, RN, APRN-CNS	Associate Professor	Faculty Practice Committee
Marlene Cohen, PhD, RN, FAAN	Professor, Associate Dean for Research & Kenneth E. Morehead Endowed Chair in Nursing	College of Nursing Executive Council
Mary Ann Mertz, EdD, RN	Assistant Professor	Faculty Coordinating Council
Mary Cramer, PhD, RN, FAAN	Professor & Courtesy Associate Professor, College of Public Health	Faculty Practice Committee Faculty Practice Plan Taskforce
Megan Connelly, MSN, APRN-NP, CPNP-AC, CCRN, CNML	Chief Administrative Officer, Children's Physicians	
Michelle Ellermeier, MSN, RN	Instructor	Faculty Coordinating Council
Mike Sitorius, MD	Chairperson, Professor & Milton Waldbaum, MD Professor of Family Practice, UNMC	Discussion of Transitional Care Clinical Opportunities
Nancy Farris, MSN, RN, APRN-CNS	Assistant Professor	Faculty Practice Plan Taskforce
Nancy Meier, MSN, RN, APRN-NP	Instructor	Faculty Practice Plan Taskforce Faculty Practice Committee
Nancy Stuart, MS, RN	Instructor	Faculty Coordinating Council
Nancy Waltman, PhD, RN, APRN-NP	Co-chair – Professor	Faculty Coordinating Council Faculty Practice Committee
Peggy Pelish, PhD, RN, APRN-NP	Co-chair- Associate Professor	Faculty Practice Committee Faculty Practice Plan Taskforce Faculty Coordinating Council
Rita Antonson, MSN, RN, APRN-NP	Instructor & Director, Senior Health Promotion Center (SHPC)	Faculty Practice Plan Taskforce
Rita Weber, MS, RN	Instructor & Chair, General Faculty Organization	College of Nursing Executive Council Faculty Coordinating Council
Rolee Kelly, MSW	Director, Student Services	College of Nursing Executive Council
Rosanna Morris, MBA, RN, NE-BC	Chief Nursing Officer and Senior Vice President for Patient Care, TNMC	OneTeam Luncheon
Schumacher, Karen, PhD, RN	Associate Professor	Faculty Coordinating Council
Sheila Ryan, PhD, RN, FAAN	Professor, Director of International Programs & Charlotte Peck Lienemann and Alumni Distinguished Chair	College of Nursing Executive Council
Shirley Tachenko Achord, MSN, RN, APRN-NP	Assistant Professor	Faculty Practice Committee
Shirley Wiggins, PhD, RN	Associate Professor	Faculty Coordinating Council

Participant	Title	Representation
Steve Burnham	Senior Vice President Physician Networks and President of Children's Physicians and Children's Specialty Physician	Children's Hospital
Steve Pitkin, MN, RN	Assistant Professor & Assistant Dean, Kearney Division	College of Nursing Executive Council
Steve Wengel, MD	Chairperson & Professor Psychiatry, UNMC	Children's Hospital
Sue Barnason, PhD, RN, APRN-CNS, CEN, CCRN, FAHA, FAAN	Professor & Director, Doctor of Nursing Practice Program	College of Nursing Executive Council
Sue Nuss, PhD, RN	Clinical Nurse Specialist/Clinical Nurse Researcher, Director of Nursing Research and Quality Outcomes, TNMC	TNMC Nursing Service
Susan Wilhelm, PhD, RN	Assistant Professor & Assistant Dean, West Nebraska Division	College of Nursing Executive Council
Teresa Hultquist, PhD, APRN-CNS, PHCNS-BC	Associate Professor	Faculty Practice Plan Taskforce
Tom Tape, MD	Professor, Internal Medicine, UNMC	Discussion of Transitional Care Clinical Opportunities
Wende Heckert, MSN, RN, MFS, DNP, APRN-NP	Assistant Professor	Faculty Practice Plan Taskforce
Wendy Wells, MSN, RN	Instructor	Faculty Coordinating Council