

Nurse-Supported Revenue and ROI

Lessons Learned

Performance Challenge

Many practices have trouble meeting quality measures targets, making it difficult for them to realize financial incentives available through Medicare Advantage Plans. Demonstrating the value of a newly embedded BSN-RN can help practices to improve metrics to realize revenue from incentive programs and capture money “left on the table.”

Practice Solution

Examine the impact of nurse-led interventions to address quality measures to support Medicare Advantage plan incentive programs at a regional Federally Qualified Health Center.

Enhance the star rating of the practice, realize revenue from resolution of ‘suspect conditions,’ and improve 7-day and 14-day medication reconciliation (post-hospital discharge).

Change Steps

Practices can integrate a dedicated RN to address population health metrics and resolve “suspect conditions” for clients with Medicare Advantage Plan health coverage.

Nurse-provided telephone follow up, chart investigation, collaboration with medical providers, and client outreach to address medication reconciliation post hospitalization targets as outlined through the health plan’s incentive program.

Capture metrics through primary and secondary data sources to quantify nurse effort and revenue as well as trends for targeted UDS/HEDIS measures.

Nurse-led interventions to support population health and resolve documentation issues for Medicare Advantage populations can result in positive return on investment for primary care practices.

Practice Spotlight

Opened in 1963, Blue Ridge Community Health Services (BRCHS) is the nation’s oldest migrant health center, and today provides medical, dental, behavioral health, pharmacy, and outreach services at twenty one locations in rural western North Carolina. BRCHS is a federally qualified health center that serves approximately 618 clients with Medicare Advantage insurance coverage. Quality measures, especially related to percentage of patients receiving colorectal screening and diabetic management measures, were below desired benchmarks.

BRCHS initiated the integration of dedicated effort by a Registered Nurse (RN) to address these issues. Partnership with a local university helped to capture return on investment of RN effort, which was monetized over the course of one year. During this time, the practice’s star rating increased from 2.74 to 4.25, triggering a financial bonus of \$70 per member per year.

Other practice revenue included medication reconciliation for post hospital discharge, a bonus (\$75 per member per year) for resolving suspect conditions as well as \$20 per condition resolved. A bonus for statin use for clients with diabetes resulted in an additional \$600 for the year. In total, BRCHS’s RN-led population health interventions cost \$54,734, but returned \$88,185 in additional revenue.

Challenge: Approximately 52% of the clients served are uninsured. Quality measures, especially related to percentage of patients receiving colorectal screening and diabetic management measures, were below desired benchmarks. The practice faced a triple challenge: 1) improving quality measures to enhance patient outcomes and revenue, 2) carving out a new role for the RN serving as a preceptor for learners under the grant funded program, and 3) justifying the value of an RN.

Actions: Through a partnership with a local university school of nursing who had received a federal grant to embed preceptor-led primary care practicum experiences in the baccalaureate nursing curriculum, BRCHS placed an RN in the practice with salary support from the grant. Interventions included RN-provided telephone follow up, chart investigation, collaboration with medical providers, and client outreach to address medication reconciliation post hospitalization targets as outlined through the health plan’s incentive program.

Results: RN-led interventions resulted in revenue which far exceeded the cost of the RN effort expended.

Next Steps: BRCHS has identified need for additional RN effort has to expand these interventions to other payer sources. The practice has also identified other roles for RNs in the practice to support sustainable operations, improve provider satisfaction and enhance patient outcomes.

Lessons Learned

Change Tactics

Successful practice transformation tactics fall under person- and family-centered care, sustainable business operations, and quality improvement:

- *Person- and family-centered care:* Specific client outreach including holistic nursing assessment and client centric education by the RN to enhance collaboration with patients and families.
- *Sustainable business operations:* Capturing effort for RN interventions required development of a specific “dummy code” as current requirements for “nursing services” effort does not distinguish nurse-led interventions from those performed by other clinical staff. Another goal of the project was to document value to justify continued employment of the nurse beyond grant funded period.
- *Quality improvement:* University and practice partners developed a plan to capture impact and to prepare the next generation of nurses for practice in primary care settings. This partnership reflects an alignment of strategies to capitalize on environmental opportunities.

Resources

The Clear Impact Results Based Accountability is used as the framework to support this project to help organizations to understand the community impact that they have on customers

For more information on incentive plans under United HealthCare Medicare Advantage plans.

Table 1. Revenue through Medicare Advantage incentive programs

Incentive program	Revenue
Star rating- \$70 dollars per member per year	\$43,260
MCAIP-suspect condition resolution- \$75/member/year +\$20/code resolved	\$35, 115
Medication reconciliation post discharge	\$9, 210
Statin use with persons with diabetes	\$600
Total revenue from dedicated RN interven-	\$88,185

Figure 1. Monthly Star Rating—2018

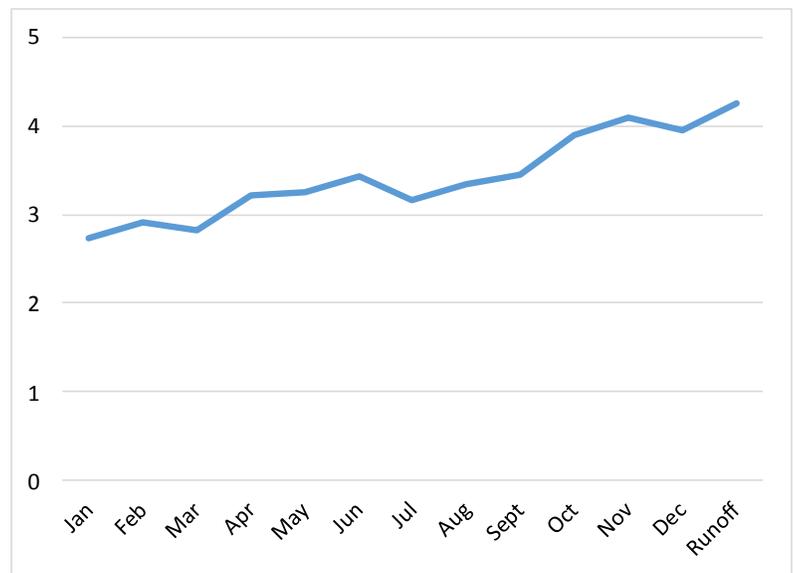


Figure 2. Suspect Codes Resolved—2018

