

Reducing Barriers to Value-Based Care Payments in Nurse Practitioner-Led Primary Care

INPUTS	STRATEGIES	OUTCOMES		MEASUREMENT	
<ul style="list-style-type: none"> • Funding from the RN Initiative • Staff, Experience, Reputation, and Relationships of the site teams • 8 NP-led practices in year 1, plus an additional 15 practices in year 3 • Partnership with the National Nurse Practitioner Entrepreneur Network • Technical Expert Panel (TEP) • Existing models of self-assessment tools and learning collaboratives, that will be adapted to center on the specific needs of NP-led practices 	<ul style="list-style-type: none"> • Collect data about barriers to value-based care arrangements for NP-led practices • Develop a NP Practice Risk Readiness Development Model, consisting of a self-assessment tool, education modules, and a facilitation guide for a learning collaborative program • Pilot the NP Practice Risk Readiness Tool with 8 NP-led practices and engage them in a 7-session learning collaborative • Support 8 NP-led practices in negotiating value-based contracts with payors • Replicate the NP Practice Risk Readiness Tool and learning collaborative with an additional 15 practices in year 3 • Host a payer-partnership forum to catalyze contract negotiations • Develop a library of resources created by the initiative, including the NP Practice Risk Readiness Tool, the Learning Collaborative Curriculum, the recorded Learning Collaborative modules 	<p>1–3 years</p> <ul style="list-style-type: none"> • Participating NP-led practices will have a higher follow up score in all areas of the NP Practice Risk Readiness Tool, compared with the initial score • Participating NP-led practices will develop the capacity to take on the financial risk of a value-based payment arrangements • Participating NP-led practices will have the tools to secure value-based payment contracts with payers • Additional NP-led practices will be engaged to create momentum to accelerate the adoption of value-based care and support the ongoing use of the learning collaborative by and for nurses 	<p>3–6 years</p> <ul style="list-style-type: none"> • Project resources, findings, and lessons learned shared broadly via a publicly available library of resources • Increased uptake of the NP Practice Risk Readiness Development Model among NP practices, payers, and risk enablers • NP-led practices are increasingly transforming their practices to align with value-based care and engaging in value-based care contracts 	<p>6–10 years</p> <ul style="list-style-type: none"> • The work environment for nurses is one where nurses can thrive, be recognized for their work and value, and work at the full extent of their education/licensure • Practice Changes: <ul style="list-style-type: none"> – Increased financial viability of NP-led practices – Increased efficiency – Improved regulatory environment – Decreased attrition from profession – Increased leadership opportunities for nurses – NPs increasingly see themselves as practice owners – NP-led practices become a more common model of primary care • Patient Changes: <ul style="list-style-type: none"> – Decreased disparities – Decreased cost of care – Increased quality – Increased access 	<ul style="list-style-type: none"> • Evaluate pilot by conducting pre-post outcomes assessment with 8 NP-led practices • Outcomes assessment of each NP practice site resulting in quality and cost metrics that can be leveraged during negotiations with payers • Increased number of value-based contracts. • Payer policy change to designate NPs as PCP

External Factors:

Healthcare Environment, Political Climate, Regulatory Climate, Pressures on Academic and Practice Environments