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The American Academy of Ambulatory Care Nursing's Invitational Summit on Care Coordination and Transition Management: An Overview

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Perspectives in Ambulatory Care

The American Academy of Ambulatory Care Nursing's Invitational Summit on Care Coordination and Transition Management: An Overview

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The American Academy of Ambulatory Care Nursing convened an Invitational Summit of national leaders to assist with strategic planning for promulgation of the care coordination and transition management (CCTM™) model. The conference was devoted to CCTM and the roles of registered nurses (RNs) across the care continuum to ensure safety and quality health care. The specific emphasis was on embedding the CCTM RN in healthcare policy and payment reform, as well as integration into academic and ongoing education across all care settings and specialties.

The role of registered nurses (RNs) in care coordination and transition management (CCTM™) and their impact on quality and cost outcomes across the care continuum is a recurring topic among nurse leaders and professional specialty organizations. In Fall 2017, the American Academy of Ambulatory Care Nursing's (AAACN) Board of Directors decided to convene an Invitational Summit of national leaders to assist with strategic planning for promulgation of the CCTM model and use of the *Care Coordination and Transition Management Core Curriculum* in education of student nurses and practicing RNs in settings where CCTM was/is to be implemented. Drs. Sheila Haas and Beth Ann Swan were asked to develop the content and format for the Summit and to facilitate the Summit when convened.

The AAACN Board's goals for the Invitational Summit were to:

1. Create a common platform to facilitate adoption of the CCTM RN role essential to:
   - Addressing acute and chronic care needs of individuals, enhancing quality and safety, and decreasing costs.
   - Developing a plan to embed the CCTM RN role in healthcare policy and payment reform.
   - Integrating CCTM RN competencies into academic and ongoing education across all care settings and specialties.
2. Convene experts to create a strategic collaborative agenda designed to facilitate adoption of the CCTM RN role across the care continuum.

On May 12, 2018, the Invitational Summit was held by AAACN in Orlando, FL. In planning and preparing for the Invitational Summit, the following considerations were identified:

- Types of experts to be invited such as nursing and interprofessional practice experts, leaders in major nursing organizations, health policy experts, education regulators and planners, leaders in areas of funding and healthcare settings, and research experts were identified.
- Pre-Summit preparation materials for invitees were considered essential so they could actively participate from the outset.
- Current assessment of barriers to the uptake and dissemination of the CCTM RN role.
- Common platform and communication plan to disseminate recommendations both inside and outside of nursing, such as building the business case for the CCTM RN role.
- Process and outcome measures that define success with implementation of the CCTM RN

role and aid in communication of successful implementation.
- Plan for dissemination of CCTM RN role adoption exemplars by healthcare organizations and educational programs including methods of implementation and metrics for tracking outcomes.

Summit Objectives

The conference was devoted to CCTM and the roles of RNs across the care continuum to ensure healthcare safety and quality. The specific emphasis was on embedding the CCTM RN in healthcare policy and payment reform, as well as integrating the role into academic and ongoing education across all care settings and specialties. Summit objectives included:

1. Convening a working meeting to identify strategies to increase the understanding of the sophistication of the practice of CCTM and its adoption by healthcare organizations.
2. Providing a forum for individuals and organizations to share successful outcomes following CCTM implementation.
3. Developing actionable recommendations related to integrating CCTM in education, practice, policy, and research.

The objectives were achieved through presentations, discussion, and focus groups among thought leaders from ambulatory care facilities, hospitals, professional nursing associations, academic institutions, action coalitions, and other health care and consumer organizations.

A list of the 41 summit attendees and two facilitators is included in Table 1.

Summit Assumptions

The conference was organized around three assumptions:

1. The role of the RN care coordinator and transition manager is a distinct and specialized role defined by evidence-based processes and specified competencies (knowledge, skills, and attitudes). A specific certification credential, Certified in Care Coordination and Transition Management (CCCTM®), was developed for this role jointly by AAACN and the Medical-Surgical Nursing Certification Board (MSNCB).
2. The role of the CCTM RN is core to improving patient safety, supporting quality, improving outcomes, and managing the cost of care. Note, this assumption refers to the belief CCTM is a core role of every RN versus the specialized care coordinator roles, transitional care roles, case/care manager roles, and nurse navigator roles that have proliferated.
3. The AAACN *Care Coordination and Transition Management Core Curriculum* continues to evolve with the 2nd edition to be published in 2019.

Pre-Summit Planning

Prior to the conference, invitees were asked to respond to an online survey to gather baseline information about their expertise in CCTM. The CCTM Invitational Summit Questionnaire was sent to 43 invitees and 35 completed and returned the survey for an 80% response rate. In addition, they received pre-readings (DeCamp et al., 2014; Erikson, Pittman, LaFrance, & Chapman, 2017; Haas & Swan, 2014; Swan, Haas, & Haynes, 2014).

Summit Agenda

The Summit began with a presentation of the background and charge for the meeting and a summary of survey results. Results of the questionnaire were as follows:

- 76% of respondents were familiar with the CCTM *Core Curriculum*
- 71% of respondents were familiar or very familiar with Quality and Safety Education in Nursing competencies and the knowledge, skills, and attitudes format
- 69% of respondents had experience with implementing the CCTM RN role
- Respondents listed *successes* implementing CCTM RN role:
  - Increased patient activation measures
  - Improved metrics for chronic disease
  - Increased patient satisfaction
  - Decreased emergency department and hospital utilization and readmissions

Table 1.
List of Invited Participants

Facilitator	Organization/Facility
Sheila Haas, PhD, RN, FAAN	Loyola University Chicago
Beth Ann Swan, PhD, CRNP, FAAN	Thomas Jefferson University
Participant	**Organization/Facility**
Julie Alban, MSN, MPH, RN-BC, CCCTM®	Medical-Surgical Nursing Certification Board
Linda Alexander	American Academy of Ambulatory Care Nursing
Judith Berg, MS, RN, FACHE	HealthImpact
Mary Blankson, DNP, APRN, FNP-C	Community Health Center, Inc.
Joanne Brady, MBA, RN, CDN	American Nephrology Nurses Association
Carla Brim, MN, ARNP, PHCNS-BC, CEN, FAEN	Emergency Nurses Association
Diane Storer Brown, PhD, RN, CPHQ, FNAHQ, FAAN	Collaborative Alliance for Nursing Outcomes
Debra Cox, MS, RN, CENP	American Academy of Ambulatory Care Nursing
Rocquel Crawley, DHA, MBA, BSN, RNC-OB, NEA-BC	American Academy of Ambulatory Care Nursing
Mary Dickow, MPA, FAAN	California Action Coalition
Karen Drenkard, PhD, RN, NEA-BC, FAAN	GetWellNetwork, Inc.
Mary Beth Edger, DNP, RN	Thomas Jefferson University Hospitals, Inc.
Dawn Gerz, MSN, MBA, RN	Allegheny Health Network
Robyn Golden, LCSW	Rush University Medical Center
Kristene Grayem, MSN, CNS, PPCNP-BC, RN-BC	American Academy of Ambulatory Care Nursing
M. Elizabeth Greenberg, PhD, RN-BC, C-TNP, CNE	American Academy of Ambulatory Care Nursing
Traci Haynes, MSN, BA, RN, CEN, CCCTM®	American Academy of Ambulatory Care Nursing
Cynthia Nowicki Hnatiuk, EdD, RN, CAE, FAAN	American Academy of Ambulatory Care Nursing
Dawn Hohl, PhD, RN	Johns Hopkins Home Care Group
Anne Jessie, DNP, RN	American Academy of Ambulatory Care Nursing
Alexandria Jones, MS, RN	Ohio Action Coalition
Elizabeth "Betty" Jordan, DNSc, RNC, FAAN	University of South Florida College of Nursing
Kristine Kelm, MS, BSN, RN	Aurora Health Care
Lisa Kern, MSN, RN, NCSN	National Association of School Nurses
John D. Lundeen, EdD, RN, CNE, COI	National League for Nursing
Rosemarie Marmion, MSN, RN-BC, NE-BC	American Academy of Ambulatory Care Nursing
Nancy May, DNP, RN-BC, NEA-BC	University of Michigan Health System
Kathy Mertens, DNP, MPH, RN	American Academy of Ambulatory Care Nursing
Storm L. Morgan, MSN, MBA, RN	Veterans Health Administration
Bob Parker, DNP, RN, CENP, CHPN, CHP	Hospice and Palliative Nurses Association
Patricia A. Polansky, MS, RN	Center to Champion Nursing in America, AARP Foundation, AARP, Robert Wood Johnson Foundation
Geralyn M. Randazzo, MSN, RN, NEA-BC	American Organization of Nurse Executives
Wanda Richards, PhD, MPA, MSM, BSN	American Academy of Ambulatory Care Nursing
Joan Stanley, PhD, CRNP, FAAN, FAANP	American Association of Colleges of Nursing
Frances Vlasses, PhD, RN, NEA-BC, ANEF, FAAN	Loyola University Chicago
Joni Watson, MBA, MSN, RN, OCN®	Oncology Nursing Society
Nikki West, MPH	Kaiser Permanente
Jayne Willingham, MN, RN, CPHQ	Vizient
Susan Wirt, MSN, RN, CRRN, CCM, CLCP, CRP, CNLCP	Association of Rehabilitation Nurses
Linda Yoder, PhD, MBA, RN, AOCN, FAAN	Academy of Medical-Surgical Nurses
Deborah Zimmerman, DNP, RN, NEA-BC	Virginia Commonwealth University Health

- Respondents listed the following *challenges* implementing the CCTM RN role:
  - Identifying high-risk patients for CCTM
  - Ethical dilemmas with referrals (DeCamp et al., 2014)
  - Requirements for outcomes (who requires what)
  - Electronic health record (EHR) programming: EPIC® Care Management is set up for Accountable Care Organization tools not population-based, documentation is challenging
  - Lack of information technology (IT) system support to fund software to improve data capture, longitudinal plan of care, and outcomes
  - Tepid support for integration across continuum, need for workflow development and management
  - Role definition of RN within the team and how to work together as a team
  - Cost of implementation of CCTM RN model, justifying, hiring, and staffing appropriately
  - RNs not educated for CCTM role, so must train from ground up
- Respondents listed the following *barriers* to implementing CCTM RN role:
  - Lack of ability to directly measure impact of CCTM RN interventions on outcomes
  - Justification for sufficient RN staffing
  - Insufficient number of RNs with skill set to do the role
  - Organizational preference for prior roles such as navigator to fix broken care and work processes
  - Team coordination
  - Lack of IT interoperability across the continuum
  - Need to move from process to outcome measures
  - EHR software that locks documentation in text-based fields cannot be queried
  - Physicians not aligned with the CCTM processes
  - Fear of CCTM taking "my" patients by home health and skilled nursing facilities
  - Barriers for RNs practicing CCTM to become certified in CCTM
  - Lack of incentive: If CCTM in job description, the organization must pay for certification, even with organization continuing education dollars per nurse, nurses choose not to pay any additional costs
  - Time, priority, future applicability of CCTM RN role to other career opportunities
  - Exam not part of American Nursing Credentialing Center certification (Note: In May 2018, the CCCTM exam was recognized as a national certification for Magnet®.)
  - Too early to demonstrate that certified RNs have better outcomes
  - Lack of awareness, no perceived value or recognition
  - CCTM practice has to be included in job responsibilities and funding for education and certification is a key factor

Next, to demonstrate the impact of CCTM, three exemplars described implementation of the CCTM RN role with successful outcomes:

- Thomas Jefferson University Hospital implemented CCTM education modules with certification for acute care RNs and found an increase in nurse communication scores on the Hospital Consumer Assessment of Healthcare Providers and Systems and an increase in the number of certified (CCCTM) nurses (presented by Mary Beth Edger, DNP, RN)
- University of Washington Medicine (including Harborview Medical Center) implemented a pilot of the Patient Activation Measure survey by RN care managers that resulted in increased patient activation and better control of patients' chronic conditions (diabetes, hypertension, and depression) (presented by Kathy Mertens, DNP, MPH, RN)
- Loyola Institute for Transformative Interprofessional Education with the Department of Family Medicine created an interprofessional nurse-led model of care that included experiences for interprofessional students. Project data from the population health initiative resulted in better control of diabetes and hypertension (Fran Vlasses, PhD, RN, NEA-BC, ANEF, FAAN)

A fourth presentation provided an overview of the collaboration between AAACN and the Collaborative Alliance for Nursing Outcomes (CALNOC). The focus of the collaboration is developing ambulatory care nurse-sensitive indicators and linking the CCTM dimensions to outcome measures. The journey to capture the value of meaningful indicators in care coordination was presented as the necessary metrics to validate the outcomes of the CCTM RN role (Diane Brown, PhD, RN, FNAHQ, FAAN, and Rachel Start, MSN, RN, NE-BC).

Following the exemplar presentations, a series of three focus groups was held. Prior to conducting the focus groups, institutional review board (IRB) approval was obtained from Thomas Jefferson University's IRB on May 1, 2018. Verbal consent was obtained from all focus group participants. Each focus group of six to eight participants was conducted for up to 60 minutes and each invitee attended each of the three focus groups. All participants were encouraged to share information and voice their opinions. The co-investigators developed a discussion guide (including one prompt and a series of questions), which was revised several times to assure the questions were value-neutral. The focus groups were recorded using digital recorders and augmented by notes taken by flip chart recorders. Since the focus groups used a semi-structured format, the facilitators began with the opening prompt and asked questions.

Focus Group 1

The goal of the first focus group was to develop a collaborative and strategic agenda to enhance adoption and integration of CCTM into *nursing education* (baccalaureate and continuing education for RNs preparing for CCTM roles). The prompt and questions were:

- Please discuss major barriers to adoption and integration of CCTM in nursing education.
- What strategies could be used to overcome such barriers?
- Who would be the major stakeholders to collaborate on enhanced adoption and integration of CCTM in nursing education?
- What strategies could be used to bring these stakeholders in as collaborators?
- What could be used as perceived incentives/benefits of adoption and integration of CCTM in nursing education?

Focus Group 2

The goal of the second focus group was to develop a collaborative and strategic agenda for *recognition, adoption, and reimbursement policies* for CCTM RN practice across the care continuum. The prompt and questions were:

- Please discuss major barriers to recognition and adoption of the CCTM RN role in practice across the continuum (acute care, ambulatory care, home health care, etc.).
- What strategies could be used to overcome such barriers?
- Who would be the major stakeholders to collaborate on enhanced recognition and adoption of CCTM RN practice? (acute care, ambulatory care, home health care, etc.)
- What strategies could be used to bring these stakeholders in as collaborators?
- What are the major challenges with achieving reimbursement policies at the state and national levels for CCTM RN practice?
- What strategies could be used to overcome such challenges?
- Who would be the major stakeholders to collaborate on enhanced recognition and adoption of reimbursement for CCTM RN practice? (acute care, ambulatory care, home health care, etc.)
- What strategies could be used by stakeholders to lobby for CCTM RN reimbursement?

Focus Group 3

The goal of the third focus group was to develop a collaborative and strategic agenda to promote *strategies and methods to encourage and enhance research* on the impact/outcomes of CCTM. The prompt and questions were:

- Please discuss any challenges/problems with conducting research on the impact of CCTM RN practice.
- What strategies could be used to overcome these challenges?

- Who are the major stakeholders who would need to collaborate on an agenda to promote and enhance nursing research on the impact of CCTM RN practice?
- What strategies could be used by stakeholders to encourage research on the impact of CCTM RN practice?

Analysis

Using techniques of qualitative research, the focus groups were digitally recorded, transcribed, and analyzed. *A-priori* themes were identified and additional sub-themes were established as part of the analysis. Results of the focus groups along with actionable recommendations will be provided in the March/April 2019 and May/June 2019 issues of *Nursing Economic$*. $

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Data Bank

Studies Quantify Increase in Primary Care Services Provided by Nonphysicians

Nurse practitioners (NPs) and physician assistants (PAs) have increasingly provided primary care treatment services to Medicare patients over the past decade, according to recent studies.

Xue and colleagues found primary care provided by physicians alone declined from 86% to 71% from 2008 to 2014. Meanwhile, shared care provided by physicians, NPs, or PAs increased from 12% to 23%. Care from NPs and PAs alone grew from 3% to 6%. For details, see *Journal of Primary Care & Community Health, 8*(4), 256-263,

Figaro and co-authors found a 170% increase in the number of Medicare patients receiving primary care from NPs alone from 2007 to 2013. Authors found no statistical difference in health status among patients treated by NPs alone as compared with physicians. To learn more, see *Journal of the American Association of Nurse Practitioners, 29*(6), 340-347.

Ambulatory Care Practices Underuse Health Information Technology

Ambulatory care practices are not utilizing many functions available with health information technology (IT). Researchers found that as of 2014, 73% of practices were not using electronic health record technologies to their full capability. Nearly 40% of the surveyed practices made minimal or no use of health IT. Researchers said that underuse of health IT in ambulatory care could affect a health system's ability to provide coordinated and efficient care. The authors concluded that efforts to increase the use of health IT functionalities should focus on practices that are small, located in nonmetropolitan areas, and provide specialty care. For more info, see Rumball-Smith et al. (2018). Electronic health record "super-users" and "under-users" in ambulatory care practices. *The American Journal of Managed Care, 24*(1), 26-31.

While Hospital Admissions Decline, Observation Stays and ED Visits on the Rise

Trends showing fewer hospital admissions and more treat-and-release observation stays or emergency department (ED) visits have occurred among patients across all insurance categories. Hospital admissions decreased while observation and ED visits increased from 2009 to 2013 among patients who were uninsured or covered by Medicare, Medicaid, or private insurance. Among Medicare patients, for example, admissions fell 17% while observation stays increased by 33%. For more info, see Nuckols et al. (2017). The shifting landscape in utilization of inpatient, observation, and emergency department services across payers. *Journal of Hospital Medicine, 12*(6), 443-446.