Registered Nurses Role in Accountable Care Organizations

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The projection for 2021 is health care spending will reach $5 trillion or 20% of the GNP, which is not sustainable. The government is forcing the health care industry toward more transparency in cost and quality information that is public reported (Nickitas, 2013). Success is being demonstrated with populations based transitions of care models. These models align with primary care providers to ensure the patients understanding of medications and disease process to prevent poor outcomes. There are efforts to standardized care on evidenced based clinical care guidelines for at risk populations. Nurses are critical to translate information to patients to help them fully understand treatments and medications regimens. Infrastructure is essential for these models to be effective. Access to the patient's data, disease specific predictive modeling, and supportive care services in the patient's community are key components of the infrastructure (Hewner, 2014). The Institute for Healthcare Improvement identified components of the triple aim as population health, experience of care and per capita cost of care. These components measure the value in healthcare, cost effectiveness and are imbedded in the processes and practice of the new models of care (Stiefel & Nolan, 2012).

The Affordable Care Act permits for the following arrangements that may qualify as an Accountable Care Organization (ACO); traditional group practice, network of individual practices, partnerships or joint venture affiliated with a professional practice or hospital, and employed providers (Bennett, 2012). The development of ACOs and the integrated delivery system was in respond to payment reform. The integrated delivery system of care for a

population created by the ACO was to manage care for a global payment model (Hacker & Walker, 2013).

Sustainability of the ACO model is essential to decrease the cost of care for a population, provides value to their customers, and assures a competitive advantage. The results of ACOs indicate improvement in clinical outcomes at a reduced cost. Several marketplaces across the U.S. have multiple ACOs competing for the same covered lives the long term results of who will survive is yet to be determined. Creation of a competitive advantage is based on an organization's access to knowledge and resources related to internal and external factors. The standard market differentiation will not provide competitive strategy to create sustainability is this arena. Development of a strategy which reinforces operational and network sustainability by identify components the customer values, providing a diverse mix of low-cost, high-value features and products will enable an ACO to remain competitive. A consumer-driven framework builds on a highly engaged customer-focused supports the strategy for sustainability with the foundation of knowledge and resource-based tools of competitive advantage based on the ACO. The traditional approach of cost shifting to other payers is not a sustainable plan for the future. The ACO who develop a framework to ensure the value requirements of both the internal and external customers are met will support sustainability (Macfarlane, 2014). Network development is essential for the sustainability of the ACO and ensuring physicians have a shared vision and strategic plan, and compliance with evidence-based care and common operational practices (Bennett, 2012). CMS requires the ACO boards have extensive physician representation thus driving the clinical practices, engagement and provide the necessary leadership (Larkin, 2014).

The role of the registered nurse (RN) will evolve as ACOs continue to develop and spread. In 2011, 1.5 million of the 2.7 million RNs in the United States were employed in an

acute care hospital. In 2013, approximately 40% of RNs were based in a community like setting. Nursing leadership must be actively involved in the development of new roles for RNs in the ACO model. Care coordination is essential for a successful managing a patient population. New workforce models will evolve based in the community setting for RNs to educate and implement changes in communities to improve the health of the population (Mensik, 2013). Registered Nurses navigate patient to the right level of care as a care manager. The collaborative partnerships with other clinicians in the health care team assists with effective management of high-risk patients, while reducing emergency department visits and inpatient readmissions. Telephone triage system management by RNs provide 24/7 coverage for patients to direct care, call in prescription based on protocols, and connect with a provider prior to going to the ED (Larkin, 2014).

Sollecito and Johnson (2013) identified three components for future healthcare leaders as continuous quality improvement skills, leadership and teamwork. We must train leaders at all levels on quality improvement skills and tools to drive improvement across the healthcare delivery system. Collaboration between stakeholders is crucial as we seek to improve care delivered to different populations. Leaders are accountable to drive the vision, mission and values of the organization to achieve the outcomes and financial targets set. As leaders we must create a learning environment for clinicians. Team work is essential for success in this new environment and to achieve the triple aim (Sollecito & Johnson, 2013).

To achieve the triple aim and have a sustainable healthcare delivery system in the United States it will take effective innovative leadership at levels across all setting. The importance of collaboration among clinician and agencies is essential for everyone's success in meeting the healthcare needs of the populations served. The ACO is a model which promotes collaboration

and provides for an environment for expand roles for clinicians to achieve the outcomes and decrease in the cost of care to ensure financial stability of the organization and system.

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