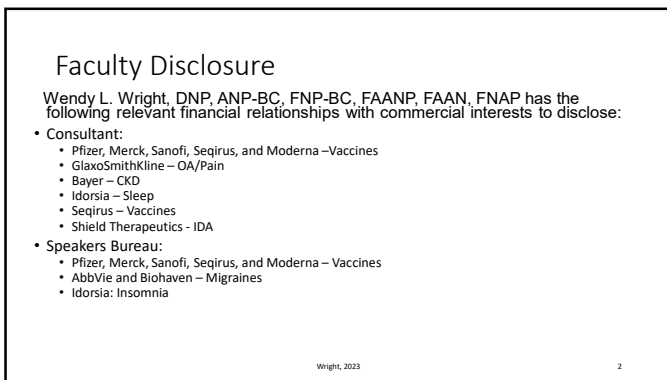
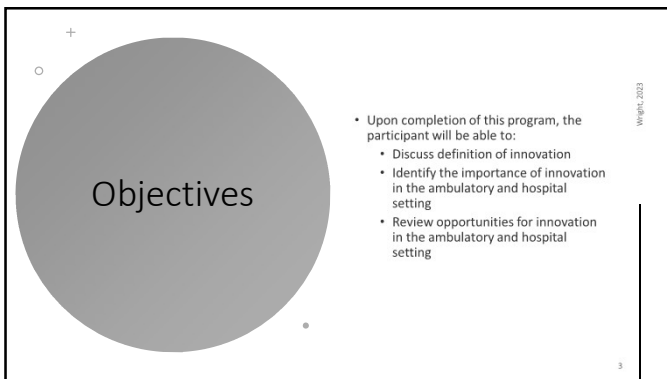


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What is Innovation?

“The introduction of something new” ~Merriam-Webster

Seeing what doesn't exist and developing a product or a service to fill that void ~ Wendy Wright

People often confuse innovation with invention. The two are not the same

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Examples of Nursing Innovation

Florence Nightingale

- Pioneer of the nursing profession
- During her first winter at Scutari, 4,077 soldiers died.
- Ten times more soldiers died from illnesses such as typhus, typhoid, and cholera than from battle wounds.
- Recognized that sanitation and sterilization procedures are important to health

Dr. Marybeth Pompei

- Invented the Exergen Thermometer after touching her husband's forehead to see if he had a fever

Maggie McLaughlin

- Her experience as an IV nurse caused her to develop a better luer lock system to prevent injuries to patients

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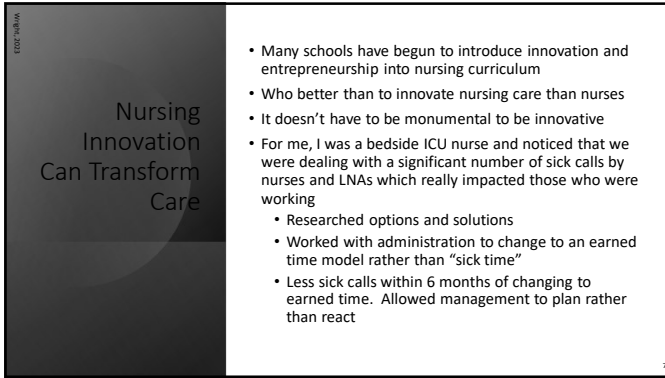
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Why Is Innovation the Buzz?

- The American Nurses Association (ANA) Professional Issues Panel, *Barriers to RN Scope of Practice* (SOP Panel), was established to identify and clarify barriers to registered nurses (RNs) practicing to the full extent of their education, experience, and scope of practice (SOP) as determined by the relevant nurse practice act.
 - 4 themes emerged, one of which was nursing as an innovator

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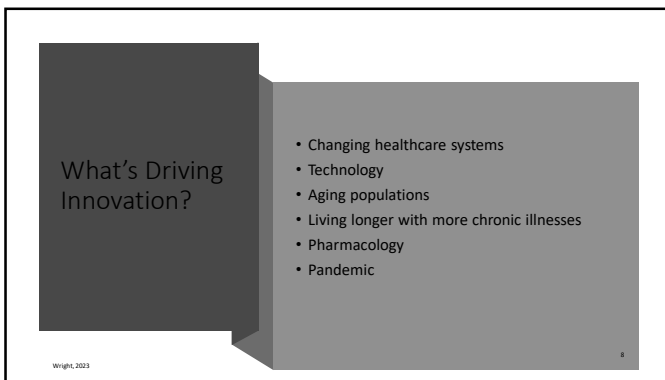
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Nursing Innovation Can Transform Care

- Many schools have begun to introduce innovation and entrepreneurship into nursing curriculum
- Who better than to innovate nursing care than nurses
- It doesn't have to be monumental to be innovative
- For me, I was a bedside ICU nurse and noticed that we were dealing with a significant number of sick calls by nurses and LNAs which really impacted those who were working
 - Researched options and solutions
 - Worked with administration to change to an earned time model rather than "sick time"
 - Less sick calls within 6 months of changing to earned time. Allowed management to plan rather than react

7

7



What's Driving Innovation?

- Changing healthcare systems
- Technology
- Aging populations
- Living longer with more chronic illnesses
- Pharmacology
- Pandemic

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8



What's Driving Innovation?

- Survival
- Necessity
- Quality
- Cost

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9

Innovation Is Happening in Every Setting

- Education and academia
- Bedside nursing
- Home health care
- Ambulatory care


10

10

Some of our innovation hacks....

This is not to suggest that our way is right or wrong, it is just ours

11



Isn't this what innovation is?

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WAFHC Model of Care: 2007 - PRESENT

- Wanted a primary care site where people are people and not numbers or diseases
- FNP's, RN's, and MA's work to the top of their license
- Visits are 30 – 60 minutes in length
- One practice manager and one clinical manager
- Lead NP – one for both clinics

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The Nurse Practitioners of Wright & Associates Family Healthcare



From 7 patients in 2007 to 6500 primary care patients in 2023

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Isn't this innovation?

- Dissatisfaction with model of care as it existed for me
- Seeing something that didn't exist and creating OR
- Modifying a system or process that isn't working

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Creativity and Resilience

OUR AMHERST
Conveniently located off

VIEW OFFICE DETAILS

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Anthem Patient Shared Savings

- **Patient Centered Primary Care Program started January 2013**
- **There are financial incentives within this program:**
 - 1. *There is a per member per month fee paid to office based on the collective severity of illness of patients*
 - 2. *There is an incentive based on shared savings of cost which is calculated at the end of each year. This incentive is calculated by those practitioners working in a combined risk pool. The larger the risk pool the lower the risk become when there is a catastrophic risk*

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We used this PMPM money to:

- Hire an MA for both clinics
- Train the two MAs to “careplan” for the RN and NP visits
- Every patient who walks through the door has been care-planned
- What does it look like?

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COPY HERE

First Iteration: Care Plan

Email
 Collected Patient Responsibility
 Visited any providers since last QIP?
 Clinical Summary given?

Anthem Patient Shared Savings

Name: _____

You are due for a follow up appointment in _____ 4weeks 6weeks 8weeks

You are due 0-30 days or after _____ and a physical in _____

You are due for fasting non-fasting labs on: _____ Ordered in system Yes No

Management due _____ Last done on: _____

Blood glucose due _____ Last done on: _____

Cholesterol due _____ Last done on: _____

Tg level due _____ Last done on: _____

Diagnostic tests needed _____

Facility requested: _____ Day/Time preferred: _____

DIABETIC PATIENTS: Last A1c: _____ microalbumin _____

Eye Exam due: _____ Feet Exam due: _____

Vaccines: Flu _____ Tetanus _____ PPSV23 _____ PCV13 _____

Smoking: _____ HPV _____ MCV4 _____ Other _____

Referrals: _____

Records needed from: _____

Reschedule Status: _____ Provider: _____

Thank you for visiting with us today.
 Please hand this form to the staff member at the window prior to leaving.

18

Office vs. Panel

Name/Description	Provider Group Performance				Medical Panel Performance				Market Rate
	Prior Year Rate	Current Performance			Prior Year Rate	Current Performance			
		Eligible Population	Compliant w/ Measure	Rate		Eligible Population	Compliant w/ Measure	Rate	
Diabetes: LDL-C Screening	93.33%	16	16	100.00%	81.52%	304	247	81.25%	81.87%
Diabetes: Urine protein screening	93.33%	16	16	100.00%	79.09%	304	265	87.17%	86.12%
Subcomposite Total	90.00%	64	62	96.88%	71.82%	1,216	989	81.33%	

Subcomposite: Medication Adherence

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We worked with two cohorts of MSN and DNP students annually for QI projects

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Comparison of Data: 2013 versus 2014

Year	Mean A1C Level	A1C Less Than or Equal to 7.0	A1C Within 1 Year	LDL Less Than or Equal to 100	LDL Level Within 1 Year
2013	6.986	69.1%	96.6%	59.3%	92.8%
2014	6.803	73.1%	92.9%	79.7%	81.8%*

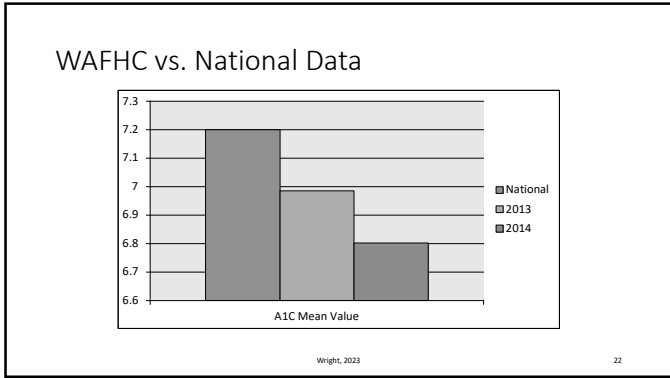
Year	Urine Micro-Albumin Within 1 Year	Dilated Eye Exam Within 1 Year	Dilated Eye Exam Within 2 Years	Diabetic Foot Exam Within 1 Year	Compliance With Diabetes Medications
2013	80.7%	63.9%	72.3%	73.5%	87.1%
2014	73.7%	77.8%*	87.9%*	75.8%	92.3%

* Results are statistically significant

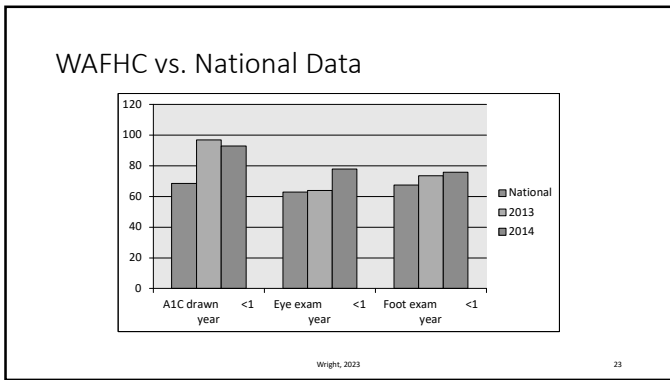
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22



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What have we learned?

- NP patients are 2x sicker than the average MD patient
- Controlling for level of acuity
 - PMPM total of NP patients: 439.92
 - PMPM total of MD patients: 658.70
 - PMPM total inpatient care NP patients: 48.90
 - PMPM total inpatient care MD patients: 159.38
 - PMPM total outpatient care NP patients: 113.59
 - PMPM total outpatient care MD patients: 196.71

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Top Five Cost Savers

Top 5 Cost Savers: Medical Cost Performance Drilldown; November 2015²

Panel Member	Sum of Count	Sum of PMPM Total	Sum of PMPM Inpatient care	Sum of PMPM Outpatient care
NP-7	5.25%	\$234.84	\$23.05	\$72.87
NP-6	1.09%	\$336.52	\$46.38	\$88.61
MD-9	0.43%	\$423.36	\$21.14	\$173.21
WAFHC-C	4.41%	\$439.92	\$48.90	\$113.19
WAFHC-A	10.06%	\$467.64	\$50.65	\$135.33

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Nurs Admin Quart (V41, No1)

New Admin Q
Vol. 41, No. 1, pp. 25-27
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New Hampshire Nurse Practitioners Take the Lead in Forming an Accountable Care Organization

Wendy L. Wright, MSN, APRN, ANP-BC, FNP-BC, FAANP, FAAN

In 2012, New Hampshire nurse practitioners (NPs), along with Anthem Blue Cross/Blue Shield, formed the first Patient-Centered Shared Savings Program in the nation, composed of patients managed by nurse practitioners employed within NP-owned and operated clinics. In this accountable care organization (ACO), NP-attributed patients were grouped into one risk pool. Data from the ACO and the NP risk pool, now in its third year, have produced compelling statistics. Nurse practitioners participating in this program have met or exceeded the minimum scores for 29 quality metrics along with a demonstrated cost savings in the first 2 years of the program. Hospitalization rates for NP-managed patients are among the lowest in the state. Cost of care for NP-managed patients is 16% less per member per month than the participating physician-managed patients. Data from this ACO provide evidence that NPs provide cost-effective, quality health care and are integral to the formation and sustainability of any ACO. Key words: accountable care organization, cost-effective care, nurse practitioner, patient-centered shared savings program, quality metrics

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With a one-hour session with our IT specialist, 60-80 hours of work was eliminated each week

Request Name: _____
Request Number: _____
Request Description: _____
Request Date: _____
Request Status: _____

27

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Why is this important?

Future of care is likely to be quality vs. quantity.

What does that mean for your facility? Your practice?


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“Make no mistake – if your business model is focused merely on increasing volume rather than improving health outcomes, coordinating care and cutting waste, you will not succeed under the new paradigm,” the head of CMS cautioned hospital leaders.

Verma Presses Hospitals to Assume Risk in Value-Based Care Models

Hospitals assuming downside financial risk under value-based care models is the key to lowering healthcare costs and improving quality, CMS believes.



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When COVID 19 Hit:
The healthcare system was
already in crisis

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Private Ownership – A Dying Breed

- 2007 – 2008: 61% of physicians owned their own practices
- 2012: 53% of physicians
- 2014: 35% of physicians
- What about primary care and family physicians?
 - 2015: 31% of physicians own their own practices
- Data on NP or PA ownership are very limited

<https://www.aafp.org/fpm/2015/0700/p11.html> accessed 09-01-2019
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COVID-19:
Our story

- We began seeing a decline in visits – at the beginning of March 2020
 - By March 3, 2020 – we had a telehealth platform up and running and accounts created for all nurse practitioners
 - We transformed as many of these visits as possible into telehealth
- By March 23, 2020 – visits were down 50%
- March 26, 2020 – Governor issued stay at home order for NH residents
- Monday, March 30 – in person visits were down by 60%
 - 60% of all visits at this point were telehealth
 - Revenue was down by 50% percent from the previous year Q1 data

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COVID-19:
Our
innovation
story

- March 30, 2020 – we set up a mobile evaluation center to test for COVID and see all patients with any acute symptoms
 - Acute visits
 - Drawing labs
 - Giving vaccines
 - Performing hybrid visits
 - Point of care testing
 - Spirometry
- June 15, 2020 – Governor expired the stay-at-home orders

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Our Tent Has Really Evolved and Has Created Opportunities

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Wall Street Journal Article



<https://www.wsj.com/articles/the-new-doctors-appointment-11599662314> accessed 03-02-2021

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National Spotlight: Johnson & Johnson



OUR STORIES
 Latest News
 Innovation
 Caring & Giving
 Personal Stories
 Health & Wellness
 Our Heritage
 OUR COMPANY
 About J&J

Nurse Innovators: The Change Agents of Healthcare


When Johnson & Johnson launched its Campaign for Nursing's Future more than a decade ago, it helped address a dire nursing shortage. Now it wants to inspire nurses to be medical trailblazers.

By Magdalena Portnowski September 30, 2018

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Organizations Which Support Innovation



43: Caring About Access

See You Now

Health & Fitness

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Why do Americans struggle getting access to health care? It's a big question, and a big problem. One with almost no parallels, despite the profusion of health care systems, hospitals, physicians, and knowledge available throughout the United States. For many people, access to care is fundamental, and it's not always easy to get. And for those who can't get it, the consequences can be dire. In this episode, nurse practitioner Sherry Knight, APRN, PA-C, answers a host of questions for primary care access, the pandemic, tele, and innovation are key factors for nurse practitioner-led primary care clinics are meeting patients where they are - and it's all in the front seat of their car, under a wheel, in a parking lot. To learn more, visit our website at www.seeyounowpodcast.com. Contact us at info@seeyounowpodcast.com.

Episode Website

More Episodes

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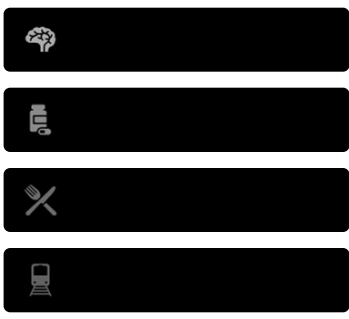
Telehealth:
Our key to
survival and the
lifeline for many
of our patients



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What we
saw with
our
patients,
particularly
older adults



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Telehealth
and
Medicare
Beneficiaries

- Before the pandemic, about 13,000 people in fee-for-service Medicare received telehealth in a week
- During pandemic, roughly 1.7 million people receive a telehealth visit weekly.
- In 4 months, more than 9 million Medicare beneficiaries had received a telehealth service
- Medicare expanded to allow occupational and physical therapy visits via telehealth

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First day of telehealth visits at WAFHC

- Patient managed by KA
- 86-year-old female with abdominal pain; predominantly RLQ
- Present x 12 hours; waited until we opened in am to avoid ER
- Associated with nausea; no vomiting
- Temp: 99.2
- Slight constipation
- KA instructed husband to do abdominal examination via video
 - + psoas and obturator
- Stat CT ordered – confirmed appendicitis; patient taken to OR within 4 hours; discharged home next day

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One of my telehealth visits....

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Hospitals and practices were already at risk prior to COVID-19:
Was this the nail in the coffin?

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New Hampshire...

LRGHealthcare filing for Chapter 11 bankruptcy

Officials working to keep hospital open through potential deal with Concord Hospital

<https://www.wmur.com/article/lrgh-lrghealthcare-lakes-region-general-hospital-bankruptcy/34415057#>
 Accessed 01-28-2021

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Initial Impact of COVID-19 on Primary Care

- Modeling through end of June 2020 illustrated the potential economic impact of PCP practice closures across the country, with predicted loss of nearly 60,000 primary care practice physicians and nearly 800,000 jobs¹

¹<https://www.hfma.org/topics/coronavirus/the-covid-19-pandemic-s-disruption-of-primary-care-could-affect-.html>

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2022: Record numbers have left medicine

- Over 230,000 physicians, nurse practitioners, physician assistants quit their jobs as of August 2022, according to a report based on an analysis of medical claims data from Definitive Healthcare.
- About 117,000 physicians left the profession during between the first quarter of 2020 and the fourth quarter of 2021, followed by about 53,000 nurse practitioners.

<https://www.healthcarediver.com/news/covid-pandemic-healthcare-burnout-providers-quit-jobs/634946/>
 Accessed 01-28-2023

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COVID - 19

- This pandemic is estimated to add between \$125 – \$200 billion dollars in indirect costs to our healthcare system due to deferred or delayed treatment
 - In general, deferring or delaying treatment adds 9% to the cost of treating each disease
 - If a patient with diabetes normally costs system \$10,000 per annum, as a result of this pandemic, the cost will be \$10,900.00 per patient
 - It is estimated that 40% of individuals have cancelled upcoming appointments
 - 12% who need care have not booked an appointment

McKinsey COVID 19 Study June 8, 2020 Wright, 2023 49

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Today

- New patients entering care are significant
- Patients are sicker with more concerns
- Many offices are inadequately staffed
- Care has been deferred and delayed

INNOVATION OPPORTUNITIES ARE IMMENSE

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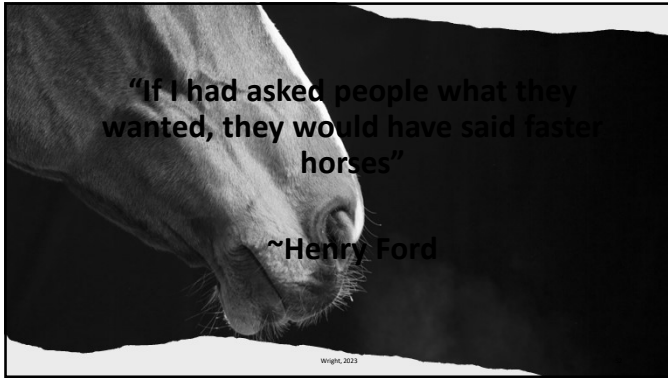
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When life hands you lemons,
make lemonade!

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It Took a Pandemic!

- NPs no longer require MDs to sign home health orders
- Many states removed collaboration/supervision language for NPs during pandemic or modified mileage/rules

AANP Applauds President Trump on Signing of CARES Act

March 27, 2020 | [Address](#) | [AANP News](#) | [Share this Article](#)

AUSTIN, TEXAS — The American Association of Nurse Practitioners® (AANP), the largest association representing nurse practitioners (NPs) of all specialties, applauds President Trump for signing the Coronavirus Aid, Relief and Economic Security (CARES) Act into law. The CARES Act bolsters seniors' access to home health care services and provides needed funding for personal protective equipment (PPE) for nurse practitioners (NPs) and other health care providers. The law authorizes NPs to certify and recertify home health care services for Medicare patients, strengthens funding for PPE, and ensures vital resources to respond to the pandemic.

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Massachusetts NPs Granted Full Practice Authority!

Posted on 1/11/2021

The Massachusetts Coalition of Nurse Practitioners is proud to report that today Governor Charlie Baker signed into law, *An Act Promoting a Resilient Health Care System That Puts Patients First* making Massachusetts the 23rd state in the nation to pass FPA legislation for Nurse Practitioners. This achievement represents an 8-year legislative effort and the contributions of countless individuals.

Massachusetts

<https://mcpn.org/network.com/nurse-practitioner-news/2122292-massachusetts-npr-granted-full-practice-authority-8/> -text=The%20Massachusetts%20Coalition%20of%20Nurses%20Practitioners%20is%20proud,legislative%20effort%20and%20the%20contributions%20of%20countless%20individuals accessed 01-31-2021

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Pivoting? Or Innovating?

What do you think?

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Clara Barton:
May have said it best

- "It irritates me to be told how things have always been done. I defy the tyranny of precedent. I go for anything new that might improve the past."

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Hospital nurses have and will continue to innovate? What about ambulatory nurses and NPs?

- Crash cart
- Phototherapy for newborns
- Color coded IV lines
- Feeding tubes

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Two ICU nurses develop night light

uNight Light 2.0

<https://www.bing.com/search?q=nurse+innovator+develops+light+for+bedside+nursing&cvicid=7913fce41a2a40459f41b7ff1257899&ags=edge.0.69164145018...8.1582489590j1&FORM=ANS PA1&PC=DCTS>

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Some Probing Questions

- Have you identified a process within your setting that you know is not working and you have an idea to make it better?
- What about delivery opportunities/access to care?
- Do you have an idea for an app?
- Can you modify technology to improve process of care
- What about social determinants of health – do you have ways that you can address these?

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**First All-Women SXSW Panel Focused on Nurses
Transforming Healthcare:
EntrepreneurNURSE: Hacking, Making, and Disrupting
Health**



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- "Who better to innovate than nurses who are doing the work, seeing patients in those examination rooms and leading healthcare teams?"
- "Given that nothing like [my practice] existed, I created it," Wendy said. "As a nurse, if we see things we don't like or agree with, it is time to change and innovate."
- "Johnson & Johnson Campaign For Nursing"
- March 2018 Spotlight

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Don't Be Afraid.....

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**2023:
Johnson &
Johnson
Opportunity**

Johnson & Johnson
Nursing

Our Commitment to Nurses | Supporting Nursing Innovation | Nursing Innovation Podcast

FEATURED EVENT: NURSEHACK&HEALTH PITCH-A-THON

Redesigning a Healthy Work Environment Where the Workforce Can Thrive

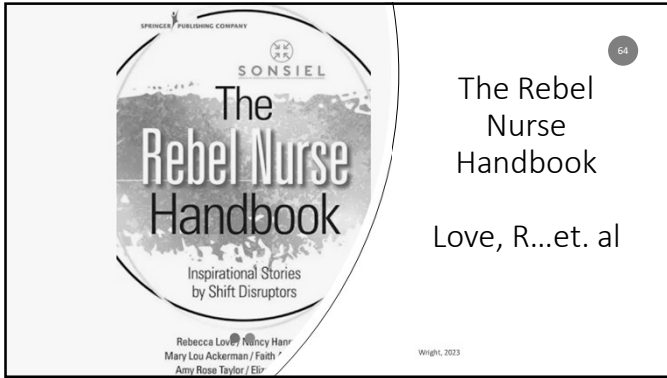
The NurseHack&Health Pitch-A-Thon enables health systems to take direct action in the nursing workforce crisis, by empowering nurse-led, interdisciplinary teams to ideate, create solutions, and "pitch" ideas that directly address well-being/workplace challenges, with the goal of receiving up to \$50,000 in grant funding to bring ideas to life!

Applications due August 18
Final pitch session October 6

[Apply Today](#)

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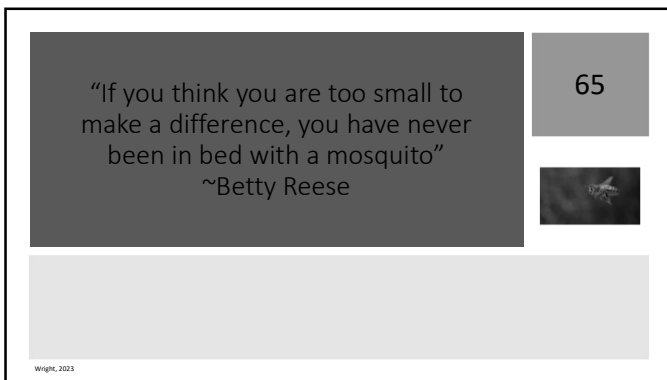
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The Rebel Nurse Handbook
Love, R...et. al

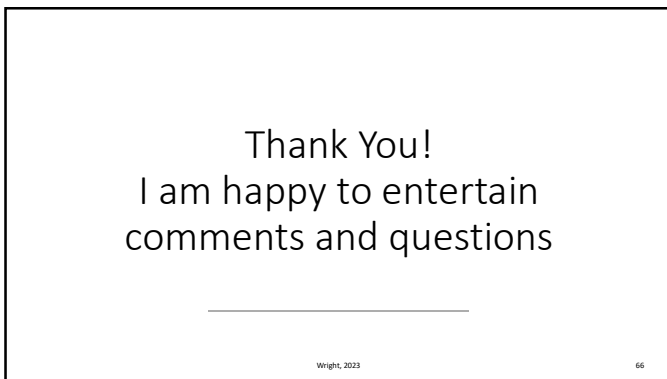
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Wendy L. Wright
WendyARNP@aol.com

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