Health Care Review Reform Committee

Meeting 2/1/2018

Topic Managed Care

Representative Keiser and committee members, I am Cheryl Rising, FNP and legislative liaison for NDNPA.

The North Dakota Nurse Practitioner Association (NDNPA) was asked to report to this committee on our perception of managed care. The board members and members of NDNPA were consulted. The information that we received suggests NPs visualize managed care as:

1. A fully integrated network of primary care and specialists
2. This integrated network delivers care to a targeted cohort
3. Included in this is increased access to affordable, cost effective health care.
4. There should be streamlined coordination of referrals, involving the primary care providers and specialists, to manage costs
5. Duplication of services, tests, procedures should be at a minimum
6. The providers should be guided by evidence based clinical practice guidelines
7. We need to be diligent to not manage care to the point of decreasing quality of care.
8. APRN look to be included in any managed care program in our state. Dr. Chaska reported today that they are working with all providers

As we are developing managed care we need to be vigilant and not manage care to the point of decline in quality care. We must maintain the quality care we deliver in ND. All providers need to be included in managed care. As Dr. Chaska reported today, they are working with all providers, including APRNs.

There is also a certification that may be obtained in managed care. I am aware of one nurse practitioner in a facility that has obtained this certification. The role will be to facilitate high complex cases for the benefit of patient, provider and facility. This position would help with cost management involving decrease in duplication of services.

The role will include:

1. Coordination of care- Dr. Garman reported the great benefit of coordinators of care.
2. Educating families on tests and other procedures
3. Facilitating care
4. Reducing duplication of services and decrease in health care cost

Accountable Care Organizations-ACOs at areas in the country have not included APRN clients. APRNs look for inclusion in the managed care plans.

I challenge this committee and all the providers and CEO’s here today to look at how we all can manage care together. There are individuals in private practice throughout the state that are headed by APRNs that are working with individuals on incontinence, menopause, obesity, dementia etc. The question is how we can all work together to manage care. The silos in healthcare must come down as Mr., Bertsch reported. We must identify how we all can communicate across practices.

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