

# Nurse Role Exploration Project: *The Affordable Care Act and New Nursing Roles*

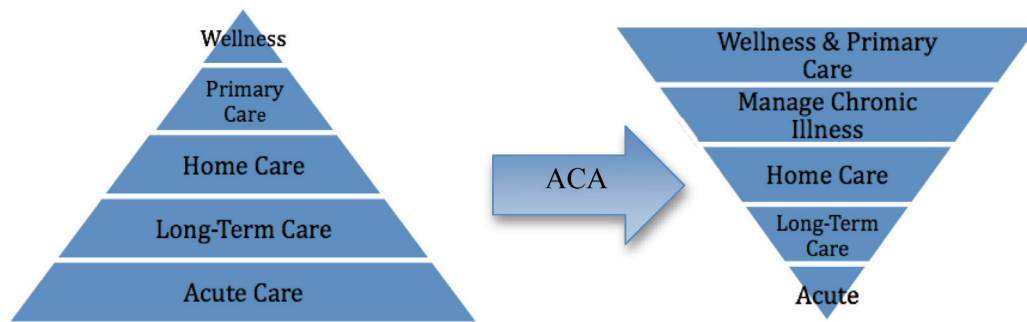
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**A**s the nation grappled with the potential changes associated with the Affordable Care Act, (ACA), it was evident in early conversations that the focus was on reimbursement for care. This was related to the belief that insurance coverage was synonymous with accessing care. However, the fact was that we needed to scale up capacity of the healthcare system in order to adequately meet the growing demands of newly insured individuals

and families. Additionally, incentives in the ACA were changing in such a way to strengthen primary and preventative care, while trying to manage more carefully the costly care provided in hospitals and other institutions. The framework was changing from providing care to managing health. The following figure (*Figure 1*) shows the essential elements of change from the country's traditional approach to healthcare to that envisioned under the ACA.

Figure 1. Transition From Traditional to Reformed Healthcare



With over 400,000 registered nurses (RNs) in California, they represent 1 of the greatest opportunities to rapidly expand capacity within the healthcare delivery system. The emphasis on wellness and primary care in the transformed system under the ACA also promotes a definition of health that transcends the absence of disease to embrace social determinants of health, (including health behaviors such as tobacco use, diet, and exercise; social and economic factors such as education, income and family support; clinical care inclusive of access to care and quality; and the physical environment which considers things such as the quality of the air we breathe and the safety of our living conditions). Of course, nursing has a long history of attending to social determinants of health and wellness in individuals and populations, in addition to providing illness care,<sup>1,2</sup> a fact that in addition to the numbers of nurses makes RNs particularly well suited to the new healthcare emphasis outlined in the ACA.

Additionally, the Nurse Role Exploration Project (Project) aligned well with the Institute of Medicine (IOM) landmark report, *The Future of Nursing: Leading Change, Advancing Health*.<sup>3</sup> Developed shortly after the passage of the ACA, the IOM report includes specific recommendations “for transforming the nursing profession to improve the quality of health care and the way it is delivered.” These pertain to all facets of nursing education and practice, but a key area of focus is reconceptualized roles for RNs. Thus, the Project occurred at a critical juncture in the profession of nursing. It is aligned with the need to identify new roles for RNs to meet changing healthcare needs in California—and with a broader movement throughout the U.S. healthcare delivery system, to reconsider the roles of RNs in successfully transforming healthcare delivery and meeting the growing need for services.

In 2013, the California Institute for Nursing and Health Care (CINHC), California’s nursing workforce center, facilitated a series of meetings throughout California with participants representing academia, practice, government, payers and consumers. After an initial meeting, 6 consecutive meetings built cumulatively on previous discussions, resulting in an initial consensus regarding top new roles for RNs. Following the series of meetings, an online survey with participants verified outcomes of the consensus process and gathered input on critical next steps to actualize the new roles.

## NEW ROLES

The objective of the Project was to address gaps in care delivery by identifying new roles for RNs that would positively impact health and well-being for residents in California. At the conclusion of the statewide process, 5 key roles emerged that participants agreed were both relevant and necessary as the ACA is implemented in California. The new roles for RNs are:

- Care coordinator—including population health management and tiered coordination
- Faculty team leader—moving interprofessional nursing education to community settings
- Informatics specialist—roles in design, data interpretation, and tele-health applications
- Community-centered nurse—bringing virtual and in-person healthcare to people where they live and work
- Primary care partner—team care in community health settings

### Care Coordinator

In every healthcare environment, there is a growing need for care coordination. The role of care coordinator may take many forms. It may involve providing coordination directly in complex or rapidly changing situations, supervising other team members when care is relatively predictable (tiered coordination), or advising entire communities (populations) on the best choices for the highest levels of wellness. In the latter, RNs will be involved in population health management, using population-based data and evidence-based practices to bring about large scale improvements in health.

RNs are educated in working across the continuum of care, regardless of setting. They generally have experience working in teams and have learned how to build trust with team colleagues and with people receiving care to provide them with the best outcome. Regardless of whether care coordination is applied to an individual, family, or community, the RN’s ability to create a relationship in which people are enabled to hear and respond to the care advice being offered is key to the success of this role. Along with evidence-based interventions, trust is fundamental to care coordination. The role of care coordinator is one that holds enormous potential for improving levels of health and wellness and ultimately reducing the cost of care. It is anticipated there

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