CMS Graduate Nurse Education Demonstration

Linda H Aiken
National Medicare Graduate Nurse Education Demonstration Consortium

laiken@nursing.upenn.edu
CMS Graduate Nurse Education Demonstration

• $200 million for 4 years (2012-16) from ACA
• Five competitively selected hospitals funded
• Tests feasibility, effectiveness, cost of increasing production of APNs through Medicare payments to hospitals for reasonable costs of clinical APN training in range of settings
• Eligible APNs are RNs and training is at the graduate degree level
• 50% of training must be in primary care
Two Models Have Emerged
Both Successful

• Single hospital and its primary affiliated nursing school plus community partners
  – Duke University Hospital
  – Rush University Hospital

• Regional consortia with multiple nursing schools and hospitals, and many community partners covering a geographic area
  – Hospital University of Pennsylvania: Greater Philadelphia Region
  – Memorial Hermann-Texas Medical Center: Texas Gulf Coast Region
  – Scottsdale Healthcare: Arizona
Demonstration is Successful

• It is feasible for hospitals to distribute APN clinical training funds to multiple schools of nursing and clinical settings including community-based settings
• APN enrollments and graduations have more than doubled during the first 2 years
• All sites met the requirement for 50% of training in community-based settings
• Nurses in training are from diverse backgrounds
• It is too early yet to determine first employment setting but clinical precepting organizations including FQHCs are interested in hiring them
• Clinical training costs for APNs have been established and suggest good value for investments
Challenges

• Increased but insufficient participation by community-based clinical sites to fully exploit APN training capacity of nursing schools.

• Incremental funding requirement is difficult to implement and discourages clinical site participation

• Exclusion of hospital-sponsored primary care settings in meeting primary care training needs is counterproductive in markets dominated by hospital-sponsored primary care

• Initial implementation delays resulted in a truncated demonstration period and substantial unspent appropriated demonstration funds
Interim Conclusions

• The familiar model of Medicare funding of hospitals for clinical graduate education of health professionals works for nurses.

• Availability of funding to offset clinicians’ loss of productivity associated with APN training has been key to nursing schools producing more APN graduates.

• Interest is high among clinical settings caring for Medicare beneficiaries in employing APN graduates of the Demonstration.

• Cost estimates of APN clinical education derived from the Demonstration show a favorable return on investment.