AONE is known for its mission to provide resources to its members that enable them to lead organizations. As the country moves toward population health as a care model, nurse executives must understand and practice population health-based leadership competencies. Therefore, AONE created a task force—Preparing Nurse Executives to Lead Population Health—to develop population health competencies. This article places these competencies within the context of population health.

**PPACA EFFECT**

The movement to population health accelerated in 2010 with the enactment of the Patient Protection and Affordable Care Act (PPACA). The PPACA has 2 key elements of reform, health care delivery and insurance. Health care delivery reform includes improving the quality of care delivered, enhancement of prevention and health promotion activities within the health care delivery system, and promoting community and population-based activities. Expanded insurance coverage aims to improve quality, affordability, and availability of health insurance.

As part of the Medicare program, accountable care organizations (ACOs) were formed as a way to reduce health care costs and improve quality of care. ACO members (primary care and specialty providers and hospitals) are jointly accountable for overall care of their patients, including costs. Within the ACO, providers take on coordination of care, including health promotion, through the formation of networks. The network of providers establishes goals that if met, will result in incentive payments by Medicare; if not met, a penalty will be assessed. In this way, all ACO members share in accountability and must collaborate to manage chronic disease at the primary care level, engage patients in the care, and coordinate care.

**POPULATION HEALTH DEFINED**

Population health is defined by Kindig and Stoddart as the “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.” Thus, population health encompasses more than thinking of the population in aggregate terms or the identification of vulnerable or at risk subpopulations. A common tenet is that patterns and health determinants occur over time and that multiple factors influence them, such as environments (social, economic, and physical), individual capacity and coping skills, biology, early childhood development, and available health services. In other words, the social structures that shape health are beyond one individual’s characteristics or behaviors, and therefore, health policy results from the analysis at a population level.

Nursing care coordination and care delivery has traditionally been for the patient in the acute care setting. With population health, nursing will need to shift from acute care to care of larger populations, prevention, primary care, and management of chronic illness.

First, the community needs are assessed through the lens of the community, not through the lens of the acute care environment. It is movement away from a medical or tertiary model involving episodic care focused upon acute health problems/care to a model that is designed for the continuum of care management and coordination of services. Thus, nurse executives find their focus shifting from the concept of individual client management to population management. Another way to state this is the nurse executive must look at the population as a group (specified geographic area or community or condition or certain disease) as the operative focus of the intervention(s). The perspective for an organization changes from providing an existing service to providing services after determining both what the population needs and factoring in the population’s assets. Thus, cardiac rehabilitation services are offered, not because the organization has an established rehabilitation program, but because it was determined to be a population need after an evaluation of the population’s health and assets, or lack thereof.

**BROADENING THE SCOPE**

Nurse executives expand their perspective to the broad scope of interventions needed to modify the factors of health outcomes. The nurse executive moves from the
The perspective that services are offered based on the organization’s expertise and available staff to the population need. How can the organization support identified population needs, and how can it work to modify clinical, social, economic, behavioral, and environmental factors associated with the outcomes? This focus change parallels the PPACA focus on health and its provision, support, and maintenance versus the previous focus on treating the problems once they surface. Thus, to be successful economically, organizations and nurse executives must address transitions of care upon admission to the system and not wait until discharge is imminent.

The interventions of merit will focus around the transitions experienced by the patient and family. Partnerships developed to address population health will require thoughtful and robust plans enacted around transitions of care.6

Nurse executives must shift their fundamental perspective from the delivery of sick care to the delivery of care to maintain health and how they as leaders facilitate their employees’ understanding of this fundamental change. Population health is based upon the concept that the population knows itself and thus is an integral collaborator in any interventions provided.7 This shift is evident in the PPACA community health needs assessment requirements mandated for all nonprofit hospitals.8

Key to the organization’s successful provision of culturally and linguistically appropriate care is the population stakeholders. These stakeholders are identified as the people or groups who will be affected by the programs, who can influence a program without being directly involved in its development, who will be responsible for implementation and evaluation, who are interested in the program’s success and outcomes, and will be or potentially will be impacted by the program.7 The stakeholders are critical to the interpretation of the data collected to ensure that correct metrics are used when determining and evaluating health targets. Organizational plans will not be successful unless the organization is integrated into the daily lives of the population to reach the targeted group.

Knowledge of epidemiologic data will be integral to understanding risk factors associated with disease.9 Nurse executives will need to identify and use evidence-based interventions designed to address health and wellness concerns and that promote adaptation, monitoring, and expanding the reach of the health care system.10 Primary care will become increasingly important to control costs and improve access.2 Finally, as clearly stated by The Advisory Board Company,11 there is the “need to integrate community stakeholders who can connect patients with high-value resources, while expanding [the organization’s] reach beyond the clinical care continuum to anchor community health.”

NEWLY DEVELOPED COMPETENCIES
Nursing is a natural leader in population health because the approach is inherent in how nurses view care. Nursing leaders have a global perspective of care delivery across the continuum and thus can make successful transitions between settings. However, specific competencies that prepare the nurse executive to lead population health initiatives have not, until now, been formally created.

One of the key priorities of the AONE is to develop core competencies that can support and sustain nurse leaders as new roles emerge and as leadership needs change in an ever-evolving environment. In support of that priority, the task force built upon current nurse executive competencies and identified the knowledge, skills, and attributes needed to lead population health and the educational programming that would prepare nurse executives for their role in population health management.

Box 1. AONE Preparing Nurse Executives to Lead Population Health Initiatives

<table>
<thead>
<tr>
<th>Taskforce Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee chair: Bob Dent</td>
</tr>
<tr>
<td>Co-chair: Claire Zangerle</td>
</tr>
<tr>
<td>Members: Susan Brown, Cindy Boily, Elizabeth Carlson, Donna DeBlois, Kathy Harris, Yvonne Kirk, Melissa Kline, Judy Stroot, Colleen Swartz</td>
</tr>
<tr>
<td>Staff liaison: Amanda Stefancyk Oberlies</td>
</tr>
</tbody>
</table>

www.nurseleader.com
The task force (see Box 1) used the original AONE competency categories of communication and relationship building, knowledge of the health care environment, leadership, professionalism, and business skills as a base. Within each category, areas of focus were refined to address specific knowledge, skills, and attributes of the competency as related to population health. Their work produced a comprehensive set of competencies supporting the nurse executive leading population health initiatives. Although the entire document can be seen at http://www.aone.org/resources/population-health-competencies.pdf, Table 1 outlines a comprehensive set of competencies supporting the nurse executive leading population health initiatives.

### Table 1. Competencies Crosswalk

<table>
<thead>
<tr>
<th>Competency</th>
<th>Original CNE</th>
<th>Population Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and relationship building</td>
<td>Represent the organization to non-health care constituents within the community</td>
<td>Represent the organization as a nurse leader within the community</td>
</tr>
<tr>
<td>Knowledge of the health care environment</td>
<td>Understand and articulate individual organization’s payer mix, CMI, and benchmark database</td>
<td>Understand what correlate data, and the relevance of those data, are available—public, community, federal health, and social—regarding the health of the community served; allowing for understanding of the relevance of the data to interpret its ramifications to other health care leaders. Specific social determinants should include wellness, health literacy, environmental (living conditions), cultural (health beliefs, language, nutrition), personal characteristics (gender, race, ethnicity), and socioeconomic (income, education status) factors that impact health</td>
</tr>
<tr>
<td>Leadership</td>
<td>Provide visionary thinking on issues that impact the health care organization</td>
<td>Provide visionary thinking on population health management and new care delivery systems</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Create an environment that facilitates the team to initiate actions that produce results</td>
<td>Collaborate with stakeholders across the care continuum to establish goals with measurable outcomes. Foster an environment of performance transparency predicated on outcomes to create culture of accountability across the care continuum</td>
</tr>
<tr>
<td>Business skills</td>
<td>Understand what organizations should measure in order to balance the financial perspective</td>
<td>Measure and analyze performance from the learning and growth, business process, customer and financial perspectives to remain competitive; recognize and support the role of accountable care organizations in population health management</td>
</tr>
</tbody>
</table>

CMI, case mix index; CNE, chief nursing executive.
sample from each category and clearly demonstrates the difference in skill sets between the original nurse executive competencies (focused on acute care) and the population health competencies.

**PREPARING FOR POPULATION HEALTH LEADERSHIP**

The second part of the task force charge resulted in 5 recommendations that will support the nurse leader's pursuit of skill in leading population health initiatives. Figure 1 is a partial list of the task force's recommendations.

The population health competencies and supporting educational opportunities give the nurse executive the needed direction and tools to demonstrate her or his competency in leading population health initiatives. As the impact of using a population health approach increases, nurse executives must be at the forefront. Along with the need to demonstrate nursing's value in population health management and the ability to address system-wide change, the nurse executive will need to address ongoing challenges:

• Variations in scope of practice and reimbursement for APNs that still impede access to care;²
• Ensuring highly reliable care and consistent positive outcomes while decreasing the cost of care;⁵
• Education and training for nurses for in an increasingly complex care environment.¹²

AONE stands ready to work with nurse executives as these challenges are addressed through support, guidance, education and serving as the voice of nurse executives.

**References**


Elizabeth Carlson, PhD, RN, is professor and chairperson, adult and gerontology nursing, Rush University College of Nursing, in Chicago, Illinois. Melissa Kline, MSN, RN, NEA-BC, is vice president of nursing and chief nursing officer, The MetroHealth System, in Cleveland, Ohio. Claire M. Zangerle, MSN, MBA, RN, is president and chief executive officer, Visiting Nurse Association of Ohio, in Cleveland.

1541-4612/2016/ $ See front matter Copyright 2016 American Organization of Nurse Executives. Published by Elsevier Inc. All rights reserved. http://dx.doi.org/10.1016/j.mnl.2016.01.004