

Engaging Undergraduate Students to Build a Resilient Primary Care Workforce for Chronic Disease Prevention and Control

UAB Registered Nurse Primary Care Grant Team

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Acknowledgements

Registered Nurse in Primary Care (RNPC) Grant Team

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Grant Overview

Purpose:

To build a primary care registered nurse (RN) workforce for chronic disease prevention and control to enhance access to care, reduce cost of services, and improve the health outcomes of medically underserved individuals in communities across the state of Alabama.

Project Objectives:

1. Prepare RNs to practice at the full scope of their license in primary care settings.
2. Build a resilient primary care workforce for medically underserved communities.
3. Develop and implement a statewide primary care continuing professional development program for practicing RNs, clinical RN mentors, faculty and nursing students.

Alabama Health Statistics

- 47th in overall health status
 - 50th for high cholesterol (44% of population)
 - 49th for hypertension (40.3% of population)
 - 49th for diabetes (14.6% of population)
 - 47th for obesity 1.5 million are considered obese
 - 44th for adult inactivity (29.4%)
 - 42nd for smoking rate (21.5%)
 - 66% have at least one chronic disease



230,000 lives could be saved annually in Alabama through prevention and treatment of chronic disease
(Partnership to Fight Chronic Disease)

Alabama's Primary Care Workforce

- Mostly MD, NP, PA
- Physician workforce: 10,329; of which 36% in primary care
- NP workforce: 4,260; of which most are in primary care
- PA workforce: 727; less than 25% are in primary care

Low number of primary care providers with virtually nonexistent programs to educate RNs in primary care highlights the need for workforce capacity building.



Primary Care Course: Faculty Team

- Project Director/PI
- Academics Expert
- RNPC Partnership Liaison
- RNPC Faculty (x2)
- RCQI Expert
- Tuskegee Faculty

In Collaboration With:

- Resiliency Coach
- Project Manager
- Clinical Logistics Expert
- Primary Care Clinical Site Representatives and Mentors
- Data Management Assistant



Course Objectives

1. Integrate knowledge from **prior nursing courses**, the humanities, and the social, behavioral and natural sciences to build a foundation for development of **knowledge, skills and abilities** to facilitate **transition** into the roles of the professional nurse with a focus on **primary health** care.
2. Analyze the roles and responsibilities of the BSN-prepared nurse in the delivery of **safe, quality care** in primary healthcare settings.
3. Describe the roles of members of the **primary care interprofessional healthcare team** in the design, coordination and evaluation of evidence-based practice for chronic disease prevention and control.
4. Compare and contrast **models of care** used in primary care settings.
5. Describe the utilization of **informatics and healthcare** technology for integration into the primary healthcare setting.
6. Evaluate **legislation and healthcare policies** that support best practices in primary care.
7. Explore concepts of **organizational and systems leadership** in the role of the professional nurse as a leader in primary care settings.

Primary Care Competencies

1. Develop effective care relationships with patients
2. Assessment of biopsychosocial needs across the lifespan
3. Patient-centered care planning, including collaborative decision-making and patient self-management
4. Cultural sensitivity and competence in culturally appropriate practice
5. Interprofessionalism and interdisciplinary team collaboration
6. Team leadership
7. Care coordination for comprehensive care of patient and family in the community
8. Evidence-based practice
9. Assessment of patient outcomes
10. Quality improvement methods, including assessment of patient experience for use in practice based improvement efforts
11. Health information technology, including e-communication with patients and other providers
12. Promotion of appropriate access to care
13. Population-based approaches to health care delivery
14. Risk identification
15. Advocacy of patient-centered care
16. Business models for patient centered integrated care

Clinical Overview

Field Work

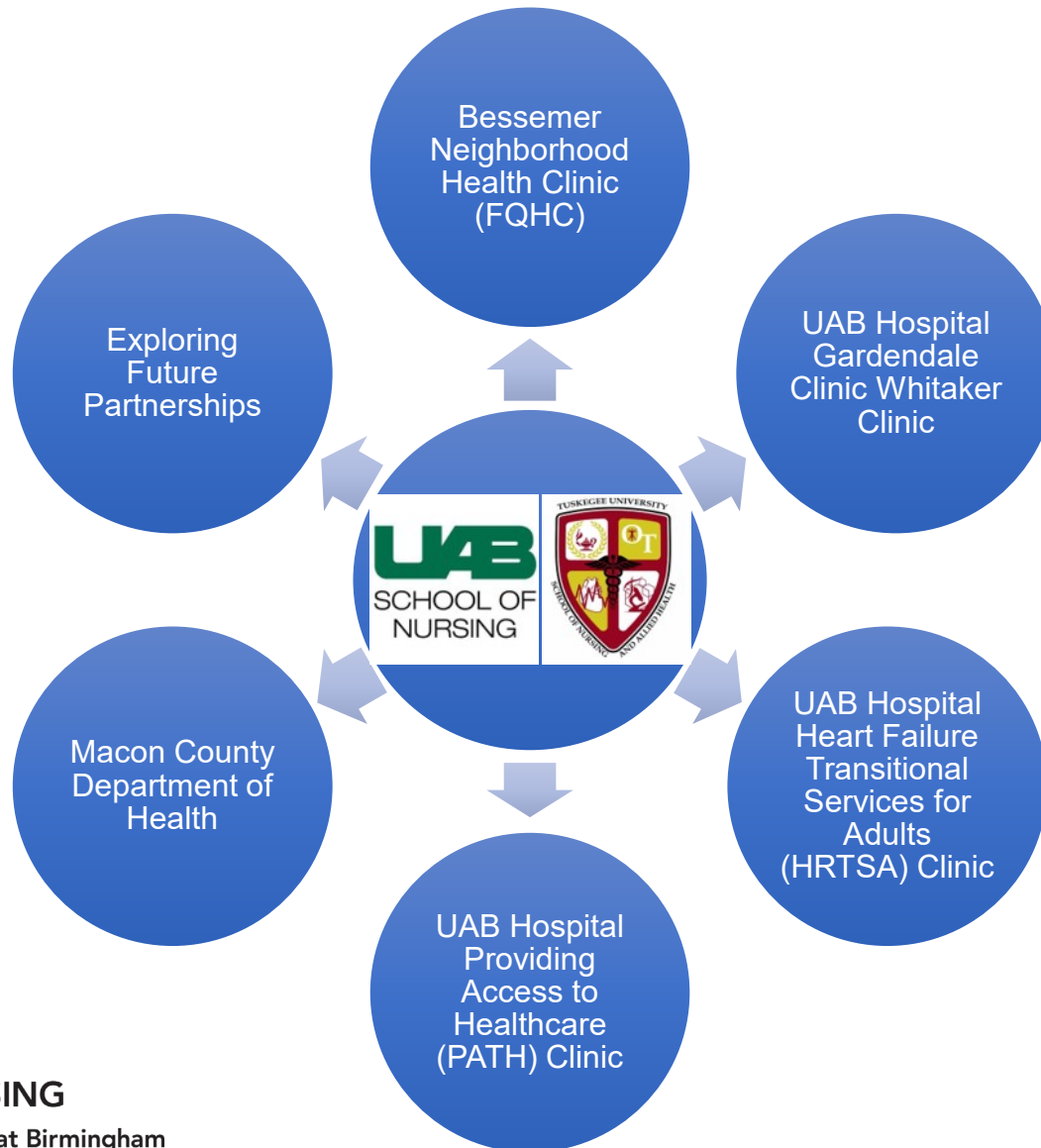
- Clinical portion of the course referred to as “field work”
- Primary goals of field work:
 - Highlight the role of the RN in community-based, team-focused primary care environments
 - Expose students to social determinants of health along with chronic disease prevention and management, specifically targeting diabetes, hypertension, mental health, and substance abuse
 - Facilitate understanding of what it takes to achieve desirable primary care health outcomes in complex, underserved populations
- One or two students placed at each field work site
- 60 clinical hours completed by each student

RN Clinical Mentors

- Preceptors referred to as “RN clinical mentors”
- Clinical Mentor Academy hosted by Grant Team Faculty each semester to prepare RN clinical mentors prior to the start of field work



Partnerships



Telehealth Simulation

Outcomes:

- Describe the processes of motivational interviewing and health coaching
- Present a physical examination in a simulated telehealth scenario
- Engage in virtual motivational interviewing (MI) and health coaching



Simulation:

- Tuskegee students work collaboratively in person with UAB students
- Students receive an intake form with information about their simulated client
- Students practicing as RNs have 30 minutes to complete an assessment in collaboration with a Nurse Practitioner via telehealth
- Students are expected to:
 - Utilize telehealth etiquette
 - Identify and address health behaviors which contribute to chronic disease (incorporating MI techniques)
 - Perform a focused physical exam based on each of the client's chief complaints
 - Collaborate with the Nurse Practitioner to determine the need for diagnostic testing, referral, and treatment
- Following the simulation, students debrief with faculty members
- Sessions are recorded to allow for student self-evaluation upon completion of the simulation

Joshua Blanchard, Chelsea Ryles, E. Whitney Pollio, EdD, MSN, RN

UAB Primary and Specialty Clinics

- UAB Primary and Specialty Clinics:
Gardendale
UAB Urgent Care
UAB Whittaker Clinic
- Patient population:
Medicare/Medicaid
Private insurance
Self-paid
- RN scope of practice:
focused on education; assessment
most important skill
- LPN scope of practice:
delegated by RN
- Clinic Staff:
Nurse Manager, Nurse Supervisor,
Staff RN, LPN, Certified Medical
Assistants, Patient Care Technicians,
Residents, Physicians, Social Worker
- Quality Improvement:
Patient surveys of services as well as
hygiene etiquette of health care
members
- Skill Check-offs done by Nurse
Manager

Cost + Quality = Value

Care delivery model(s) used in field work experiences and recommendations to improve care access and delivery:

Fee-for-Service vs Value-Based Healthcare Delivery Models

- Cost is biggest barrier to healthcare
- Payment for each service rendered, rather than overall outcome
- Itemized billing vs cycle of care bundled reimbursement
- Long term outcomes vs short term cost management

Everything has a Price in our Current System

- Few quality indicators, generally those required by CMA
- Pre-determined contract or negotiated fees for service
- Little to no price transparency, except upfront cost for self-pay and co-pay
- Over testing to achieve profit goals
- Increased number of patients; cutting down time per patient
- Limited slots for Medicare/Medicaid patient panels

“Anything That Costs Just Money is Cheap”

- Outcomes achieved relative to cost to give best value to patients
- Prices based on full cycle of care and allows bundled payments
- Focuses on primary care/population health and health promotion
- Improves price transparency and health information dissemination through improved IT platforms/EHRs across discipline/specialties
- Allows providers to spend as much time as needed with patients
- Liability is spread across disciplines, accountability evenly distributed

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Survey Says!

- Healthcare costs: 20% GDP by 2025
- 46% of clinicians/clinical leaders state value-based contracts significantly improve quality of care
- 42% of clinicians/clinical leaders state value-based contracts lower costs

Informed Consent

What Are the Greatest Challenges To Implementing Value-based Reimbursement Models?



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Didactic Overview

- 3 credit hour elective course
 - 30 hours didactic
 - 60 hours clinical
- Target Audience: RN Primary Care Scholars
- Instructors: Grant Team faculty

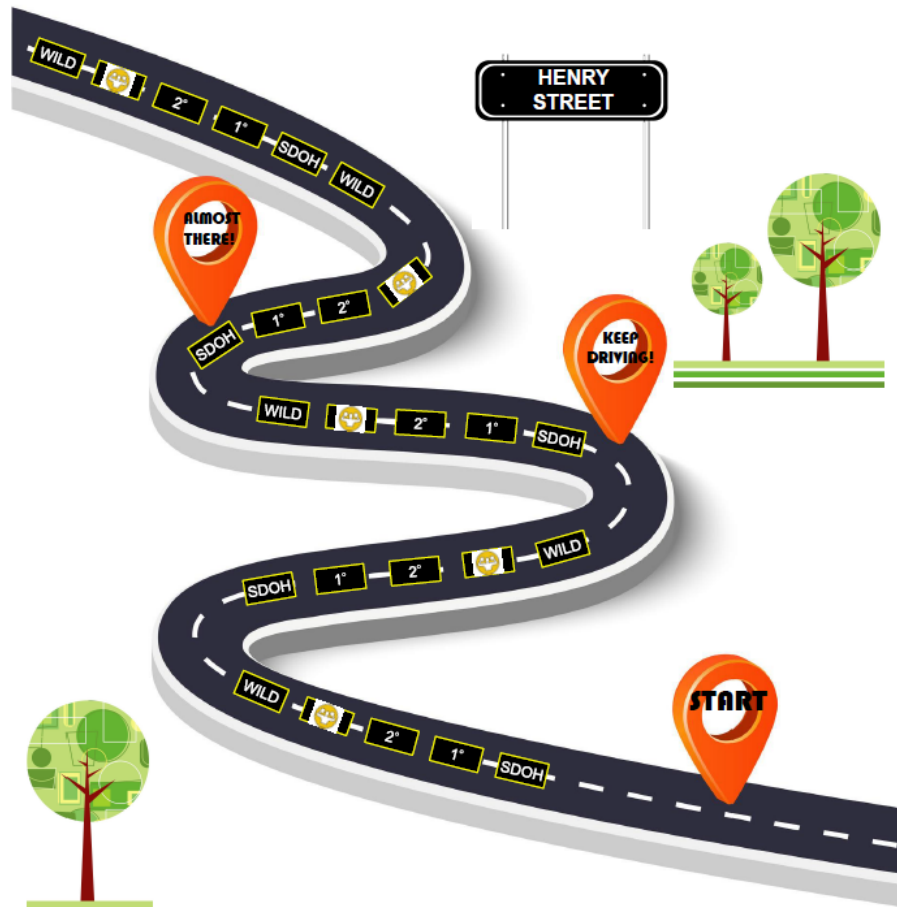


- Primary Care Topics Explored:**
- RN roles and responsibilities
 - Communication and collaboration
 - Interprofessional teamwork
 - Health policy and legislation
 - Quality improvement (RCQI)
 - Authentic leadership
 - Resiliency
 - Social determinants of health
 - Models of care
 - Telehealth
 - Motivational interviewing

Drive Prevention!

UAB SCHOOL OF NURSING
The University of Alabama at Birmingham

HEALTHY PEOPLE AND HEALTHY COMMUNITIES



Kat, a 23-year-old Caucasian female with Type I Diabetes, works part time at a bakery during the day and is a part-time bartender at night. She has no health insurance, but her insulin is available from a local charity, Dispensary of Hope. She gets free food from both of her employers. Grocery stores nearby don't have many fresh vegetables and the only fruit they have are bananas. At her last check up with a doctor at the free Empower Clinic in Avondale, her HgA1C was 6.7. Twelve months ago it was 5.2.

Congratulations! You just procured a large supply of Tdap. You can offer free immunizations for those that cannot otherwise afford them. Move forward two spaces!

Too Bad! The subsidized housing apartment complex was inspected, and lead was detected in the paint of several units. The wallboard will have to be replaced. Move backward two spaces.

DRIVE! PREVENTION
because we're not there yet ...

uab.edu/nursing

RCQI Coin Spinning Activity

Instructions:

- Spin the coin as long as you can!
- Use and test any of the 4 coins.
- Use any technique to spin.
- Use any surface to spin the coin on.

Debriefing:

- Describe your process:
 - What cycles did you run?
 - What lead you to try the different things?
 - What got you to the longest spin?
- Describe the data collected?
- How can RCQI be useful in the primary care setting?

Duration:

- Spin for approximately 15 minutes.
- Run as many tests as you can in 15 minutes.
- Be intentional when you are testing- that means consider what you believe may support the longest coin spin.

#	Plan		Do	Study	Act
	What questions? Theories?	Prediction (seconds)	What do you see? How long? (seconds)	How did what you see match prediction?	What now? Adopt, adapt, abandon?
1					
2					
3					
4					
5					
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8					
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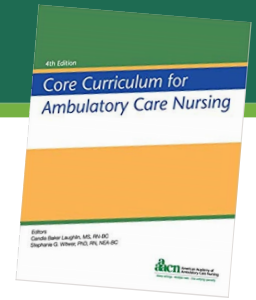
PDSA Tracker



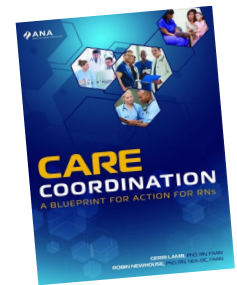
Textbooks



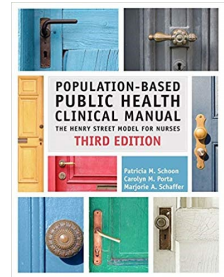
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American Nurses Association (2018). *Care coordination: A blueprint for action for RNs*. Silver Spring, MD: Author.



Schoon, P. M., Porta, C. M., & Schaffer, M. A. (2019). *Population-based public health clinical manual: The Henry Street Model for nurses* (3rd ed.). Indianapolis, IN: Sigma Theta Tau International.



Also consider: current population, community and/or public health textbook(s)

Student Evaluation Feedback

- “I am beginning to understand how many parts can be in motion in the care and coordination for patients.”
- “You must work in this rotation to develop your soft skills.”
- “I now understand it isn’t as easy to evaluate outcomes in the primary care setting. You must know where to look to find the relevant information.”
- “There is no limit to how much you can learn at the clinic...It is an awesome place to grow and learn!”
- “I am beginning to understand the complexities of the healthcare system in how costs are managed and business cash flow. I am still trying to understand how insurance contract reimbursements are negotiated.”
- “My field work experience was a great learning experience!”

Lessons Learned

- This is an elective course
- Preceptor training is essential
- Differentiate community/public health/population health and primary care
- Build on required population health content, not repeat it
- Need to maintain focus on role of RN in primary care, not NP
- Ensure students are highly engaged in clinical experiences
- Engagement of students (live and virtual) during class
- Student recognition via “RNPC Scholar” designation
- Coordination of semester start/finish dates and graduation dates between the two universities

Future Directions

- Course curriculum quality improvement
- Move toward increased incorporation of primary care into undergraduate curricula
- Facilitate paradigm shift for agencies to value the role of RN in primary care and create employment for RNs in their settings
- Development of competencies and best practices for RNs in primary care settings



