

Hot-Spotting in a Nurse Practitioner-Managed Free Clinic



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September 2017
2017 Tenth National Doctors of Nursing Practice Conference

Objectives

By the end of this presentation the participant will:

- 1. Learn about one model to implement the DNP Essentials in clinical practice.
- 2. Explore the ways diversity contributes to strength and impact on health care outcomes.
- 3. Highlight the ways DNP prepared professionals mitigate the impact of health care disparities.
- 4. Discuss innovative and inclusive approaches to practice led by DNP prepared nursing professionals.

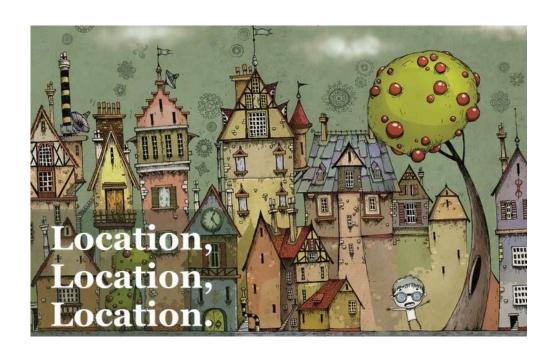
DNP Essentials

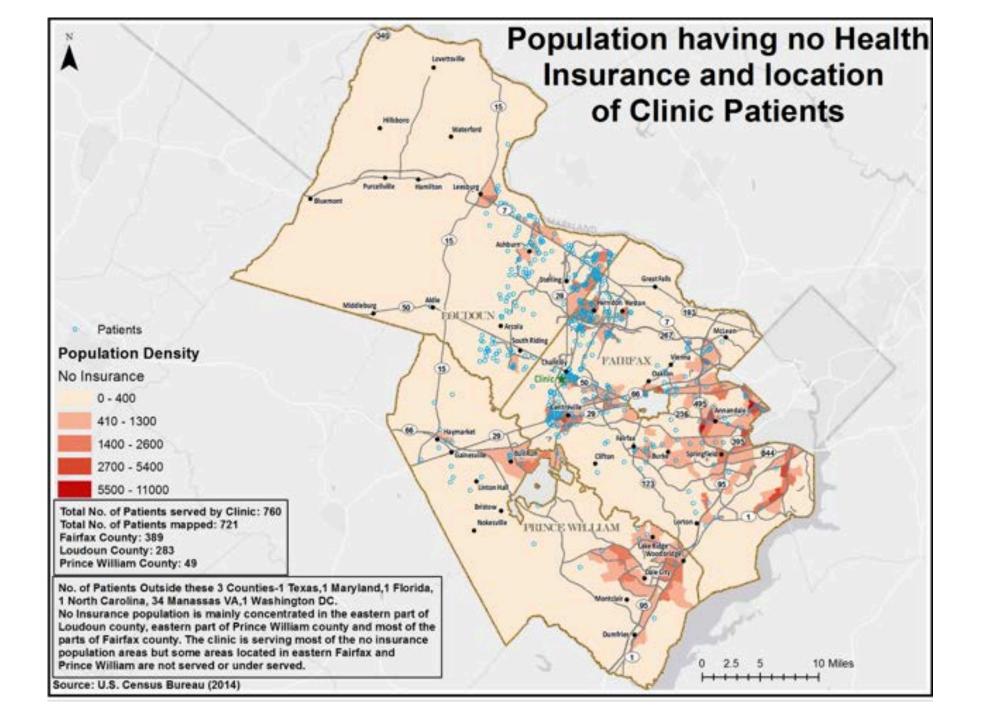
The Essentials of Doctoral Education for Advanced Nursing Practice

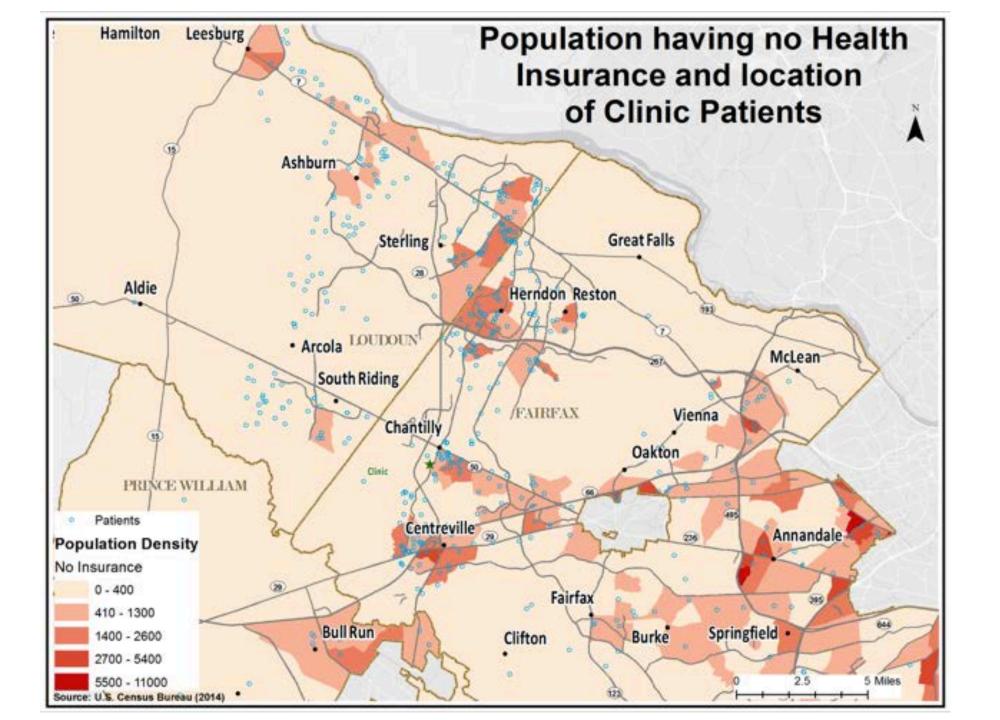
- Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- V. Health Care Policy for Advocacy in Health Care
- VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VII. Clinical Prevention and Population Health for Improving the Nation's Health
- VIII. Advanced Nursing Practice

The Setting

- ACHN is a free clinic in northern Virginia
- Eligibility: uninsured, ≤200% FPL
- Population characteristics: Mainly immigrants from Africa and the Middle East (Muslim-predominant countries)
- Doctoral prepared FNP managed clinic
- Telehealth program
- Network of specialty care
- Discounted labs and radiology

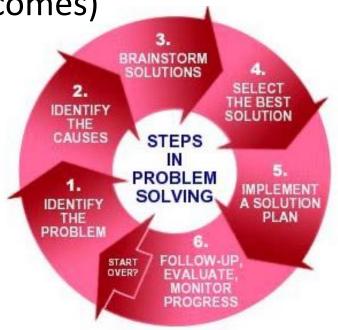






The Problem

- 5% of the Medicaid population uses 50% of the health care dollars
- Uninsured use high-cost resources (ED) for non-emergency reasons
- Virginia did not expand Medicaid
- Need to frequently assess and address social determinants of health
- U.S. Health care system is broken (high cost; poor outcomes)
- Poorer outcomes for uninsured and for immigrants
- Must provide care navigation
- High-touch care requires time



The Solution

- Define "high-risk patients"
- Identify high-risk patients
- Create interventions to improve outcomes in high-risk patients
- Partners who volunteer with the clinic: PT, RD, PharmD, Pain
 Management, Optometry, Home Health, Primary Care physicians
- Students (FNP, AGNP, MSW, PMHNP, DNP)
- Engage patients in treatment
- Provide high-touch care
- Provide care navigation

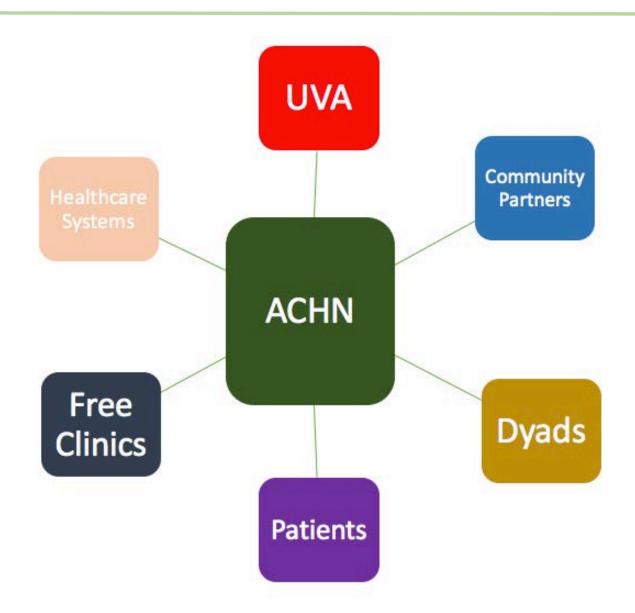


Hot-Spotting Model: Student Dyads

- Target high-risk patients; offer to all patients
- Reduce high-cost utilization for non-emergent reasons
- Build relationships with patients/families
- High-touch, culturally appropriate health care
- Care navigation
- Telehealth as a Tool for patient engagement

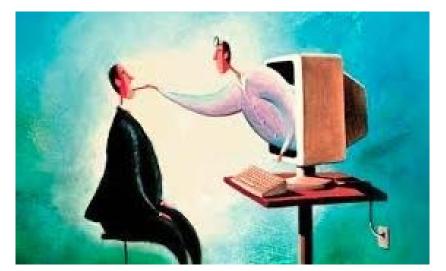


ACHN's Model



Telehealth Definition

<u>DEFINITION</u>: The use of electronic information and telecommunications technologies to support distance clinical health care, patient and professional health-related education, public health and health administration.



<u>WHY?</u>: By removing barriers of time, distance, and provider scarcities, telehealth can deliver important medical and other health and education services where they are needed most; in remote, rural areas and medically underserved urban communities.

(MATRC, 2017)

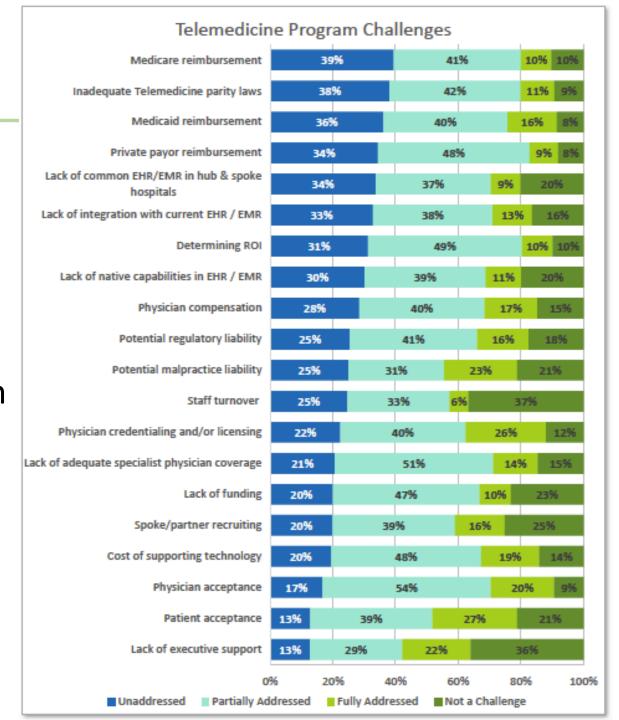
Telehealth Overview: Clinical Use

- Videoconferencing (Synchronous)
- Store & Forward (Asynchronous)
- Remote Patient Monitoring (RPM)
- Mobile Health (mHealth)

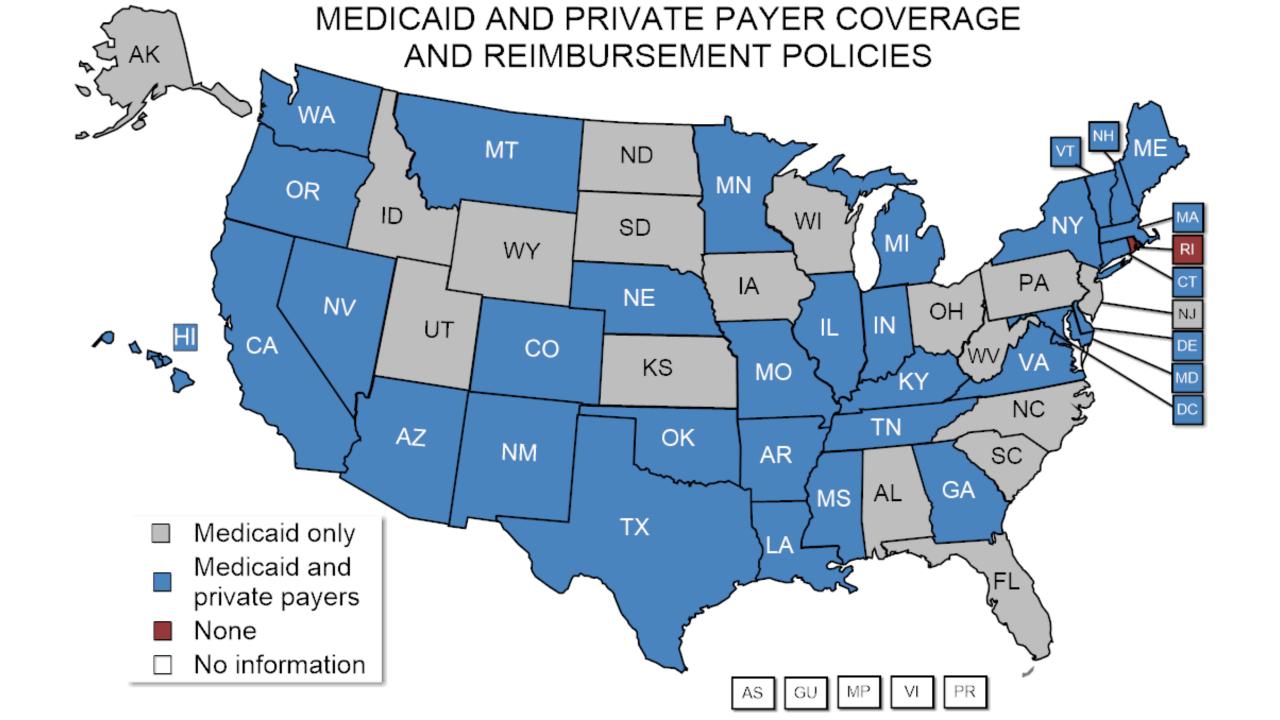


Telehealth Barriers

- Lack of common EHR
- Lack of integration with current EHR
- Lack of native capabilities in EHR
- Lack of adequate specialist physician coverage
- Spoke/partner recruiting
- Patient acceptance

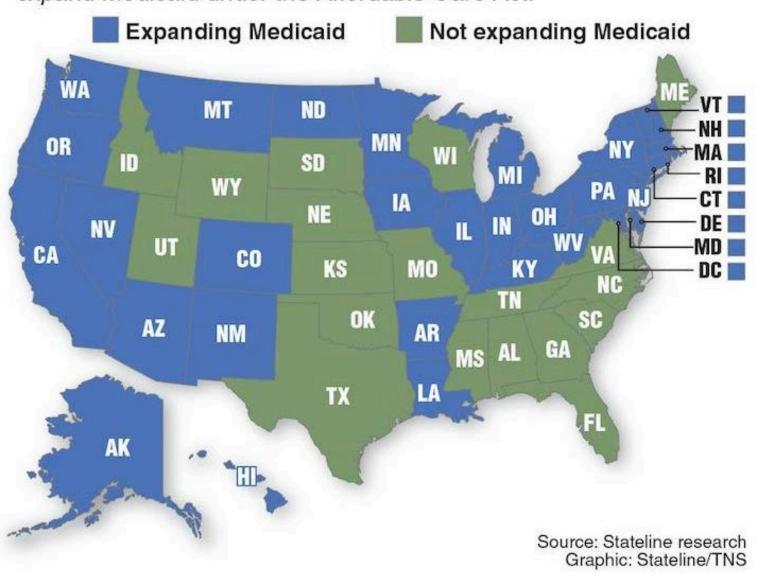


(REACH Health, 2017)



Medicaid expansion 2017

Thirty-one states and the District of Columbia have decided to expand Medicaid under the Affordable Care Act.



ACHN Telehealth Grants

Telehealth Technology-Enabled Patient Care Teams

State Telehealth Pilot Project

Telehealth EHR platform and network support

APN-PLACE

Advanced Practice Nurse - Practicum Link and Clinical Education

Preceptor training and telehealth equipment

VCNP Northern Virginia Region

Professional organization

Small monetary grant



Partnerships

- Universities (GMU, ODU, UVA)
- Students (FNP, AGNP, MSW, PMHNP, DNP)
- Partners who volunteer at the clinic: PT, RD, PharmD, Pain Management,
 Optometry, Primary Care physicians

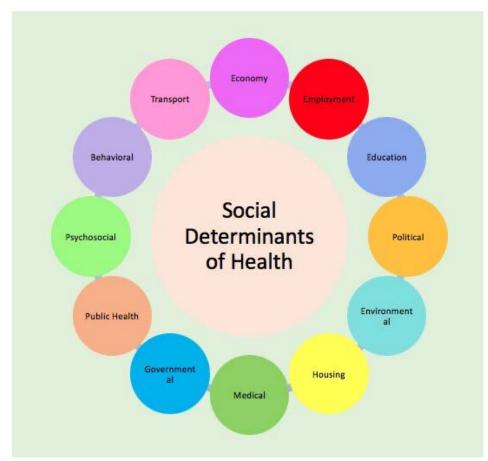
• Telehealth (APN-PLACE, Telehealth Technology-Enabled Patient Care

Teams, VCNP NoVA Region)

- Network of specialty care
- Community engagement

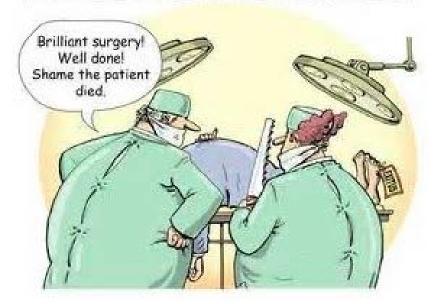
Student Education

- MSW and PMHNP SBIRT and SDH screening
- DNP projects testing new models of care
- IPE/IPP models as part of education
- Telehealth use as a tool in health care



Patient Outcomes

- Chronic disease management:
 - 100% of ACHN patients receive self-management education
 - 100% of ACHN patients create SMART gc Do outcomes matter?
- Improved diabetes control
- Decreased BMI
- Decreased blood pressure
- Improved medication adherence
- SMART Goal attainment
- Insurance enrollment for qualified patients



SMART Goals

s

Specific: State exactly what you want to accomplish (Who, What, Where, Why)

M

 Measurable: How will you demonstrate and evaluate the extent to which the goal has been met?

Α

 Achievable: stretch and challenging goals within ability to achieve outcome. What is the action-oriented verb?

R

Relevant: How does the goal tie into your key responsibilities?
 How is it aligned to objectives?

T

 <u>Time-bound</u>: Set 1 or more target dates, the "by when" to guide your goal to successful and timely completion (include deadlines, dates and frequency)

Clinic Outcomes

- High-quality, evidence based health care
- Cost-effective interventions
- New community partnerships
- Community impact



Next Steps

- Re-evaluate current program
- Increase number of community partners
- Have all providers trained in telehealth
- Increase use of telehealth
- Obtain Ophthalmoscope for diabetic retinopathy store & forward
- Sustained funding



DO YOU HAVE ANY QUESTIONS?

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