Transformative Transitions: Interprofessional Nurse Practitioner Partnerships in Primary Care

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Presentation Objectives

- **Learner Objective 1.** The learner will identify key rationales of post-graduate education for nurse practitioners.
- **Learner Objective 2.** The learner will review outcomes of an innovative model for inter-professional primary care.
A New Landscape in Health Care

- IOM report 2003 “Health Professions Education: A Bridge to Quality
  - Delivering patient-centered care
  - Working as part of interdisciplinary TEAMS

- Interprofessional Education Collaborative Core Competencies, 2009
  - Value/ethics for interprofessional practice
  - Roles/responsibilities
  - Interprofessional communication
  - TEAMS AND TEAMWORK

- VHA transforming Primary Care Delivery
  Patient Aligned Care TEAMS (PACT), 2009

- Future of Nursing, 2010
  - Nurses should practice to the full extent of education & training
  - Nurses should be FULL PARTNERS, with physicians and other health care professionals, in redesigning health care
What are Problems In Primary Care?

1. Despite the call for teamwork, most disciplines are educated in isolation.

2. The complexity of care and the aging population call for effective Interprofessional care.

3. Advanced practice nurses (NPs) are working with greater autonomy in increasingly complex environments. Postgraduate education would assist in the transition to these complex responsibilities.
Post Graduate Interprofessional Residencies for NPs
Definition of Interprofessional Education (IPE)

IPE occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health care outcomes (WHO 2010).
Efficacy of Interprofessional Education

Staff development is crucial to effectiveness of IPE. Authenticity & customization of IPE are important. Enables knowledge, skills and QI; less certain advances in attitudes and perceptions.

- Share care among a team- standing orders
- Share clerical tasks with collaborative scribing
- Streamlined prescription management
- Team huddles and work flow mapping
Teamwork Affects Outcomes

Team skills are a new concept in medicine

• High-risk, high-intensity environments
• Teams make fewer mistakes than individuals
• Evidence: aviation, the military, firefighting, and rapid-response police activities.
• Teamwork training programs called crew resource management (CRM).
Challenges in the Transition to Practice for Nurse Practitioners

• NPs are responsible for highly complex care across lifecycles
• Treat & manage acute and chronic disease
• Role of prevention and health promotion
• Sicker patients in the community/primary care
• Evidenced based practice & the pace of change
• Technology challenges
• Older population issues of polypharmacy
Do Nurse Practitioners Want a Residency/Fellowship Experience?

• A survey of nurse practitioners reveals that only about half felt well prepared for practice (Hart, 2007).

• A survey of Connecticut nurse practitioners showed that most thought a residency would have helped them transition to practice and should be included with the DNP (unpublished).
Would a Clinical Fellowship Have Helped Your Transition to Practice?

- Yes: 60%
- No: 20%
- Undecided: 20%
Should the DNP Include a Fellowship?

- Yes: 70%
- No: 10%
- Undecided: 20%
A Paradigm Shift in NP Preparation

• Many favor an extended clinical fellowship in order to develop expertise and aid the transition to practice (Brown-Benedict, 2008; Flinter, 2005; Mundinger, 2005).
The Emerging Primary Care Workforce

Shift from lone MD responsibility to team-based primary care workforce:

• Medical Assistants: review records to identify care gaps, administering immunizations using protocols, make outreach calls to patients, coach patients to set self-management goals.

• Registered nurses: From triage to provide uncomplicated acute care, chronic care management, and hospital-to-home transitions.
The State of the Residency

• Currently there are 14 Nurse Practitioner Residency/Fellowships across 10 states with six more in active development.

• The VA Center for Excellence has developed an interprofessional approach.
CoEPCE
Funded Programs (2011-2016)

Co-Directors: Rebecca Shunk, MD; Susan Janson, DNSc, ANP
Academic Partners: University of California at San Francisco Schools of Medicine and Nursing

Co-Directors: Joyce Wipf, MD; Laura Angelo, MSN, ANP
Academic Partners: University of Washington Schools of Medicine and Nursing

Co-Directors: Rebecca Brienza, MD, MPH; Susan A. Zapata, APRN, B.C.
Academic Partners: Fairfield University School of Nursing and Yale University School of Medicine

Co-Directors: C. Scott Smith, MD; Melanie Nash, MSN, ANP
Academic Partners: Gonzaga University School of Nursing, University of Washington School of Medicine and Idaho State University School of Pharmacy

Co-Directors: David Aron, MD, MS; Mimi Singh, MD, MS; Sharon Watts, DNP, RN-C, CDE
Academic Partners: Case Western Reserve University School of Nursing and Cleveland Clinic Foundation
VACHS CoEPCE NP Fellowships

- One year paid fellowship for new NPs
- Assignment to MD/NP Faculty preceptors and RN throughout training
- Opportunity to improve clinical competency while gaining leadership skills
Key Features of Fellowship

- Intensive 4-week Collaborative Immersion Blocks
- Co-Precepting by MD & NP Faculty Preceptors
- Patient Centered Medical Home (PCMH) and Team-Based Ambulatory Care Environment
- NPs Provide Continuity of Care
The CoEPCEs Focus on Four Domains

Interprofessional Education & Collaboration
Shared Decision Making
Sustained Relationships
Performance Improvement
Interprofessional Collaboration (IPC)

- IPC is a team approach to care guided by three assumptions – Respect and understanding each other’s roles/scope of practice (SOP)
  - Improved efficiency (less duplication & fragmentation of effort)
  - Better quality of care
  - More cost effective care
Shared Decision Making

• Health care should be patient-centered
• Align care with the values and preferences of patients/families
• Communication & conflict management are key skills for strong relationships
Sustained Relationships

• Care should be patient-centered, continuous, comprehensive and coordinated

• Responsibility for patient panel develops “ownership”

• Continuity with faculty preceptors fosters formative feedback, effective supervision and mentoring

• Team relationships develop trust
Performance Improvement

• Evidence-based care promotes safety & efficacy
• Trainees learn methodology & significance of outcome assessment
• Participation in root cause analysis and sentinel event identification
• Focus includes improvement at the level of individual providers, teams, practices, programs and institutions
Shared VACHS CoEPCE Curriculum Includes:

• TEACH for Success
• Facilitation and Conflict Management Training
• Interactive Clinical Case Sessions
• Health Policy/Leadership Course
• Real time specialty consultations, round table
• Trainee driven Journal Clubs
• Veteran-Specific Issues
• Patient Home Visits
• Interprofessional Skills
• Sustained PI, Patient Safety and Quality Improvement Skills
Evaluation Research Design

• Mixed methods approach
• Semi-structured qualitative interviews with physician and NP trainees collected at three time points – pre-program (2011 and 2012), midyear (2012 and 2013), and year end (2012 and 2013)
• Battery of survey instruments also collected at three time points to capture improvement in trainee clinical skills, career interest, and four CoEPCE domains (analysis is ongoing)
• Real-time, 360 degree evaluations of each immersion block
NP Fellow Characteristics

• NP Fellows undergo a rigorous selection process to participate in the VACHS CoEPCE

• Applications must include CV, official transcripts, three letters of recommendation and essay

• N = 10 total participants

• Eight women, two men
Early Survey Results

• Learner Perception Survey (n = 8; LPS):
  – At pretest, trainees were unsure of primary care (PC) as a future career.
  – Over time, factors that acted as barriers were attenuated:
    • Negative feelings regarding taking care of chronically ill patients
  – Quality of mentoring within the CoEPCE significantly increased attraction towards PC
Early Survey Results

• Trainees who were unsure if continuity clinic would influence PC career choice were more positive about PC by year’s end.

• This initial evidence suggests trainees’ attraction to PC as a viable and rewarding career improves over the course of their participation in the VACHS CoEPCE.
Trainee Experience: Scope of Practice

Prior to the CoEPCE, many physician trainees didn’t understand NPs scope of practice.

• “I think that, I mean, we just don’t know that they are there and we don’t really know what they do. I mean it’s, that’s the truth.” (Medical Intern)
Trainee Experience: Confidence

NPs gain confidence in clinical abilities; see fellowship as a “bridge” to practice.

• “[The fellowship has] given me footing, a good, sure footing and a good foundation from which to learn and from which to move.” (NP)
Trainee Experience: Teamwork

Interprofessional team development is evident

• “Everyone’s just wonderful and it’s really a pleasure to work with people that you know they...they always have your back. Like, if I’m swamped I know one of them will take my patients for me because they know I’d do the same for them. It’s...it’s very satisfying.” (NP)
Future Research

• Sustainability of the CoEPCE training philosophy
• Patient health outcomes of CoEPCE vs. non-CoEPCE patients
• Transferability of interprofessional model outside the VA
Next Steps

• More demonstration projects
• Development of core concepts and key methods for NP residencies/fellowships
• Seamless integration into interprofessional practices in primary care for graduates
What Needs to Change

• GME to support training for multi-disciplinary teams.

• Development of interprofessional post-graduate training opportunities for all NP graduates.

• Accreditation of nurse practitioner residencies/fellowships by professional organizations in nursing.
References


References


