



RNs IN PRIMARY CARE (RNPC) PROGRAM

Western Carolina University, School of Nursing

Disclosure Statement of Financial Interest

**We, Dr. Kae Livsey & Jennifer Bruni,
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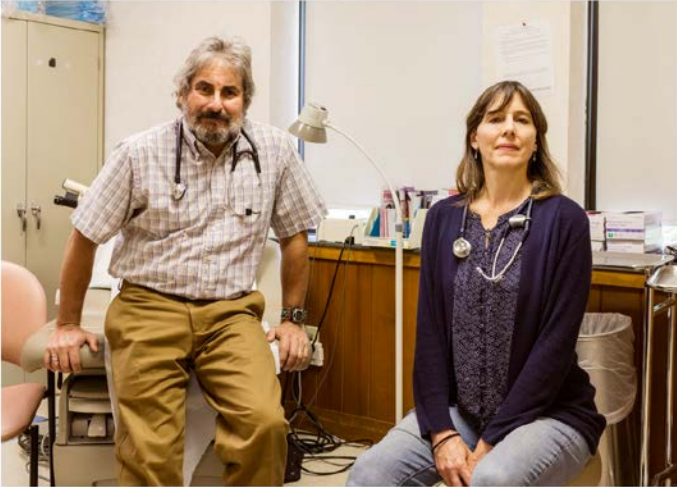
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Changing Landscape of Primary Care

- Patient Complexity- PCP's estimate 25% of patients in their panels are “complex”
- Need to coordinate care across partners and systems
- Maximizing use of health care information technology - *Effective access, use and analysis of data, telehealth*
- Payment models- *Shift to “value” and “risk” based models*

Emerging Roles for RNs in Primary Care

The New York Times



North Carolina is offering payment incentives for doctors like Robert Rosen and Amy Sapp, at Admore Family Practice in Winston-Salem, to play a larger role in managing care.
Jeremy M. Lange for The New York Times

By Steve Lohr

Aug. 26, 2019



RALEIGH, N.C. — North Carolina seems like an unlikely laboratory for health care reform. It refused to expand Medicaid coverage under the Affordable Care Act, and ranks in [the bottom third among states](#) in measures of overall health.



PUBLICATIONS

Registered Nurses: Partners in Transforming Primary Care

Thomas Bodenheimer, MD, MPH and Diana Mason, PhD, RN, FAAN co-chaired the June 2016 conference whose proceedings are recorded in this report, Registered Nurses: Partners in Transforming Primary Care.



American Association
of Colleges of Nursing
*Celebrating 50 Years as the
Voice of Academic Nursing*

Essentials Revision

A new workforce is needed



The NEW ENGLAND
JOURNAL of MEDICINE

Rethinking the Primary Care Workforce



Registered Nurses in Primary Care: Emerging New Roles and Contributions to Team-Based Care in High-Performing Practices

HealthAffairs

Confronting The Growing Burden Of Chronic Disease: Can The U.S. Health Care Workforce Do The Job?

Preliminary Curricular Efforts

- **Opt in program for learners in BSN programs**
- **Immersive practicum experiences with dedicated RN preceptors practicing in primary and community settings**
- **Embedded in existing curricular offerings**



BSN Practicums in
Population Health

Learner recruitment:



RIBN (ADN articulation program)- in year 4 of the program

Traditional BSN- final semester of 2 year program

Accelerated BSN- 18 month program- last 6 months of program

Capacity building efforts

- **Embedding RN Care Managers in sites into roles that previously did not exist**
- **Working with agencies/RNs to develop metrics for ROI of this role**
- **Training preceptors/RNs New to the CCTM role**
- **Strategic “loading” of advisory board- key influencers in primary care in the region**

Carving out a new path....

Need to:

- **Make the value proposition for these positions**
- **Better articulate how nursing skills and knowledge are worth the investment when working with complex patient populations**

Results

Indicators

Performance Measures
Population Measures

Turning Curves

What would success look like?

GRANT RESULTS

How Much	How Well
<ul style="list-style-type: none"> • 50 students • 35 completed both sessions • 4 partner agencies • 4 BSN prepared RN preceptors hired • New telephone triage and IPE sim developed 	<p>Attrition Rate (30%) (37%) of those completing have accepted roles in community/primary care post graduation >2000 hours completed practicum hours by students Partner Agencies have embraced RN role- committed to RN position Integration of primary adopted by faculty in other courses</p> <p>Is anyone better off? • Benefits to agencies:</p>
<p>Benefits to learners:</p> <ul style="list-style-type: none"> • Better understanding of social determinants of health • Knowledgeable of available resources for patients • Know how to advocate for available resources • Development of holistic view of patient/client • Developed motivational interviewing skills • Developed skills in goal setting • Worked as part of an interprofessional team • Aware of opportunities that exist in primary care for RNs 	<ul style="list-style-type: none"> • RN sensitive indicators helping demonstrate value of RN in practice • Improvement seen in quality metrics • Revenue generated from resolved suspect conditions • Better capacity to “address the whole person” • Out of the thirteen (13) students that attained jobs in primary care post-graduation, five (5) are employed within the partner agencies

Other lessons learned

- **All funded programs (n=9) reported experiencing the prevailing notion conveyed from nurses, faculty and peers that they need to have med surg experience before going into primary care as practice setting.**
- **Where is the evidence????**

WCU RNPC

- **1 of 42 programs funded across the country**
- **4 year cooperative agreement with HRSA**
- **Year one Planning Year (YEAH!)**



RNs in
Primary Care

Project Goals

- Goal 1: Develop capacity of faculty and preceptors to support competency development for expanded nursing roles in primary care.
- Goal 2- Enhance capacity of BSN-RNs prepared to work to their full scope of practice in community based primary care settings.
- Goal 3- Articulate the value proposition of the expanded RN role in community based primary care settings.

Full day preceptor training at area AHEC

2 ½ day active learning/simulation days

Development of faculty modules to support curricular infusion (TBD!)

Learners also get preceptor training at end of program



Residency/Fellowship Program



6 month competency based program

Residents (new BSN graduate RN)- fully embedded in practice with preceptor (1.0 FTE over 6 months)

Fellows (at least one year of experience as RN)- embedded 1-2 days per week- minimum of 200 hours in practicum experiences

- **6-month pass through for salary/health insurance to accept resident**
- **Additional funds (\$15k) per year of program for lost productivity of preceptor for accepting all types of learners (interns, residents, fellows)**

Partner Agencies

- MAHEC (AHEC)
- Blue Ridge Health (FQHC)
- Mission Health (Private FP)
- Cherokee Hospital (IHS)
- VAMC- (Veterans Admin)



U.S. Department
of Veterans Affairs
Charles George VA Medical Center



Competency Development

- Conducted 12 focus groups of RNs practicing in primary care across US- (AAACN membership)
- Review of existing resources- AAACN residency, clinical orientation guides, CCTM core curriculum, Ambulatory Care Core Curriculum
- Multiple consortium partner meetings to identify and rank

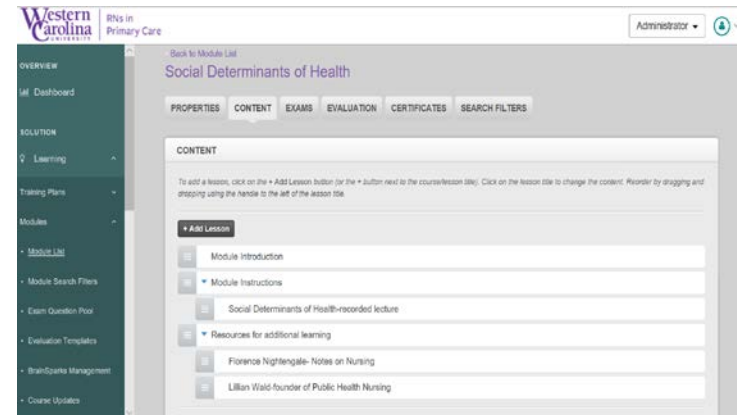
Professional Topics		R1	R2	R3	R4	average	
	Various Practice Roles in ambulatory Nursing	3	3	3	2	3	
	Describe the differences in ROLE and SCOPE between RN/LPN	3	3	3	2	3	
	AAACN Scope and Standards of Practice	3	3	3	2	3	
	IPE and roles and scope of other team members-MA/LCSW/Health Coach/CHW/Peer Support Counselor	3	3	3	2	3	
	Nurse Practice Act	3	3	3	2	3	
RN Roles in Primary Care	How to establish and maintain joy in the workplace: preventing burnout	2	3	3	2	2.666667	
Care Models	Team based care models- PACT (VA), etc	3	3	3	3	3	
	Primary care medical homes- PCMH accreditation requirements	3	3	3	3	3	
	Utilize AIDET	2	2	3	3	2.333333	
	SBAR	2	2	3	3	2.333333	
	phone etiquette	2	2	3	3	2.333333	
Effective Communication	Motivational Interviewing	3	2	3	3	2.666667	
	Critical Conversations, documentation, Huddles, Acronyms, CUS words	2	2	2	2	2.000000	

Content Development Steps:

- Developed Framework
- Created Competency Statements
- Mapped to AAACN, CCNE, CCTM, etc.
- Created KSA's / Overarching Competencies
- Subject Matter Expert Consultation
- Developed Learning Activities/Evaluation Methods

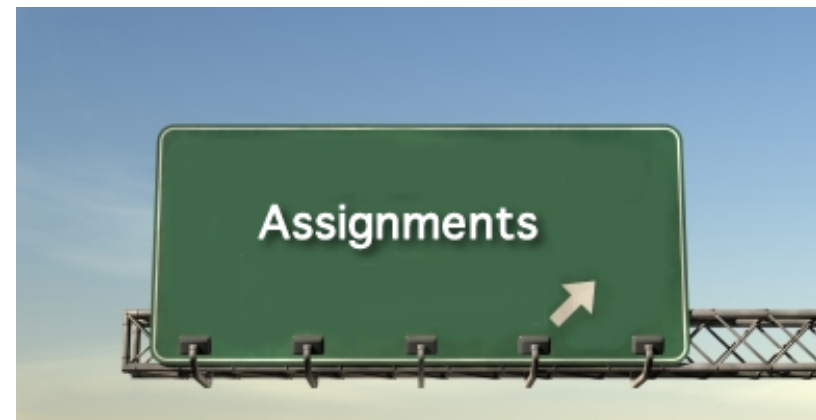
LMS Platform- outside university platform

49 Modules- 1-2 CE per module

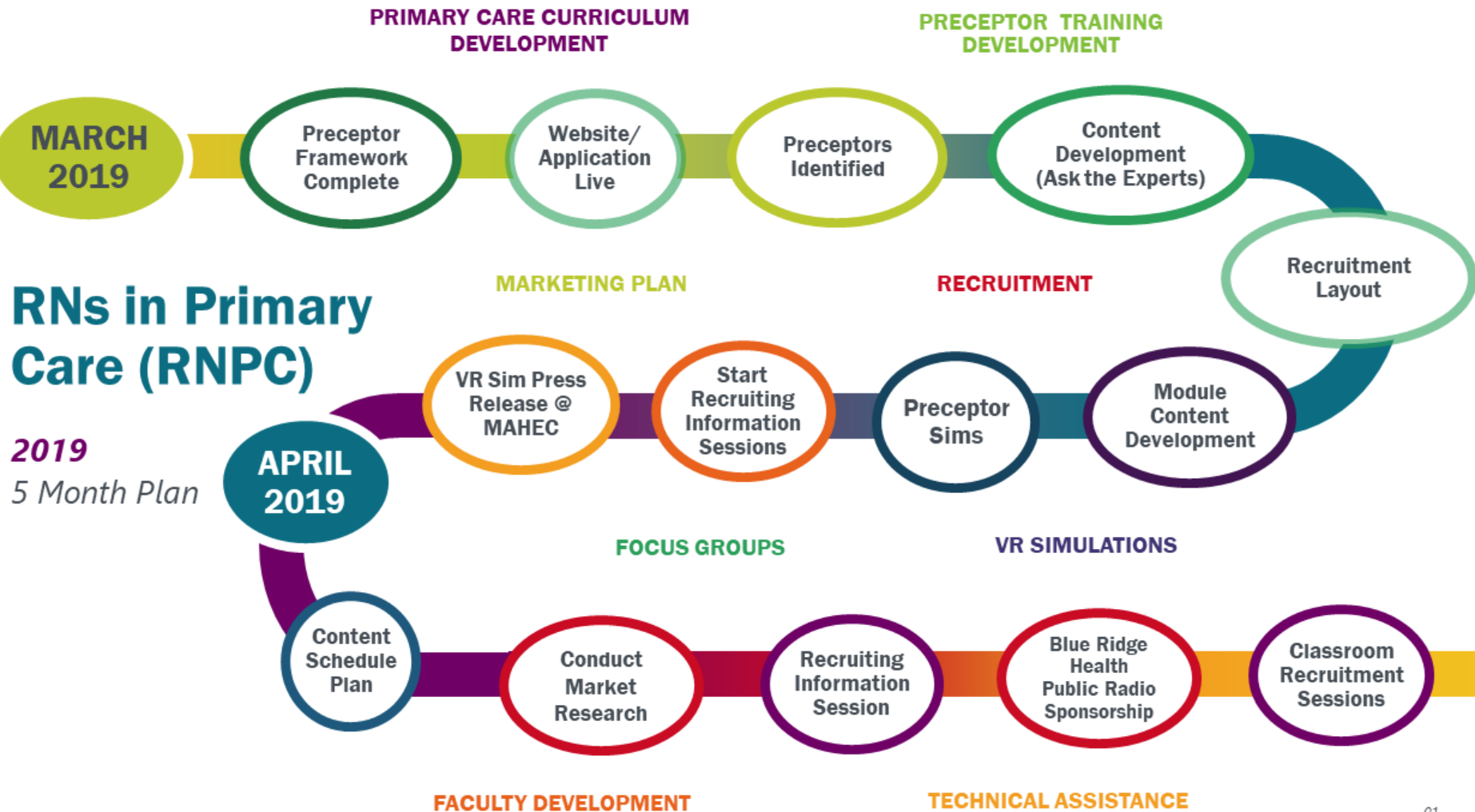


Assignments

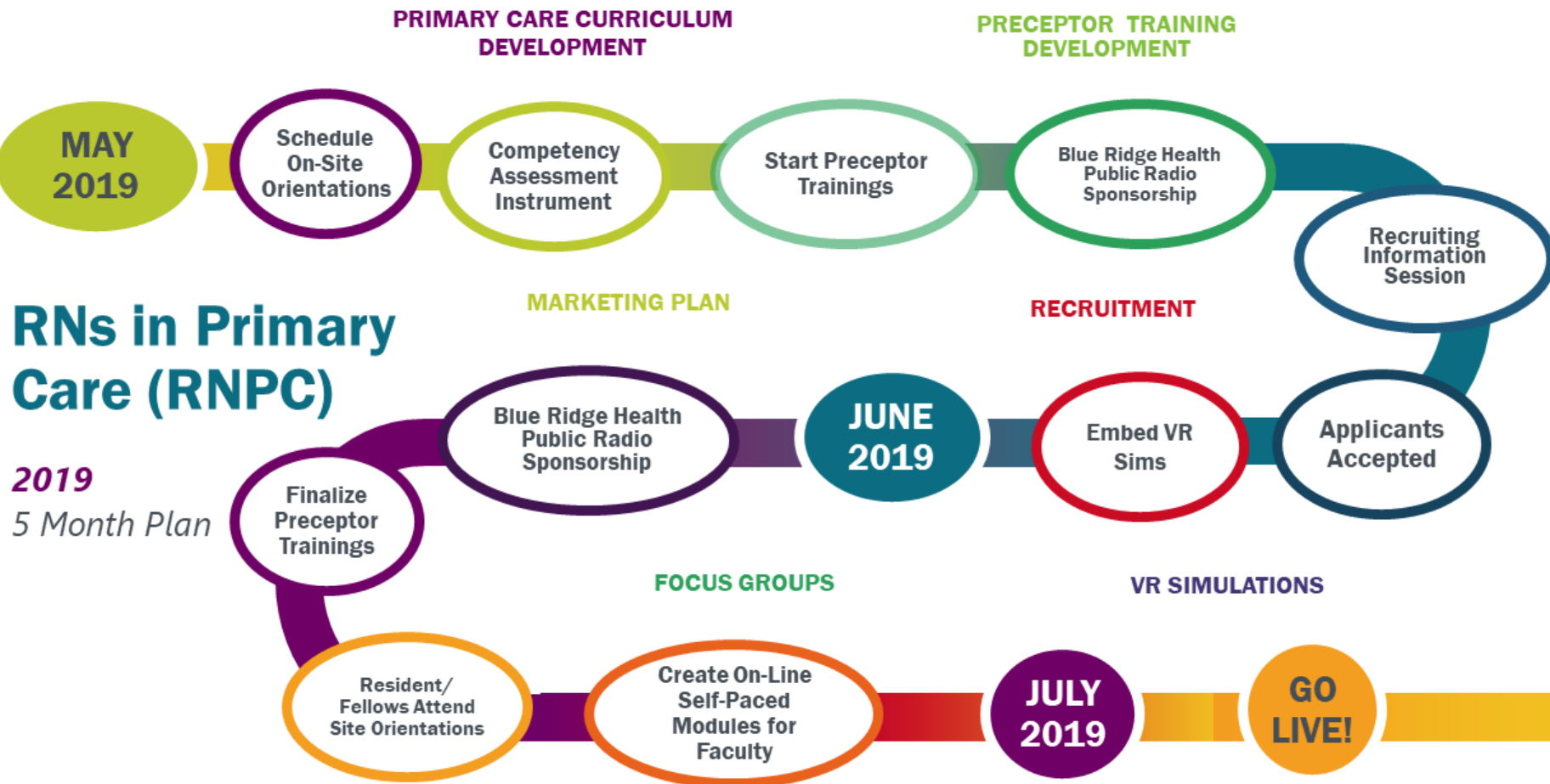
- **Leadership- Journey- Book Club**
- **Quality Improvement**
- **Care Plans**
- **R.O.I./Business Plan**



Timeline to Launch



Timeline to Launch (cont.)



- **Virtual Reality Simulations**
- **IPE using Mursion**
- **Telephone Triage**
- **Preceptor Training**

Virtual Reality Simulation



<https://wlos.com/news/local/western-carolina-nurses-take-learning-to-new-level-with-vr-equipment>

- Mursion – Interdisciplinary Simulation with Social Work



<https://www.dropbox.com/s/m7e8rd14j5z2x9c/Holly%20-%20Leyla.mp4?dl=0>

Supply Side Capacity Building

- Provide technical assistance to primary care practices to consider service delivery redesign to support use of the RN working at their full scope.
- Sharing Sessions w/Consortium Members
- One-on-One Consultation
- Assistance with Pro Forma and ROI Analysis



Challenges Identified

■ Challenges

1. Time Line Adjustments- ambitious curriculum development process
2. Developing mechanism to maintain a university connection for residents/fellows
3. Developing residency/fellowship schedule to work with different types of agency needs
4. New partners- relationship building needs
5. Many practices aren't using RN to full scope
6. Onboarding
7. Program Evaluation- Shared Measures

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go.wcu.edu/rnpc



QUESTIONS

