Home Grown: a Colorado community health center’s success in primary care RN role expansion

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Assistant Nursing Director
Objectives

• Learn about Clinica’s model of care
• Understand the importance of Active Schedule Management as it relates to nurse work and filling schedules
• Define and understand what and how co-visits can increase access, productivity, patient and staff satisfaction
• Review the initial data from pilot sites utilizing co-visits
About Clinica Family Health

- Non-profit community health center for medically underserved people for 40 years
- Level 3 PCMH / fully integrated with Dental and Mental Health
- 6 sites in 2 counties north of Denver Colorado
- Serve almost 50K people
- 60% Medicaid/insurance 40% self-pay sliding scale
- 80 medical providers, 30 RNs
Clinica wants to....

- Increase patient satisfaction
- **Reduce wait times** for appointments
- Have **less rework** in the workday
- **Increase capacity (same day visits)** in the day
- **Increase job satisfaction and retention of care team staff**
What happens when supply and demand aren’t well matched?
The Future of the Care Team...

The IHI Triple Aim

Population Health

Experience of Care  Per Capita Cost

The Missing Aim

Better Outcomes  Improved Clinician Experience

Lower Costs  Improved Patient Experience

The QUADRUPLE AIM

Improved CARE TEAM Experience
Care team evolution and where we are now (mostly)

At 3 of our 5 sites:
3.4 FTEs of Provider
4 FTEs of Medical Assistant
1 Nurse Team Manager
½ Clinic Nurse
1 Case Manager
1 Behavioral Health Professional
2 Front Desk
1 Medical Records
½ Referral Case Manager
Dental Hygienist
Nutritionist
Clinical Pharmacy
OB at most sites

At 2 of our 5 sites
2.0 FTE RNs per pod and Additional 1.0 MA support for each the care team
Why Registered Nurses?

IOM Future of Nursing 2010

• Recommendation 2 - expand opportunities for nurses to lead and collaborate
• Recommendation 6 - ensure that nurses engage in lifelong learning
• Recommendation 7: prepare and enable nurses to lead change and advance health

Who is the best person on our care team to meet the needs of the patient.
Why RNs and not MAs or Health Techs?

• RNs have demonstrated critical thinking skills coupled with more extensive education and scope

• The nurse’s focus on health literacy and culturally responsive care can optimize education for each patient (instead of simply presenting handouts)

• RNs have the skill to triage and perform Active Schedule Management which leads to decreased rate of missed opportunities and greater success of converting acute needs to same day appointments appropriately

• Nurses can answer ‘who needs to be seen in the office today?’”
<table>
<thead>
<tr>
<th></th>
<th>Health Tech I</th>
<th>*Med. Asst (Health Tech II)</th>
<th>LPN</th>
<th>ADN</th>
<th>RN-BSN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>OTJ about 3 mths</td>
<td>About 18 mths</td>
<td>1-2 years</td>
<td>2 yrs Associate’s Degree</td>
<td>4 yrs B.S. in Nursing</td>
</tr>
<tr>
<td><strong>License</strong></td>
<td>State CNA license or CFH experience</td>
<td>Certified MA</td>
<td>Licensed Practical Nurse</td>
<td>Registered Nurse</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td><strong>Scope</strong></td>
<td>Vitals &amp; orders per provider or standing orders.</td>
<td>Vitals &amp; orders per provider or standing orders.</td>
<td>Pt Education, Co-visits under provider supervision, fulfill written orders</td>
<td>Triage, Pt Education, Assess &amp; Treat per Protocol, Co-visits</td>
<td>Triage, Pt Education, Assess &amp; Treat per Protocol, Co-visits</td>
</tr>
<tr>
<td><strong>Legal Responsibility</strong></td>
<td>Work under provider supervision</td>
<td>Work under provider supervision</td>
<td>Less legal responsibility &amp; independence than RN; can’t do phone triage</td>
<td>Similar scope to RN-BSN; less qualified for higher level responsibilities.</td>
<td>Focused on critical thinking, assessment, &amp; nursing judgment</td>
</tr>
<tr>
<td><strong>Notes</strong></td>
<td>May apply for HTII after 9 mths. We hire Mostly MAs @ CFH</td>
<td>Must obtain certification w/in 90 days of hire.</td>
<td>* No longer hiring LPNs at Clinica</td>
<td>* Many ADNs at Clinica are working on BSN</td>
<td>* Most nurses at Clinica have a BSN*</td>
</tr>
</tbody>
</table>
Active Schedule Management
Active Schedule Management

• The diligent monitoring of the schedule by clinical and operations teams to ensure our schedules are filled.

• It involves COMMUNICATION, ACTION, TEAMWORK, and VIGILENCE!
Co-Visits:

• Co-visits are partnered care between a nurse and provider working together to help meet demand for appointments

• Co-visits help increase patient access to care and improve staff and patient satisfaction

• Co-visits are scheduled when provider schedules are booked. This gives patients an appointment when they want to be seen.

• Co-visits are typically minor acute visits requesting a same-day appointment such as UTI, ear pain, cold, cough, flu, sore throat, etc.
Co-Visits

- Expands nursing role
- Eliminates double booking while adding visits
- Improves patient care and education
- Decreases telephone triage
- Improves team based care and communication with care team and patient
Overview of Co-visit Flow

- Nurse performs & charts HPI, ROS (nurse documentation separate from provider documentation)
- Any in-office testing obtained as needed (UA, Strep culture, Hemoglobin A1c)
  - Nurse performs limited physical exam as needed to assess HPI. **NO** documentation of physical exam is done at this time (remember: nurses ARE taught physical assessment but provider must complete the Physical Exam)
- Nurse presents pt case to provider in the presence of the patient
- The provider can obtain more information as needed and can add any more pertinent information
Overview of Co-visit Flow

- Nurse then briefly switches to scribe role to document the physical exam while the provider performs the physical exam.
- Provider performs physical exam and advises nurse where and what to document in the physical exam template.
- Provider decides on assessment and plan (medical decision making) nurse can scribe this/use templates as guided by provider.
- Provider orders medications, labs, diagnostics if needed.
- Provider ends her/his part of the visit while the nurse completes any discharge instructions and patient education.
Overview of Co-visit Flow

- Immunizations, blood work are completed if needed
- Then nurse completes documentation and sends to provider for review and sign off / E and M coding.
- See example of how we do scribe documentation
- Entire visit is a collaborative effort between nurse & provider
**Nurse Responsibilities**

- Responsible for obtaining and documenting Subjective / HPI
- Scribes for provider for the rest of the patient visit (physical exam, plan)
- Reviews Assessment and Plan with patient
- Appropriate patient education reviewed with patient
- Patient plan given to patient
- Maintain communication with provider about co-visit schedule, changes of schedule.

**Provider Responsibilities**

- Responsible for Assessment, and Plan. This includes medical decision making (MDM) and coding.
- Make necessary changes to the HPI if needed
- Perform physical exam on patient.
- Assessment and plan of care thoroughly reviewed with nurse
- Verbal orders for labs, written orders meds and diagnostics as needed for this acute visit
Preliminary Results of Co-Visits at Clinica

- Approximately half of triage calls during a measured time frame were converted to Co-Visits. In many cases, this means patients were able to avoid visits to urgent care or emergency departments.

  - Feedback so far indicates patients, providers, and nurses are satisfied with the model.

  - Average time for co-visit for provider is 7-10 minutes and charting is completed by nurse. Provider must review and edit, but overall time for visit is short and there is a reduced electronic work load for provider.

  - There is a significant increase in value-added time for patient as they have a nurse with them for most of this visit....this is reflected in our patient satisfaction data
# Preliminary Results of Co-Visits at Clinica

## Visits/Hr

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Monitor Pec - 6/15-6/16</th>
<th>Pecos</th>
<th>Peoples</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>2.73</td>
<td>2.69</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>2.75</td>
<td>2.69</td>
<td></td>
</tr>
<tr>
<td>Sept</td>
<td>2.76</td>
<td>2.71</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>2.75</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>2.83</td>
<td>2.72</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>2.82</td>
<td>2.73</td>
<td></td>
</tr>
</tbody>
</table>

**Def:** Average of Total visits via medical details divided by inclinic FTE/hours in clinic

## # Co-Visits

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Monitor 6/15-6/16</th>
<th>Pecos</th>
<th>Peoples</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>54</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>129</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Sept</td>
<td>182</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>158</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>88</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>261</td>
<td>61</td>
<td></td>
</tr>
<tr>
<td>Jan</td>
<td>316</td>
<td>120</td>
<td></td>
</tr>
</tbody>
</table>

**Def:** Total number of CVs completed each month from CV Report

*electronic health record migration took place over 10 business days in November, which affected all sites total volume*
## Preliminary Results of Co-Visits at Clinica

### Staff Satisfaction

**Def:** % of staff who answered "yes" to: "In the Pods 2.0 model, did you leave work last week feeling more satisfied?" from regular data collection at sites

<table>
<thead>
<tr>
<th></th>
<th>Goal</th>
<th>Pecos</th>
<th>Peoples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>7/16</td>
<td>49%</td>
<td>50%</td>
</tr>
<tr>
<td>July</td>
<td>65%</td>
<td>49%</td>
<td>50%</td>
</tr>
<tr>
<td>Aug</td>
<td>65%</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>Sept</td>
<td>65%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Oct</td>
<td>65%</td>
<td>70%</td>
<td>55%</td>
</tr>
<tr>
<td>Nov</td>
<td>65%</td>
<td>60%</td>
<td>62%</td>
</tr>
<tr>
<td>Dec</td>
<td>65%</td>
<td>61%</td>
<td>64%</td>
</tr>
<tr>
<td>Jan</td>
<td>65%</td>
<td>67%</td>
<td>70%</td>
</tr>
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### Patient Satisfaction

**Def:** % of patients who would say "yes" to: "Based on your visit today, would you recommend Clinica Family Health to your friends and family?" from regular data collection at the sites

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<th>Peoples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>2015</td>
<td>80%</td>
<td>73%</td>
</tr>
<tr>
<td>July</td>
<td>77%</td>
<td>82%</td>
<td>77%</td>
</tr>
<tr>
<td>Aug</td>
<td>77%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Sept</td>
<td>77%</td>
<td>96%</td>
<td>96%</td>
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<td>77%</td>
<td>96%</td>
<td>97%</td>
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<tr>
<td>Nov</td>
<td>77%</td>
<td>98%</td>
<td>93%</td>
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<tr>
<td>Dec</td>
<td>77%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Jan</td>
<td>77%</td>
<td>98%</td>
<td>98%</td>
</tr>
</tbody>
</table>
How does this model use our strengths?

- Critical Thinking
- Coaching
- Learning
- Patient Care
- Culturally Responsive Care and Health Literacy
- Patient Education
- Value Added Time Increases


Registered Nurses: Partners in Transforming Primary Care. The Macy Foundation Conference Recommendations June 2016

Expanding the Role of Registered Nurses in Primary Care: A Business Case Analysis; Jack Needleman 2016

Registered Nurses in Primary Care: Strategies that Support Practice at the Full Scope of the Registered Nurse License. Margaret Flinter, Mary Blankson, Maryjoan Ladden. 2016.

*Enhancing the Role of the Nurse in Primary Care: The RN Co-Visit Model*. Karen A. Funk, MD, MPP and Malia Davis, MSN, ANP-C Clinica Family Health, Lafayette, CO, USA. Journal of General Internal Medicine DOI: 10.1007/s11606-015-3456-6© The Author(s) 2015.