

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

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CLINICA
family health

Objectives

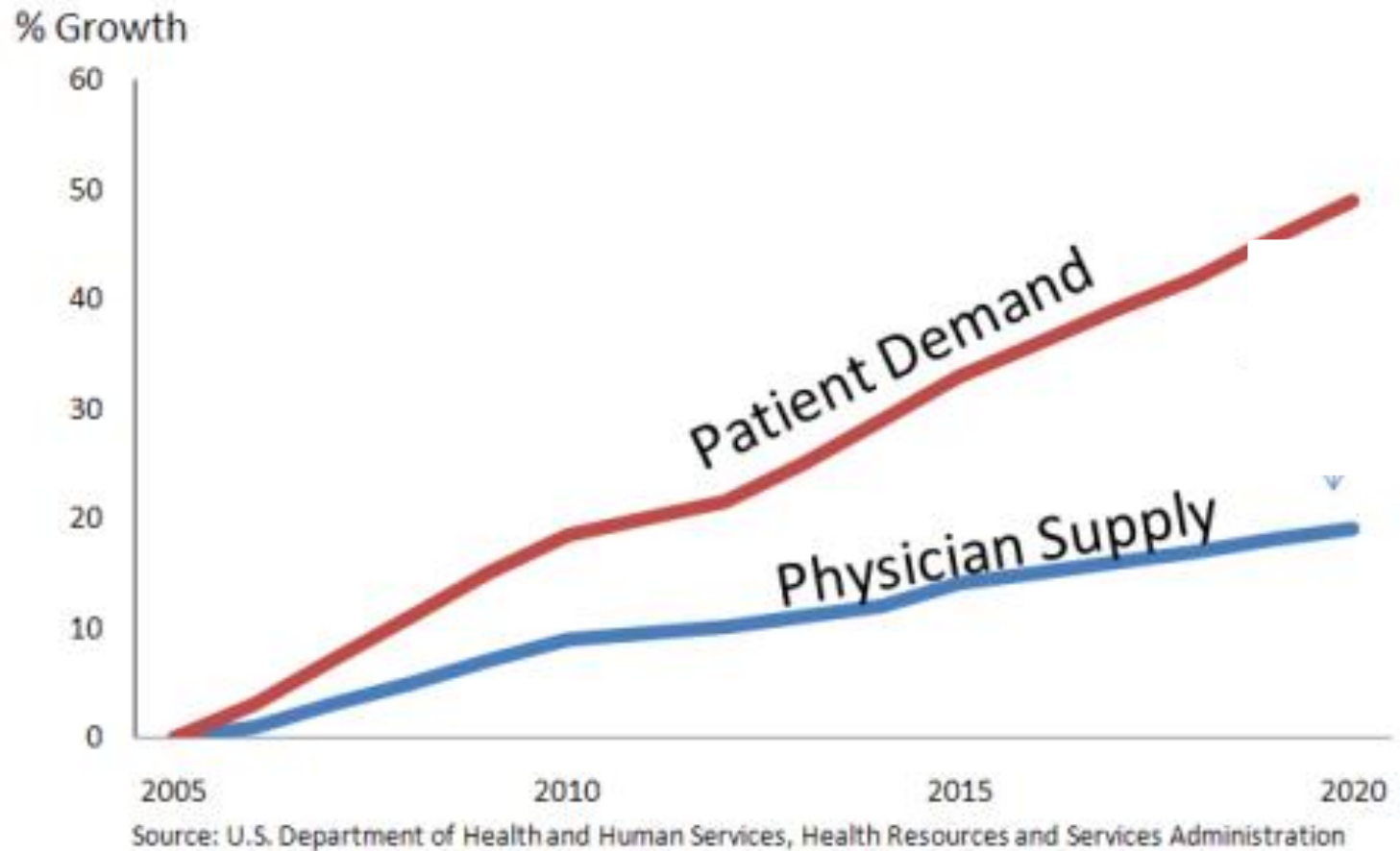
- Learn about Clinica's model of care
- Understand the importance of Active Schedule Management as it relates to nurse work and filling schedules
- Define and understand what and how co-visits can increase access, productivity, patient and staff satisfaction
- Review the initial data from pilot sites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

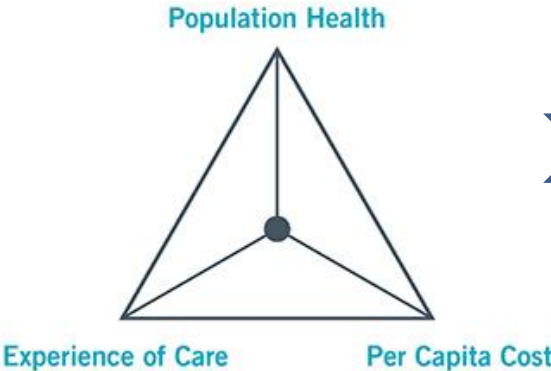
- Increase **patient satisfaction**
- **Reduce wait times** for appointments
- Have **less rework** in the workday
- **Increase capacity (same day visits)** in the day
- **Increase job satisfaction and retention of care team staff**



What happens when supply and demand aren't well matched?

The Future of the Care Team...

The IHI Triple Aim



The Missing Aim



The QUADRUPLE AIM

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?'

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



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 VIGILANCE!**

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

The screenshot displays a 'Provider Sign Off' form with several sections. A red rectangular box highlights the 'Scribe Documentation' section. The form includes checkboxes for Medicare Patient Incident Sign Off, Physician Sign Off Request (Non-Provider), and Physician Sign Off Request (Mid-Level Provider). The 'Scribe Documentation' section is divided into two parts: 'To be completed by the scribe' and 'To be completed by the provider'. The 'To be completed by the scribe' part has a checked checkbox and text indicating it was entered by Leslie Sotelo RN acting as scribe for Malia Davis ANP. The 'To be completed by the provider' part has an unchecked checkbox and text indicating that Malia Davis ANP personally performed the services described in the documentation, as scribed by Leslie Sotelo RN in her presence, and it is both accurate and complete.

Provider Sign Off

Medicare Patient Incident Sign Off: I have met with the patient and participated with the plan of care I was available at the time of service and agree with the plan of care

Physician Sign Off Request (Non-Provider)

Submit to supervising physician for review

Physician Sign Off Request (Mid-Level Provider)

Submit to supervising physician for review

Supervising Physician Sign Off:

I have reviewed and agree with the diagnosis and treatment plan

Scribe Documentation:

To be completed by the scribe:

Entered by , acting as scribe for:

To be completed by the provider:

I, , personally performed the services described in this documentation, as scribed by in my presence, and it is both accurate and complete.

Evaluation and Management Coding

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

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

	Monitor	Pecos	Peoples
	Pec - 6/15-6/16		
	Peo - FY2015	2.73	2.58
Baseline			
July		2.73	2.69
Aug		2.75	2.69
Sept		2.76	2.71
Oct		2.75	2.7
Nov		2.83	2.72
Dec		2.82	2.73

Co-Visits

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

	Monitor	Pecos	Peoples
Baseline	6/15-6/16	26	143
July		54	28
Aug		129	30
Sept		182	40
Oct		158	52
Nov		88	57
Dec		261	61
Jan		316	120

*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

	Goal	Pecos	Peoples
Baseline	7/16	49%	50%
July	65%	49%	50%
Aug	65%	54%	
Sept	65%	0%	0%
Oct	65%	70%	55%
Nov	65%	60%	62%
Dec	65%	61%	64%
Jan	65%	67%	70%

Patient Satisfaction

Def: % of patients who would said "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

	Goal	Pecos	Peoples
Baseline	2015	80%	73%
July	77%	82%	77%
Aug	77%	0%	0%
Sept	77%	96%	96%
Oct	77%	96%	97%
Nov	77%	98%	93%
Dec	77%	98%	98%
Jan	77%	98%	98%

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

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