

# Building the Nation's Primary Care Capacity: Nursing's Mandate for Leadership

Diana J. Mason, PhD, RN, FAAN

Senior Policy Service Professor

Co-Director, Center for Health Policy and Media Engagement

George Washington University School of Nursing

[djmasonrn@gmail.com](mailto:djmasonrn@gmail.com)

# Overview

- Discuss the mandate for redesigning primary care in the United States.
- Explain the recommendations from the 2016 Josiah Macy Foundation report on *Registered Nurses: Partners in Transforming Primary Care*.
- Identify opportunities for state nursing workforce centers to be partners in building primary care capacity.



**Where and how is health  
created?**

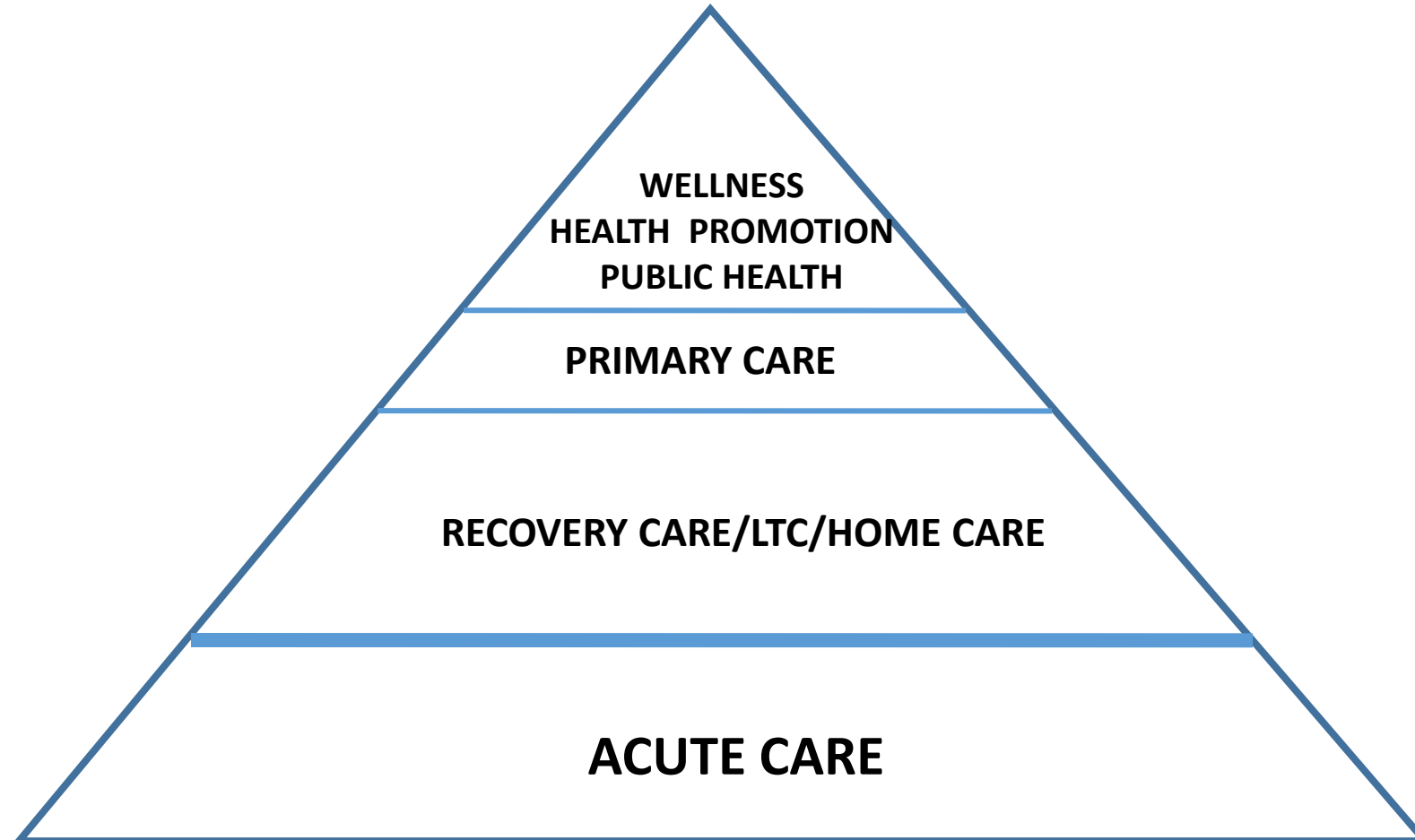


# Medical errors now estimated to be third leading cause of death in the U.S.

(James, 2013)



# CURRENT HEALTH CARE SYSTEM



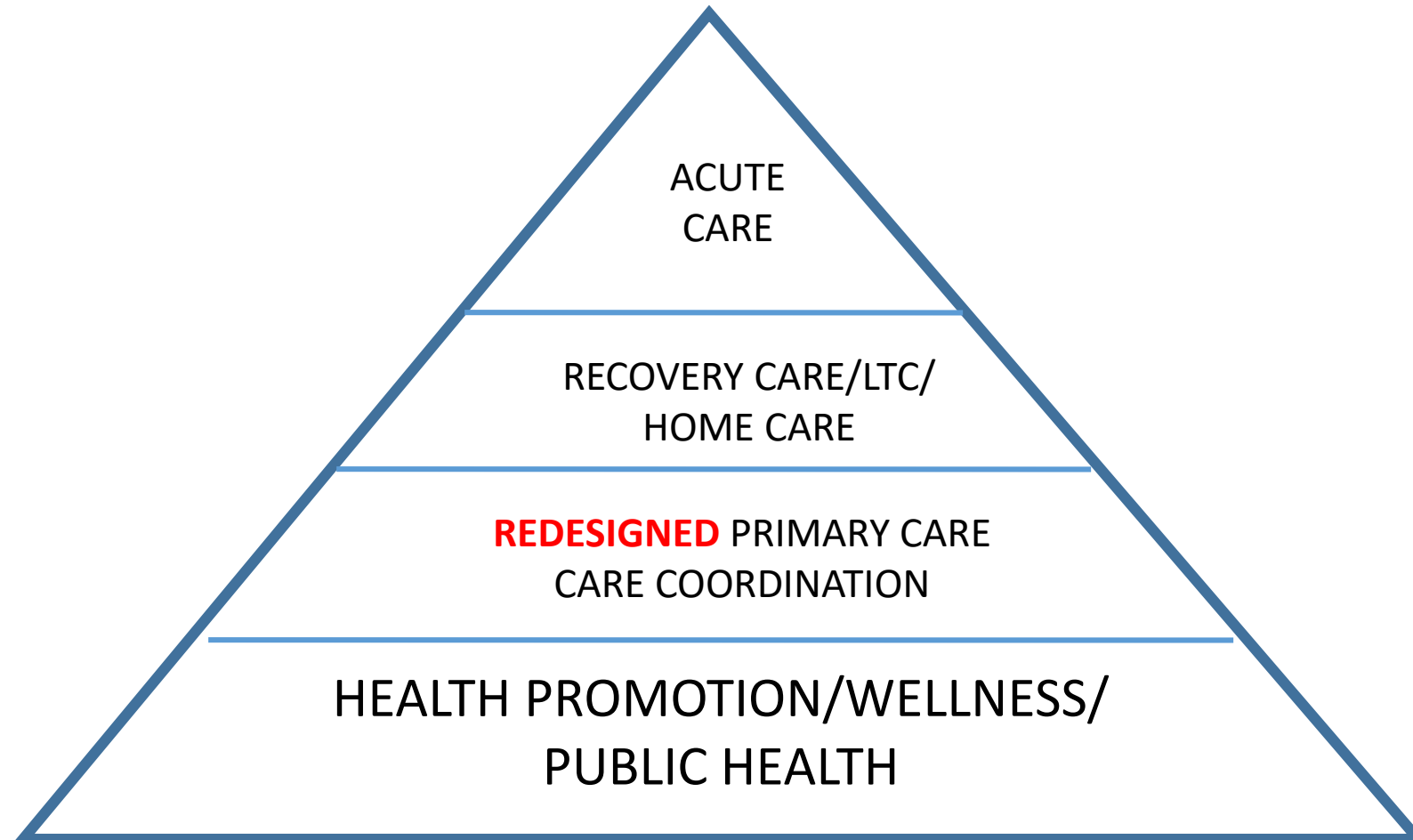
# Costly, Poor-Performing System

- Commonwealth Fund, Comparative Analysis of Health Systems (Davis et al., 2014 [2004, 2006, 2007, 2010]); 11 peer countries
  - Last or next to last on quality, efficiency, access
  - 11<sup>th</sup> on healthy lives (mortality amenable to medical care, infant mortality, and healthy life expectancy at age 60)
  - 1<sup>st</sup> on health care spending

# Costly, Poor-Performing System

- National Research Council. (2013). *U.S. Health in International Perspective: Shorter Lives, Poorer Health*; 17 peer countries
  - Higher mortality and inferior health: First or second lowest chance of surviving to 50
  - Birth outcomes, injuries or homicides, teen pregnancy and STDs, HIV/AIDS, drug-related mortality, obesity, diabetes, heart disease, chronic lung disease, disability
  - Address social determinants and fragmented health care system

# REFORMED HEALTH CARE SYSTEM





# Redesigning Primary Care

# Redesigning Primary Care

- Behavioral health integrated
- Health promotion and wellness orientation
- Care coordination for patients with multiple chronic illnesses and psychosocial problems
- Coaching for self-care management
- Paying attention to and being involved in promoting the health of families and communities

# Redesigning Primary Care

- *The Paradox of American Health Care* - Elizabeth Bradley
- Ratio of social-to-health spending – U.S. is last
  - \$0.90:\$1 average for U.S.
  - \$2:\$1 for other countries = better outcomes
    - Lower rates of infant mortality, LBW babies, premature deaths
    - Longer life expectancy
    - View social welfare as an investment for all
- Jack Geiger and CHCs (*Out In the Rural*, Tom Ward)
- RWJF Culture of Health
- AIMS – Ambulatory Integration of Medical and Social [models]

# Redesigning Primary Care

- Building PC capacity
  - Primary Care Development Corporation
    - Loans
    - Technical Assistance
    - Advocacy
- Changing roles
  - Shortage of PCPs – and NPs will not fill the void for MDs
  - Team-based care
  - Care coordination, health promotion, coaching, motivational interviewing, population health
  - RNs: Moving from triage to leading the care team

# Challenges

- RNs don't seek employment in PC
- RNs don't have the skill set for PC
- SONs don't teach PC
- Too few clinical sites for teaching RNs and using them well
- Pay is lower than acute care
- We don't pay at all or pay little for focusing on the health of a community, wellness, coaching, care coordination



## RNs: Partners in Transforming Primary Care



Josiah Macy Foundation  
[www.macyfoundation.org](http://www.macyfoundation.org)  
American Academy of Nursing



# Macy Conference

## **RNs: Partners in Transforming Primary Care**

### **The Practice of Thomas Sinsky, MD**



## **RNs: Partners in Transforming Primary Care**

### 1. Changing the Healthcare Culture





## **RNs: Partners in Transforming Primary Care**

1. Changing the Healthcare Culture
- 2. Transforming the Practice Environment**
  - Behavioral health and primary care
  - Payment for RN services
  - Business case for value added by RNs
  - Remove barriers to full scope of practice
  - Addressing social determinants of health



## **RNs: Partners in Transforming Primary Care**

1. Changing the Healthcare Culture
2. Transforming the Practice Environment
3. Educating Nursing Students in Primary Care

# Macy Conference

Wojner, D. & Whelan, E-M. Preparing Nursing Students for Enhanced Roles in Primary Care: The Current State of Prelicensure and RN-to-BSN Education.

- 529 respondents, 37.5% RR
- 77% “some content”
- Barriers:
  - Faculty buy-in
  - Student buy-in
  - Lack of RNs as role models in primary care
  - NCLEX



## Recommendation III

1. Nursing schools should work with the communities they serve to develop a pipeline of **diverse students** to meet the needs of diverse patient populations.
2. Nursing faculty must broaden and deepen the primary care focus in the **curriculum**.
3. Schools of nursing must reach out to primary care practices to develop innovative arrangements for **meaningful clinical experiences** for nursing students.
4. Nursing faculty must provide opportunities for students to have exposure to primary care **outside of the curricular experiences**.
5. Nursing faculty should establish a strong evaluation and research component to improve on curricular changes and identify **best practices** in preparing pre-licensure and RN-to-BSN students for enhanced roles in primary care.



## Exemplars

- Seattle University
- Thomas Jefferson University
- Western North Carolina University



## **RNs: Partners in Transforming Primary Care**

1. Changing the Healthcare Culture
2. Transforming the Practice Environment
3. Educating Nursing Students in Primary Care
4. Supporting the Primary Care Career Development of RNs



## **RNs: Partners in Transforming Primary Care**

1. Changing the Healthcare Culture
2. Transforming the Practice Environment
3. Educating Nursing Students in Primary Care
4. Supporting the Primary Care Career Development of RNs
5. **Developing Primary Care Expertise in Nursing School Faculty**



## Recommendation V

1. Deans, other leaders of nursing education, and faculty should utilize an **interprofessional model of RN faculty development**.
2. **Health systems and health insurers** should help **fund** faculty development, including residencies and fellowships in primary care nursing, as they may benefit financially from the enhanced RN primary care roles.
3. Nurses actively working as care coordinators, chronic care managers, and other enhanced roles in primary care should have **joint faculty appointments** to teach both didactic and clinical primary care competencies.
4. Nursing faculty should **model an RN culture of equal partnership** with physicians and other team members, such that RNs become comfortable caring for patients autonomously under **standardized protocols** as authorized by state nursing boards.
5. **Partnerships** should be developed between nursing schools, other health professions schools, and health systems to further the integration of RN education and interprofessional education with primary care clinical practice.





## **RNs: Partners in Transforming Primary Care**

1. Changing the Healthcare Culture
2. Transforming the Practice Environment
3. Educating Nursing Students in Primary Care
4. Supporting the Primary Care Career Development of RNs
5. Developing Primary Care Expertise in Nursing School Faculty
6. Increasing Opportunities for Interprofessional Education

# Developing a Plan for This Transformation in Your State

# Questions

1. What do you know about your state's primary care capacity, including the use of RNs and APRNs in primary care?
2. Where are model PC practices?
3. What can you do to showcase model practices?
4. Which schools of nursing do an excellent job of integrating PC into the didactic and clinical portions of the curriculum?
5. Can you be a leader in facilitating partnerships between education and practice to build high-performing PC practices and changing curriculums?

# Data you might want

1. What percent of RNs in your state are working in PC?
2. What is the demand for RNs in PC in your state?
3. What percent of new RN graduates want and get their first jobs in primary care?
4. What proportion of nursing faculty are prepared to teach the RN role in PC? How many do so now?
5. How many schools have joint appointments for select faculty in PC practices?
6. Are there programs and partnerships for preparing existing RNs to function in enhanced roles or to transition from acute to primary care?

# Considerations for an Action Plan

1. What are the opportunities for raising awareness of the need for building the primary care capacity in your health care organizations, academic settings and community?
2. What are the opportunities for developing programs and partnerships to prepare existing RNs to function in enhanced roles or to transition from acute to primary care?
3. What support would be necessary to build primary care capacity in your region? Will local and state policymakers provide support to build primary care capacity?
4. Who are other key stakeholders in the region and state who could be enlisted to support building primary care capacity?

# Group Exercise: Building Primary Care Capacity

- Brainstorm ideas for how state nursing workforce centers might contribute to redesigning primary care in the state and ensure that RNs are well-prepared for enhanced roles in PC.
  - What is “low-hanging fruit”?
  - What would have the greatest impact on primary care building capacity in this region?
- What are the challenges to this work?
- What would you do to address the most important challenge?

# Resources

- *Registered Nurses: Partners in Transforming Primary Care*
- Josiah Macy Foundation (<http://macyfoundation.org>)
- American Academy of Nursing ([aannet.org](http://aannet.org)) Expert Panel on Primary Care
- American Academy of Ambulatory Care Nurses (<https://aaacn.org>)
- Participants in the Macy report
- Primary Care Development Corporation ([pcdc.org](http://pcdc.org))
- [djmasonrn@gmail.com](mailto:djmasonrn@gmail.com)