

Dual Certification in Primary Care and Psychiatric Mental Health Care for Advanced Practice Nurses: A Health Care Delivery Innovation

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Problem Statement

A **workforce shortage** exists of primary care and psychiatric mental health care providers for persons with severe mental illness (SMI), specifically the underserved Medicaid population, limiting access to care, escalating the cost of care, and increasing the health care disparity.

Barriers to Care



Fragmented health care system

Stigma
Poverty/illiteracy
Fear and distrust
Lack of social support
Under or uninsured
Substance abuse

Evidence Based Practice Solutions



Increased utilization of advanced practice registered nurses (APRNs)



Integration of primary and mental health care
And yet...even this system can be fragmented

Innovative program at UC CON:

- ✓ One provider, one visit: lessens stigma
- ✓ Dual certification
- ✓ Underserved population
- ✓ Offered in DL format, utilizing existing technology
- ✓ Interprofessional 1-year residency program



Methodology

Interprofessional collaborative team with weekly meetings for problem identification



Needs Assessment:

- ✓ survey to graduate alumnae and current graduate students
- ✓ 2 focus groups
- ✓ 9 stakeholder interviews

Type of Data

- ✓ Quantitative data: purposive sampling
- ✓ Qualitative data: stakeholder interviews and focus groups

Identify funding source: MEDTAPP Healthcare Access Initiative

Grant writing: weekly meetings to accomplish this task

Logic Model: Develop process chart for program development matched to each program objective (see handout)

Program Objectives:

1. Develop a postmaster's PMHNP certificate program for APRNs, in distance learning format
2. Obtain funding for program development from state MEDTAPP HAI
3. Recruit, enroll and retain APRNs in the program
4. Form partnerships with community health agencies and professionals serving Medicaid population

Results: Needs Assessment

Graduate Alumnae Survey Results: n=136

- ✓ 94% female
- ✓ 69% employed full time
- ✓ 99% currently APRNs
- ✓ 20.59% interested in program
- ✓ Type of program: 56% DL, 39% hybrid
- ✓ 69.3% offer tuition reimbursement
- ✓ 39.1% role expansion allowed

Focus Groups: 3 themes

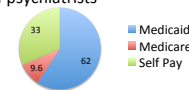
- ✓ Educational recommendations
- ✓ Barriers to practice
- ✓ Gaps in healthcare



Stakeholder Interviews: Content themes

- ✓ Provider workforce shortage, primary and mental health
- ✓ Increasing wait times and cost to system
- ✓ Inefficient use of provider time making MH referrals
- ✓ Retention of psychiatrists

Payer Mix:



- ✓ Female to male ratio
- ✓ Provider/patient similarity
- ✓ 100% currently employ APRNs and will hire dually certified APRNs

Lessons Learned

Advance planning – 18 months ahead
Interprofessional committee, include students
Recruit to a diverse population
Assist incoming students with financial resources
Interprofessional collaboration
Suggest a 1-year interprofessional residency program at the onset of planning
Seek funding – unexpected opportunity favors advanced planning leading to collaborative interprofessional grant, with CON poised and ready to lead



Results: Program Objectives

Objective 1:

20 credit hours, 560 clinical hours in 4 semesters, Program director recruited
9 new courses developed in DL format
2 day on campus skills workshop.



Objective 2:

RFP from MEDTAPP for interprofessional training in multiple disciplines serving the Medicaid population. Leadership team led by CON Program Director submits interprofessional proposal from the CON, COM, CCHMC, and University Center for Excellence in Disabilities.



2 million dollar grant awarded by MEDTAPP of Ohio for interprofessional education over a 13 month period

Objective 3:

Recruitment plan in place
Track enrollment and pass rate by semester
Evaluation in place for student and faculty each semester, ongoing.

Objective 4

Existing partnerships strengthened, 8 community agencies will precept 8 preceptors from the focus groups
Evaluation and sustainability: outcome measures identified
Infrastructure at CON



Future Implications

IOM: Leading Change, Advancing Health
Full Practice Authority for APRNs
Seamless progression to DNP
Full collaborative interprofessional education in partnership with other professionals
Integrate PMHNP postmaster's certificate program with established APRN programs
Need 3rd party payment reform
Model for graduate education will have ongoing outcome evaluation beginning in year 2015 with Cohort 1 graduating, and residency program starting. 25 students starting fall semester

References: See handout
Program information: See handout