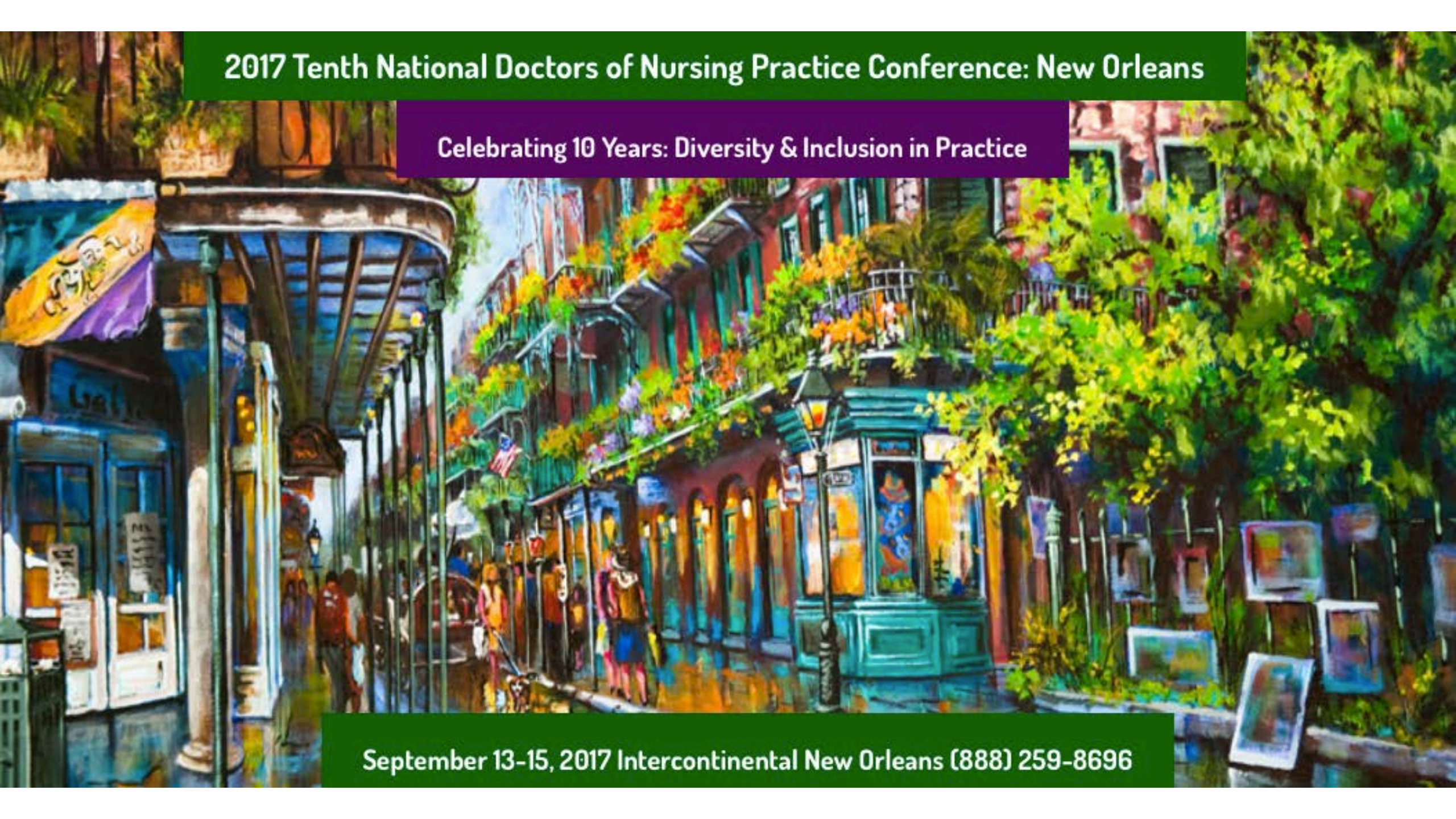


2017 Tenth National Doctors of Nursing Practice Conference: New Orleans

Celebrating 10 Years: Diversity & Inclusion in Practice



September 13-15, 2017 Intercontinental New Orleans (888) 259-8696

Hot-Spotting in a Nurse Practitioner-Managed Free Clinic



Rebecca A. Bates, DNP, APRN, FNP-C
September 2017

2017 Tenth National Doctors of Nursing Practice Conference

Objectives

By the end of this presentation the participant will:

1. Learn about one model to implement the DNP Essentials in clinical practice.
2. Explore the ways diversity contributes to strength and impact on health care outcomes.
3. Highlight the ways DNP prepared professionals mitigate the impact of health care disparities.
4. Discuss innovative and inclusive approaches to practice led by DNP prepared nursing professionals.

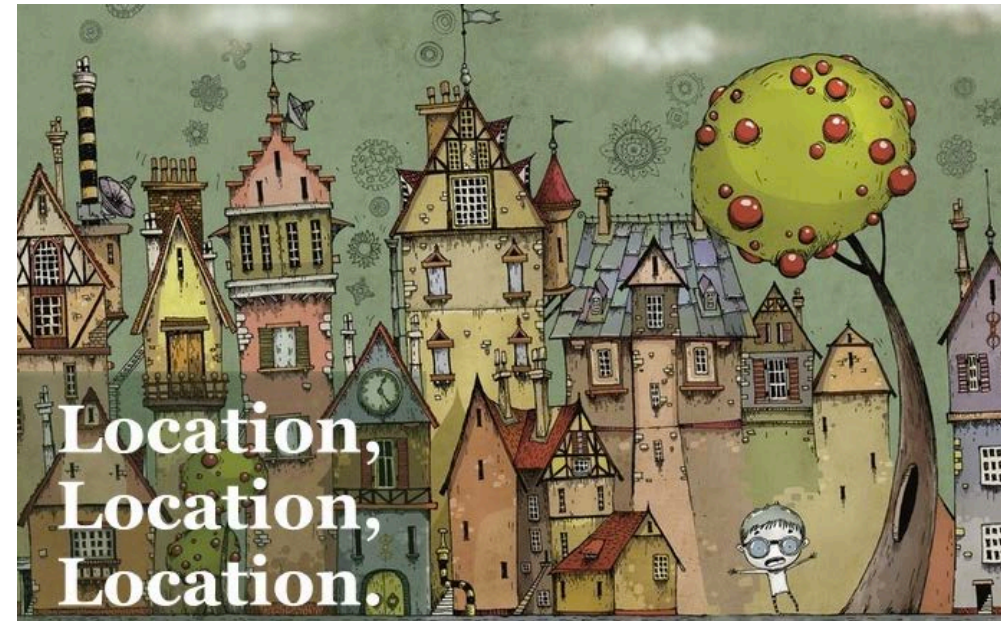
DNP Essentials

The Essentials of Doctoral Education for Advanced Nursing Practice

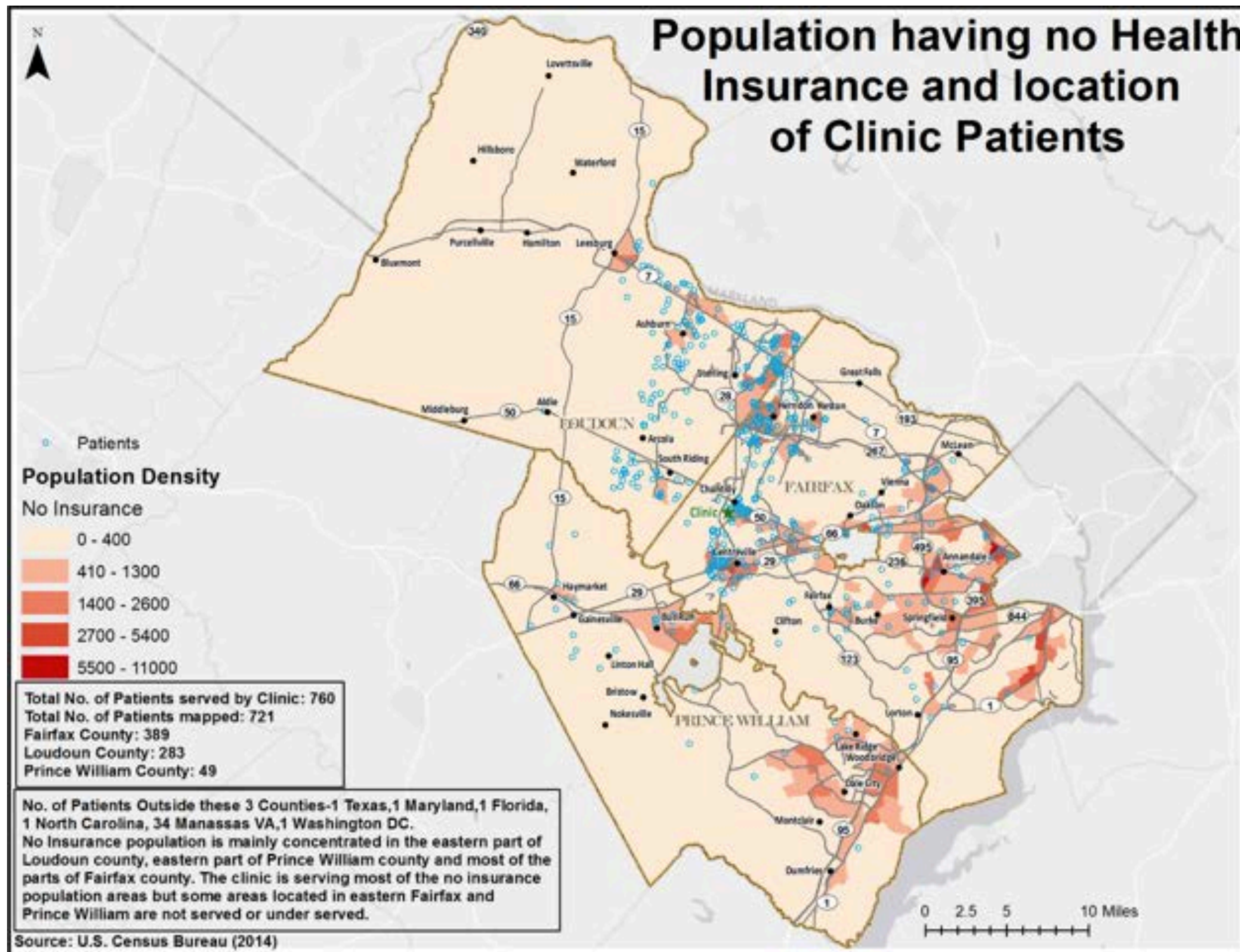
- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
- V. Health Care Policy for Advocacy in Health Care
- VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VII. Clinical Prevention and Population Health for Improving the Nation's Health
- VIII. Advanced Nursing Practice

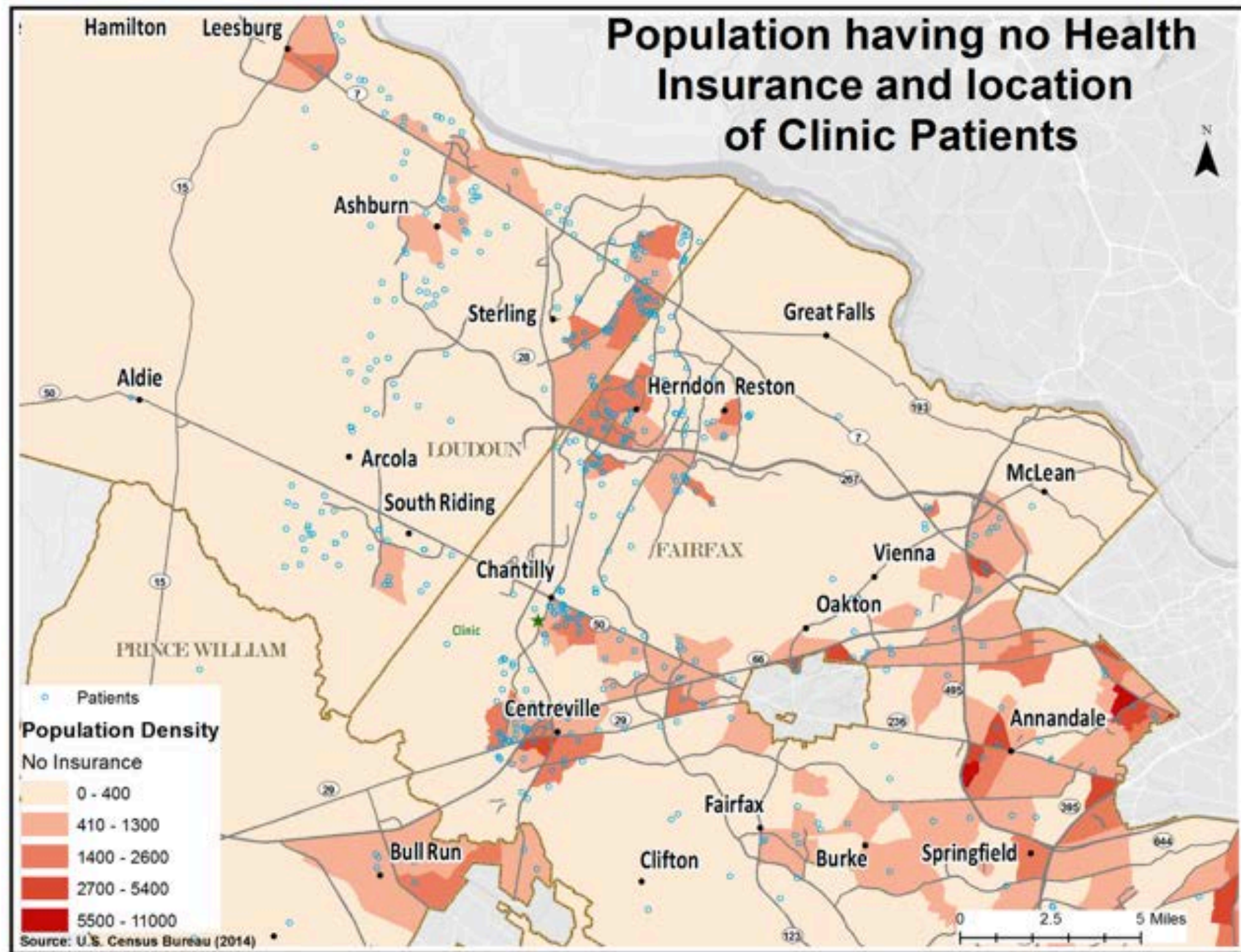
The Setting

- ACHN is a free clinic in northern Virginia
- Eligibility: uninsured, $\leq 200\%$ FPL
- Population characteristics: Mainly immigrants from Africa and the Middle East (Muslim-predominant countries)
- Doctoral prepared FNP managed clinic
- Telehealth program
- Network of specialty care
- Discounted labs and radiology



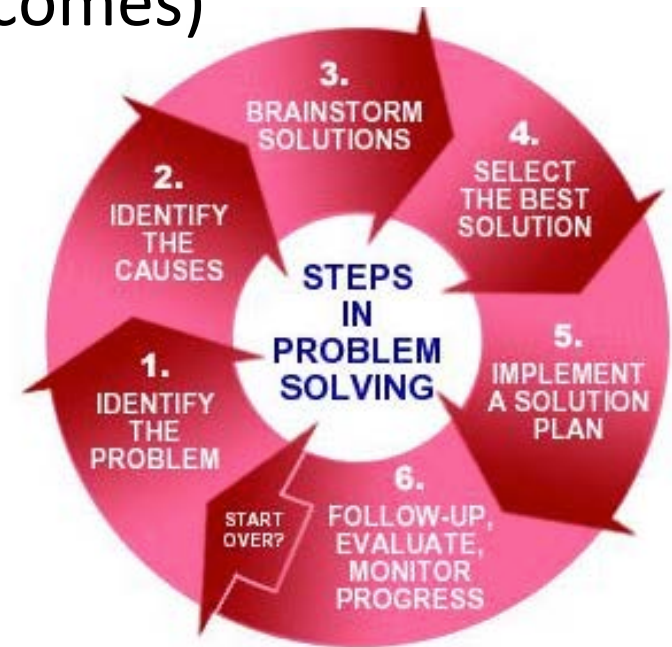
Population having no Health Insurance and location of Clinic Patients





The Problem

- 5% of the Medicaid population uses 50% of the health care dollars
- Uninsured use high-cost resources (ED) for non-emergency reasons
- Virginia did not expand Medicaid
- Need to frequently assess and address social determinants of health
- U.S. Health care system is broken (high cost; poor outcomes)
- Poorer outcomes for uninsured and for immigrants
- Must provide care navigation
- High-touch care requires time



The Solution

- Define “high-risk patients”
- Identify high-risk patients
- Create interventions to improve outcomes in high-risk patients
- Partners who volunteer with the clinic: PT, RD, PharmD, Pain Management, Optometry, Home Health, Primary Care physicians
- Students (FNP, AGNP, MSW, PMHNP, DNP)
- Engage patients in treatment
- Provide high-touch care
- Provide care navigation

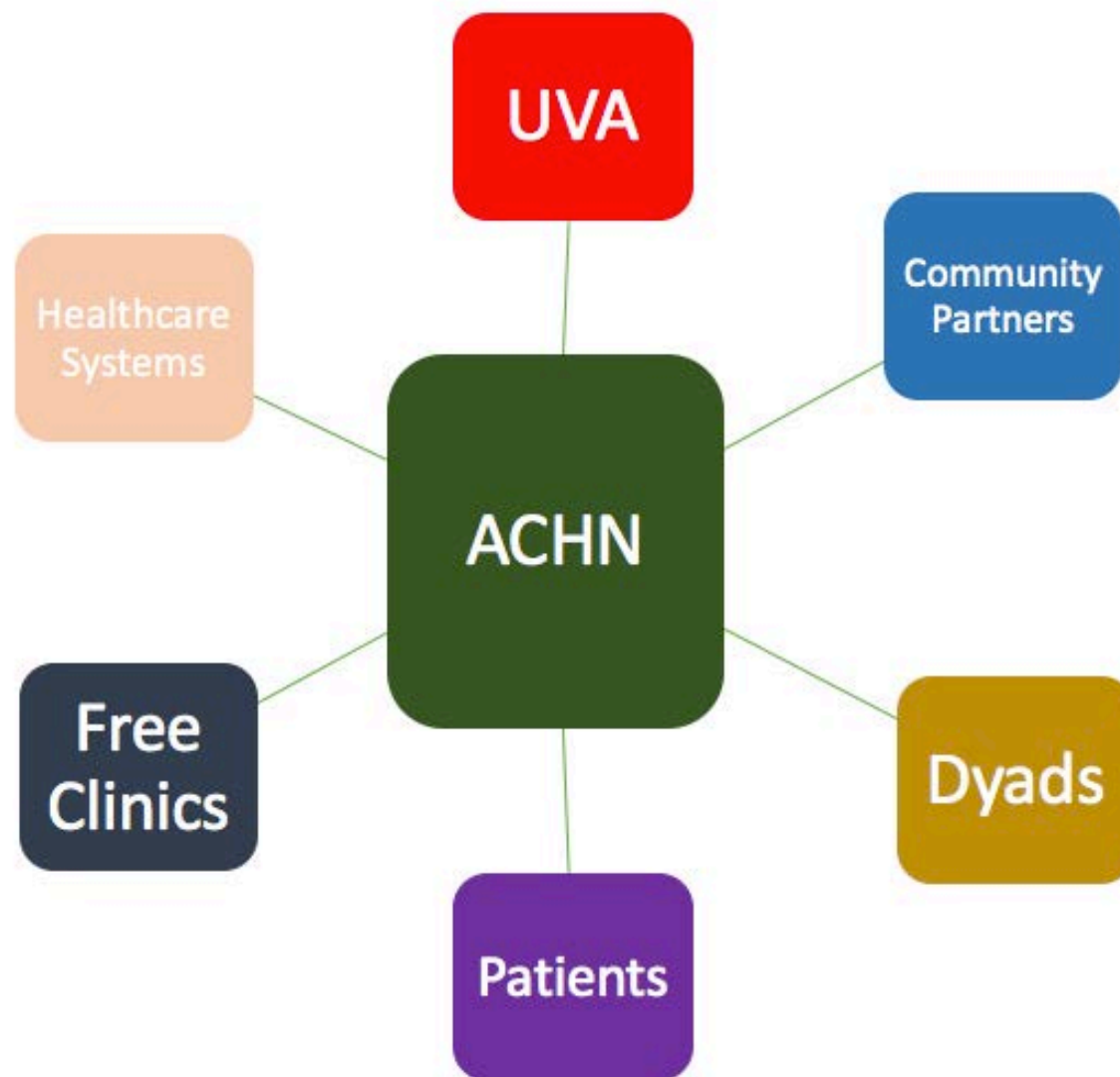


Hot-Spotting Model: Student Dyads

- Target high-risk patients; offer to all patients
- Reduce high-cost utilization for non-emergent reasons
- Build relationships with patients/families
- High-touch, culturally appropriate health care
- Care navigation
- Telehealth as a Tool for patient engagement



ACHN's Model



Telehealth Definition

DEFINITION: The use of electronic information and telecommunications technologies to support distance clinical health care, patient and professional health-related education, public health and health administration.

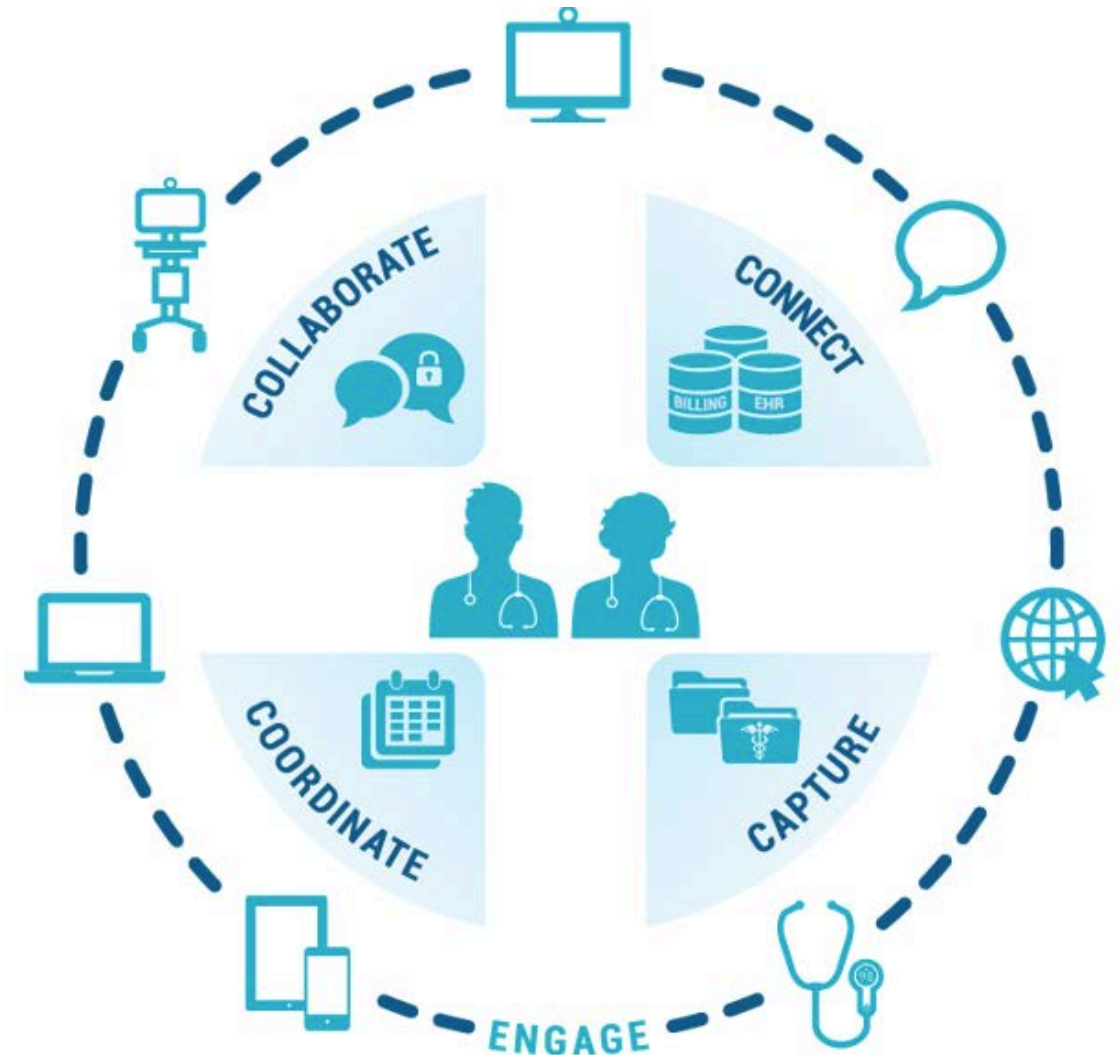


WHY?: By removing barriers of time, distance, and provider scarcities, telehealth can deliver important medical and other health and education services where they are needed most; in remote, rural areas and medically underserved urban communities.

(MATRC, 2017)

Telehealth Overview: Clinical Use

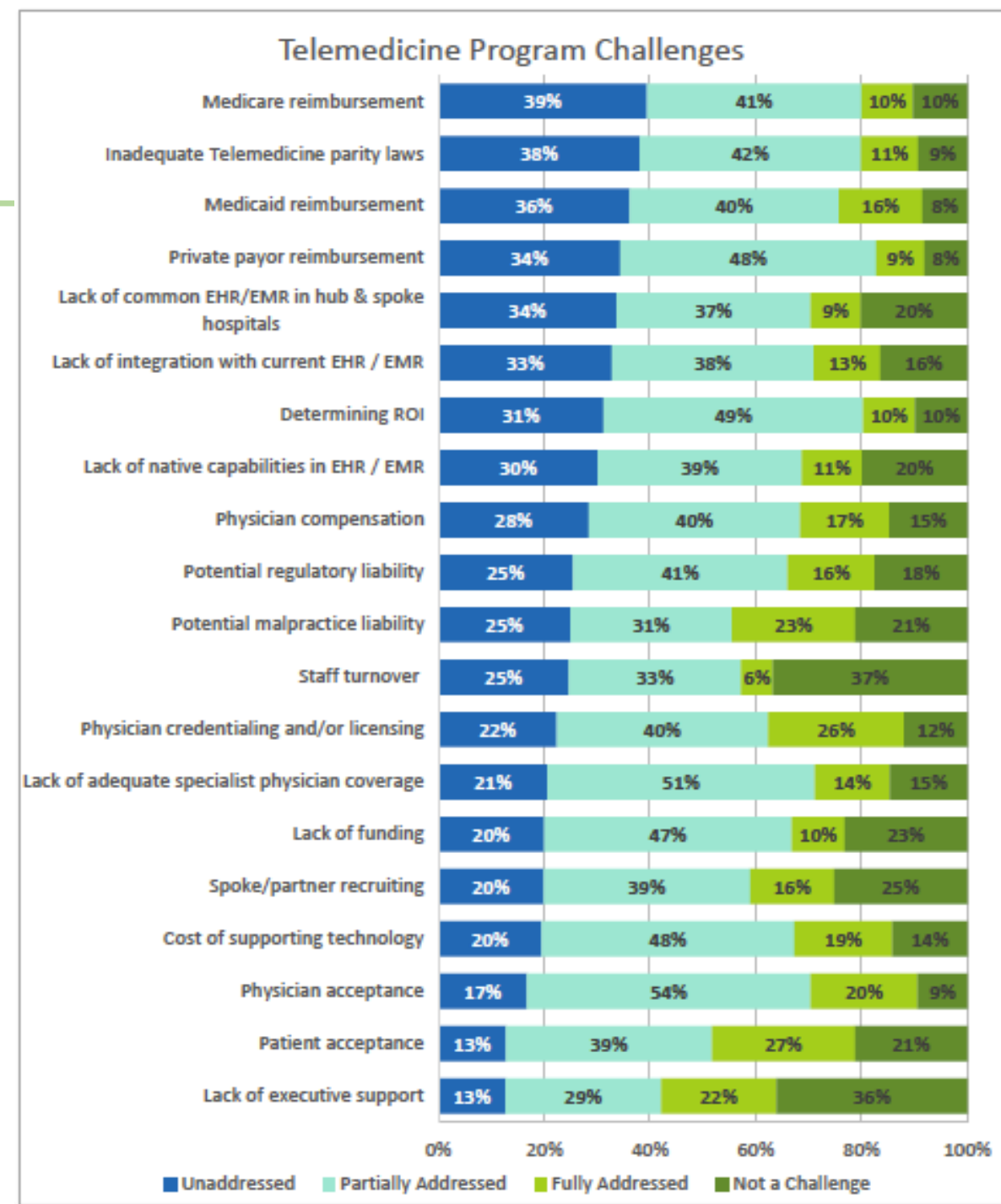
- Videoconferencing (Synchronous)
- Store & Forward (Asynchronous)
- Remote Patient Monitoring (RPM)
- Mobile Health (mHealth)



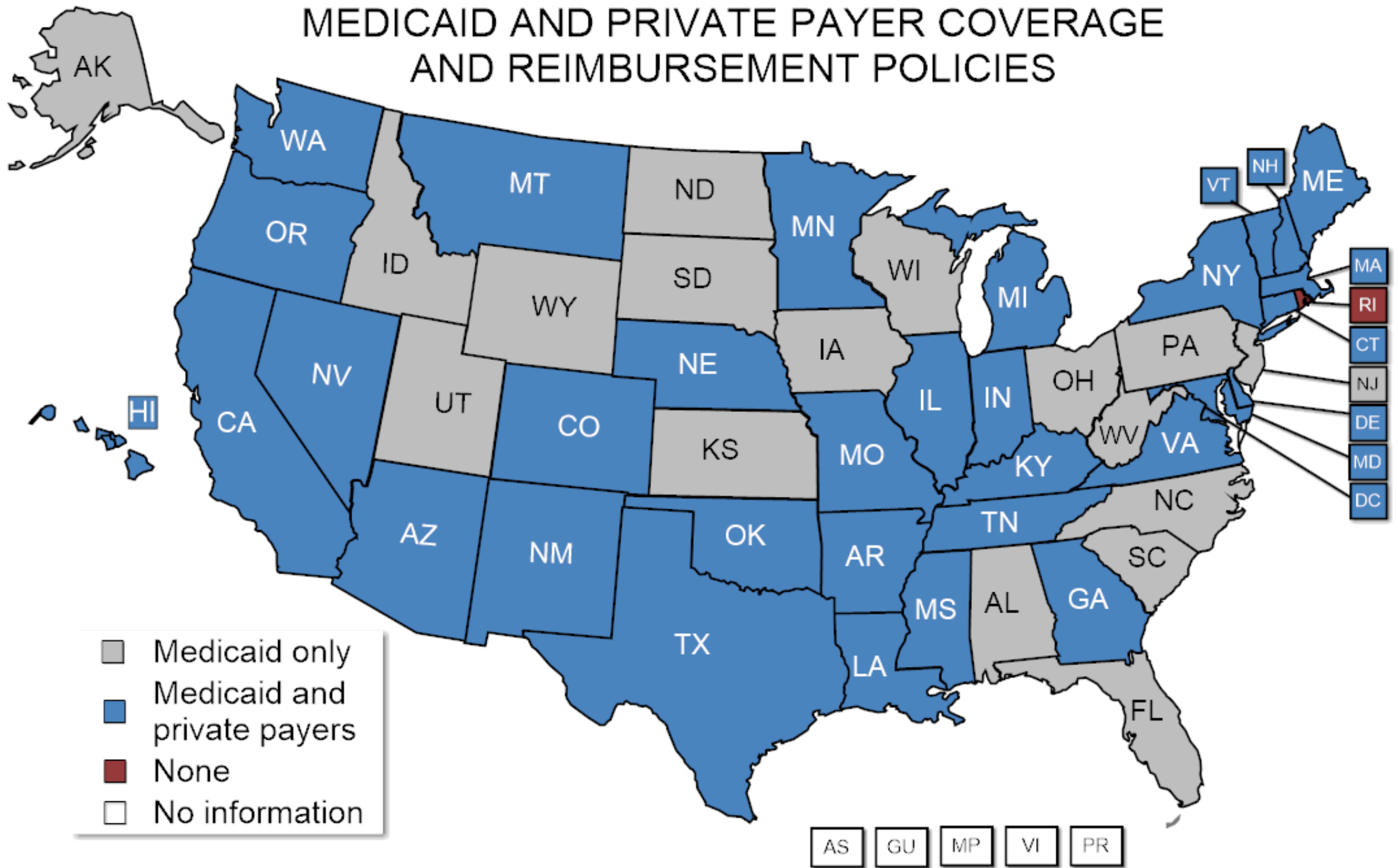
Telehealth Barriers

- Lack of common EHR
- Lack of integration with current EHR
- Lack of native capabilities in EHR
- Lack of adequate specialist physician coverage
- Spoke/partner recruiting
- Patient acceptance

(REACH Health, 2017)

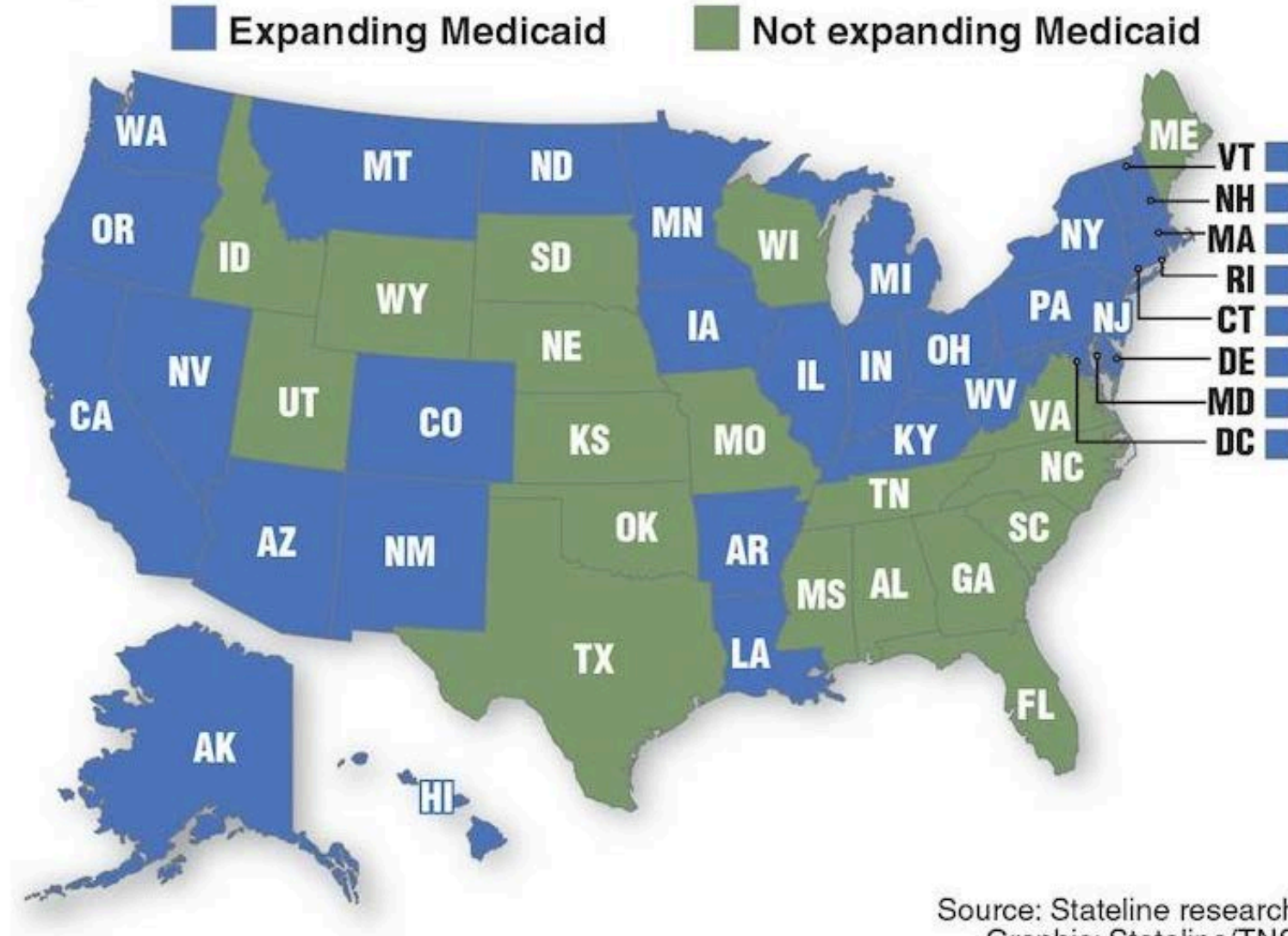


MEDICAID AND PRIVATE PAYER COVERAGE AND REIMBURSEMENT POLICIES



Medicaid expansion 2017

Thirty-one states and the District of Columbia have decided to expand Medicaid under the Affordable Care Act.



ACHN Telehealth Grants

- Telehealth Technology-Enabled Patient Care Teams

State Telehealth Pilot Project

Telehealth EHR platform and network support

- APN-PLACE

Advanced Practice Nurse - Practicum Link and Clinical Education

Preceptor training and telehealth equipment

- VCNP Northern Virginia Region

Professional organization

Small monetary grant



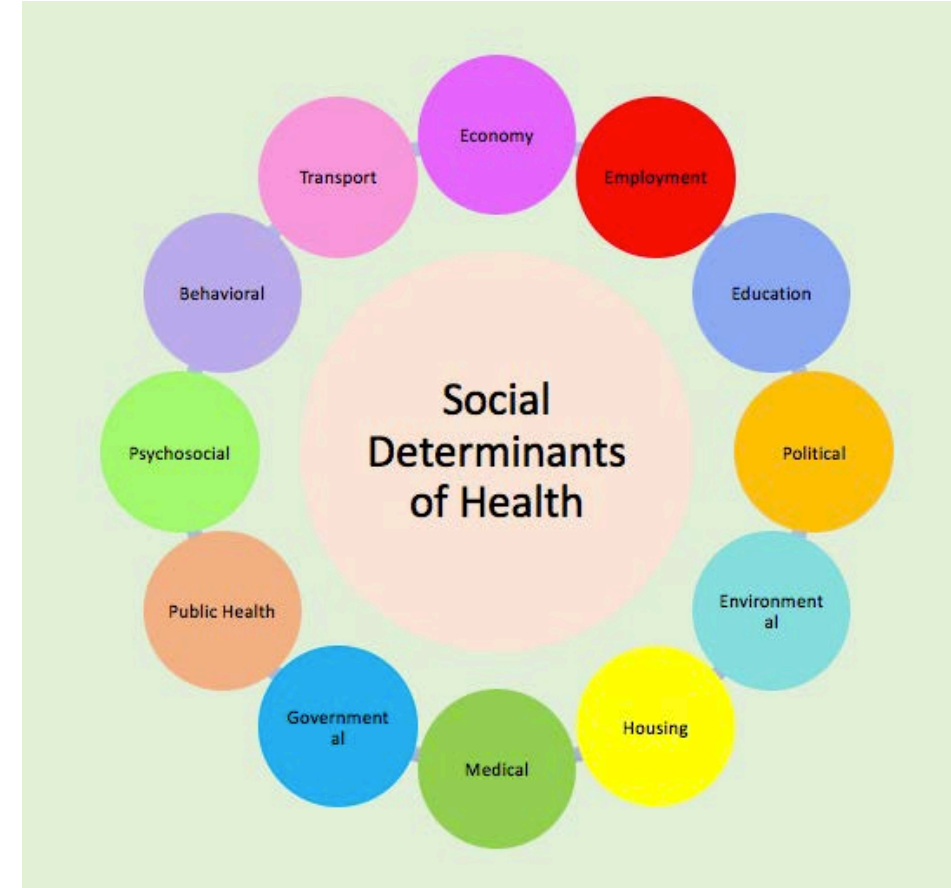
Partnerships

- Universities (GMU, ODU, UVA)
- Students (FNP, AGNP, MSW, PMHNP, DNP)
- Partners who volunteer at the clinic: PT, RD, PharmD, Pain Management, Optometry, Primary Care physicians
- Telehealth (APN-PLACE, Telehealth Technology-Enabled Patient Care Teams, VCNP NoVA Region)
- Network of specialty care
- Community engagement



Student Education

- MSW and PMHNP – SBIRT and SDH screening
- DNP projects testing new models of care
- IPE/IPP models as part of education
- Telehealth use as a tool in health care

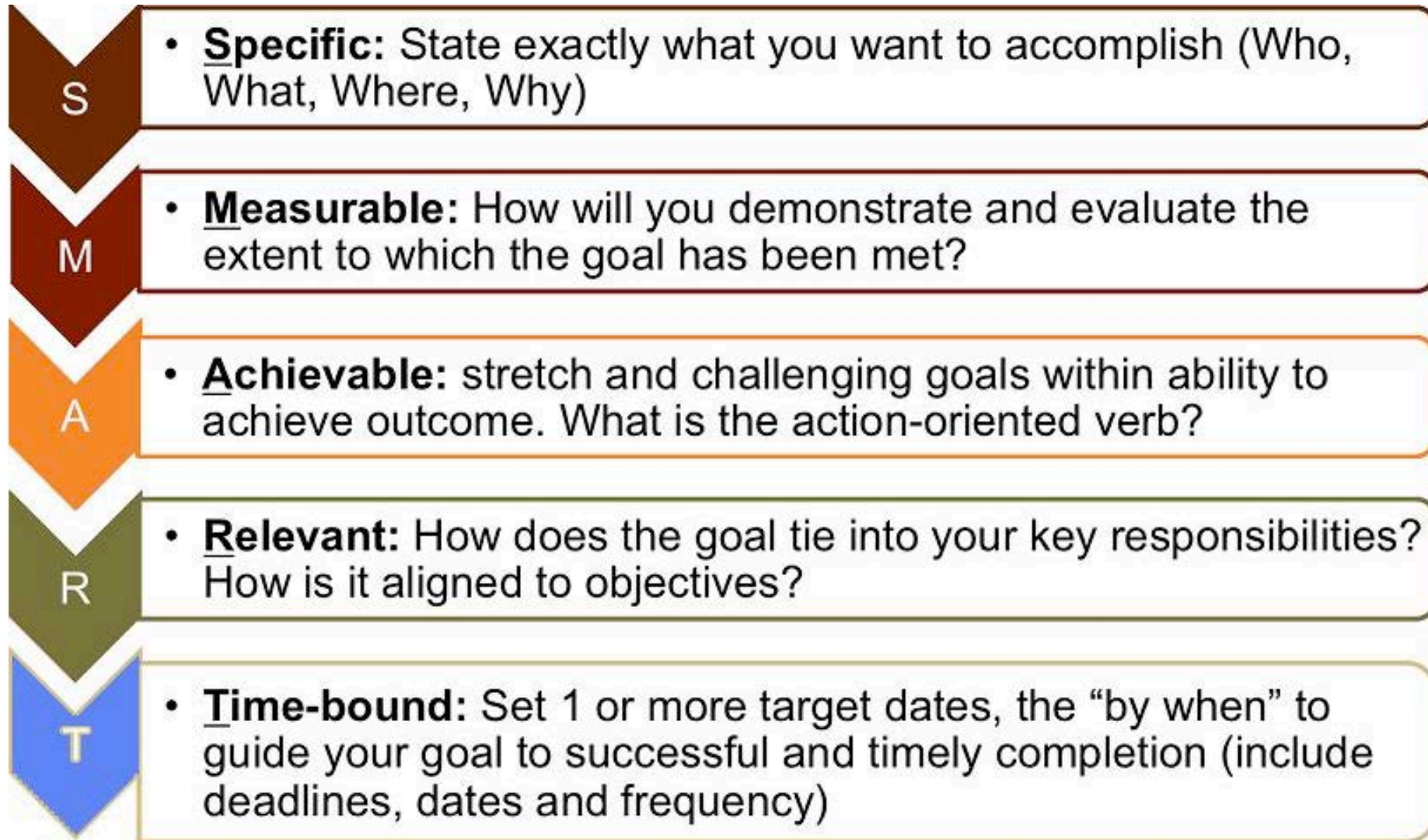


Patient Outcomes

- Chronic disease management:
 - 100% of ACHN patients receive self-management education
 - 100% of ACHN patients create SMART goals
- Improved diabetes control
- Decreased BMI
- Decreased blood pressure
- Improved medication adherence
- SMART Goal attainment
- Insurance enrollment for qualified patients



SMART Goals



Clinic Outcomes

- High-quality, evidence based health care
- Cost-effective interventions
- New community partnerships
- Community impact



Next Steps

- Re-evaluate current program
- Increase number of community partners
- Have all providers trained in telehealth
- Increase use of telehealth
- Obtain Ophthalmoscope for diabetic retinopathy store & forward
- Sustained funding

next
steps



DO YOU HAVE
ANY QUESTIONS?

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