THE ROLE OF THE RN IN AN INTERPROFESSIONAL PRIMARY HEALTH CARE TEAM

Elizabeth Speakman, EdD, RN, ANEF, FNAP, Thomas Jefferson University
Laura Wood, DNP, MS, RN, Boston Children’s Hospital
Janice Smolowitz, EdD, DNP, RN, ANP-BC, Columbia University,
Danuta Wojnar, PhD, MN, Med, IBCLC, FAAN, Seattle University
Ellen-Marie Whelan, PhD, RN, CRNP, FAAN, Centers for Medicare and Medicaid Services
Suzan Ulrich, DrPh, RN, CNM, FACNM, St Catherine's University
Carolyn Hayes, PhD, RN, NeA-BC, Dana Faber Institute & Brigham & Women’s Hospital
BACKGROUND

This project was supported by the Robert Wood Johnson Foundation, Executive Nurse Fellows Program

Collaborative effort was provided by leadership from the American Academy of Nursing and American Board of Internal Medicine Foundation

American Board of Internal Medicine

American Academy of Nursing
OBJECTIVE OF THE PROJECT

To understand the role of RN as a member of the interprofessional health care team in primary care and its effect on patient care outcomes, cost and effectiveness and provider satisfaction
RATIONALE

• The Affordable Care Act’s impact on primary health care (Elmsdorf, 2013).

• The call to redesign health care especially primary health care delivery (Mitla, 2007).

• Call for primary health care to utilize a team based approach (Leasure, et al, 2013, Reeves, et al, 2012).

• Positive correlation to the use of primary health care services and patient outcomes (Turner & Weinberg, 2013).

• Primary health care provider shortage and dissatisfaction (Bodenheimer et al, 2009; Dyrbye, 2011).
THE STATE OF HEALTH CARE

• The Affordable Care Act’s impact on primary health care
• The call to redesign health care especially primary health care delivery
THE STATE OF PRIMARY HEALTH CARE

• Positive correlation to the use of primary health care services and patient outcomes

• Primary health care provider shortage and dissatisfaction
Call for primary health care to utilize a team based approach and able to provide health care to and essential services to individuals who represent a variety of socioeconomic and health needs in the community.
EVIDENCE THAT SUPPORTS TEAM BASED CARE

WHO
- Multiple health workers from different backgrounds work together with patients, families, careers and communities to deliver the highest quality of care (World Health Organization, 2010)

To Err Is Human: Building a Safer Health System
- Recommended interdisciplinary team training to increase patient safety and quality health care (Institute of Medicine, 1999)

Crossing the Quality Chasm:
- All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics. (Institute of Medicine, 2001)

The Future of Nursing: Leading Change, Advancing Health:
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States (Institute of Medicine, 2010)
Appreciative Inquiry is a framework for systematically discovering what makes an effective system and recognizing that human systems are capable of positive changes.

**1. Definition**
- "What is the focus of inquiry?"
- "Affirmative topic of choice"

**2. Discovery**
- "What gives life?"
- "The best of what is"

**3. Dream**
- "What might be?"
- "What the world is calling for"

**4. Design**
- "What should be?"
- "The ideal"

**5. Destiny / Delivery**
- "What will be?"
- "How to empower, learn, and adjust/improvise"

**Positive Core**
FINDING EXEMPLARS

• Literature Review, (Sinsky, et al, 2013) - identified 23 high functioning practices
• Nursing leadership at American Academy of Nursing
• Physician leadership at American Board of Internal Medicine Foundation
SAMPLE
16 PRIMARY HEALTH CARE PRACTICES LOCATED ACROSS THE US

- Clinics
- Nurse managed clinics
- Physician group practices
- Community health centers
- Health care systems
- Academic affiliated primary care centers

* All practices had financially sustainable models that were not grant funded and used RNs in full scope roles within the interprofessional team
Semi-structured interviews were conducted using the AI framework and questions that focused on the impact of RNs on team function, patient care, practice efficiency and the financial implications.
WHAT WE LEARNED…

RNs practiced with three general contexts
  • Episodic & preventative care
    • Chronic care
  • Practice operations
## RN ROLES...

<table>
<thead>
<tr>
<th>Role</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegated care for episodic illness management</td>
<td>Telephone triage</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>Health coaching</td>
</tr>
<tr>
<td>Assessment &amp; documentation of health status</td>
<td>Intensive care/case management with a focus on chronic illness</td>
</tr>
<tr>
<td>Hospital transition management</td>
<td>Practice management &amp; staff supervision</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>Team leadership</td>
</tr>
</tbody>
</table>
Project findings serve as the basis for proposing recommendations for interprofessional team-based clinical practice, education, and policy initiatives that optimally use the knowledge and skills of RNs to improve populations health

(Smolowitz, Speakman, Wojnar, Whelan, Ulrich, Hayes & Wood, 2014)
RECOMMENDATIONS

Policy

Develop and expand payment models that provide appropriate levels of reimbursement for nursing and interprofessional team-based health care services.

Create incentives for physicians, provider organizations, payers, states, and the federal government to adopt primary health care delivery models using nurses within exemplary interprofessional primary health care models.

Educate the public to expand their understanding of their rights and responsibilities as consumers of primary health care services and to advocate for their own wellness and care management.
RECOMMENDATIONS

Education
Survey schools of nursing to identify undergraduate curriculum exemplars incorporating didactic and practicum experience that prepare RNs to support their future contributions as leaders in primary health care settings.

Define and disseminate essential nursing and interprofessional competencies necessary for RNs to practice and lead effectively in primary health care settings.
RECOMMENDATIONS

**Practice**

Design and bring to scale the RN primary health care roles and responsibilities as outlined by exemplar primary health care settings.

Develop, endorse, and adopt quality measures that capture both processes and outcomes that reflect the contributions of RNs in primary health care settings and in support of population health spanning settings of care.

Clarify and maximize the role of all members of the interprofessional primary health care team to further substantiate the distinct contributions of effective RN practice in primary health care settings.
CONCLUSION

With the projected increase in the number of persons seeking primary care services as a result of improved access granted by passage of the Patient Protection and Affordable Care Act, many primary health care practices, including those presented in our report, anticipate redesigning their practice models to meet the needs of a greater number of patients in a systematic fashion using team-based care.

Team oriented, interprofessional care may also mitigate concerns voiced by health care professionals currently employed in primary health care delivery settings regarding work hours, compensation, and job satisfaction.
Thank you