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Leveraging National Reports to Transform Ambulatory Care Practice



Many settings. Multiple roles. One unifying specialty.



Anne T. Jessie



Beth Ann Swan

AS HEALTHCARE REFORM continues to be debated and the future of the Patient Protection and Affordable Care Act (ACA, 2010) remains uncertain, some truths endure as foundational to the future of healthcare delivery redesign. America's current healthcare delivery system is fragmented and lacks coordination. Individuals with chronic conditions often experience unnecessary service use, receive conflicting advice from multiple providers, experience difficulty in accessing services, struggle with out-of-pocket expenses, and must rely on others for financial support and personal assistance (Anderson, 2010). Individuals with complex care needs require time-consuming processes such as comprehensive history taking, counseling, medication reconciliation,

and psychosocial interventions that must be considered to ensure quality of care delivery (Bodenheimer & Berry-Millett, 2009). Primary care providers often lack the time or direct access to resources necessary to provide the high-touch, intensive, and comprehensive management required by these individuals (Anderson, 2010).

Compounding the plight are the 117 million people in the United States with one or more chronic conditions, with two or more chronic conditions occurring in one out of four adults (American Academy of Ambulatory Care Nursing [AAACN], 2017; Ward, Schiller, & Goodman, 2014). According to Anderson (2010), 85% of healthcare dollars in the

EXECUTIVE SUMMARY

- ▶ Multiple national reports identify actionable recommendations to transform education and practice to meet the needs of health care and healthcare delivery beyond the hospital walls.
- ▶ The Josiah Macy Jr. Conference (2016) focused on transforming primary care and changing healthcare culture to support expansion of roles for registered nurses (RNs).
- ▶ Partnerships between academia and clinical practice are critical to expanding learning opportunities beyond traditional acute care settings.
- ▶ Development of primary care expertise in nursing faculty and adjunct faculty, in collaboration with primary care and ambulatory care nursing leaders, is essential.
- ▶ Academic-practice partnerships must advocate for removing regulatory and practice barriers to allow RNs to practice to the full scope of education and training.
- ▶ Recommendations from national reports extend beyond enhanced roles in primary care practice and have global implications for all RNs practicing in ambulatory care.

United States are spent on people with chronic conditions. The approximate 28% of Americans who have two or more chronic conditions are responsible for two-thirds of healthcare spending, and Medicare beneficiaries with five or more chronic conditions account for two-thirds of all expenditures (Anderson, 2010). The incidence and prevalence of chronic disease has had a significant impact on current primary care resources as 75% of all primary care visits are related to chronic illness management (Zamosky, 2013). Additionally, an anticipated primary care physician shortage looms as the pace of current retirements will exceed those entering the specialty by 2020 (Health Resources Services Administration, 2013; Petterson, Liaw, Tran, & Bazemore, 2015). These challenges are culminating in the need to develop new practice models that integrate the expertise of all interprofessional care team members to increase access, identify and reduce gaps in care, improve care

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coordination across the care continuum, promote clinical outcomes, and enhance quality of life for individuals and their families.

The ACA (2010) emphasized the importance of primary care within the context of complex, chronic disease management. While primary care providers have been traditionally on the front line of care delivery, innovative care delivery and payment reform models place registered nurses (RNs) at the center, working to their level of education and training, thus providing unique opportunities to expand primary care and ambulatory care nursing practice (AAACN, 2017; Bindman, Blum, & Kronick, 2013; Bodenheimer, Bauer, Olayiwola, & Syer, 2015; Edwards & Landon, 2014). Approximately 3.7 million RNs make up the largest segment of healthcare professionals (Institute of Medicine [IOM], 2015). Working in a variety of settings that include hospitals, physician practices, schools, businesses, community health centers, telehealth services, long-term care facilities, and homes, RNs serve as direct care providers coordinating care and managing transitions from one setting to another (AAACN, 2017). Registered nurses provide a continuum of services including and not limited to direct care, health promotion and disease prevention, education and counseling, support for self-care management, acute and chronic disease management, and care coordination activities as part of the interprofessional care team (AAACN, 2017; Bodenheimer et al., 2015; Haas & Swan, 2014).

Recommendations from National Reports

The IOM's *Future of Nursing* (2010) report, identified actionable recommendations to prepare nurses for new and vital roles to enhance healthcare delivery for the future. In 2015, IOM evaluated movement toward its recommendations and released the report *Assessing Progress on the Institute of Medicine Report: The Future of Nursing*. Findings reinforced the need to continue developing an RN workforce that (a) practices to the full extent of their education and training; (b) achieves higher levels of education and training through improved education systems that promote seamless academic progression and include nurse residency programs; (c) participates as full partners with physicians and members of the interprofessional healthcare team, partnering in healthcare design and collaborative, team-based care; and (d) utilizes effective workforce planning and policymaking that includes better data collection and improved information infrastructure (IOM, 2015).

Concurrently, the California Healthcare Foundation (Bodenheimer et al., 2015) identified 12 strategies, aligned with the IOM 2015 recommendations, to help mitigate the primary care burden and enhance the role of the RN in primary care (see Table 1).

These findings, coupled with the looming primary care physician shortage and need for further development of new interprofessional team-based practice models, prompted the Josiah Macy, Jr. Foundation to focus its annual conference on

Table 1.
Strategies for Enhancing the Role of RNs in Primary Care

1. Provide RNs with additional training in primary care skills, so they can make more clinical decisions.
2. Empower RNs to make more clinical decisions using standardized procedures.
3. Reduce the triage burden on RNs to free up time for other responsibilities.
4. Include RNs on care teams, allowing them to focus on their team's patients.
5. Implement RN-led new patient visits to increase patient access to care.
6. Offer patients co-visits in which RNs conduct most of the visit, with providers joining at the end.
7. Deploy RNs as "tactical nurses."
8. Provide patients with RN-led chronic care management visits.
9. Employ RNs' skills to care-manage patients with complex healthcare needs.
10. Train some RNs to take responsibility for specialized functions.
11. Schedule RNs to perform different roles on different days.
12. Preserve the traditional RN role and focus on training MAs and LVNs to take on new responsibilities.

Reprinted with permission from Bodenheimer et al., 2015.

LVN = licensed vocational nurse, MA = medical assistant, RN = registered nurse

Preparing Registered Nurses for Enhanced Roles in Primary Care (Josiah Macy Jr. Foundation, 2016).

In June 2016, the Josiah Macy Jr. Foundation convened a group of more than 40 healthcare leaders and primary care professionals representing professional nursing organizations, nursing, medicine, social work, educators, healthcare delivery organizations, public and private funders, pre-licensure and graduate nursing students, as well as other key stakeholders. To prepare for conference discussions, four papers were commissioned and reviewed by all conferees:

1. *The Future of Primary Care: Enhancing the Registered Nurse Role*
2. *Registered Nurses in Primary Care: Strategies that Support Practice at the Full Scope of the Registered Nurse License*
3. *Expanding the Role of Registered Nurses in Primary Care: A Business Case Analysis*
4. *Preparing Nursing Students for Enhanced Roles in Primary Care: The Current State of Pre-licensure and RN-BSN Education*

Structured conversations with conferees outlined three current barriers to RN practice that must be overcome: (a) need to focus RN work in primary care on chronic care management, care coordination, and preventive care, while sharing or delegating the task of triage to practice staff; (b) need to address variation in state laws that limit the ability of RNs to function to the full extent of their education; and (c) traditional

fee-for-service payment models that fail to consider contributions of both RNs and other members of the primary care team to care management (Josiah Macy Jr. Foundation, 2016).

The significance of these issues coalesced around three notable themes: improving primary care, preparing nurses for leadership roles, and linking education reform and healthcare delivery transformation (Josiah Macy Jr. Foundation, 2016). Additional themes emerged throughout group discussions that described a need for a change in healthcare culture,

transformation of the practice environment, and optimization of current nursing pre-licensure education to include primary care content and clinical experiences (Josiah Macy Jr. Foundation, 2016). Sub-themes included expanding and providing ongoing education for RNs currently in primary care practice, as well as those transitioning to primary care roles. In addition, conferees were passionate about providing professional development opportunities for nursing faculty to dispel myths about the need for new graduates to practice only in acute care settings, and enhance their understanding of and expertise related to primary care (Josiah Macy Jr. Foundation, 2016). Foundational to the development of actionable recommendations was the need to change healthcare culture such that the expanded roles of RNs would be embraced as an important component of primary care delivery models. Also included was an emphasis on the need to transform the practice environment to recognize RNs as leaders and participants in the larger interprofessional care team (Bodenheimer & Bauer, 2016). Conference recommendations are summarized in Table 2. For recommendation details, readers are referred to the Josiah Macy Jr. Foundation's Executive Summary titled *Registered Nurses: Partners in Transforming Primary Care*.

Implications

Properly prepared and working to the full scope of their education, RNs are positioned to practice as members of interprofessional teams in enhanced primary care roles. The recent position statement by AACN (2017), *The Role of the Registered Nurse in Ambulatory Care*, highlights current and future roles for all ambulatory care practice settings, including primary care. AACN's position statement aligns well with Macy Conference recommendations, as well as recommendations from the IOM's *Future of Nursing* that call for strengthened partnerships between academia and practice leaders to enhance primary care professional nursing practice.

Table 2.
Conference Recommendations Josiah Macy Jr. Foundation

1. Leaders of nursing schools, primary care practices, and health systems should actively facilitate culture change that elevates primary care in RN education and practice.
2. Primary care practices should redesign their care models to utilize the skills and expertise of RNs in meeting the healthcare needs of patients; payers and regulators should facilitate this redesign.
3. Nursing school leaders and faculty should elevate primary care content in the education of pre-licensure and RN-to-BSN nursing students.
4. Leaders of primary care practices and health systems should facilitate lifelong education and professional development opportunities in primary care and support practicing RNs in pursuing careers in primary care.
5. Academia and healthcare organizations should partner to support and prepare nursing faculty to educate pre-licensure and RN-to-BSN students in primary care knowledge, skills, and perspectives.
6. Leaders and faculty in nursing education and continuing education programs should include interprofessional education and teamwork in primary care nursing curricula.

Reprinted with permission from Josiah Macy Jr. Foundation, 2016.

BSN = bachelor of science in nursing, RN = registered nurse

Table 3.
Examples of Education, Practice, and Policy Leveraging National Reports

| Education | Practice | Policy |
|---|---|---|
| Seattle University's Community/Primary Care Focused BSN Curriculum | Ambulatory care nurse residency programs | Centers for Medicare & Medicaid Services guidelines related to RN care coordination and transitional care |
| Western Carolina University's Primary Care Practicum (HRSA-funded project) | <i>Care Coordination and Transition Management Core Curriculum</i> (Haas, Swan, & Haynes, 2014) | Regional meetings disseminating Macy Conference recommendations: California, Colorado, Pennsylvania |
| Jefferson College of Nursing's BSN Curriculum Promoting Health and Quality of Life Along the Care Continuum | Local and state interest groups in California, Illinois, Michigan, Ohio, Washington | Conversations with state boards of nursing |
| Academic-Practice Partnerships between Nursing Faculty and Ambulatory Leaders | Ambulatory care nurse-sensitive indicators: Value of RNs in ambulatory care | |

BSN = bachelor of science in nursing, HRSA = Health Resources & Services Administration, RN = registered nurse

Nursing leaders in education and practice should continue to develop knowledge, skills, and competencies in primary care innovation, and collaborate with other professionals in healthcare delivery and system redesign. It remains critically important that both policy and practice align.

Practice innovation requires strong partnerships between ambulatory care nurses, professional organizations, colleges/schools of nursing, public and private partners, and state boards of nursing to jointly create a healthcare future in which RNs can safely and competently manage diverse care needs with consistent practice standards across state boundaries (Josiah Macy Jr. Foundation, 2016). Suggested changes in education, preparation, and nursing practice have global implications for all RNs, nursing faculty, ambulatory care leaders, and policymakers. Empowering RNs to fully engage in reimagined roles that enhance care delivery, support primary care practice, and improve quality and safety for individuals, families, and communities is essential to the future of healthcare delivery.

Putting Recommendations into Education, Practice, and Policy

As RNs are the largest segment of the healthcare workforce, they have the greatest potential to influence healthcare outcomes and be coordinators of care (Fortier et al., 2015). Some examples of nursing education, practice, and policy leveraging national reports to transform ambulatory care practice and support the health care of individuals and families are listed in Table 3. This is the start of putting recommendations into education and practice. Readers are invited to submit their exemplars to the authors via email. \$

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