

Integrated Care in Nurse Practitioner Education Programs

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Disclosure

- The authors of this presentation,
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Learning Objective

- Identify 1 strategy to educate nurse practitioner **students** about behavioral health (BH) integration in a primary care setting.

Overview

- Integrated care is defined as the comprehensive delivery of primary and psychiatric health care in a cost effective patient centered design (Lewis et al., 2014).
- Experiential learning opportunities can occur throughout all levels of nursing programs with nursing **students** joining together to enhance care through integrated collaborative care models (CoCM).

Background & Significance

- The current **nurse practitioner (NP) program** has multiple components of integrated care through courses specifically related to didactic integrated care, integrated care simulation experiences, and clinical experiences.
- Workforce development to support integrated care needs to be a major focus of **NP programs** (Block, 2018; Giddens et al., 2014).

Levels of Integrated CoCM

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice

Behavioral health, primary care and other healthcare providers work:

In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> Have separate systems Communicate about cases only rarely and under compelling circumstances Communicate, driven by provider need May never meet in person Have limited understanding of each other's roles 	<ul style="list-style-type: none"> Have separate systems Communicate periodically about shared patients Communicate, driven by specific patient issues May meet as part of larger community Appreciate each other's roles as resources 	<ul style="list-style-type: none"> Have separate systems Communicate regularly about shared patients, by phone or e-mail Collaborate, driven by need for each other's services and more reliable referral Meet occasionally to discuss cases due to close proximity Feel part of a larger yet ill-defined team 	<ul style="list-style-type: none"> Share some systems, like scheduling or medical records Communicate in person as needed Collaborate, driven by need for consultation and coordinated plans for difficult patients Have regular face-to-face interactions about some patients Have a basic understanding of roles and culture 	<ul style="list-style-type: none"> Actively seek system solutions together or develop work-a-rounds Communicate frequently in person Collaborate, driven by desire to be a member of the care team Have regular team meetings to discuss overall patient care and specific patient issues Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> Have resolved most or all system issues, functioning as one integrated system Communicate consistently at the system, team and individual levels Collaborate, driven by shared concept of team care Have formal and informal meetings to support integrated model of care Have roles and cultures that blur or blend

Purpose 1

- Quality improvement **practice** change:
 - Identify individuals who need BH support using validated screening tools and exam
 - Develop primary care competence for psychopharmacology treatment of mild to moderate behavioral health conditions
 - Engage practitioners in CoCM BH support by leveraging relationship and trust among interprofessional providers

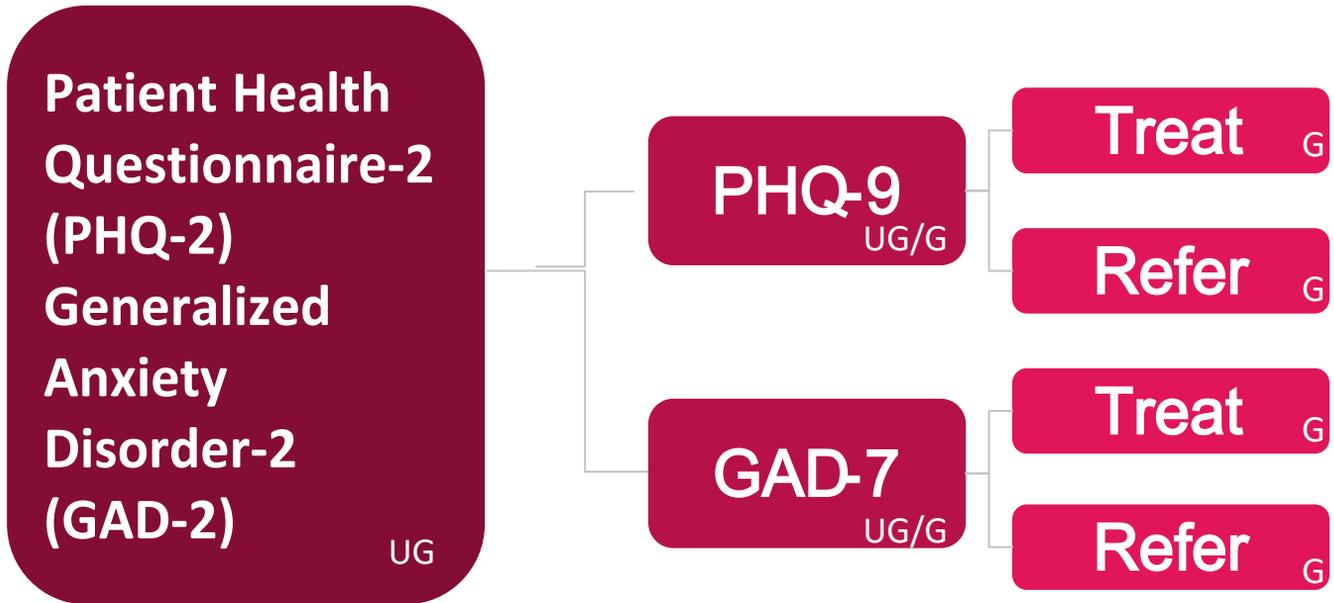
Purpose 2

- **Student** integrated clinical care experiences:
 - Provide coordinated, accessible, continuous, comprehensive, patient and family centered primary and BH care that is measurement guided and evidence based (Bodenheimer & Sinsky, 2014).
 - Providers and **NP students** collaborate and consult with BH practitioner & Psychiatric Consultant to enhance BH care

Methods-CoCM

- **Nursing students** (undergraduate and graduate) experienced a co-located level 3 integrative CoCM while completing hours at the University of Delaware Nurse Managed Primary Care Center.
- This CoCM was implemented by leasing in-office space to a BH provider two days per week, seven hours per day.
- Electronic health records (EHR), billing systems, and third party payor contracts were separate.

Methods-Screening



Note. UG = Undergraduate student. G = Graduate student.

(Kroenke, Spitzer & Williams, 2001; Kroenke et al., 2003; Kroenke et al., 2006)

Results

- **NP and undergraduate student** experiential use of depression and anxiety screenings in Level 3 CoCM.
- **NP students** precepted in a setting where NPs practiced to the full scope of practice.
- Increased **NP student**
 - detection
 - treatment
 - referralof patients with BH needs

Limitations

- Fragmented patient services persisted as a result of this informal, level 2, communication structure coupled with separate EHRs and billing structures.

Future Evaluation Recommendations

- Continuous quality assurance measures for sustainability
- Patient Outcomes:
 - % with 25%, 50%, and 75% reduction in PHQ-9 and GAD-7
 - % reaching remission (PHQ-9 < 5)
- Satisfaction:
 - patient, **student** and provider
- Cost utilization:
 - missed work days, ED visits, admissions

Planning Checklist for CoCM

- Level 5 (or 6) CoCM
- Finances
- Technology support
- Develop office workflow plan
- Integrated staff and provider team training
- Communication schedule
- Readiness Assessment
- **Student role(s)**

Summary

- Experiential learning opportunities occur throughout nursing programs with intraprofessional students at all levels joining together to enhance integrated care.
- Faculty must have the skills for developing, implementing, and evaluating interprofessional experiences for nursing students at all levels in a variety of settings.

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