A FEASIBILITY STUDY TO IMPLEMENT FAMILY NURSE PRACTITIONERS IN A RESCUE MISSION

DAN A B A S A R A
AGENDA

• INTRODUCTION
• RATIONALE
• LITERATURE REVIEW
• METHODOLOGY
• DATA COLLECTION
• SUMMARY
INTRODUCTION

WHY DO A FEASIBILITY STUDY?
A feasibility study is an analysis of the viability of an idea.
A feasibility study done in cooperation with the City Union Mission should show the advantages and costs of placing family nurse practitioners (FNPs) in the mission’s homeless programs once per week. As it will be shown, FNPs providing homeless clients with access and continuity of healthcare could reduce the cost and improve the quality of healthcare for these people at the rescue mission.
LITERATURE REVIEW

Homelessness:
• The homeless have more chronic diseases than the majority of the population, due to the lack of access to healthcare and preventative treatment. (Benissa, 2013, Gardner, Hwang, & Kouvoymdian, 2005, Levy, & O’Connell, 2004, and Mechanic. 2012).

Advanced Nurse Practitioners:

Uninsured:
• The homeless use emergency departments to receive healthcare since they have no insurance. This practice drives up healthcare costs, especially since there is no continuity of care, no record of prior history and no follow-up. (IOM, 2012, Grumbach, Keane and Bindman, 1993, and Lathrop, B. & Hodnicki, D.R. (2014 ).
LITERATURE REVIEW

Emergency Department Overcrowding:
- The homeless are impacted by emergency department overcrowding due to longer wait times leading to less access. (Grumbach, Keane and Bindman, 1993, U.S. Preventive Services Task Force. 2011).

Community Outreach:
- Communities that have large homeless populations need to work together to improve access and continuity of care by removing barriers to clinical practice. (Abrahamson, 2012, and National Health Care for the Homeless, 2010).

Feasibility Studies:

Leadership:
FEASIBILITY STUDY OUTLINE

- Description of the project
- Market feasibility
- Technical feasibility
- Financial/Economic feasibility
- Organizational/Managerial feasibility
- Study Conclusions
- Next Steps
DATA COLLECTION

- Public Health Department
- Truman Medical Centers Community Needs Assessment
- Kirwan Institute Report
- Mid-America Regional Council
- Literature Review
FINDINGS

• The description utilized the personnel and services of Truman Medical Centers and City Union Mission to improve healthcare access to the homeless.

• The market share were ten zip codes located in metro Kansas City, Missouri serving underinsured and homeless populations.

• Technical support for the electronic medical record, computerization, coding and billing, and client tracking would be supplied by Truman Medical Centers.
FINDINGS

- The financial numbers were calculated by using 693 City Union Mission clients, who were non-acute ambulance transports taken to the TMC ED.

- The average cost of an ED visit is $1,233 multiplied by the 693 homeless clients = $854,469.

- If the FNP gets $48 per hour multiplied by the 693 homeless clients = $33,264.

- The savings to TMC would be $854,469 minus $33,264 = $821,205.
CONCLUSION

It is important to note the $821,205 would be the cost of care for the homeless; and it would be seen as the reduction of bad debt, as the majority of the homeless do not have insurance. The feasibility study showed the idea assessment was positive, and a business plan should be initiated. By forming partnerships between the community outreach clinics and healthcare organizations it may produce innovative ideas that improve access, and reduce the high cost of healthcare at the same time.
QUESTIONS?