



Recruiting, retaining, and training new NPs
to ***THRIVE*** as PCPs in Health Centers



2010 Community Health Institute and Expo

Dallas, TX

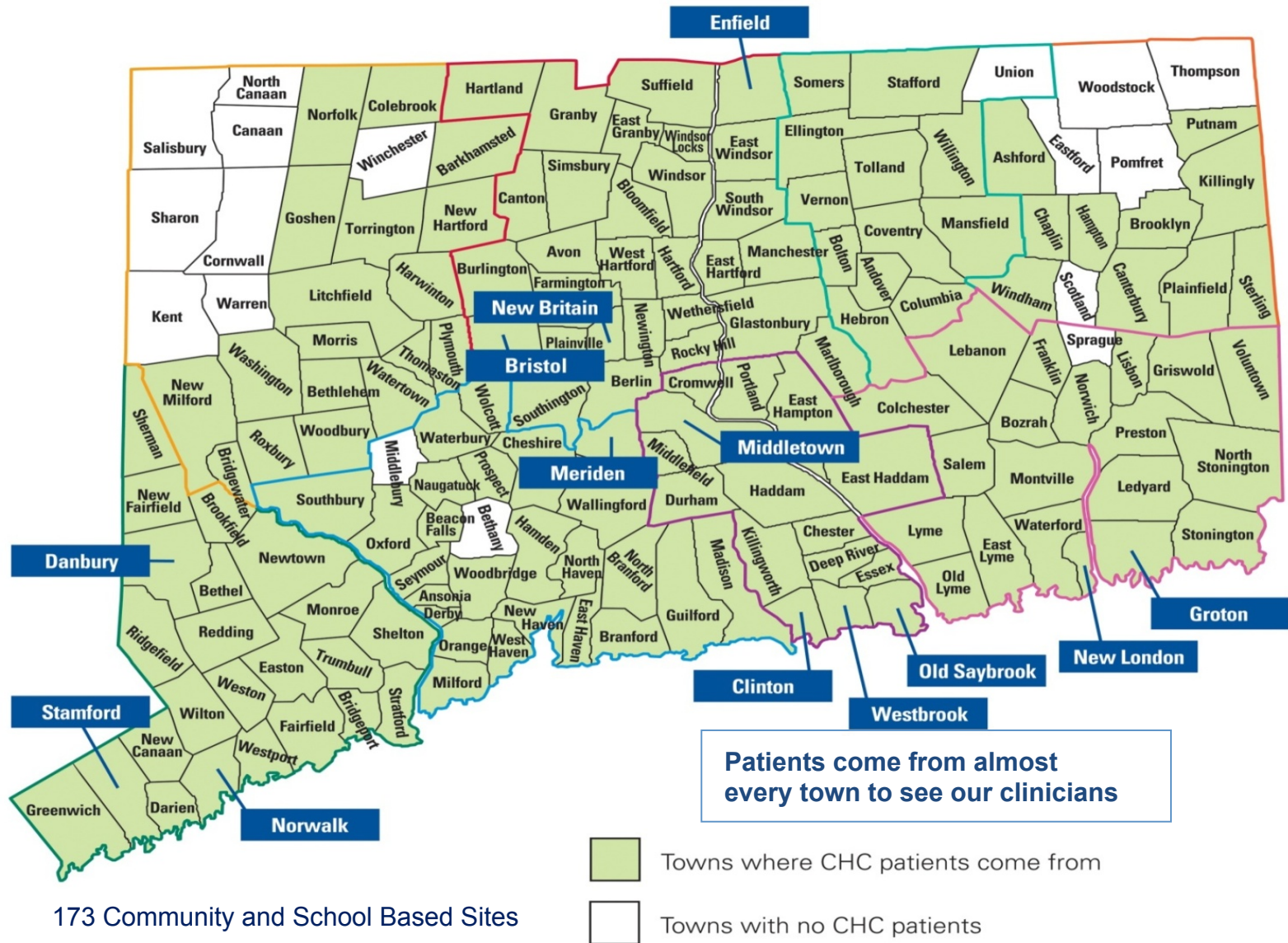
September 20, 2010

Margaret Flinter, PhD, APRN

CHC NP Residency Graduation, 2010



CHC Inc., est.1972 - Service Delivery



CHC Model of Primary Care

- Patient-centered healthcare home
- Advanced Access--timely and efficient care
- Data driven; outcome focused
- Expanded hours—evenings, weekends
- Team-based: integration of all services
- Planned Care and Chronic Care Model
- Integrated E.M.R. and HIE
- *Training the next generation of healthcare providers to the FQHC model of care*



Transformational Care

1. Clinical Excellence

2. Research & Development

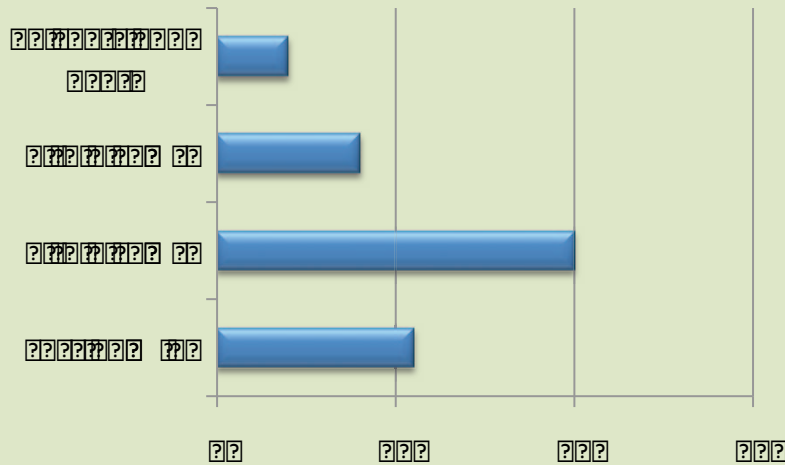
3. Training the Next
Generation



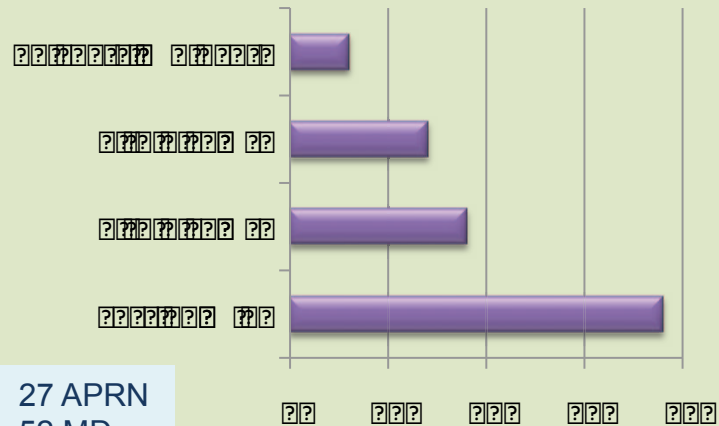


LIP Tenure at CHC, Inc.

Behavioral Health Providers: n=45

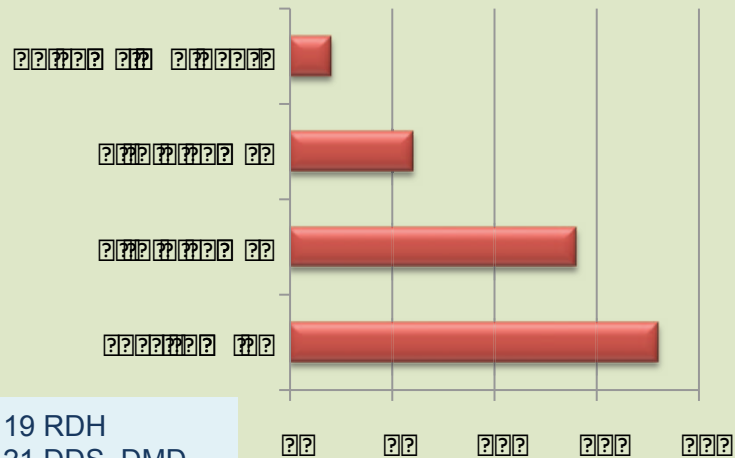


Medical Providers: n=79



27 APRN
52 MD

Dental Providers: n=40



19 RDH
21 DDS, DMD

Factors in Recruitment of PCPs

- Local ties—family, community, school
- Competitive (or better) salary and benefits
- Dedicated clinical recruiter
- Consistent messaging on organization
- Positive, high-vitality team-mates
- Opportunity for research, teaching, or other assignments beyond patient care
- Quality of facility and technology (EMR)

Factors in Retention of PCPs

- Competitive (or better) compensation
- **Reasonable on call schedule**
- **Strong on-site clinical leader**
- **Strong central clinical leader**
- **4-day, 10 hr (full time) option**
- **Support for complex patients, particularly pain management, substance abuse, BH**
- Positive, high vitality team mates
- (Financial) Incentive program for both quality and productivity
- Facilities and technology



Clinical Leadership of PCPs in Multi-Site Health Centers

- Clinical mentoring of new providers
- Translates policy and practice
- Mentor, Buffer, Coach, Sage, Leader
- Peer Review and Performance Assessment
- Quality and safety oversight
- Recruitment champion for site
- Resolution of problems and issues, including poorly performing providers



Nurse Practitioners and FQHCs

- NPs and FQHCs born of same era: 1960s
- 2009 UDS: almost 3,000 NPs in FQHCs
- Master's degree or DNP; board certification
- Initial NP focus on primary care, health promotion, prevention now expanded to specialty care as well
- Scope of practice varies by state statute from:
 - fully independent or
 - requires collaborative agreement or
 - requires supervisionSome states mandate recognition of NPs as PCPs by insurers.

Nurse Practitioners in US & in FQHCs

- Now 147,295 NPs in practice (Pearson Report 2009)
- 65% of NPs choose primary care practice (America Association of Colleges of Nursing 2009)
- NPs deliver one in 11 visits in FQHCs
- Increasing competition for new NPs from other sectors: acute care, long term care, specialties, retail clinics
- MGMA reports median compensation of \$85,706, with larger rates of increase in past five years than MDs or PAs



Recruitment and Retention of NPs

- Critical issue for FQHCs: recruit and retain best and brightest
- NPs, with focus on prevention, holistic and comprehensive care and are well suited for practice as PCP in FQHCs
- Entry to practice as NP can be a shock: how does an NP student prepare for the complexity of FQHC practice?
- R&R issues similar to those identified for all providers (compensation, high vitality team, clinical support, flexibility , strong clinical leadership, opportunity for research and teaching



What Do NPs Want?

- NPs want to serve as primary care provider with identified panel of patients
- Now by NCQA as medical home leaders
- Recognized and privileged as member of medical & nursing staff
- Recognized as distinct professional: Nurse practitioner and PCP, not “mid-level”
- Opportunities for clinical and administrative leadership; teaching and research involvement similar to other providers
- Compensation commensurate with responsibilities
- Support staffing commensurate as well

Commonly Seen Factors that Discourage NP Retention

- Disparities in key benefits: PTO, CME time and allowance, participation in productivity bonus plans
- Disparities in support staffing such as medical assistant, RN support
- Barriers to progressive professional development and leadership in the FQHC organization
- Language inconsistent with professional role (mid-level, physician extender)
- Some frustrations are beyond the FQHC's control (specialist refusing to accept referrals, HomeCare orders that must be signed by MD, etc.)

Why NP Residency?

- NPs transition from university to practice without residency
- Clinical training may or may not include FQHC setting
- Evidence of challenging transition from new NP to primary care provider :
- Brown & Olshansky: “from limbo to legitimacy”,
- Bosch: “more than I bargained for”
- Huffstutler & Varnell: “imposter phenomenon”
- Matthews and Kelly: “guilt and uncertainty”
- GME legislation currently precludes NP residency





What Does Primary Care Look Like In FQHC?

eClinicalWorks 8.0 E O S O D O R O T O L O M O

Progress Notes

64 Y, F Sel Info Hub

☒ Allergies Billing Alert

Wt: 155 lbs. Ins: Medicare
Appt(L): 10/28/09 Acc Bal: [REDACTED]
Appt(N): 11/09/09 Guar: [REDACTED]
PCP: [REDACTED] Gr Bal: \$0.00
Language: [REDACTED]
Translator: No

CLICK TO EDIT waiting for records from [REDACTED] 11/25

SECURE NOTES pap 08 waiting for fx 11/13/08 monofil. foot check done. colonoscopy? Tinnitus check at next visit

ADV DIRECTIVE

Medical Summary | Alerts | Labs | DI | Procedures | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

SF Rel Default Encounters 05/07/2009 SE

Overview History CDSS OS Labs DI

Advance Directive

Problem List

- 250.00 DIABETES TYPE II
- 401.1 HTN Benign hypertension
- 272.0 HYPERCHOLESTEROLEMIA
- 443.9 Peripheral vascular disease NOS
- 493.90 ASTHMA MODERATE PERSISTENT
- 300.4 Depression with anxiety

Current Medications

Current Medications	Stop Date
Singulair 10 mg tablet	
amoxicillin 500 mg capsule	11/07/2009
Freestyle Lite Test Strips xx strips	
Lactinol 1% lotion	
Prilosec 40 mg delayed release capsule	
pravastatin 40 mg tablet	
Freestyle test strips XX XX	
Lantus Solostar Pen 100 units/mL solution	
Freestyle lancets XX XX	
Patanol 0.1% solution	
Aspir-Low 81 mg tablet	
lisinopril 20mg tablet	
FREESTYLE FREEDOM MONITOR XX XX	
metformin 1000 mg tablet	

05/07/2009 Progress Notes: [REDACTED] ARNP

Current Medications
Lactinol-E 10-3500 as directed BID
Freestyle Lite Test Strips xx as directed use as directed TID ac
Aspir-Low 81 mg 1 tab(s) once a day
Nexium 40 mg 1 cap(s) once a day
BD UF orig pen needle 29 G x 1" as directed use as directed
AeroChamber xx as directed with pravastatin 40 mg 1 tab(s) for high cholesterol once a day (at bedtime)
Lantus Solostar Pen 100 units/mL 30 units once a day (at bedtime)
metformin 500 mg 2tab(s) for diabetes 2 times a day
benazepril 10 mg 1 tab(s) for high blood pressure once a day
Singulair 10 mg 1 tab(s) for allergies and asthma QM

Reason for Appointment
1. Dm
2. Med refills

History of Present Illness
Diabetes:
64 year old female presents with c/o Diabetes type 2. Denies : dizziness. foot problems. polyuria. polydypsia. polyphagia. fatigue. glucose monitoring Fastings range from 100-200, evening 140-220. medication adherence Stopped taking evening dose of Metformin, thinks it interrupts her sleep (has been sleeping much better since she stopped this dose)..
General:
Also with c/o worsening allergies for past 3 days, itchy eyes are bothering her the most. Denies cough, ear pain, fever, stomach ache, n/v/d/c. Still taking Singulair.
Ringing in ears is better than it was, but still present. Worse at night. Has been happening for over 2 months now. Comes in waves or pulses. hears at night when

Print Fax Play Addendum Details Scan Templates Claim Letters Ink

eClinicalWorks

Why has it worked as well as it has to date?

- Academic preparation does prepare new NPs for safe entry level practice
- FQHC providers have served as mentor and support, and often titrated up the difficulty of patient panel
- We only have data on the NPs that stay, not the ones we lose, maybe forever to primary care
- *Can we do better?*
- As FQHCs expand in number and size, we MUST do better and...
- Hart and McNee: 87% of respondents (>500) would have done residency if available



Hallmarks Of Residency Training

- Service-institution based; historically hospitals, now moving to community
- Residents are typically employees, salaried, with benefits
- Preceptors are assigned **exclusively** to the teaching and supervision of residents during precepted sessions
- Residents have **continuity clinics** with panel of assigned patients over time
- Mix of additional **didactic and specialty** experiences
- Clear learning **objectives and evaluation** plan
- **Fully integrated** into the organization



CHC's Goals In Establishing Residency



- ☐ Provide new nurse practitioners with a depth, breadth, volume, and intensity of clinical training necessary to serve as primary care providers in the complex setting of the country's FQHCs.
- ☐ Train new nurse practitioners to a model of primary care consistent with the IOM principles of health care and the needs of vulnerable populations
- ☐ Create a nationally replicable model of FQHC-based Residency training for nurse practitioners
- ☐ Prepare new NPs for practice in an setting—rural, urban, large or small

Structure of the NP Residency

- Required FNP-certification, Spanish-speaking preferred, stated commitment to PCP career in FQHC
- Full time, salaried employment x 12 months
- Core elements of residency:
 - Precepted continuity clinics, with CHC faculty 40%
 - Specialty rotations (in and out of CHC) 30%
 - Independent clinics 20%
 - Didactic lectures 5%
 - Integrated participation in life of the organization (on-call, task forces)
 - Training to a specific model of high performance primary care

Where our NP Residents Come

From

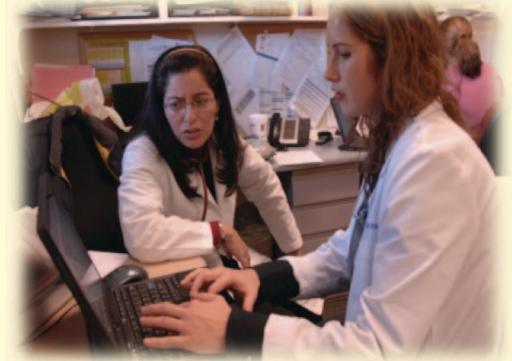
- **Sept. 2007** -admitted 1st class of four residents
 - 3 from Yale University School of Nursing
 - 1 from Boston College School of Nursing

- **Sept. 2008** - 2nd class of four residents
 - 1 from Yale University School of Nursing
 - 1 from Boston College School of Nursing
 - 2 from John Hopkins School of Nursing

- **Sept. 2009 – 3rd class of four residents**
 - 1 from Yale University School of Nursing
 - 1 from University of Pennsylvania
 - 1 from University of Illinois at Chicago
 - 1 from the University of Virginia

- **Sept. 2010 – 4th class of four residents will start**
 - 2 from Yale University School of Nursing
 - 1 from University of Illinois at Chicago
 - 1 from the University of South Carolina

- **Home States:** Our residents have come from California, Connecticut, Illinois, Maine, Massachusetts, Michigan, New York, Pennsylvania, South Carolina, Vermont, Virginia



Outcomes To Date

- **Former NP residents are practicing as primary care providers in FQHCs across the country**

■ **Connecticut (3), Massachusetts, North Carolina, Washington state, Washington DC, Oregon, Pennsylvania**

At end of residency, each resident has averaged a continuity of 350-450 patients with full age/severity mix

Evaluations, reflective journals, and narratives indicate tremendous progress in confidence and competence at end of residency, but the transition is not complete until well into the 2nd year post-graduation/ 1st year of practice post residency

Cost per resident/program is a combination of both fixed costs (resident salary and overhead) and diminished revenue of preceptors during sessions.



Questions To Be Answered

- How does a formal post graduate residency training program affect the transition from new NP to competent and confident PCP?
- How do the individual elements of a residency program affect this transition?
- How is the experience of the first year of practice post-residency different from expectations developed during the residency?
- What are the inhibiting and facilitating factors associated with the transition to PCP?
- What are the process and outcome measures of a successful transition from new NP to PCP?



Findings of a Multiple Case Study (unpublished)

- Applicants are universally committed to caring for patients comprehensively, in families & communities
- Seek mastery in areas they associate with caring for special populations, esp. caring for complex patients with multiple problems
- They undergo a transition: “I no longer feel like an imposter in a white coat.” “I feel in awe of how far I’ve come”, develop absolute confidence in knowing their limits and feel “ready and able” to take on their first PCP job post-residency

Facilitating Factors

- Preceptors and precepted clinics: “they were the ones guiding us the whole way
- Specialty clinics: especially psychiatry (adult and child)
- Didactics: addressing the specific clinical issues seen in health centers
- Being on-call (“I hated it! but really valuable); Being the person someone calls at 2 am and having them trust you
- Being part of the staff, team, provider meetings: the life of the organization

Unexpected Challenges

- “The psych piece surprised me. There were just so many patients with co-dominant mental illness”
- “I do not think I ever could have been prepared for the complexity of the patients”
- “I did not expect the amount of drug use and mental illness”
- “Muddiness” of the role of a resident, particularly in relationships with other staff at site
- “The productivity push: is it like this in all health centers?”



Health Reform & Nurse Practitioners

- Unprecedented investment in and support for FQHCs
- Major expansion in National Health Service Corps
- Significant increases in funding for academic preparation of NPs
- Funding for Nurse Managed Health Centers
- Authorization of 3-yr demonstration project to replicate NP residency model along model developed by CHC, Inc.



Nurse Managed Health Centers

- Currently 250 NMHCs across county
- 12 are also FQHCs per Association
- PPACA/ HR 3590 authorizes \$50 for new NMHCs; first round of funding pending
- Definition: Majority of care provided by nurses. At least one APRN must hold executive position in organizational structure. Comprehensive primary care, consumer-majority board, sliding fees
- Applicants must demonstrate how they will move towards becoming FQHC



Section 5316 of HR 3290

- Section 5316: ***Secretary shall establish a training demonstration program for family nurse practitioners....to train for careers as primary care providers in FQHCs and Nurse Managed Health Centers...to provide new NPs with clinical training...consistent with IOM and needs of vulnerable populations...to create a nationally replicable model***
- ***“no more than \$600,000 per year per program; no less than 3 residents per year***

Immediate Future

- 2nd NP residency created in 2009 by Lana Sargent at Worcester Family Health Center
- NP residencies authorized but not funded in legislation; working on next appropriation
- Current “best path” may be state by state appropriations
- Teaching Health Centers program offers natural partnership, but no funding was targeted specifically for NPs
- CHC, Inc. is ready and available to support other FQHCs in developing NP residency

Other Developments In NP Preparation: DNP

- In 2004, AACN recommended the development of a practice doctorate as a terminal degree in nursing
- Response to multiple drivers and needs
- Doctor of Nursing Practice programs found in most states now
- Implications for FQHCs
 - Will see increased requests for more extensive clinical placements (generally unfunded)
 - Current NPs may want/need to seek DNP degree—time and financial implications
 - Advanced preparation for leadership and practice



The Community in Health Centers

- ***In the quest to provide the most expert care to a most vulnerable and complex patient population, the focus on prevention, health promotion, supporting families, and building healthy communities remains a fundamental goal of nurse practitioners and hopefully, our entire clinical teams and organizations.***



Community Health Center Week at CHC New Britain



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Second Prize  Nintendo Wii and Wii Fit Plus Three 2nd place winners	Second Prize  \$1,000 Three 2nd place winners
Third Prize  Flip Ultra Camcorder Three 3rd place winners	Third Prize  \$500 Three 3rd place winners
Fourth Prize  Apple iPod 2GB Shuffle Ten 4th place winners	



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