The Integral Role of RNs in Primary Care: Developments from the Field; Recommendations for the Future
**Our Vision:** Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and uninsured populations and focused on improving health outcomes, as well as building healthy communities.

**CHC Inc. Profile:**
- Founding Year - 1972
- Primary Care Hubs – 13 ; 218 sites
- Organization Staff – 650; active patients; 130k
- Specialties: psychiatry, podiatry, chiropractic;
- Specialty access by eConsults

**Elements of Model**
- Integrated primary care teams/pods
- Integrated medical, dental, BH EMR
- PCMH Level 3,
- School Based Health Centers across Ct
  “Wherever You Are” HCH program
- **INNOVATIONS**
- Postgraduate Training Programs
- Weitzman Institute
- Project ECHO –CT (pain, suboxone, QI)

**Three Foundational Pillars**
Clinical Excellence
Research & Development
Training the Next Generation
CHC’s Educational, Technical & Innovation Projects

- Project ECHO
- E-Consults
- Residency Program

National Advisory Council on Nurse Education and Practice
Nurses Employed by CHC

- APRNs: 51
- LPNs: 3
- RNs: 40

Nursing Degrees

- RN-Diploma: 28
- A.S.: 6
- BSN (many with 2nd degree or post BS certificate): 6

National Advisory Council on Nurse Education and Practice
Domains of RN Nursing Practice at CHC, Inc.

Essential member of the primary care team and interprofessional activities

(1) RN supports (2) primary care providers/panels

Key functional activities:

- Patient education and treatment within provider visits
- Independent Nurse Visits under standing orders
- Delegated provider follow up visits using order sets
- Self management goal setting and care management
- Care Coordination, management and planning
- Telephonic Advice and Triage via dedicated triage line
- Quality improvement leaders, coaches, and participants
- Leaders and participants in research
- Clinical mentoring of RN students; Supervision and mentoring of medical assistants
Policy: Standing Order and Protocol for Tobacco Cessation Counseling
Location: Provision of Care, Treatment, and Services
Department: Medical
Date: October 1, 2013

Policy:

Medical visits primarily for tobacco cessation intervention including assessment, counseling, pharmacologic management, carbon monoxide monitoring, and education can be done by a licensed medical provider (MD, NP, PA, DO) or by a nurse as a delegated visit. The Chief Medical Officer of CHC, Inc. has established a standing order for delegated medical visits conducted by nurses for tobacco cessation.
Independent Nursing Visits
Total Visits: 24,901

- Immunization and Screening: 11,187
- Chronic Illness Care: 4,259
- Chronic Pain Support: follow up & assessment: 3,624
- Recurring Medication Administration: (ie. progesterone administration and monitoring for prevention of pre-term birth): 1,913
- Anticoagulation Management: 1,850
- Nursing visits for Standing Orders: 1,334
- Smoking Cessation visits: 734

Total Visits: 24,901
Chronic Illness Care

- Hypertension, 41%
- Diabetes Management, 38%
- Asthma/COPD, 5%
- BH, 8%
- HCV, 2%
- Other, 3%
- Hyperlipidemia, 1%
- HIV, 1%
- Obesity, 1%
- HCV, 2%
- Other, 3%
- Asthma/COPD, 5%
- BH, 8%
- Hypertension, 41%
- Diabetes Management, 38%

National Advisory Council on Nurse Education and Practice
RN Care Coordination

- 4-day comprehensive didactics for Care Coordination
  - Transition Care, Medication Reconciliation, CHF, DM, Pediatric Asthma, COPD, Psych, Motivational Interviewing, Self Management Goal Setting
  - Supervision Case Reviews via videoconference
- EHR Templates
  - Structured Intakes/Follow up
  - Nursing Informatics/Outcome Measures
  - Dashboards (Population Management)
- Community Engagement
  - Open House
  - Data Sharing
# Care Coordination Dashboard

## Patient Information

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>2 ER Visits in Last 12 Mths.</th>
<th>Hosp. in Last 12 Mths.</th>
<th>Uncontrolled DM</th>
<th>Uncontrolled HTN</th>
<th>Uncontrolled Asthma</th>
<th>4 Chronic Cond.</th>
<th>Smoking Status</th>
<th>A1C</th>
<th>Blood Pressure</th>
<th>LDL</th>
<th>Gender</th>
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<td>7/15/2014</td>
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<td>former smoker</td>
<td>123/73</td>
<td>112</td>
<td>F</td>
<td>62</td>
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<td>current every day smoker</td>
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<td>98</td>
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<td>125</td>
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<td>114/76</td>
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<td>current same day smoker</td>
<td>139/94</td>
<td>140</td>
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<td>current every day smoker</td>
<td>121/77</td>
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<td>51</td>
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<td>smoker</td>
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Upskilling of Medical Assistant

- Planned Care
- Ordering of Routine Screenings
- Panel Management
- Remote Diabetic Retinopathy
- QI/Microsystem Participants
# Planned Care Dashboard

<table>
<thead>
<tr>
<th>Patient</th>
<th>PCP Name</th>
<th>Adult Weight Screen and Edu</th>
<th>Smoker Intervention</th>
<th>Breast Cancer Screen</th>
<th>Cervical Cancer Screen</th>
<th>Colon Cancer Screen</th>
<th>Child Immun</th>
<th>DM A1c Control</th>
<th>Asthma Control Med</th>
<th>CAD Lipid Med</th>
<th>IVD Aspirin</th>
<th>HTN Control</th>
<th>Bubbles</th>
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</table>

**Next Medical Appointment:** 10/22/2014 9:20:00 AM
**Last Dental Visit:** 8/27/2013

**ALERTS**
- Needs Flu Vaccine 2014-2015
- Colonoscopy Screening
- Blood Pressure
- Body Mass Index

**Last Date** | **Due Date** | **Value** | **Notes**
------------|-------------|----------|----------
03/10/2014  | 6/10/2014   | 116 / 77 | Needs Education

**Patient** | **PCP Name** | **Adult Weight Screen and Edu** | **Smoker Intervention** | **Breast Cancer Screen** | **Cervical Cancer Screen** | **Colon Cancer Screen** | **Child Immun** | **DM A1c Control** | **Asthma Control Med** | **CAD Lipid Med** | **IVD Aspirin** | **HTN Control** | **Bubbles** |
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</table>

**Next Medical Appointment:** 10/22/2014 9:40:00 AM
**Last Dental Visit:** Never Done

**ALERTS**
- Needs Flu Vaccine 2014-2015
- Blood Pressure
- Body Mass Index
- Depression Screening

**Last Date** | **Due Date** | **Value** | **Notes**
------------|-------------|----------|----------
04/21/2014  | 4/21/2014   | 122 / 73 | Needs Education
## Impact on Outcomes

<table>
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<th>UDS Clinical Measures</th>
<th>Reported Percentage 2012</th>
<th>Reported Percentage 2013</th>
<th>% Change</th>
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<tr>
<td>IVD and ASA</td>
<td>53%</td>
<td>87%</td>
<td>34%</td>
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<tr>
<td>Asthma therapy</td>
<td>53%</td>
<td>92%</td>
<td>39%</td>
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<tr>
<td>Cervical Cancer Screening</td>
<td>50%</td>
<td>77%</td>
<td>27%</td>
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<tr>
<td>CAD lipid therapy</td>
<td>85%</td>
<td>85%</td>
<td>0%</td>
</tr>
<tr>
<td>Colon Cancer Screening</td>
<td>85%</td>
<td>90%</td>
<td>5%*</td>
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<tr>
<td>Tobacco Cessation Intervention</td>
<td>44%</td>
<td>71%</td>
<td>27%</td>
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<tr>
<td>Tobacco Use Assessment</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
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<tr>
<td>Childhood Immunization**</td>
<td>65%</td>
<td>82%</td>
<td>17%**</td>
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<tr>
<td>Diabetes Control</td>
<td>73%</td>
<td>76%</td>
<td>3%</td>
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<tr>
<td>HTN Control</td>
<td>67%</td>
<td>66%</td>
<td>-1%</td>
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<tr>
<td>Child weight assessment/counseling</td>
<td>50%</td>
<td>54%</td>
<td>4%</td>
</tr>
<tr>
<td>Adult Weight Screen and Follow Up</td>
<td>32%</td>
<td>37%</td>
<td>5%</td>
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</table>
Leadership and Support for RNs: The Role of the CNO

- 1 of 4 Clinical Chief positions
- Collaboration/Integration among departments
- Training/Competencies
- Program Oversight
- Developing Standing Orders
- Chair of the Pharmacy & Therapeutics Committee
- MU2 Implementation
- PCMH & UDS Reporting
- MA/RN recruitment
- Nursing Informatics
- Promotion of Research & Translation
- Mentor/Coach to the Nurse Managers
- Relationships with Professional Schools
Project ECHO and Quality Improvement Coaches

- Healthcare professionals playing a critical role in the systems change process
- Increasingly being used by health systems to adapt important changes
- Specially trained to improve healthcare delivery using QI tools and techniques
- Connecting coaches with expert faculty using videoconferencing system
- Coaches present challenging problems from their own practices
- Expert team offers advice and recommendation
- Participants gain new skills that can be used to make the healthcare system more patient-centered, more effective, and more efficient
Current Research Projects

- Rewards to Quit: A Study of Financial Incentives to Promote Tobacco Cessation in Community Health Centers
- Project STEP-ing Out: Improving pain management at CHC
- Comprehensive Assessment of a Care Coordination Quality Improvement Project in Primary Care
- Technology Enhanced Access to Comprehensive Healthcare and Buprenorphine Maintenance Therapy (TEACH-BMT)
- Risks Screening in Urban Primary Care Centers
- Empowering Medical Assistants with Clinical Dashboards: Evaluation of an EHR Extension to Accomplish Planned Care
Recommendations to the NACNEP

Recognizing that RNs are an essential and integral component of a team-based, high performance primary care, we respectfully make the following recommendations to the Council:

- Recognition of nurse visits among all payors, private and public, as billable nurse visits, within the scope of practice and when satisfying the conditions of billable encounters.

- Inclusion of primary care as an element of community health within undergraduate preparation of RNs, by setting and competencies. In particular, we support the concept of dedicated education units within FQHCs.

- Development of post BSN nurse residencies in primary care settings.

- Support for interprofessional education and training, including quality improvement and change management.
Contact Information

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