# Innovations in Academic Practice Partnerships







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#### **Academic-Practice Partnerships**

#### **Working Definition:**

Defined as strategic relationships between educational (academic) and clinical practice settings established to advance their mutual interests related to practice, education and research. (HRSA, 2014)

## The Need for Strong Partnerships

- Shrinking supply of preceptors.
- Call for more PCPs (U.S. Department of Health and Human Services, 2016)
- Need for longitudinal immersive experiences for NPs (Collins, 2016).
- Rich sites for meaningful research.
- Lack of providers in rural/frontier environments
- Health challenges facing nation associated with
  - the rapidly aging population
  - increased demand from health care reform measures
  - concerns about access and barriers to care
- CMS goals to prevent readmission
- Health promotion needs





## National Challenges (NONPF 2016)

- Lack of shared vision between partners
- Lack of clear expectations
- Lack of a common language or taxonomy
- Timing of the partnership
- Time required to assure success

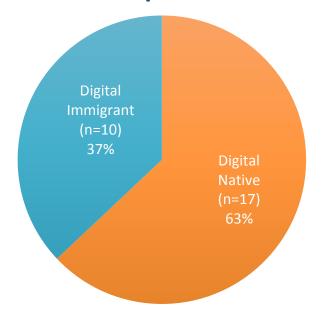
- Legal issues
- Resistance to change
- Absence of competency based definitions of clinical expectations
- Lack of standardized evaluation assessment tools

## **Evolution and Challenges: Procuring and Preserving APPs**

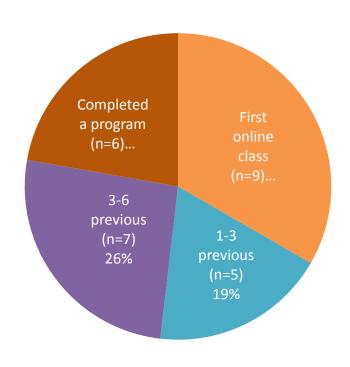
Florida Atlantic University	University of Northern Colorado	George Mason University
Competition with Medical Students and other Colleges	Preceptor recruitment	Bi-directional Communication
Lack of reimbursement to	Matching students and sites	Prioritization of goals
preceptors (vs. med students and private CONs)	Preceptor training	Understanding Interprofessional Practice
Large numbers of sites needed	Licensure of faculty in state of site	Resource allocation
Lack of pediatric sites	Licensure of NP student as RN in state of site	
Organization leadership	Hospitals bought out by other	
turnover	companies	

## **Challenges: Technology and On-line Learning**

Childhood Experience w/
Computers



### **Experience in Online Learning**



Digital Native: Someone that has used computers and the internet since childhood. Digital Immigrant: Someone that learned to use computers as an adult.

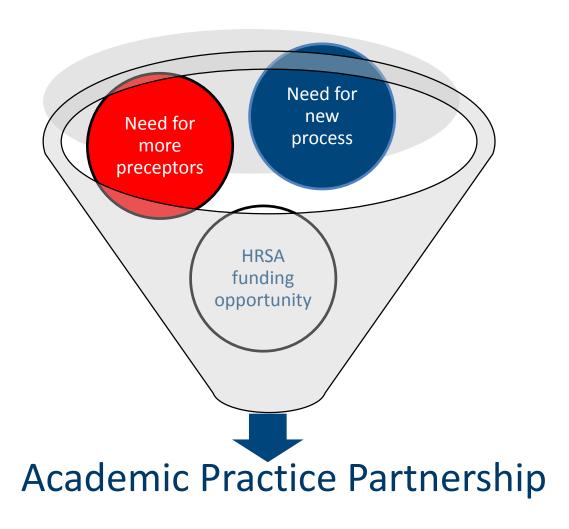
## Our stories:







#### Florida Atlantic University



## Palm Beach County ACO (2015)

#### 1. History

- Submission for HRSA funding opportunity
- ACO targeted via adjunct faculty employed as a PCP in one of the practices
- 2. Set meeting with business manager
- 3. Presented slide show at providers' monthly meeting
- 4. Highlighted benefits

#### **Community Health Centers**

#### HRSA 2016 ANE provided impetus

- Targeting education for rural/underserved
- Primary care NPs
- Preceptor preparedness
- Direct contact to offer APP (\$\$)
- Resulted in 4 partners



"Patient Care Comes First"







Florida Community Health Centers, Inc.

www.fchcinc.org

#### University of Northern Colorado Plan

- The Adult Gerontology Acute Care Nurse Practitioner Program:
  - will prepare graduates to work with clients from adolescents to frail elders
  - focuses on the rural/frontier environment and transitions of care with an understanding of aging in place whether this is home, a rehabilitation center, assisted living or nursing home.
  - offers an understanding of rural culture, resources in the rural environment and coordination/transitions of care and collaboration
- Develop and implement an innovative academic-practice partnership
- Expand a community-based partnership to improve preceptor training and retention of preceptors in rural areas
- Initiate recruitment and training to increase minority or underserved preceptors
- Provide preceptors support via distance and simulation training

## **UNC AGACNP Program Details**

#### Predominantly on-line program

- focus on recruiting BSN prepared nurses from rural areas or who work with patients from the rural area, (northern CO, WY & western NB)
- students will continue to work in their current position while in graduate school

#### Two required summer intensives at UNC

- for health assessment check off
- advanced practice skills, competencies, simulation
- a community engagement project

#### Offers additional clinical partnership options in rural regions

- for a student to complete their practicums where they live
- preceptors and contracts will be arranged
- If not a possible, the student will complete their practicums in our region with Centennial AHEC (CAHEC) assistance

### Logic Model

Figure 1:Logic Model for Rural Care Transitions: Creating an Interdisciplinary Adult-Gerontology Acute Care Nurse Practitioner Program Outputs Outcomes Inputs Activities Short Medium **Participation** Lona Sustainable hybrid University of Northern Expert Faculty Implement a hybrid Recruit more AGACNP-Graduate Master's and Colorado (UNC) AGACNP program Doctorally Prepared trained faculty and obtain AGACNP program faculty and facilities in at UNC with a nursing simulation with a focus on rural AGACNPs ready to Improved advanced nursing, gerontology focus on rural healthcare needs provide safe, quaity care equipment → practice nursing and public health populations in the rural environment simulation Innovative. Enroll qualified students in interdisciplinary rural areas into UNC Improved acute mprove rural access cirriculum with Graduate rural health AGACNP program adult and geriatric Expose students to the nursing, gerontology, to care for adults and focused AGACNPs care for patients unique challenges of elders across the and public health living in areas with rural practice and care transitions of care. Establish clinical sites low access and transistions in rural including hospitals, Rural adult and accessibility environments Preceptors that are rehabilitation, palliative elderly patients current practitioners care, hospice, and long-Expand communityworking in Colorado, term care facilities based partnerships to Western Nebraska. Practitioners in the improve preceptor and Wyoming rural setting Enhance academic Strengthen professional Provide preceptor training training and promote practice relationships between through new retention of partnerships academia and clinical Trained Preceptors collaborations with practitioners in the Partner Health between UNC and practice and community practice rural environment Facilities health facilities partners New community caring for patients partnerships in the rural Develop and environment implement innovative AGACNP Students academic-practice → Academic-Practice partnership that will Partnership support the program. Li@UNC and HRSA fundina Assumptions: Full support of program by UNC; motivated and engaged External Factors: Student enrollment and students; preceptor cooperation from clinical sites; enriching clinical financial support; policy changes; program Centennial Area experiences at rural clinical sites; larger rural health provider work force will offerings from other local universities; lack of Health Education control over what patients present for care Consortium (CAHEC) improve care in the rural environment

## **Collaborations with Community Partners**

#### **Centennial Area Health Education Center ((AHEC)**

- Preceptor training
   CEs
- Student lodging

#### **University of Colorado Health**

Medical Center of the Rockies

Platte Valley Medical Center

#### **Banner Health**

Rural site placement

- Greeley, CO
- Brush, CO
- Sterling, CO
- Ogallala, NE
- Torrington, WY
- Wheatland, WY
- Worland, WY
- Fort Collins, CO
- Loveland, CO
- Telemedicine



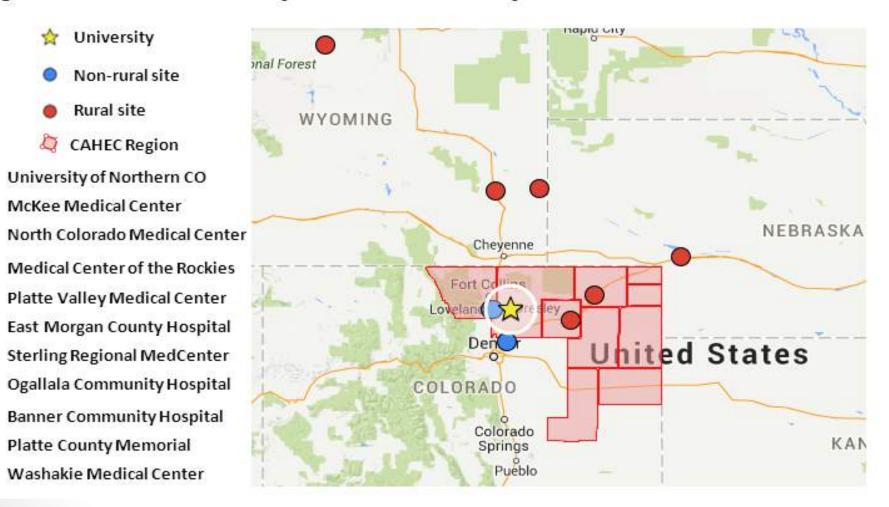






#### **Expanded Partnerships**

Figure 1: Location of AGACNP Expanded Clinical Partnership Sites



## Mason and Partners (MAP) Clinics

**Mission:** To improve the health status of underserved, uninsured vulnerable populations and to engage nursing, psychology, social work and other health and human service students in direct provision of healthcare services through interprofessional service learning.

**Vision:** The Mason and Partners (MAP) Clinics are a network of nurse managed health clinics (NMHC) affiliated with George Mason University College of Health and Human Services (CHHS) and managed by nursing faculty in collaboration with other CHHS faculty. The clinics follow a *Bridge Care* model which provides access to healthcare services for patients that lack health insurance. Through community partnerships the clinics focus on health education and preventative care to reduce risk and high-risk behaviors related to ongoing illnesses and chronic disease.

## Mason and Partners (MAP) Clinics

#### **Core Values**

- Community Partnerships: We acknowledge our vital and dynamic role in our communities. We foster growth and development in a manner that understands and serves their needs.
- Compassion: We provide care with dignity, concern, kindness and a respect for the diversity of our community.
- Fiscal and Operational Sustainability: The financial plan for the Bridge Care clinics has three components: (1) sustained relationships with community partners to maximize use of clinic space and resources; (2) development of a formal plan for faculty to be in the clinic(s) as part of their teaching workload; and (3) fundraising activities with the academic organizations as well as continued efforts to secure external funding.
- Innovation: We are committed to a supportive environment that encourages new ideas and creativity.

#### **Benefits of APPs to Practice Partners**

- Strategic workforce development
- Helping hospitals, community clinics, and primary care providers to develop positions for APRNs
- Faculty participation on organization boards
- Faculty may practice at sites
- Bill tax cuts for preceptors
- Preceptor benefits
  - Affiliate faculty appointments and use of college resources
  - "Sharpening the saw" Steven Covey (1990)

## Best Practices in Academic Practice Partnerships (APP)

- Structured for sustainability and success
- Has mutually beneficial outcomes
- Improves patient care and outcomes
- Stimulates innovation
- Generates excitement
- Teaching workforce how to partner
- Success depends on commitment to the goals of the training, trust among all partners, an understanding of the time commitment, and ensuring that all partners are equal players in the process of implementation and participation in student evaluations (Snyder, A., Milbrath, G., Gardner, T., Meade, P. & McGarvey, E., 2015).

### **Examples from other APPs**

Please share your successes and challenges



#### **Research Support**

#### **Research Support:**

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