Sustaining an Integrated Nurse-Managed Clinic Model:
Building a Mosaic of Support

Julie Cowan Novak, DNSc, RN, MA, CPNP, FAAN, FAAN
University of Texas Health Science Center San Antonio School of Nursing
Professor and Vice Dean, Practice and Engagement
Executive Director, UT Nursing Clinical Enterprise,
Student Health Center, Employee Health and Wellness Clinic,
and Community Practice Projects
Director, Campus Wellness
Professor, Department of Pediatrics, UTHSCSA School of Medicine

United States

Sustainability: Building a Mosaic of Support

Diversity
Efficient, Thoughtful, and Positive Communication
High Quality, Collaborative Relationships
Competitive
Hard Work-based Business Plan/Faculty Practice Plan
Administrative Support
Sustainability
Patient Community/Private Insurance
Medicare and Medicaid Funding
Private Donor/Development
Local Fundraisers

UT Nursing Clinical Enterprise Mission:
Consistent With Systems Approach and Institutional Missions and Policies

- Integrate research/discovery, teaching/learning, practice/engagement and policy to enhance the well-being of the local to global community
- Emphasize best practice and education that are evidence-based
- Provide excellent learning experiences for our students while serving our communities
- Ensure an accessible, cost-effective, high quality and culturally proficient nurse-managed system of care delivery

Key Elements for Long-Term Sustainability

- Patient, Family, and Community Centered Model
- Integrated model of discovery, learning, and engagement
- Diverse financial resources, e.g., Medicare/Medicaid, private insurance, donors, federal state and foundation funding
- Human Resources - Critical
- High quality, collaborative relationships
- Thoughtful and positive communication
- Clear business plan
- Creative broad partnerships: Communities, industries, and multiple disciplines
- Administrative and faculty support
- Embedded in promotion and tenure process

Purpose: Nurse-led Care, Faculty Practice and Research

- Design an integrated, innovative, accessible, high quality, cost-effective patient and family-centered sustainable model of nurse-led care
- Create learning, research, and practice collaborations for nursing and other students and faculty in the Health Science disciplines
- Provide excellent learning experiences for our students while building and sustaining our university and community partnerships
- Embed practice in an integrated promotion and tenure process aligned with the SON and institutional mission
- Expand interprofessional, collaborative practice sites for students/residents, link the sites through EPIC electronic health records, significantly expand clinic hours, patient care, primary care providers and services, thus creating increased slots for primary care clinical experiences

Delivery System Reform Incentive Payment (DSRIP) Program/Centers for Medicare and Medicaid Services (CMS)

Federally-sponsored pay-for-performance initiative with the "Triple Aim" of better care for individuals (including access to care, quality of care, health outcomes), better health for the population and lower cost through improvement and innovation.

Approved DSRIP grant: $5.08 million - May 2013 – May 2017
Clinic expansion: Student Health Center, Employee Health and Wellness Clinic, AVANCE, Healy-Murphy

Refugee Clinic added – September 2014
Second AVANCE site added 1/27/15

1/15/2015
Through a mosaic of support, the UT Nursing Clinical Enterprise manages six clinics with high patient satisfaction scores and positive clinical outcomes at one-third the cost of traditional models.

The clinics are sustained through a diverse portfolio from a variety of funding sources including private, state, and federal programs, billing, grants, and contracts.

The model Health Home includes expanded faculty practice, interprofessional collaboration, and the integration of behavioral health, nutrition, and healthy lifestyle.

Faculty and students develop an integrated model of discovery, learning, and engagement focused on evidence-based health promotion and disease prevention, patient family, and community education, acute episodic illness care, management of chronic conditions, and emergency room diversion. Quality and safety outcomes are measured.

The model provides excellent learning experiences for health science center students while building and sustaining university-community partnerships.

Students are uniquely positioned to further change the face of local and global healthcare with added expertise in systems approaches and the removal of practice and policy barriers.

This nurse-managed clinic model proposes an accessible, cost-effective, efficient, high quality evidence-based system of primary healthcare, education, and research with the application of engineering principles, optimal use of IT technology and faculty practice.

Electronic health record adoption and integration has been completed. Data analytics from the EPR system promote care continuity, patient safety/quality, facilitates communication with the UT system/community partners, and can be used to track the "Top 10" presenting concerns and clinical outcomes.

A quick response (QR) code is provided to patients to receive immediate feedback regarding the clinic experience and care. Data influence local, state, and federal health policy and funding decisions.

Faculty Practice: Nurse-Managed Clinics as a Foundational Component

Over the past 50 years, academic nursing centers have been developing, implementing, and evaluating alternatives to the failing, mismanaged U.S. health care delivery system. Of 290+ projects in the past decade, approximately 50 have survived. Of the 50, approximately 10 are thriving.

Challenges: tied to grants that are non-renewable or highly competitive, funding sources change priorities, lack of diverse sources of funding, not embedded or valued in promotion and tenure process, heavy teaching loads limit faculty practice.
Clinic #1
UTHSCSA Student Health Center
Patient Volume tripled over past five years
Designated medically underserved population (MUP)
3,327 Health Science Center students: 2014

Clinic #2
AVANCE Community Partnership Clinic
- Nurse-led model: NP, PA, RN, Health Assistant, collaborating pediatrician from UTHSCSA Community Pediatrics
- 95% of population of Hispanic origin
- Targets vulnerable children and families; patient, family-centered primary care health home
- MPN: provide pediatric primary healthcare to 1,000 children enrolled in the AVANCE Early Head Start program and Healy-Murphy Day Care Center. Projected growth to 2,000 over the course of the project
- Sites for master's and doctoral research: Population Health, Capstone and PNP preceptorships, faculty practice and interprofessional service learning projects
- Expanded services: one day/week to four days/week

Clinic #3
Healy-Murphy Wellness Center Team
Julie Cawes Novak, DNP, RN, MA, CPNP, FNP-C, FAAN
Lisa Cleveland, PhD, CB
Kellie Rockett, MSN, CPNP
Carol DeLice Barrera, MSN, RNC
Christiane Miners, PhD, RD
Sue Cunningham, PhD, RD, CD, CDN

Clinic #4
Faculty Practice Site
Employee Health & Wellness Clinic:
Services:
- Primary Care
- Comprehensive Wellness and Health Promotion
- Behavioral health care
- Women's Health/Men's Health
- Immunizations
- Healthy Weight Management/Nutrition Counseling
- STD Screening/Treatment
- Smoking Cessation
- Acute illness
- Minor injury
- Campus-Wide Occupational Health
- Immunization Programs
- Minor Occupational Injury Assessment/Treatment
- Chronic Disease Management
- Care Management
- On-site lab services, daily lab courier service
- Patient Survey with QR Code
- Expanded Hours: 7:30AM - 5:30PM
- Monthly Wellness Themes

Clinic #5
Faculty Practice Plan Site
San Antonio Refugee Health Clinic (SARHC)
Located in the heart of its refugee population near St. Francis's Episcopal Church
Over 1,000 refugees and their families assigned to San Antonio annually
500 seat health care and health education in the clinic and nearby housing
Team:
Dr. Julie Novak, School of Nursing liaison
Dr. Ruth Grady, Consultant
Interprofessional HSC Faculty and Students representing UTHSCSA: Nursing, Medicine, Dentistry, and PA Students
S-Translators: Nepali, Swahili, French and Burmese
Referrals include: Other OSHPD Projects (Teleaudiology, Evening Pediatric Clinic), CARELINK assistance: Little eye clinic, Planned Parenthood, The Center for Refugees Services, University Health System (UHS) ER and ExpressMed, Any Baby Can, UHS Diabetes clinic and Catholic Charities for Case Management

Clinic #3
Healy-Murphy Alternative High School and Day Care Center
- 50% of the students are pregnant or parenting. Day care center and clinic are on site.
- Expanded services: one-half day per week to four days per week.
Faculty Practice Plan

The Purpose of the School of Nursing Faculty Practice Plan ("Plan") is to manage and hold in trust the professional income of faculty members at The University of Texas Health Science Center at San Antonio School of Nursing ("SON").

The Plan's goal is to promote excellence in teaching, research, clinical service, and administration through clinical practice and compensation strategies that will contribute to and safeguard the institution's continued growth in excellence.

Final draft approved by Dr. Kenneth Shine, former Vice Chancellor and IOM President, January 23, 2013.

Faculty endorsement, April 26, 2013.

Initiation of FPP Participation

- As practice is defined very broadly, buyout or additional pay will be the scenario approximately 75% of the time.
- Other scenarios occur due to faculty innovation/rew models, short-term opportunities.
- Requests that come to the Enterprise for done-in-a-day to done-in-10 week courses
- Mass health screenings, e.g., 1000 Head Start enrollees.
- Industry contracts such as TeamSTEPPS where funds are going to an entity rather than an individual faculty member.

Initiation of FPP Participation, continued

1) During the interview and hiring process or after hire, faculty members share with Department Chair or Vice Dean for Practice and Engagement that they want or need direct or indirect practice to be a part of their 1.0 FTE assignment. This may result in a buyout if the Enterprise has needs or requests in the relevant practice area, e.g., Student Health Center. If the Enterprise is fully covered, the Vice Dean and her team will try to develop a practice site for the faculty member, e.g., Clarity Behavioral Health.

2) If the faculty member is fully assigned and wants to practice over and above their 1.0 assignment for additional pay, the Enterprise will make every effort to identify or develop a relevant practice site.

3) Whether the practice is determined to be a buyout or additional pay, the scenario could change from one semester to the next depending on teaching assignment, administrative assignment, securing a grant, and/or the needs of the practice partner. For consistency, however, most contracts or MOUs are for 12 months.
Initiation of FPP Participation, continued

4) Chair determines if fully assigned or how much FTE is available for practice. Chair communicates this information directly in writing to Vice Dean for Practice and Engagement. This is where the “prescription pad” or other written communication from the Chair to the Vice Dean and Clinical Enterprise team office is most helpful.

5) Faculty member makes an appointment with Vice Dean/Executive Director of the UT Nursing Clinical Enterprise (UTNEC) and UTONE Business Administrator to discuss type, time, and location of practice and to provide content (roles and responsibilities) for the contract.

6) Contract is developed by Enterprise team in collaboration with business/practice entity or partner.

7) Contract is reviewed and approved by the Office of Legal Counsel.

8) Contract is circulated for required and relevant signatures.

Components of Faculty Compensation

X = Base Salary

Base Salary is that part of a Member’s salary based on a Member’s academic rank. Base Salary shall be designated annually in the Member’s Memorandum of Appointment. Base Salary may be derived from any reasonable method, such as salary survey results by nationally recognized organizations, e.g., AAOH, that are commonly relied upon by university health institutions to establish similar types of compensation.

Components of Faculty Compensation

Y = Supplemental Compensation

Supplemental Compensation is that part of a Member’s annual fixed compensation stated in the Memorandum of Appointment that is determined by a Member’s area of practice or specialty, administrative duties while performed, and other positions, tasks, responsibilities, or contributions that are fully assigned to the Member and for which compensation is not received as either Base Salary or Incentive Compensation, e.g., Lead AHC Practitioner.

Components of Faculty Compensation

Z = Incentive Compensation

Incentive compensation, if any, is that part of a Member’s compensation for performance that is not fixed and is determined through the application of an established and equitably applied formula that rewards outstanding performance and productivity and also factors in any negative aspects of a Member’s performance or productivity. Incentive compensation may be based on any aspect of a Member’s duties, such as teaching, research, public service, clinical productivity, awards of grants or other types of research funding, teaching, service to the institution or any other facet of job performance.

2014 Z - 10% of net operating margin awarded to faculty member.

Faculty Practice Plan Contributions

- Faculty Practice Plan Fund Support
- Faculty Income Augmentation
- Fringe Benefit Fund
- UT Nursing Clinical Enterprise Operations
- Faculty Scholarship Fund (Including travel)
- Department Academic Enhancement
- Institutional Development Fund/President’s Office

Operating margin - 2009 in the red, break even/revenue neutral 2012 exceeding the 20% operating margin, five year goal in 2014

Faculty Practice Plan

Scenario 1

Additional Pay — for faculty practice that exceeds the 1.0 FTE. This may be a Y supplement for accepting additional responsibility, e.g., Lead Nurse Practitioner, recurring consultant role in a local hospital or community agency. $58,814 paid to six faculty by UTNCE in additional pay in 2013-2014.

Scenario 4

• UT Nursing Clinical Enterprise Special Projects — in this scenario, the Enterprise office is contacted and a request is made or the Vice Dean for Practice and Engagement and staff develop a project due to an identified community need, e.g., Texas Workforce Commission educational program for daycare providers or UHS Pediatrics Assessment course. In this case, the faculty member’s participation exceeds the faculty member’s FTE making them eligible for supplemental compensation. Supplemental compensation is consistent with their hourly teaching rate. After the faculty are paid and the expenses are covered, the balance is paid to the UT Nursing Clinical Enterprise for marketing, procuring the opportunity, organizing the event, paying staff, and evaluation. The funds are paid to the participating faculty member(s) and the UT Nursing Clinical Enterprise. These short-term projects may occur after regular working hours in the evening or on weekends.

Faculty Practice Plan

Scenario 2

• Buyout — of faculty time for practice in one of our UTNCE clinics. This is done within the faculty FTE so there is no additional pay unless the faculty member exceeds the buyout. Typically, faculty spend a day each week in the Student Health Clinic, Employee Health Clinic or in one of our Community-based Clinics e.g., 20% FFP buyout, 80% other teaching, research, SON duties and responsibilities.

• Exemplar: $166,000 paid by Clinical Enterprise to Family Health Care System Department in buyouts - 2010-2013

  80% Teaching workload
  20% Buyout from UTNCE
  100% = 1 FTE, No Additional Pay

Scenario 5 - Non-FPP

• One-Time Limited Service — A professional organization requests a faculty member to present a full-day workshop. The contract amount is $2,500. The faculty member submits a prior approval form in order to make known the honorarium. Vacation time is not used because this one-time workshop is a credit to the expertise of the faculty member and the UTHSCSA SON. The faculty member receives the payment from the association directly and it is considered other income for personal income taxes. No involvement of FPP in this scenario.

Faculty Practice Plan

Scenario 3

• Outside Industry Contracts (secured by UTNCE) — these are contracts that are identified, established, and secured by the Clinical Enterprise for the purpose of a department.

• TeamSITEPs Hospital or Primary Care Master Training – 12 month contract – $92,000

• Team contract

  90% Academic Center of Excellence (ACE)
  10% UTNCE Contract development and management
  100% Secured contract

Communication and Education:
Keys to Success within a School of Nursing Culture

Executive level faculty and staff School of Nursing Meetings (bi-weekly)

Annual “State of the School” presentations
Quarterly Department Meetings
Monthly Faculty Assembly Meetings
New Hire Orientations
SOAP Note Meetings – Faculty Member, Chair and Vice Dean
Meetings with Department Chair and Faculty Member
Open attendance Faculty Practice Plan Committee Meetings
Rich Educational Experiences:
DNP Projects Emphasize System Development

- Scholarship of learning practice and engagement
- APN/DNP students data collection and analysis
- Evaluation of evidence-based care
- Medication and other patient safety and quality improvement systems
- Optimal scheduling patterns, patient flow, and clinic design and sustainability
- Local to global health policy
- Lead Education Research Project-Avance
- Scope of Practice – IOM Future of Nursing Recommendations

Nurse-Managed Clinic/Faculty Practice Innovations:
Building Programs of Scholarship, Sustainability and Value Based Healthcare Delivery

- Optimal Customization
- Electronic Health Records
- Clinic Design/Patient Flow
- Cost and Value Analysis: Promote Fiscally Intelligent Decision Making
- Population Management
- Rural and Urban healthcare Delivery
- Medication Reconciliation and Safety
- Continuous Quality Improvement
- Public Health Quality Improvement
- Simulation in Primary Care
- Human Factors as theoretical underpinnings for safety and quality

Research Opportunities: Outcome Measures
Basis for CQI and new Grants and Contracts

- Evidence-based, Value driven Care
  Core-20% operating margin achieved
- Patient Safety & Quality of Care
  teamwork, CON, AAMC Accreditation
- DHR Optimized Use - Data Analytics
  Customization
- Evidence Based Healthy Eating Activity
  Together (HETF) 50 Enrolled in UT Fitness Challenge April 2015: 75 enrollees
- Evidence Based Harvard Brain Health
  Touchpoints Parent Coaching Model
- Evidence Based Keep your
  Children/Youth Mental Health Promotion
  Model: Mental Health Promotion

- Developmental Outcomes – Texas Health Steps Data (EPSDT)
  5-year professional collaboration
- Increase 1M to 360A, 1 auditologist, 2 dietitians, 1 exercise physiologist
- Children/Youth Mental Health Promotion

Research Opportunities: Outcome Measures
Basis for CQI and new Grants and Contracts

- Immunization Rates 100% -5th and 6th
- Campus-wide Adult New Hire and Existing Employee Immunization Program Launch
- Patient Flow/Wait times - 1 hour reduced to 10 minutes
- ED Diversion - ED referrals/reduction
  to 5 ED referrals/month
- Referral for Hospitalization/4-month
  reduced to 2/month
- Patient Satisfaction 80-95% satisfied or
  very satisfied
- Survey Monkey very good to excellent

Financial Sustainability: Building a Model of Support
Annual Funding Resources $3,843,872 for FY 15
UT Health Clinical University: Houston 2015

Three Year Revenue & Expense Comparison:
UT Nursing Clinical Enterprise Revenue Plan Fiscal

Note: The Three Year Revenue & Expense Comparison include the operations of Nursing Patient Care, Nursing Administration, and support services of the Nursing Medical Center, such as Finance (9000) and Human Resources (51000). UT Nursing Clinical Enterprise Revenue Plan Fiscal Year 2015 is not included in this report.

Nov 2015
Conclusions

- The nurse-led clinics encompass the Triple Aim objectives: improving access to care; improving the patient/patient experience of care (including quality and satisfaction) and the health of our populations; and reducing the per capita cost of health care.

- This model of health care delivery and evaluation provides early evidence of an accessible, safe, patient and family-centered, cost-effective, and efficient system of care by family, pediatric, and Behavioral Health Advanced Practice Nurses, nutritionists, an audiologist, and collaborating pediatricians per Texas State Law.

- The nurse-managed/nurse-led model can be accomplished at 30% to 50% of the cost of a standard medical model.

Conclusions

- Assessment, triage, health promotion, disease prevention, parent coaching, client, family, and community education, self-care emphasis, acute, episodic illness care, and management of stable chronic conditions can be provided effectively by the UT Nursing Clinical Enterprise Advanced Practice/NP faculty, undergraduate/graduate students, and interprofessional partners.

- The DSIRP Project supports significant expansion at each of the clinical sites: Over 300 refugees, growing to 2,000 children enrolled in Early Head Start/Head Start and day care centers and their parents; 3,326 Health Science Center Students (a designated Medically Underserved Population), and 6,000 employees (60% from underserved/rural communities).

- The model is an integration of discovery/research, learning/teaching and practice/engagement.

- The patient population has grown from 2,500 to 12,000.

- Projected patient visits in 2015: 20,000

Acknowledgements

Centers for Medicare and Medicaid Services (CMS) - $5.01M Delivery System Reform Incentive Payment (DSRIP) project, 6 years.

"Thinking about Primary Care Differently" - Primary Care Project - 085144601.1.9: UT Nursing Clinical Enterprise (UTNCE): Student Health Center, Employee Health and Wellness Clinic, Practice, and Pediatric Community Projects AVANCE and Healy-Murphy – (Regional Healthcare Partnership, Region 6 – DSRIP Summit)
Acknowledgements

RITA & ALEX HILLMAN FOUNDATION

Rita and Alex Hillman Foundation - $600,000, three-year grant.

"The Rita and Alex Hillman Foundation is one of the nation's leading philanthropies dedicated to improving lives through nursing-driven innovation."

San Antonio's Riverwalk