Building Academic-Practice Partnerships: The Rush University GNE Model

Kathleen R Delaney, PhD, PMH-NP, FAAN

Objective

- Develop strategies to build, and enhance academic partnership activities for faculty practice and to magnify student learning

Map of Presentation

- Provide basics on GNE and Rush Application
- Describe our initial structure and assumptions around partnership building
- Discuss how the GNE has made a difference in our partnership efforts
- Suggest how the structure of partnerships compliment efforts to build APRN training sites

Five Medical Centers Partnering with a School of Nursing or a Consortium of Nursing Schools were awarded GNE funds

Graduate Nurse Education (GNE) Demonstration: Basic Facts

- Administered by CMS : A 4-year demonstration project mandated by the Affordable Care Act.
- Goal: to increase the number of APRNs trained to meet the anticipated increases in patients seeking primary care services.
- Provides supporting monies to APRN clinical training sites. The exact formula differs from school to school.


TRIPLE AIM
Improving the experience of care,
Improving the health of populations,
Reducing per capita costs of health care

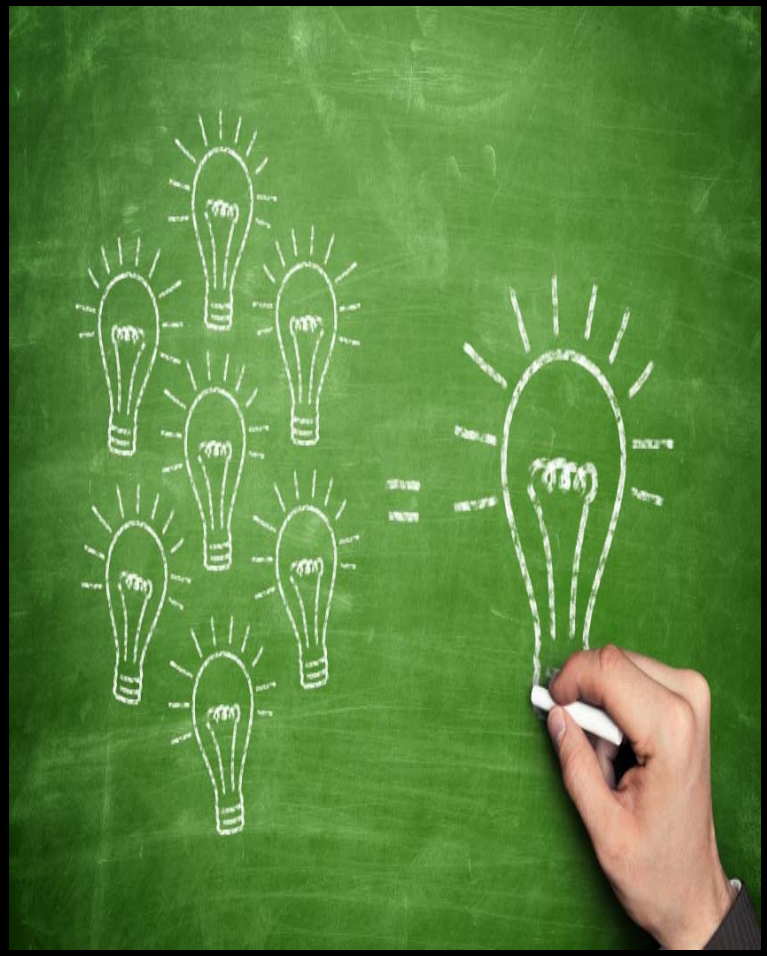
Rush Application: Transforming a "sick care system" into a Health Care System

An APRN workforce should be trained within the innovation they will one day be asked to enact

Patient Centered
Cost Effective
Focused on Care Coordination
Wellness component
Care built on the metrics of quality.

Our Initial Ideas for Partnerships

- Intentional partnerships
- Mutual benefits
- Tracking the APRN and patient care outcomes
- Identified sites that had the potential to provide training for 5-6 students
- Looked for innovation

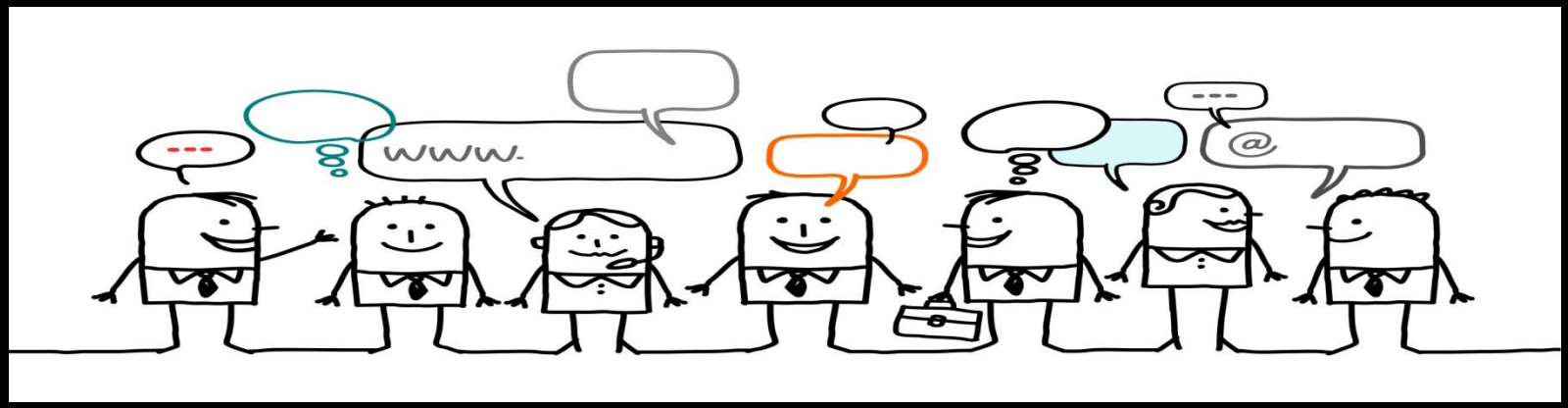


GNE monies: Pitfalls we tried to avoid

- Setting up a “Paying for preceptors” model
- Agreements with a site that would exclude other Schools of Nursing
- Loosing preceptors/ sites that were not part of the GNE

What the GNE has allowed us to do

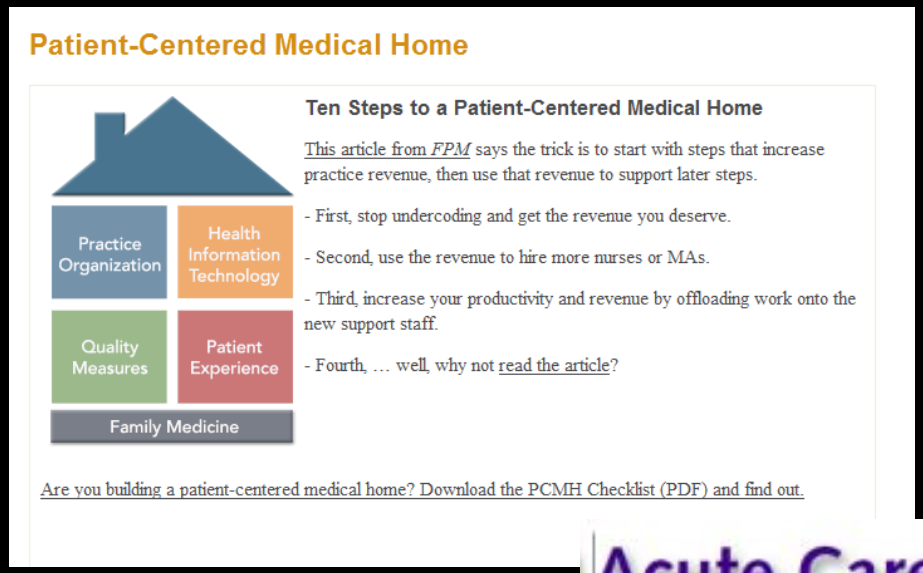
- Reset the conversation with Rush
- Champion new practice models
- Structure Spanish Training
- Begin an iterative process with practice sites
- DNP project ideas as a platform for the partnership
- Test out new preceptor models
- Establish an NP training center

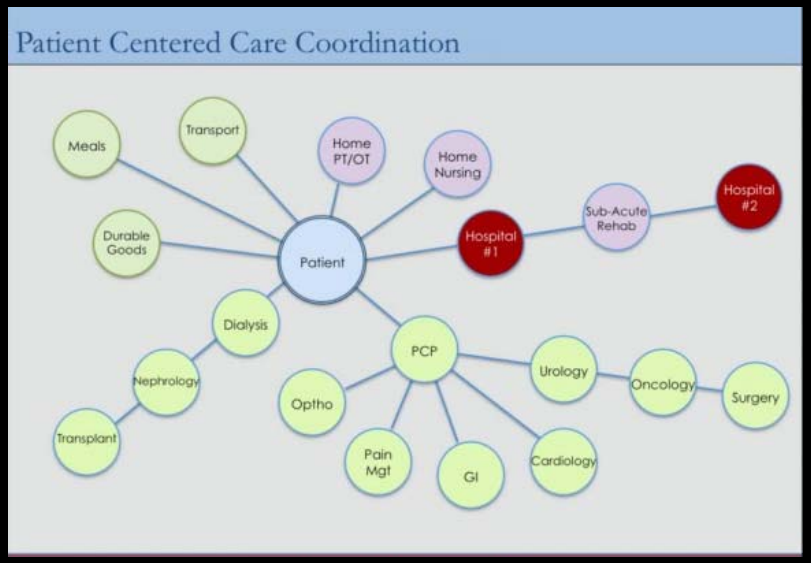


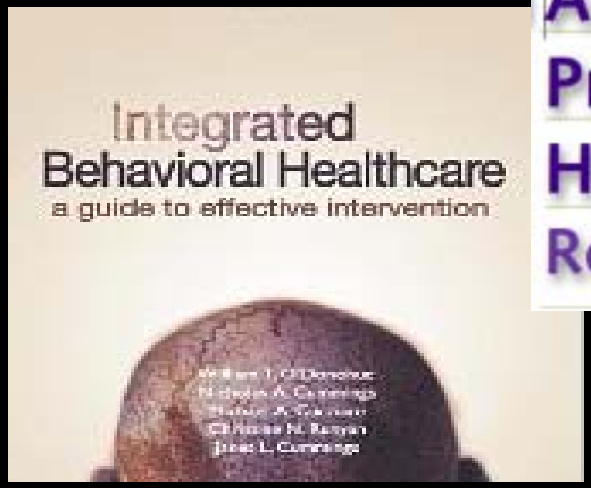
RUSH has used the GNE as a platform for initiating partnerships in shaping Innovation

- Evercare/ Cimpar: NP-run long-term care facilities for elderly with chronic conditions.
- Heartland: Looking at the development of FQHC competencies
- St. Clare Health Clinic: Mutual benefits of a charity clinic training NP students
- Web of Community Clinics: Illness self - management models (Urban cardiac rehabilitation programs)
- Family Health Partnership: New clinic to include NP training center; Committed to tracking outcomes (i.e. patient engagement and family stress index)
- Flying Food: On-site employer-based clinics addressing the needs of low-middle income employees

Rush Sites: Preceptor models that support innovation: Critical Care Hospitalist Model, Transition Clinic for State Medicaid Project, PCMH homes







Lessons Learned in Year 1

- Need to establish a MUTUAL BENEFIT RATIO (GNE only opens the door)
- SUSTAINING STRONG PARTNERSHIPS = VITAL
- Project team must invest time in relationship building
- As project GROWS need to reorganize roles and work flow within the College of Nursing
- DNP project is a valuable asset in partnerships

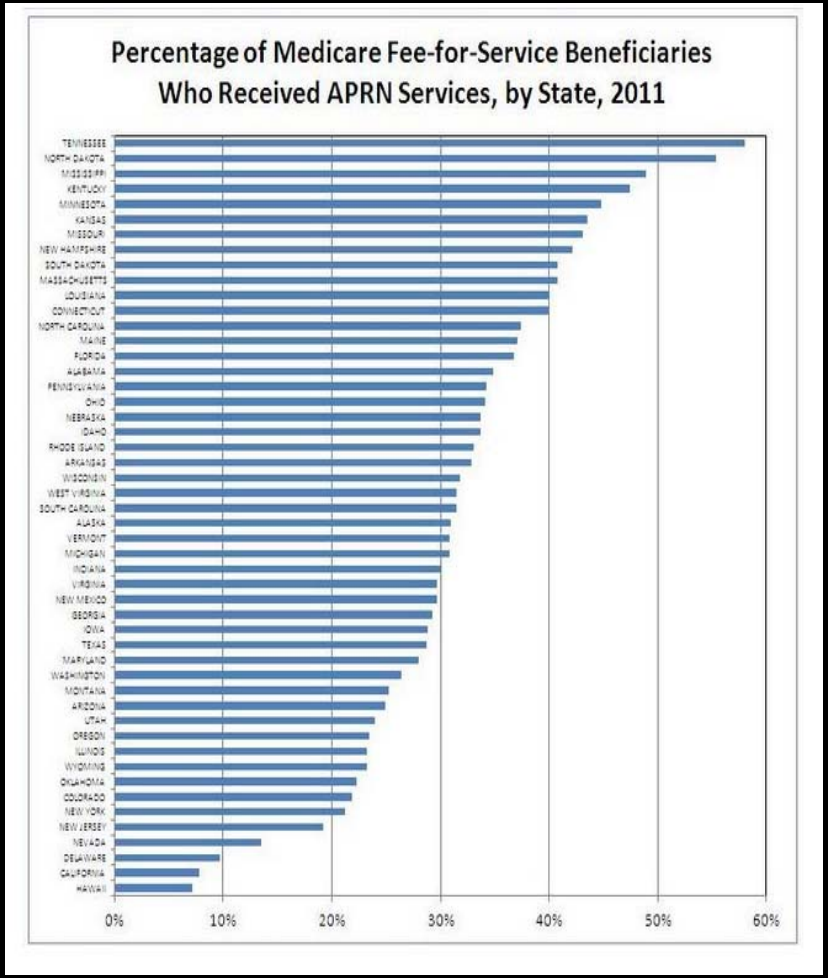
Shrinking supply of APRN training sites

- *Electronic Health Record requirements*
- *Documentation guidelines*
- *Demands for Productivity*
- *Preceptor Fatigue*
- *APRNs as Employees*
- *Preceptor Job Mobility*
- *Sites overwhelmed with training requests*
- *Formalized mechanisms to secure training site*
- *Lack of academic structures and funding stream to support APRN training*

Policy Implications of the GNE

- Develop institutional support for APRN Training
  - Incentivize NP preceptors
  - Equalize with GME Part A
- Address Medicare documentation restrictions
- Consider support for APRN training
  - Area compacts
  - Medical Center hub
  - Rural cooperatives
- Articulate the NP value added equation:

  Connect the dots from care issue to new reform provisions to innovative model to what nursing will bring



Thank You!

Questions?