

# Curriculum Innovations to Support Population Health Management by BSN-RNs

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# Future of Primary Care

## Increasing Complexity

- **Patients**
  - *PCP's estimate 25% of patients in their panels are “complex”*
- **Coordinating care across partners and systems**
  - *Population health models*
- **Health care information technology**
  - *Effective flow and use of data and IT*
- **Payment models**
  - *Shift to “value” and “risk” based models*



# BSN-RN Workforce with new competencies is needed



The NEW ENGLAND  
JOURNAL of MEDICINE

## Rethinking the Primary Care Workforce



Health Affairs

**Registered Nurses in Primary Care: Emerging New Roles and Contributions to Team-Based Care in High-Performing Practices**

Confronting The Growing Burden Of Chronic Disease: Can The U.S. Health Care Workforce Do The Job?



CALIFORNIA HEALTHCARE FOUNDATION

**RN Role Reimagined:**  
How Empowering Registered Nurses Can Improve Primary Care



**Expanding the Role of Registered Nurses in Primary Care: A Business Case Analysis**  
[www.greenbranch.com](http://www.greenbranch.com)

Registered Nurses: Partners in Transforming Primary Care

# Future of Nurse Education

- ***AACN's Vision for Nursing Education –influencing factors***
  - *Changes in higher education- Competency based not time based focus*
  - *Changing learners- need for new models of instruction*
  - *Aging faculty workforce- need for enhanced academic practice collaboration*
  - *System reforms leading to new roles for RNs in ambulatory settings*
  - *Need for primary care focused content in curriculum*
  - *Maldistribution of RN workforce- needs and opportunities, especially in rural areas*

# Future of Nurse Education

## ***AACN's Vision for Nursing Education -Recommendations:***

- Transition to competency based, time variable education
- Post graduate Transition to Practice (jointly offered by schools and practice partners) with short courses for specialty needs
- Balance simulated versus real life learning experiences (esp. for high risk/low volume encounters)
- Regional consortia to leverage resources and expertise
- New academic practice partnership models (*A New Era for Academic Nursing* (AACN, 2016))
- New conceptual model for BSN preparation- 4 spheres:
  - Disease prevention/promotion of health and well-being,
  - Chronic disease care,
  - Regenerative or restorative care,
  - Hospice/palliative/supportive care.

# Beginning the journey

- **2 Year HRSA grant to embed primary care practicum experienced in BSN program**
- **Need to build capacity for preceptors**
- **4 BSN prepared preceptors in 3 primary care practice settings and one low income senior housing community**

- **Goal 1**: Prepare a minimum of 17 unduplicated baccalaureate nursing students to assume a community based position upon graduation.
- **Goal 2**) Develop RN capacity in the region by educating ten (10) RNs through our Primary Care Certificate Program
- **Goal 3**) Educate a minimum of fifty (50) healthcare providers in the region about benefits of having a BSN prepared RN in community/primary care settings

# Beginning the journey

Concurrent need to:

- Make the value proposition for these positions
- Better articulate how nursing skills and knowledge are worth the investment when working with complex patient populations

Results

Indicators

Performance Measures  
Population Measures

Turning Curves

What would success look like?



## Partners include:

- regional federally qualified community health centers (FQHCs) (2)
- regional hospital systems (3), and
- a low income senior housing community.



## Grant supported BSN-RN at each partner agency-

- serves as full time preceptor for students and care manager for clients served by the agency.

**Placements with hospital care coordination/discharge planning RNs**

## Capacity building efforts:

- Embedding RN Care Managers in sites into roles that previously did not exist
- Working with agencies/RNs to develop metrics for ROI of this role
- Training preceptors/RNs New to the CCTM role
- Strategic “loading” of advisory board- key influencers in primary care in the region

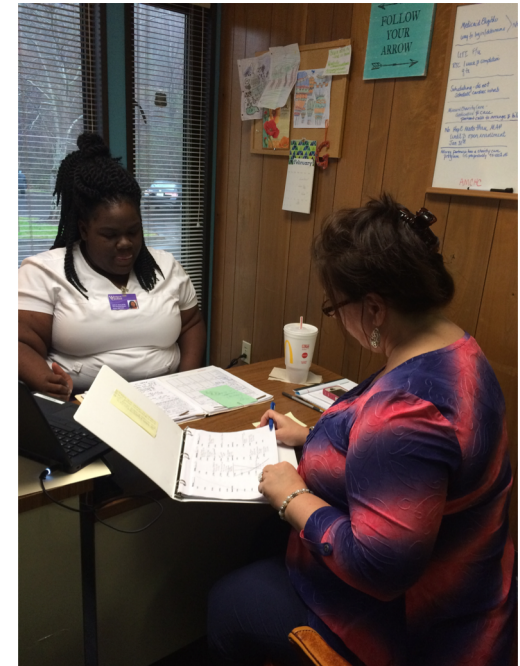
# BSN Practicums in Population Health (BSN-PoP)

We recruit students from three undergraduate programs:

RIBN (ADN articulation program)- year 4 of the program

Traditional BSN- final semester of 2 year program

Accelerated BSN- 18 month program- last 6 months of program



- **Practicums are embedded in existing courses:**

<b>RIBN</b>	<b>Community (fall)  2 credit (60 hr.) practicum</b>	<b>RIBN Essentials Capstone Practicum (spring)  3 credit (120hr) practicum</b>
<b>Traditional BSN</b>	<b>Community (fall or spring)- 4 credit hour course- 52-60 hours of 168 total practicum hours</b>	<b>Synthesis Course Practicum 60-84 hours of 120 total practicum hours (same semester as community course)</b>
<b>ABSN</b>	<b>Community (fall or spring)- 4 credit hour course- 52-60 hours of 168 total practicum hours (summer)</b>	<b>Synthesis Course Practicum 60-84 hours of 120 total practicum hours (fall)</b>

## **LEARNING OUTCOMES**

**Students are evaluated on:**

- outcomes for the course in which the experience is embedded**
- additional learning outcomes for the practicums based on CCTM activities.**

**Evaluations are done by Faculty Liaison and Preceptor**

**We also are collecting qualitative data from students on impact of experience**

**Overcoming speed bumps in the road:  
Primary Care Certificate- unallowable  
cost in grant-  
Plan B!**

- **CCTM modules for preceptors and students**
- **Preceptor training sessions**
- **Results Based Accountability training**

# RESULTS

How Much	How Well
<ul style="list-style-type: none"> <li>• 48 students</li> <li>• 27 graduates (as of Nov 2018)</li> <li>• 4 partner agencies</li> <li>• 4 BSN prepared RN preceptors hired</li> </ul>	<p>Attrition Rate (13%)            (15%) have accepted roles in community/primary care post graduation            &gt;2000 hours completed practicum hours by students            3 Agencies have embraced RN role- committed to RN position            All BSN students get at least one day in primary care and hospital discharge placement            100% NCLEX Pass rate</p>

## Is anyone better off?

### Benefits to learners:

- Better understanding of social determinants of health
- Knowledgeable of available resources for patients
- Know how to advocate for available resources
- Development of holistic view of patient/client
- Developed motivational interviewing skills
- Developed skills in goal setting
- Worked as part of an interprofessional team
- Aware of opportunities that exist in primary care for RNs

### Benefits to agencies:

- RN sensitive indicators helping demonstrate value of RN in practice
- Improvement seen in quality metrics
- Revenue generated from resolved suspect conditions
- Better capacity to “address the whole person”

# STUDENT COMMENTS

“The part of practicum I enjoyed the most was working with the registry and getting to meet patients where they were. In the acute care setting I feel that we are just pushing health care onto people instead of helping them to really take their healthcare into their own hands.”

“The most valuable part of this practicum experience is that it exposes you to a new concept of how we as nurses can care for our patients and how we can make a difference with populations that don't always have access to the healthcare they need.”

“Nurses in the community/ primary care can do a lot more than what I thought they could. I didn't realize that they could do so much with tracking disease and follow-up with treatment. I kind of just thought of a nurse in the primary care as being someone who scheduled appointments, took people back, got vital signs, and got histories, and occasionally drew blood and gave immunizations.”



# STUDENT FEEDBACK ON LEARNING

Improved understanding of the reality and barriers that exist for patients and understanding how these barriers can affect patients' health.

Identifying the importance of assessing barriers and patient understanding before discharging patient home from hospital and before new medications were prescribed.

Gained skills in how to conduct a true "holistic" assessment

Gained skills on how to advocate for resources for patients and what resources were available for them in the community

Students appreciated the relationships they built with patients that they saw over a longer time period than in acute care

Felt like they were part of the team in primary care practices

## Other activities:

Developing multimedia materials to share information on the program and educate primary care providers on how RNs in primary care can impact patient outcomes

Students are introduced to primary care nursing in the nursing 101 classes

Held a regional conference in 2018 to educate providers on the role/value of BSN RN Care Manager

Concurrent research project (not funded) to examine differences in ACHNE competency self report measures.

- **Need for faculty buy in- fear of impact on NCLEX pass rates**
  - All participants from all 9 programs originally funded passed on first attempt.
- **Need for development of evidence to support prevailing notion of needing acute care experience prior to work in primary care**
- **Preceptor/faculty development needs**

- **Four year grant from HRSA**
- **Regional consortium to:**
  - Enhance undergraduate practicum experiences
  - Develop faculty training materials (CE)
  - Develop post BSN Residency/Fellowship in Primary Care
  - Explore/develop RN BSN completion with Primary Care Emphasis
  - Technical Assistance to practices



*“This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D11HP29866, Nurse Education Practice, Quality and Retention, in the amount of \$999,512. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”*