Division of Nursing and Public Health: Updates and Anticipated Trends

National Nursing Centers Consortium 2015 Conference”

Sustaining Nurse-Managed Health Centers: The Future of Nurse-Led Care

November 12, 2015

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HRSA Mission

Improving health and health equity through access to quality services, a skilled health workforce and innovative programs.

Bureau of Health Workforce Mission

Improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need.
In FY 2014, BHW awarded over $1 billion to more than 8,500 organizations and individuals through more than 40 workforce programs.

Collectively, our programs increase the nation’s access to quality health care by developing, distributing, and retaining a competent health workforce.
BHW Program Spending

BHW FY 2014 Program Spending by Program Type

Total Spending = $1.02 B

- Scholarships, Loans and Loan Repayment: 30%
- Health Professions Training: 32%
- Graduate Medical Education: 2%
- Health Workforce Analysis: 3%

BHW FY 2014 Program Spending by Discipline

Total Spending = $1.02 B

- Other: 47%
- Allied: 7%
- Public Health: 10%
- Interdisciplinary: 26%
- Health Workforce Analysis: 1%
- Oral Health: 1%
- Mental and Behavioral Health: 1%
- Medicine: 4%

Other includes pharmacists, optometrists, podiatrists, chiropractors and veterinarians; Oral Health includes dental hygienists; Mental and Behavioral Health includes physicians, nurses and physician assistants with psychiatric specialties; Medicine includes physician assistants.
Bureau of Health Workforce

Priorities

- Preparing a Diverse Workforce
- Improving Workforce Distribution
- Transforming Health Care Delivery

Program Design

- Academic & Community Partnerships
- Interprofessional Practice & Training
- Rapid Cycle Evaluation/Data Driven

Research and Resources
Diverse Workforce - Improved Quality of Care

Greater diversity among health professionals is associated with improved quality of care for underserved populations, including racial and ethnic minorities and those from disadvantaged backgrounds.

• 47% of trainees in BHW programs are minorities and/or come from disadvantaged backgrounds.
Training, Recruitment and Retention - Improved Access in Underserved Communities

Clinicians who receive training in community-based and underserved settings are more likely to practice in similar settings.

- 86% of NHSC clinicians continue to practice in underserved areas, including rural communities, up to two years after they complete their service commitment.
Modern Care - Improved Outcomes & Lower Costs

Changing service delivery to meet 21st century needs through an emphasis on quality care that encourages innovative team-based and interprofessional approaches.

Our programs serve as a catalyst to advance changes in health professions training that are responsive to the evolving needs of the health care system.

• In Academic Year 2013-14, 12 BHW programs had an interdisciplinary focus. Within those programs 1,315 clinical training sites were engaged in interprofessional team-based care.
Nurse Education, Practice, Quality and Retention (NEPQR) Programs

Legislative Authority: Public Health Service Act, Sec 831 (42 U.S.C. § 296p)

Practice Priority Area 1 (P1)

Establish or expand nursing practice arrangements in non-institutional settings to demonstrate methods to improve access to primary health care in medically underserved communities
2015 UNIFORM DATA SYSTEM REPORTING FOR THE BUREAU OF HEALTH WORKFORCE PRIMARY CARE CLINICS

Calendar Year 2015
Bureau of Health Workforce
October 28, 2015
Uniform Data System (UDS)

What is the UDS?
Standardized set of data reported by federally funded and supported programs:

- **Section 330 Grantees** – CHC, HCH, MHC and PHPC (*required for over 15 years*)
- **Bureau of Health Workforce Primary Care Clinics**, including Nurse Managed Health Clinics (*required since CY 2012*)
- **Look-Alikes** (*required since CY 2011*)

Critical Questions:

- How many patients are served by health center programs?
- What % of patients are uninsured? % who have Medicaid?
- What is the average cost per medical visit?
- What % of children and adolescents received weight assessment and counseling?
NMHCs: UDS Data

Patient/Community Demographics (HRSA Funded NMHCs)

**NMHC Clients**
- 94% have incomes at or below 200% of the Federal Poverty Level
- 59% are uninsured
- 34% have public insurance (Medicaid, Medicare, or other public insurance).
- 61% are of racial and/or ethnic minority
- 16% face a linguistic barriers

**NMHC Communities**
- 98% are located in medically underserved communities
- 66% serve as a primary care setting in their local communities
Nurse Education, Practice, Quality and Retention (NEPQR) Programs

- HRSA funds approximately 6%, or 15 NMHCs per fiscal year

- FY16 NEPQR-IPCP:BHI funding opportunity has a practice priority, to integrate evidence-based, interprofessional, team-based models of behavioral health services into routine nurse-led primary care, to include Nurse-Managed Health Centers
FY 2016 Funding Opportunity Highlights

- Nursing Workforce Diversity
- NEPQR BSN Practicums in Community Settings
- Nurse Faculty Loan Program
- NEPQR Interdisciplinary Collaborative Practice-Behavioral Health
- Advanced Education Nursing Traineeship
- Advance Nursing Education
- Nurse Anesthetist Traineeship
FY 2016 Nurse Education, Practice, Quality and Retention-Interprofessional Collaborative Practice: Behavioral Health (NEPQR-IPCP:BHI) Program
HRSA-16-068

Kasey Farrell
Project Officer, NEPQR-IPCP:BHI Program
Division of Nursing and Public Health

Applications Due: January 22, 2016

U. S. Department of Health and Human Services
Health Resources and Services Administration (HRSA)
Bureau of Health Workforce
Summary of Funding

- Project Period: July 1, 2016 – June 30, 2018
- Ceiling Award Amount: Applicants may apply for no more than $500,000 for the grant year
- Anticipated Awards: Approximately $8,000,000 is expected to be available to fund 16 awards
NEPQR-IPCP:BHI Program Goals

- Improve early identification, quality of treatment and population outcomes for depression and substance use disorders.
  - IMPACT and SBIRT
- Reduce barriers to behavioral health services through the integration into routine primary care
- Provide capacity building resources
- Invest in long-term sustainability for community-based organizations such as NMHCs
- Improve workforce competencies through interprofessional collaborative practice and education opportunities
NEPQR-IPCP:BHI Program Purpose

- Increase access to behavioral health services for vulnerable and underserved/rural populations.

- Invest in the Advanced Practice Registered Nurse (APRN) as a critical provider of primary care services.

- Train interprofessional providers and students in competencies critical for successful, sustainable integrated models of care.
Program Requirements

- Provide interprofessional, team-based primary care services. The primary care provider MUST be an APRN.
- Add at least one onsite licensed behavioral health provider FTE to the existing team.
  - The resulting team should include the PCP, behavioral health provider, care coordinator, and consulting psychiatric provider-at a minimum.
- Implement IMPACT and SBIRT into routine primary care.
Program Requirements

- Utilize the Center for Integrated Health Solutions’ Standard Framework for Levels of Integrated Healthcare to determine the organization’s baseline level and to monitor progress.
- Utilize an inter-operative health IT system to support integrated healthcare.
- Utilize a rapid cycle quality improvement (RCQI) method to guide improved outcomes.
Program Technical Assistance Contact Information

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Bachelor of Science in Nursing Practicums in Community Settings
HRSA-16-066
New Applicants

Marian Smithey MSHP, BSN, RN
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Division of Nursing and Public Health

Applications Due: January 20, 2016

Health Resources and Services Administration (HRSA)
Bureau of Health Workforce
Division of Nursing and Public Health
Nursing Education and Practice Branch
The NEPQR program has broad statutory authority to address the development and enhancement of the nursing workforce. The three priority areas defined in statute are (1) Education, (2) **Practice**, and (3) Retention, with quality embedded throughout each priority area.

- **Practice Priority 2** (§ 831(b)(2)) – providing care for underserved populations and other high-risk groups; and
- **Practice Priority 3** (§ 831(b)(3)) – providing coordinated care, and other skills needed to practice in existing and emerging organized health care systems
Summary of BPCS Funding

- **Project Period:** July 1, 2016 to June 30, 2018
- **Anticipated Funding Amount:** $6,000,000 to fund up to 12 Awards
- **Maximum:** Up to $500,000 per grant, per year
BPCS Program Purpose

- Provide 3-6 month experiential training opportunities for senior-level BSN students in primary care community-based settings.
- Establish or expand academic-practice partnerships between schools of nursing and community-based clinical sites.
- Provide senior-level BSN students with meaningful community-based clinical experiences and training in providing care in medically underserved and rural communities.
BPCS Program Goals

- Increase the quality of clinical experiences offered by Schools of Nursing in partnership with community-based clinical training sites to improve the preparedness of nurses working in community-based settings.

- Increase the number of BSN graduates that choose employment in rural and medically underserved community-based settings after graduation.
Program Technical Assistance Contact Information

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QUESTIONS?

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