The Evolving Role of Advanced Practice PMHNP Roles in Community Based Nurse Managed Health Centers Past, Present, & Future Opportunities

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To appreciate how the clinical exposure of PMHNP students within a nurse managed integrated system of care can accelerate:

- Increased sustainability for a clinic through the integrated care model where Primary Care and Mental Health services are co-located and result in enhanced clients experience and outcomes
- Appreciation for the independent role PMHNP can play in a community setting as contrasted with traditional settings with traditional roles
- Enhanced workforce development of PMHNP interested in future work in a nurse managed integrated healthcare setting as a result of exposure to the model of care
Objectives

Participants will ~

• **Role Definition.** Describe current trends in the evolving PMH-APN roles and the impact on the quality of health services within a nurse managed clinic

• **Role Integration.** Examine various strategies for optimizing the education of PMH-APNs and their complementarity with other APNs in provision of health services

• **Practice Development.** Understand the challenges associated with how to establish such a practice in a university setting
Current State of Affairs - A Call to Action

1 in 5 people have a mental illness or addiction

Who Do You Know?
The Need for Mental Health Services is Reaching a Tipping Point with Little Workforce Planning

As a result we see:

- Primary care providers increasingly responsible for providing mental health care in the United States
- The primary care provider therefore functions as the main entry point into the mental health system
- Care is fragmented but Collaborative Care Models are proposed as a means to remedy but are still evolving
- Payers looking for affordability, access, and quality for their customers and mental health clients are among the highest utilizers of care
- SAMSHA is fostering the integrated care model
- There is a shortage of APN’s interested in psychiatric/mental health practice to meet workforce need
Health Care Delivery Challenges
How PMHAPN’s Provide a Solution

• PMHAPN’s are a much needed workforce to address these complex challenges—however, currently not utilized to their full potential

• Graduates need to see role development and employment opportunities across the continuum of care

• Recruitment into the field of PMHAPN’s has to be addressed given shortages of adult and child psychiatrists
The UIC CON Experience
Laying the Foundation for the Future

- The first IHC Primary Care Clinic opened in 1998 and was co-located at Thresholds South clinic in Chicago’s south side.

- Thresholds is one of the oldest and largest providers of recovery services for persons with mental illnesses in Illinois and they needed a health provider partner and thus reached out to UIC CON.

- This served as a community site for UIC CON pre-licensure psychiatric & community nursing students.

- PMH faculty proposed that the FNP students begin to perform H & Ps with the assumption that delivering primary care at mental health locations would improve access for individuals with serious mental illness.

- From this concept, Integrated Health Care was born with one FNP and one exam room!
Two Threshold’s Co-Located Clinical Sites Offered the Key to Our Education Mission

Threshold’s South Clinic

Threshold’s North Clinic
Clinical Practice Mission
Why Colleges of Nursing Need to Develop Practice Sites

- Provides viable **clinical educational and research opportunities** for faculty to stay current in practice
- Provides **students of nursing** at all levels of the curriculum to have **exposure to a nurse led model of care delivery** that functions in a **collaborative manner** across all disciplines and services
- Provides an opportunity for students to experience **clinical nurse leadership** role models
Policy Changes Create Impetus to Educate More PMHNP’s

Shifting landscape at turn of the century

• As we entered into 2000 By the end of the decade there were 44 million Americans, 16% of the nation, with no health insurance at all and call for reform begins to grow
• Medicare's sustainability is called into question
• Many also begin to doubt the efficacy of the employer-based health insurance system
• Some states enact reform laws to expand coverage to larger numbers of uninsured individuals.
• Direct-to-consumer advertising takes off in the medical field
Key Practice Partnership: CON clinical practice merges with University of Illinois Mile Square Health Center- Federally Qualified Health Center

• 2007

  • Over 50% mentally ill treated in primary care settings

  • Merge with FQHC – Mile Square interested in expansion of services to include mental illness

  • First time PMHNPs salaries were associated with service charges-which means we were finally getting paid!

  • True integration of services begins

• 2010 – Patient Protection and Affordable Care Act

• Expansion of covered lives leads to increase demand for PMHNPs Increased education and training - accommodate an insurance governed environment where prevention, treatment and creative efforts leading to recovery are the focus
Coping with Change Management
Addressing Present Challenges

• 2013- Open Enrollment for the Health Insurance Marketplaces Begins

• 2014- Coverage Under the ACA Medicaid Expansions Becomes Effective

• Funding for APN’s is now shifted from Medicaid to a variety of insurers thus complicating the payment processes since many insurers are not covering APN’s

• March 2014 IHC South completed a clinic expansion which provided for both psychiatric and primary care thus improving integration and coordination of services in anticipation of more covered lives being referred.
Clinic Addition~ April, 2014
IHC West (Humboldt Park)

• Our newest clinic in Humboldt Park was supported by a HRSA grant

• Designed to serves people of all ages, with a special focus on women with physical disabilities

• Offers increased opportunity to increase community based care and to diversify both payer and patients

• Large number of patients have a psychiatric diagnosis
Program Growth

Total Visits by Practice

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Utilization Data
2015

• 2224 patients total
• Over 11,000 visits
• Yearly visit average-all
  • 3.6 visits/pt. (primary care) these tend to be resource intensive with many patients requiring extensive laboratory, X-ray, specialty services
  • 5.5 visits/pt. (psych)
• Numbers of Patients coming primarily for psychiatric care do not exceed visits for primary care but return visits equate to more billable visits
Present Trends

• 2015-One Year into Coverage Expansions Under the ACA
  • APN students at all levels from all disciplines are needed more than ever to meet the current care demands within cost limitations
  • To stay viable the clinic is accelerating clinical educational and research opportunities to increase: faculty recruitment both FNP & PMH
  • Need for a business model to be financially viable is a major threat given end to grant funding
Score Carding our Success to Date

• How do we measure success?
• Are we sustainable?
• How many more students have we attracted?
• Do we see enrollments increasing?
• What advice would we give others based on our lessons learned?
• Will PMHNP’s close the mental health gap?
Challenges Associated with Developing a University Based Clinic

- Financial model
- Faculty support
- University support
- Community support
- Medical staff credentialing
- Mandated collaborative practice agreements
- Insurance paneling
- Client case finding
- Clinic operations
Future - Opportunities for DNP Education

- Administrative
- Community
- Primary care
- Social Work
- Psychiatric
References

