Expanded RN Role in Primary Team Care

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Stanford Coordinated Care

Objectives

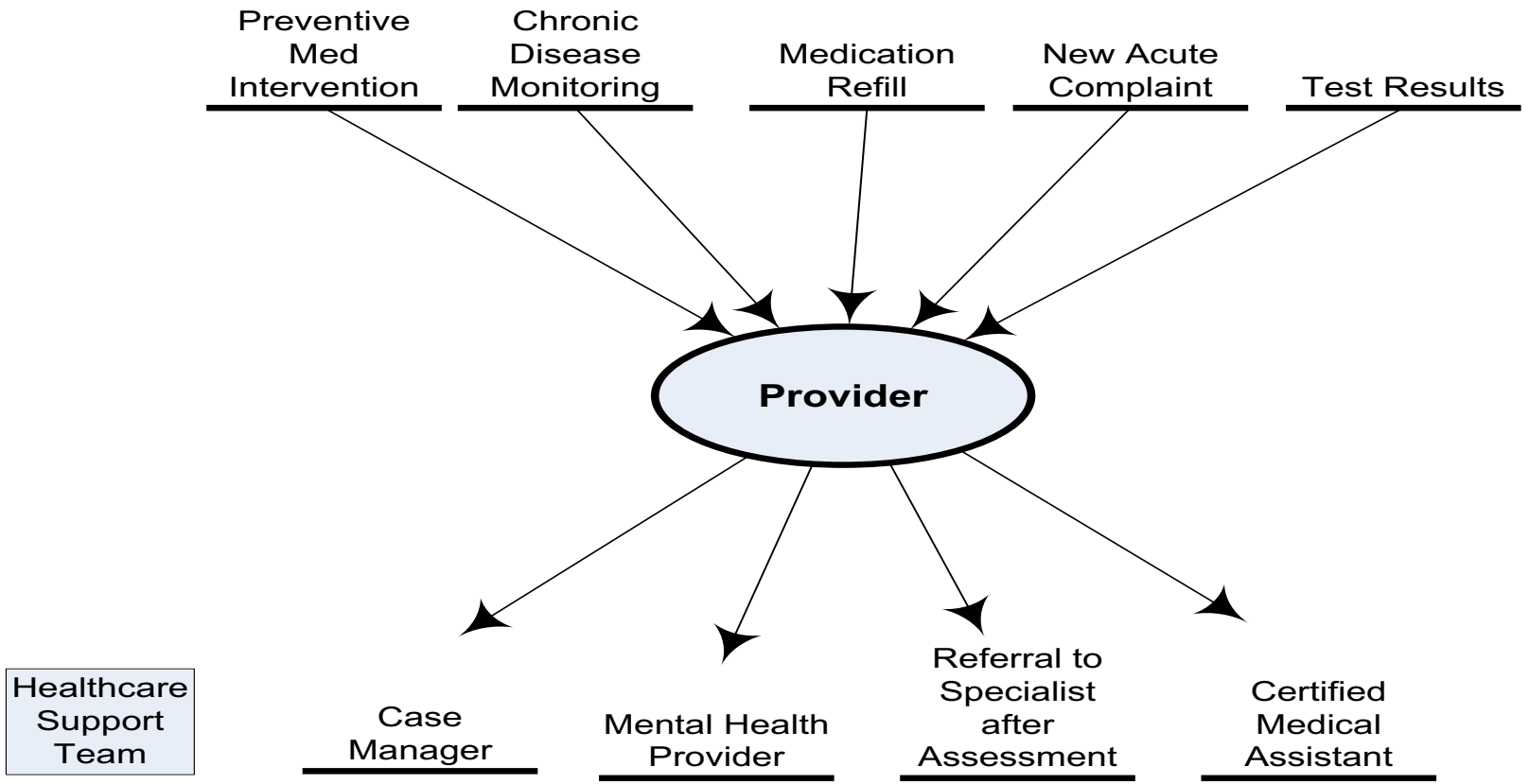
- Review the importance of team care and having staff work to the top of their credential
- Explore an expanded role for the RN in the primary care team
- Identify model of “Flip Visits” as a way to improve access and allow nurses a greater role in patient care
- Define potential nursing roles to support patients with complex chronic conditions
- Describe components of a Stand-Alone Health Coaching Model

It Cannot be Done

- *A primary care physician with a panel of 2500 average patients will spend 7.4 hours per day doing recommended preventive care [Yarnall et al. Am J Public Health 2003;93:635]*

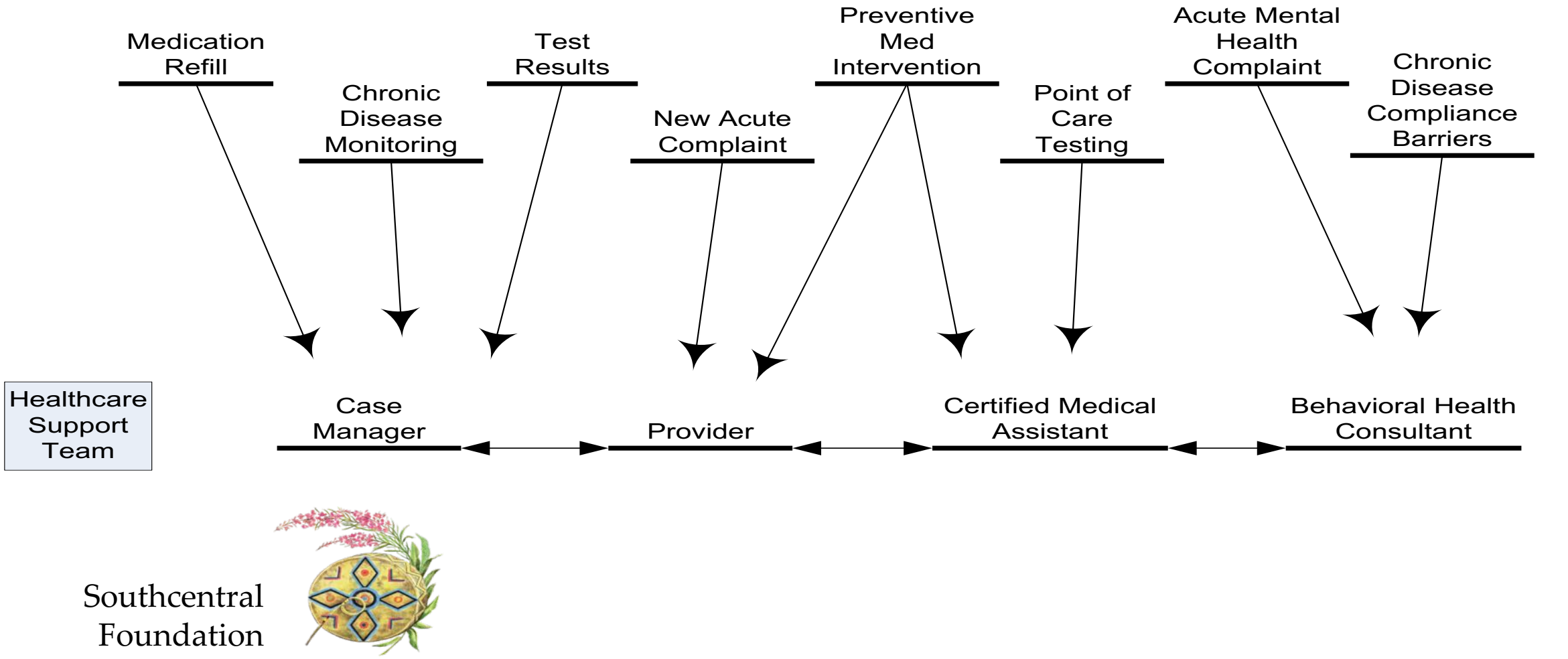
- *A primary care physician with a panel of 2500 average patients will spend 10.6 hours per day doing recommended chronic care [Ostbye et al. Annals of Fam Med 2005;3:209]*

Traditional Work Flow



Southcentral Foundation

Parallel Work Flow Redesign



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General Rules for Team Care

- Panel management
- **Staff work to limits of their credential**

From MA to Care Coordinator

- **RESPONSIBILITY** for patients in their small panel rather than simply perform a set of TASKS
- **BUILD A RELATIONSHIP**
- **CASE PRESENTATION BY CC** at team meeting
  - Build skill of hearing/telling the patient's story
  - Build skill of patient assessment using SCC tools
- **STAY WITH PATIENT** throughout the entire MD visit
- **DOCUMENT THE VISIT**
- **PERFORM ASSESSMENTS**
- ***CREATE NEW JOB CATEGORY AND PAYSCALE to reflect greater skills and responsibility***

Care Coordinators Provide:

- ***Assistance with follow up for their empaneled patients***
  - Authorizations
  - Diagnostics
  - Procedures
  - Consults
  - Medication refills and adherence
  - ***Establish goals and follow up of action plans***

Medication Refill Protocol

Medication (generic name)	Medication (Brand name)	Condition	Refill	Appt	Labs
acarbose	Precose	Diabetes	6 months	< 6 months	A1c < 6 mo, Lipid panel & CMP < 12 mo, Urine Microalb < 12 mo
acyclovir ointment or oral	Zovirax		12 months	< 12 months	
albuterol	Proventil	Asthma	12 months	< 12 months	
albuterol	Ventolin	Asthma	12 months	< 12 months	
alendronate	Fosamax	Bone Density	12 months	< 12 months	
allopurinol	Aloprim	Gout	12 months	< 12 months	BMP, Uric Acid
[illegible]	[illegible]	[illegible]			[illegible]
amiodarone	Cordarone	Atrial Fibrillation	6 months	< 9 months	AST, ALT, TSH <12 mo
amlodipine	Norvasc	Hypertension	12 months	< 12 months	BMP <12 mo
amlodipine and benazepril	Lotrel	Hypertension	12 months	< 12 months	BMP <12 mo
atenolol	Tenormin	Hypertension	12 months	< 12 months	BMP <12 mo
atorvastatin	Lipitor	Cholesterol	12 months	< 12 months	Fasting Lipid Profile, AST, ALT <12 mo
benazepril	Lotensin	Hypertension	12 months	< 12 months	BMP <12 mo
benazepril with hydrochlorothiazide	Lotensin HCT	Hypertension	12 months	< 12 months	BMP <12 mo
budesonide	Pulmicort	Respiratory Agent	12 months	< 12 months	
budesonide	Rhinocort Aqua	Allergies	12 months	< 12 months	
bupropion	Wellbutrin SR	Depression	12 months	< 12 months	
bupropion	Zyban	Depression	6 months	< 6 months	
candesartan	Atacand	Hypertension	12 months	< 12 months	BMP <12 mo
candesartan and hydrochlorothiazide	Atacand HCT	Hypertension	12 months	< 12 months	BMP <12 mo
captopril	Capoten	Hypertension	12 months	< 12 months	BMP <12 mo
carvedilol	Coreg, Coreg CR	Hypertension	12 months	< 12 months	BMP <12 mo
[illegible]	[illegible]	[illegible]			[illegible]

Protocols/Standing Orders

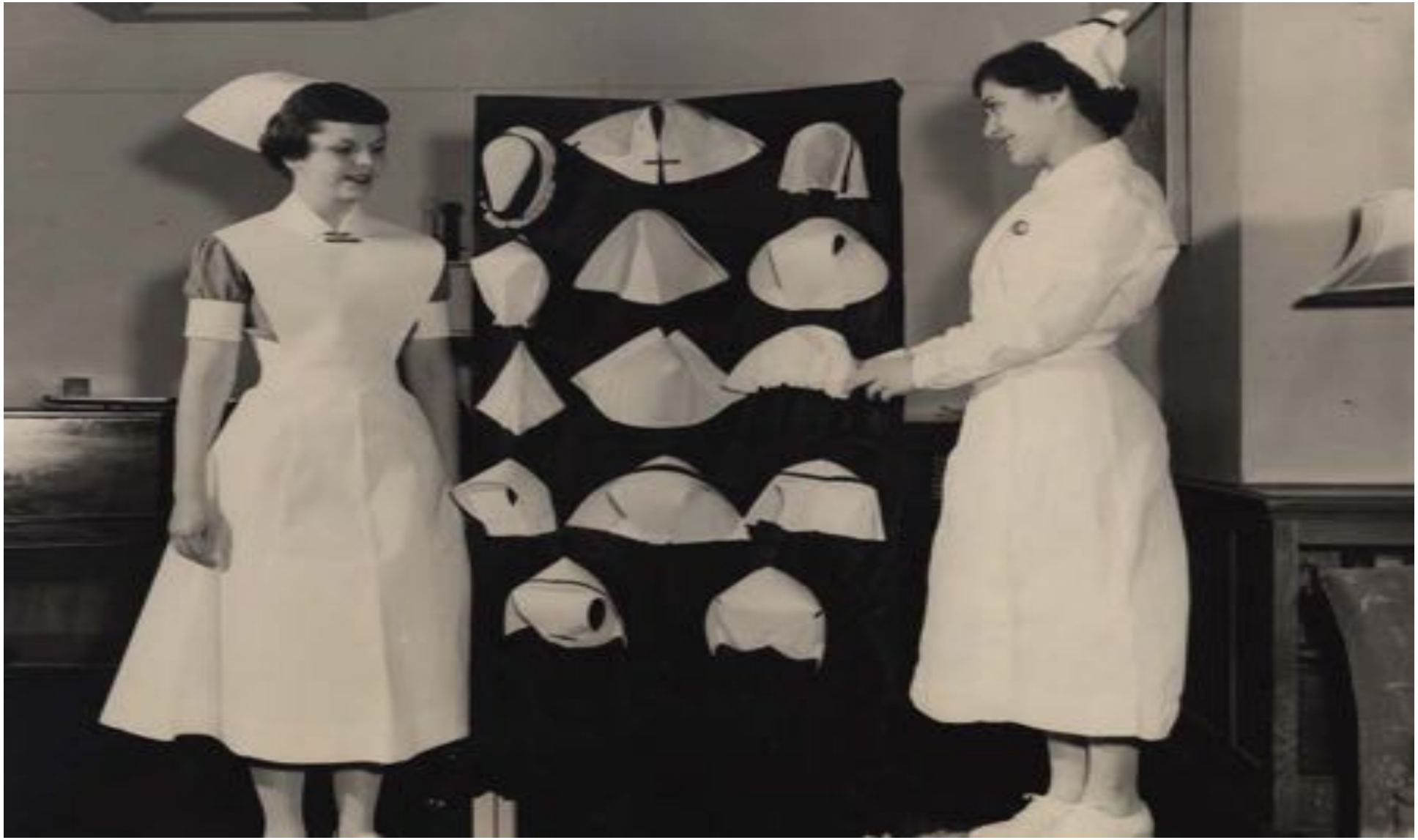
- Protocols to address care gaps independently
  - Immunizations
  - Diabetes planned care
  - Health maintenance
  - Asthma care

- Protocols available at: http://med.stanford.edu/cerc/education/team-training.html

Nursing Role

Samantha Valcourt, MS, RN, CCNS

Many Hats of Nursing



Supporting the MA Role and Training

- Orientation/Onboarding
- Competencies
  - (ear lavage, hearing test, etc.)
- Medication Administration
- Venipuncture
- Point of Care Testing
- Procedures
- Triage Support

What are Medical Assistants Allowed to Do?

- Are medical assistants allowed to take a patient's blood pressure?
- Are medical assistants allowed to insert urine catheters?
- Are medical assistants allowed to swab the throat in order to preserve the specimen in a throat culture?
- Are medical assistants allowed to give narcotic injections?

From Medical Board of CA:

www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/Medical_Assistants_FAQ.aspx

Population Management

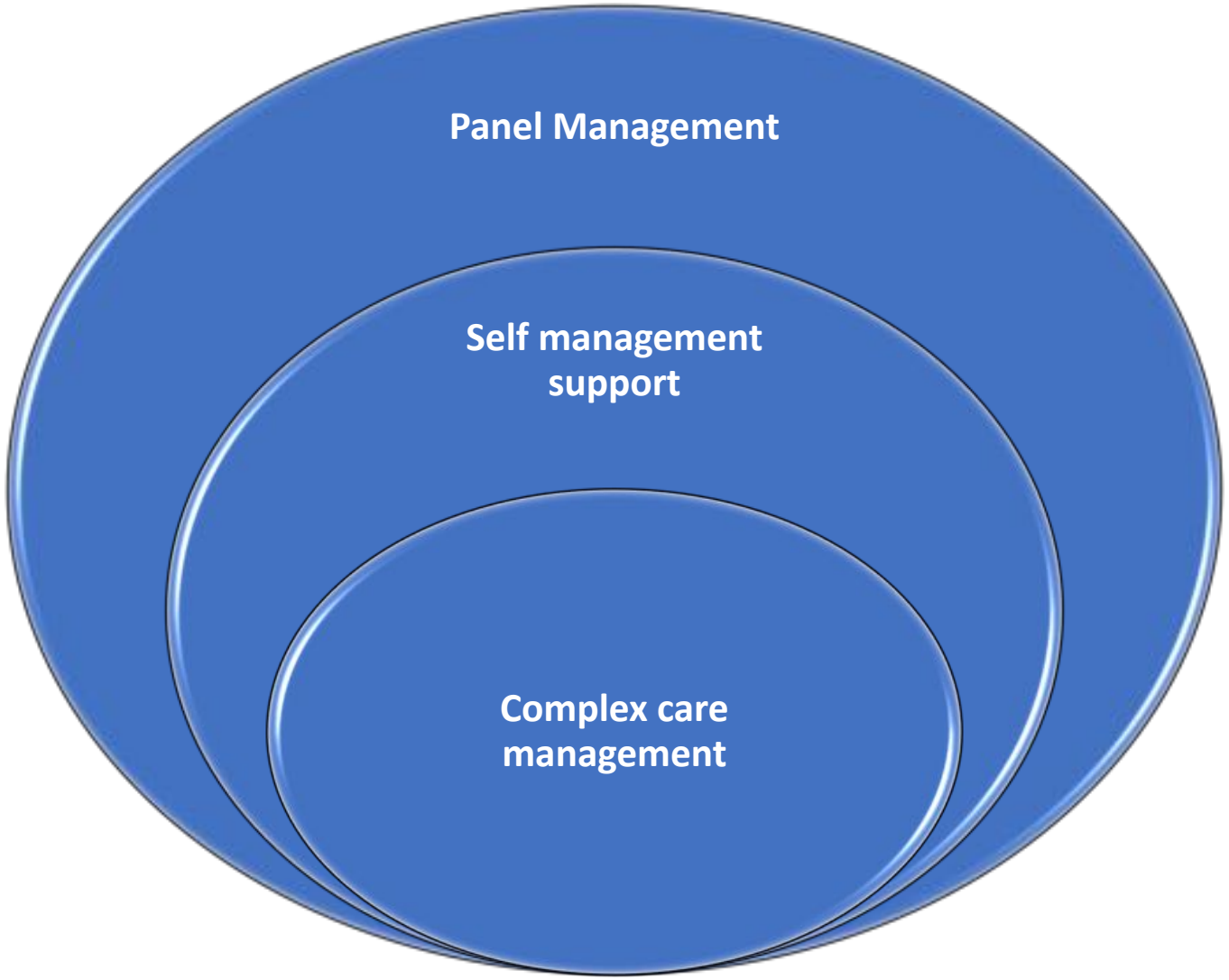


Image courtesy of Willard, R. & Bodenheimer, T. (2012) The building blocks of high-performing primary care: Lessons from the field. Retrieved from http://www.chcf.org/publications/2012/04/building-blocks-primary-care

Bellin: RN Role in a Primary Care Team

- Bellin has 1 RN: 3000 patients
- 4 face to face visits scheduled daily (billable)
  - Annual medicare visit
    - 30-45 minute visit
    - Discuss patient goals, update problem list and med list, arrange health maintenance and chronic condition monitoring, education
  - BP check/medication titration
  - Coagulation medication management
  - Diabetes education with phone follow up

Bellin: RN Role in a Primary Care Team

- Facilitate team meetings 2/month
  - Review with extended team workflow issues, patient complaints, quality, mutual support
- Lead Quality Improvement efforts
  - **www.youtube.com/ Team care meeting focusing on Population health 7 min.**
- Outreach to patients due for support (e.g. A1C>9.0)
- Car seat checks, fluoride rinses for pediatric medicaid population

Bellin: RN Role in a Primary Care Team

- Care transitions
  - Hospital
  - Rehab
  - SNF
- Coleman model
  - Med reconciliation
  - Follow up appointment
  - Personal health record
  - Red flags

Bellin: RN Role in a Primary Care Team

- Medicare Billable non-face-to-face contacts or case management/20 minutes a month ($42-64/month/patient)
  - Transitions of Care Management: TCM
    - Interactive contact within 2 d of discharge
    - Review instructions and follow up
    - Connect to community resources
    - Arrange provider visit
  - Chronic Condition Management: CCM for patients with 2 or more chronic conditions
    - 20 minutes non-face-to-face contact per month with documentation in chart
    - 10,000 patients = $5 million /yr
  - Behavioral Health Integration: BHI
    - 20 minutes case management

Bellin: RN Role in Primary Care

- Some RN's work with high risk patients like ED visitors/those with multiple providers
  - 1:60 ratio
  - Home visits with telephone follow up
  - Attend visits

Complex Case Management/Care Support

- Hyperadrenergic POTS (postural orthostatic tachycardia syndrome)
- SVT (supraventricular tachycardia) S/P ablation now pacemaker dependent
- S/P cardiac pacemaker
- Neurogenic bladder, S/P placement of stimulator
- Thrombocytopenia
- Multisystem autonomic neuropathy/dysfunction
- Gastric dysmotility, on TPN, slow transit colonic constipation vs. visceral hypersensitivity
- OSA (obstructive sleep apnea)
- Asthma
- TIA (transient ischemic attack), right atrial thrombus, PFO (patent foramen ovale)
- History of pulmonary embolism
- Moderately reduced systolic function
- Management of vascular access device (Hickman)
- Gastrojejunal (GJ) tube placement
- Cardiomyopathy
- Gait abnormality
- Hearing loss left ear
- Iron deficiency anemia

Protocol to Titrate Warfarin

Table 5: Maintenance Dosing Changes for Goal (INR 2.0 – 3.0)[4]

INR Value	Response
<2	Increase dose by 5-15%
2-3	Maintain current regimen
3.1-3.5	Decrease dose by 0-15%
3.6 -4.0	Hold 0-1 dose, then decrease dose by 5-15%
>4.0	Hold 0-2 doses, then decrease by 10-20%

Table 6: Maintenance Dosing Changes for Goal INR (2.5 – 3.5)[4]

INR Value	Response
<2.5	Increase dose by 5-15%
2.5-3.5	Maintain current regimen
3.6-4.0	Decrease dose by 0-15%
4.1-4.5	Hold 0-1 dose, then decrease dose by 5-15%
>6	Hold 0-2 doses, then decrease dose by 10-20%

Bellin: Outcomes with RN/CC Expanded Role

- Congestive heart failure readmissions fell from 19.7 to 5.6
- Increased access to MD/APC with patient satisfaction going from 71% to 97%
- Increased revenue from CCM/TCM
- Reduced PMPM cost of care

Flip Visits or RN “Co-Visit”

“Who is the best person on our care team to help you with your problem today?”

Protocols to Treat…

Sore throat

Rash

Pink Eye

Cold Symptoms

Urinary tract infection

Ear pain

Conjunctivitis Flip Visit

- Bacterial

  - ✓ Usually **unilateral** in presentation
  - ✓ Thick, purulent, yellow, green or white discharge
  - ✓ Discharge located at lid margins and corners of eye and tends to re-appear within minutes of wiping
  - ✓ More common in children than adults
  - ✓ Redness or erythema
  - ✓ Patient will likely report that one or both eyes was “stuck shut” upon waking. (AM crusting) *This finding alone is not specific to bacterial conjunctivitis.

- Viral

  - ✓ Usually bilateral in presentation
  - ✓ Scant, watery or mucoserous discharge
  - ✓ Discharge not always immediately apparent; often clinician has to pull down lower lid to observe exudate
  - ✓ History of other URI symptoms (cough, sore throat, nasal congestion)
  - ✓ Patient may report “sandy, gritty or burning” feeling in one or both eyes
  - ✓ Report of AM crusting (eye “stuck shut”)
  - ✓ Erythema

Hill Country Health & Wellness Center

Urinary Tract Infection Flip (1)

- **SUBJECTIVE**
- Frequency, urgency, dysuria, hematuria, pyuria, fever and chills, nausea or vomiting.
- History of recurrent or previous bladder infections, urinary tract surgery, renal stones or other problems
- Document allergies to antibiotics and any other medications
- Document other medical problems such as diabetes, etc.
- Document last menstrual period and contraceptive method for women
- **OBJECTIVE**
- Document vital signs and absence of fever
- Check for no CVA tenderness, and that bowel sounds are normal and abdomen is non-tender
- In-house office service: UA Dipstick, V72.6 Laboratory Examination for leukocytes, nitrites, and/or hematuria
- Prepare and order “Culture, Urine” if indicated, (urine culture kit, grey top tube).
- **ICD-10 CODES**
- Cystitis, Acute, 595.0 **OR** Urinary Tract Infection, Acute, 599.0
- **TREATMENT**
- Consult provider if patient is allergic to antibiotics.
- **Adult Patients**
    - Bactrim DS 1 PO BID x 5 days #10
    - Macrobid 1 PO BID x 5 days #10
- **Pediatric Patients: Consult provider**

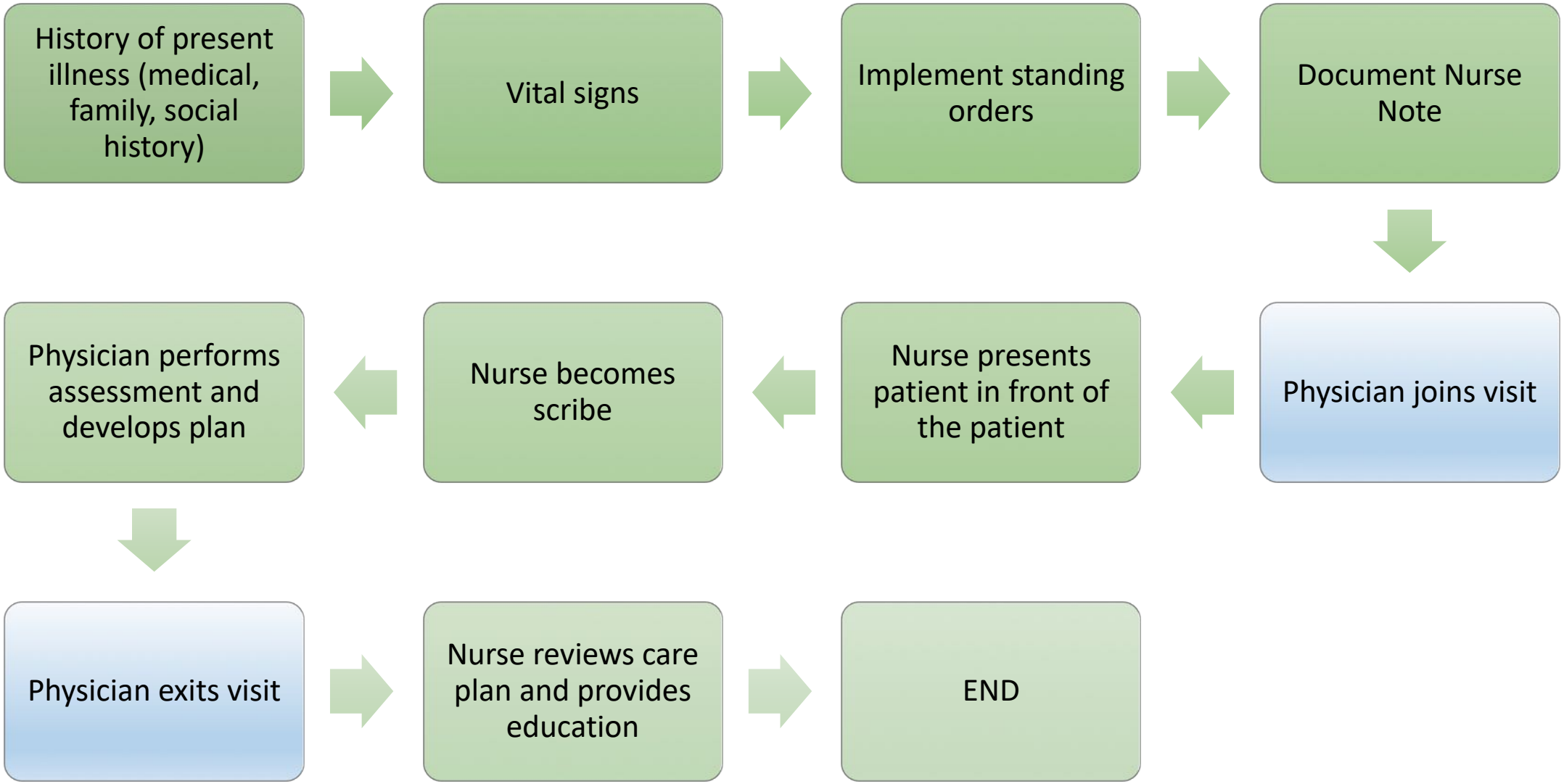
Urinary Tract Infection Flip (2)

- **Pregnant Patients**
  - **Notify provider if pt has had >1 positive urine culture during this pregnancy** *If bacteria is GBS, note in prenatal Problem List & Labs. Task provider to notify positive GBS and to determine if treatment necessary. See below for documentation.*
  -
- ***Macrobid inibits the G6PD enzyme in the baby, one of the things we test for in the newborn screen. Macrobid should not be given from 36wks gestation to 30 days postpartum.**
  - NITROFURANTOIN monohyd/m-cryst (dual release, extended release, Macrobid)100mg TAB 1 BIDX5D #10 (about $16 @ HCC)
- (Not during 36wks gestation to 30 days postpartum)*
- **OR**
  - NITROFURANTOIN macrocrystal (regular release, Macrodantin) 100mg TAB 1 QIDx5D #20 (about $12 @) Walmart)
- (Not during 36wks gestation to 30 days postpartum)*
- Per BCH antibiogram, first-line treatment for **E.coli only.**
- **OR**
  - AMOXICILLIN (Amoxil) 500mg TAB 1 BIDX5D #10
- **OR**
  - CEPHALEXIN (Keflex) 500mg TAB 1 BIDX5D #10
-
  - **For dysuria**
    - *PHENAZOPYRIDINE (Pyridium) 100mg TAB 1 TIDX2D #6
- (also available OTC as “Azo”).
-

Urinary Tract Infection Flip (3)

- **EDUCATION**
- TOC for pregnant women 2 weeks post completion of treatment.
- Discuss how to take meds; emphasize finish all abx, even after symptoms clear. Use condoms if on BCPs.
- Prompt treatment is important to prevent pyelonephritis and permanent kidney damage.
- Prevention:
  - Urinate frequently, especially before and after intercourse. Completely empty bladder each time. For female patients, encourage good perineal hygiene; wiping front to back.
  - Increase fluid intake. At least 2-3L of water daily.
  - Unsweetened cranberry juice (8oz TID) or tablets of cranberry concentrate (300-400mg BID)
  - Recommend yogurt or probiotic intake in conjunction with antibiotic regimen.
- **CO-VISIT**
- Present to provider after examination but BEFORE documentation.
- Make sure all of the above is documented after consultation with provider.
- ***CALL BACK FOR APPOINTMENT WITH PROVIDER IF:***
- Not improving on antibiotics. Most women experience relief from symptoms within 24-48 hours.
- Worsening with signs and symptoms of pyelonephritis including, flank pain, fever, chills, vomiting, malaise.
- **DOCUMENT ALL OF ABOVE IN MEDICAL RECORD AND SEND VISIT TO PCP FOR COMPLETION.**

It starts and ends with the nurse



How does scheduling this work?

	Provider	RN	Provider	RN	Provider
8:00 AM	Huddle	Huddle	Huddle	Huddle	Huddle
8:20 AM	1		1		1
8:40 AM	2	1	2	1	2
9:00 AM	Covisit 1		3		3
9:20 AM	3	2	4	2	4
9:40 AM	4		5		Covisit 2
10:00 AM	5	3	6	3	5
10:20 AM	6		Covisit 3		6
10:40 AM	7	4	7	4	7
11:00 AM	Covisit 4		8		8
11:20 AM	8	5	9	5	9
11:40 AM	9		10		Covisit 5
12:00 PM	10		11		10
12:20 PM	11		12		11
12:40 PM	Charting	Charting	Charting	Charting	Charting
1:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch
1:20 PM					
1:40 PM					

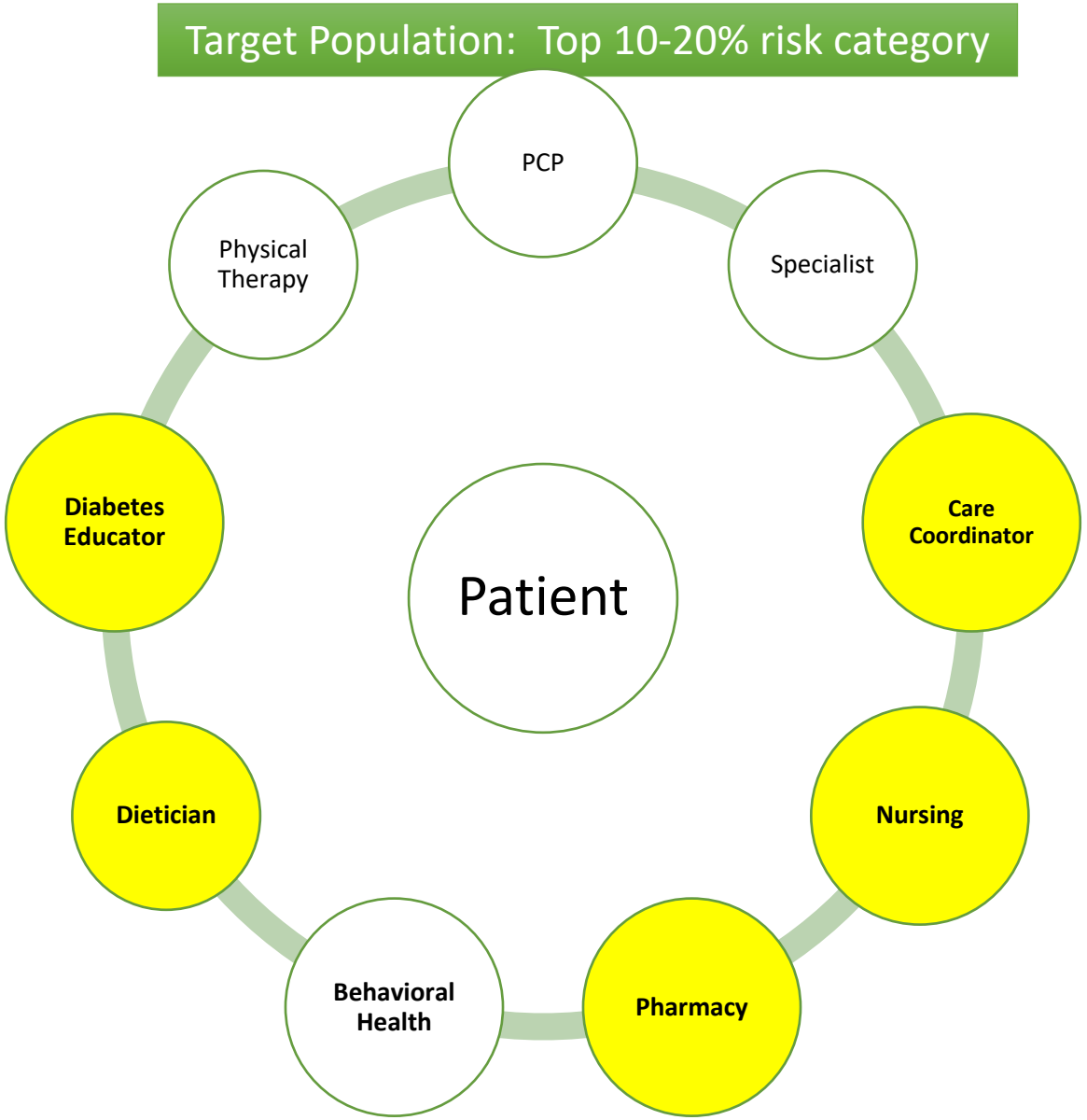
Funk, K. A. & Davis, M. (2015). Enhancing the role of the nurse in primary care: The RN “Co-Visit” model. *Journal of General Internal Medicine, 30*(12), 1871-1873.

- RN Flip Visit Protocols available at http://med.stanford.edu/cerc/education/team-training.html

Care Management Team Staffing Models

Intensivist	Distributed
Patients are referred into *specialized primary care* practice.	Patient remains with *current* (primary care) practice.
1 MD for every **300-450** patients	**n/a**
Dedicated Care Team: **3 team members for every MD (PCP)** • 2 Care Coordinators (Hired first; up to 250 patients enrolled) • 1 Care Coordinator - Specialized skills per patient panel needs. (e.g., NP, PA, RN, MA, MSW, LVN, Health coach) • IT & Project Management • Can form pods around 375-400 patients/specific PCPs, etc. **Care Team staff including MD/PCP are 'dedicated' and have no other duties assigned.**	**Dedicated Care Team:** **3 team members for 375 patients** • 2 RNs (Hired first; up to 250 patients enrolled) • 1 Care Coordinator - Specialized skills per patient panel needs. (e.g., NP, PA, MA, MSW, LVN, Health coach) • IT & Project Management • Can form pods around 375 patients **Care Team staff are 'dedicated' and have no other duties assigned.**

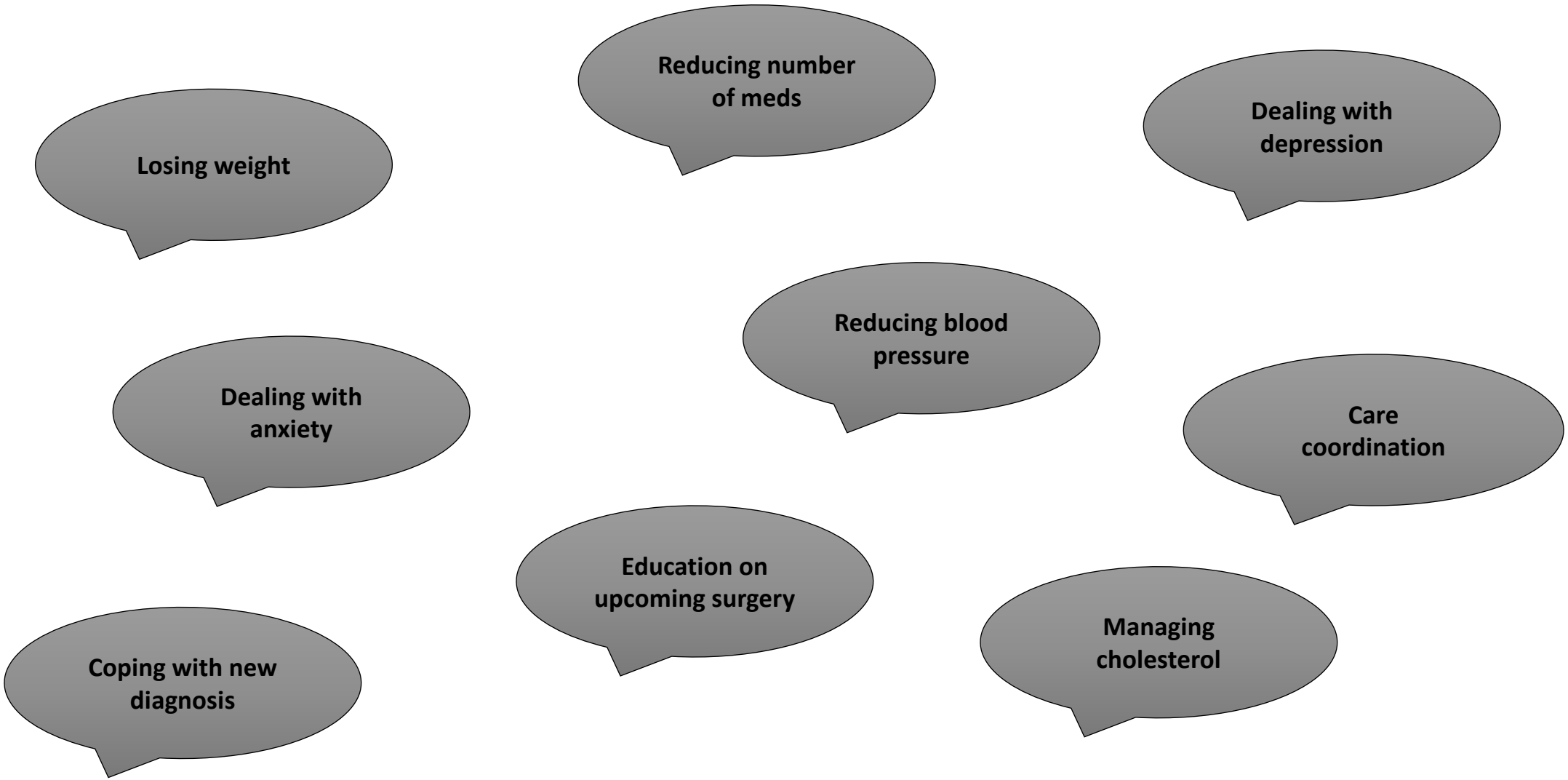
Care Support



Intake visit for RN Care Support

- Introduce model and roles
- ***Patient's goal for visit***
  - Where do you see yourself in a year?
- Action Plan
  - What would you like to work on?
  - Small, incremental changes
  - Assess importance/confidence
- Follow up

What do patient ask for help with?



Case Study

- 49 year old female
- Hx
  - Asthma
  - Hypertension
  - Obesity (BMI 43)
  - Adjustment reaction

Goals/Action Plan example

[redacted] is 49 Y with a PAM level of Level: 3

Patient Goals:

1) Increase activity on Friday/Saturday/Sunday.
2) Do indoor rock climbing on a rock wall.
3) Be more comfortable with myself and reduce insecurities around my weight.

Action Plans:

1) After eating dinner, wait 10 minutes before getting another serving.
2) Put fork down between each bite or food down between bites when eating.
3) Go grocery shopping more frequently to make shorter trips and be able to get out quickly.
4) Try to be in bed at 9pm daily during the work week. Set daily alarm for 8:30pm.
5) Resume HIP classes this week. Sign up today and start classes tomorrow. Go to classes consistently for next two weeks and then consider adding yoga on Fridays.
6) Try a light protein snack prior to 1pm classes on Tuesdays and Thursdays (whole wheat crackers with peanut butter).
7) Starting this week, eat a salad (e.g. spring mix with broccoli, tomatoes, red peppers, etc.) with dinner three times per week.

Open Discussion