



University of Phoenix®
School of Advanced
Studies

Convenient Care Clinic Nurse Practitioner Impact Analysis

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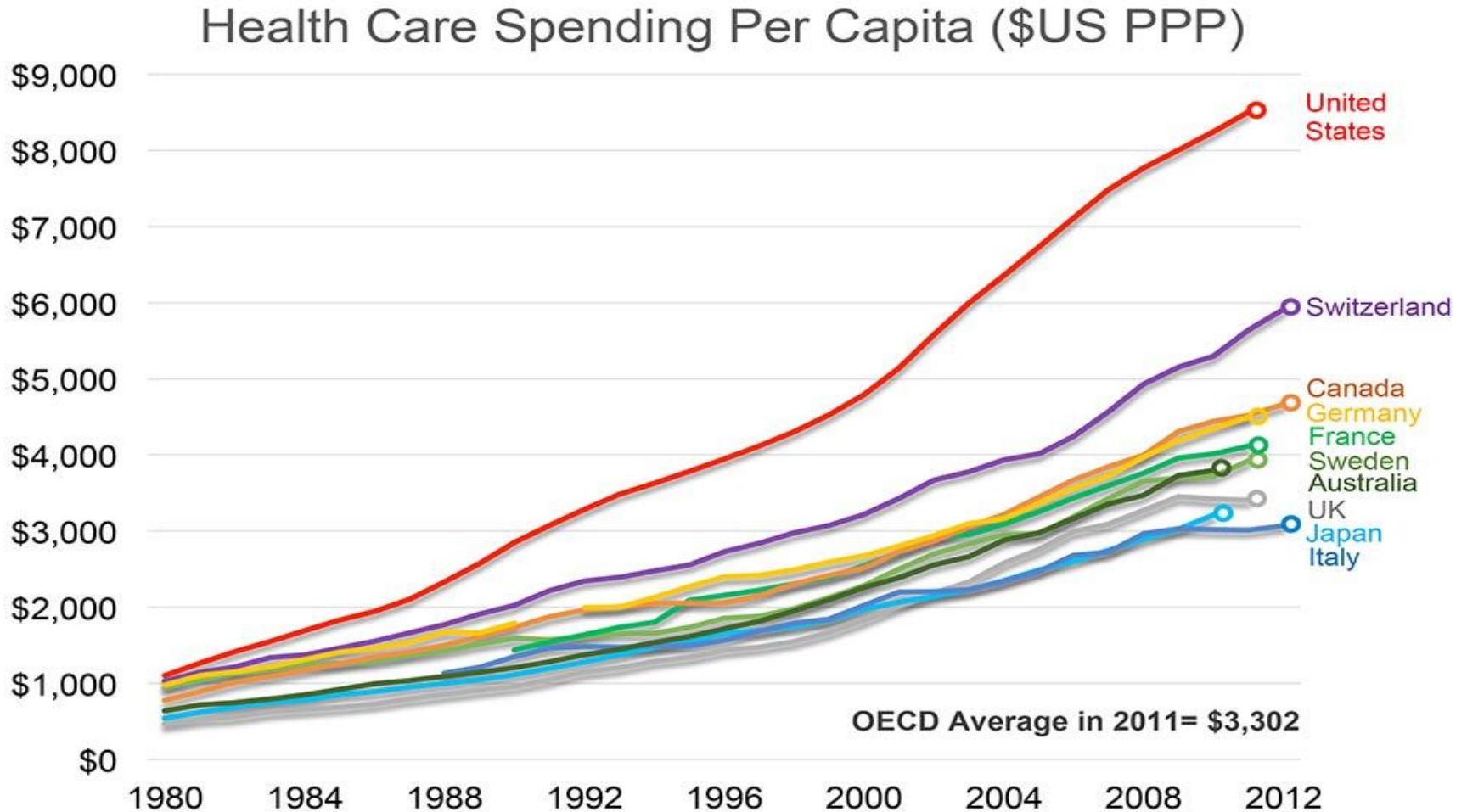
Center for Health Engineering Research

Let's start with a review of the healthcare environment ...

- Healthcare costs
- Healthcare needs
- Healthcare delivery
 - Future vision



US Health Care Expenditures



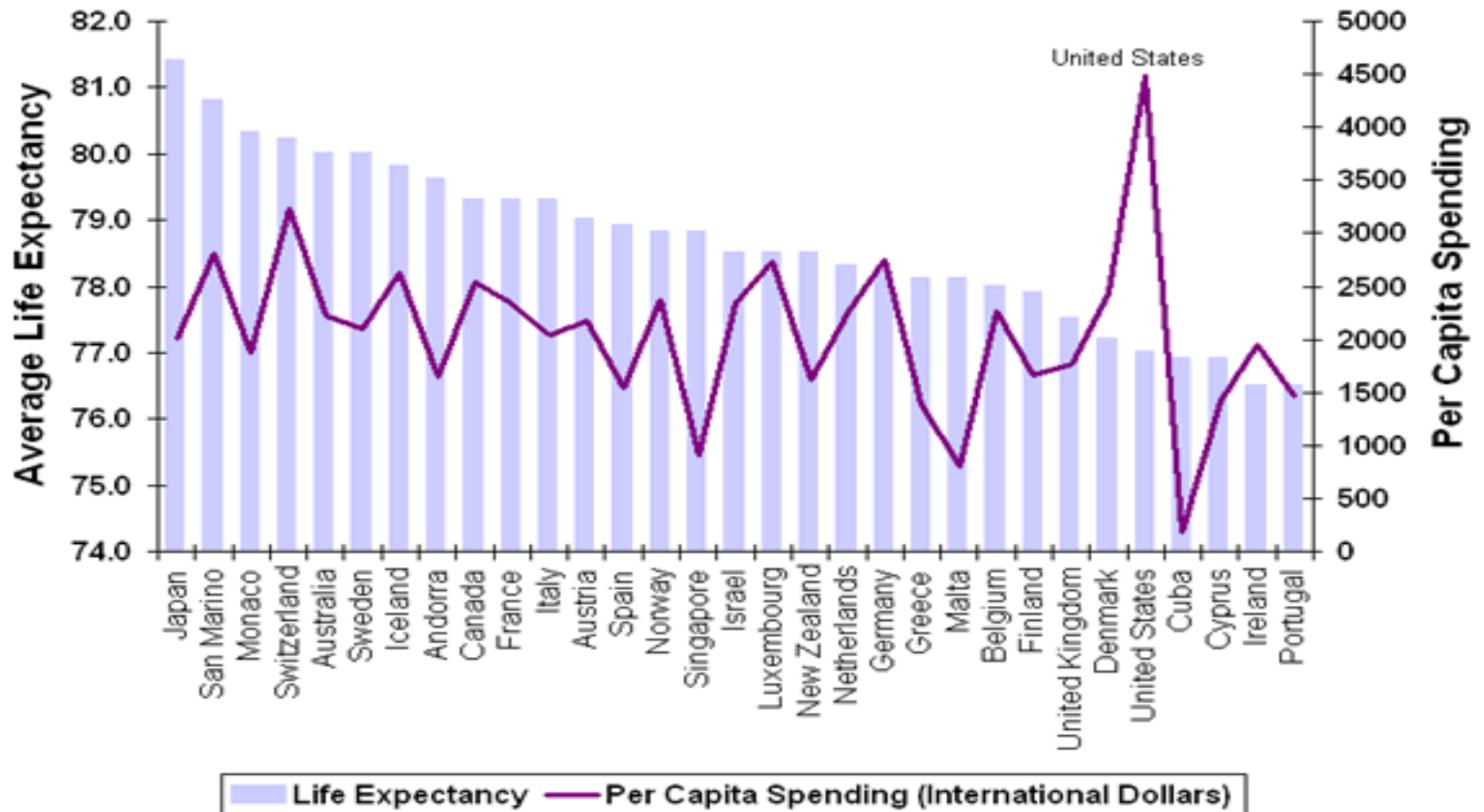
Source: OECD Health Data 2013.

Data note: PPP = purchasing power parity.












Produced by Veronique de Rugy, Mercatus Center at George Mason University.

US Health Care Expenditures & Life Expectancy

The Cost of a Long Life



US Ranks Behind Most Industrialized Countries in Health Outcomes, Quality, and Efficiency

	Top 2*		Middle						Bottom 2*		
											
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

US Ranks Behind Most Industrialized Countries in Health Outcomes, Quality, and Efficiency

1st Last



Top 2*
Middle
Bottom 2*














AUS CAN FRA GER NETH NZ NOR SWE SWIZ UK US

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Notes: * Income per capita. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

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Time to Act: Investing in the Health of Our Children and Communities (RWJF, 2014)

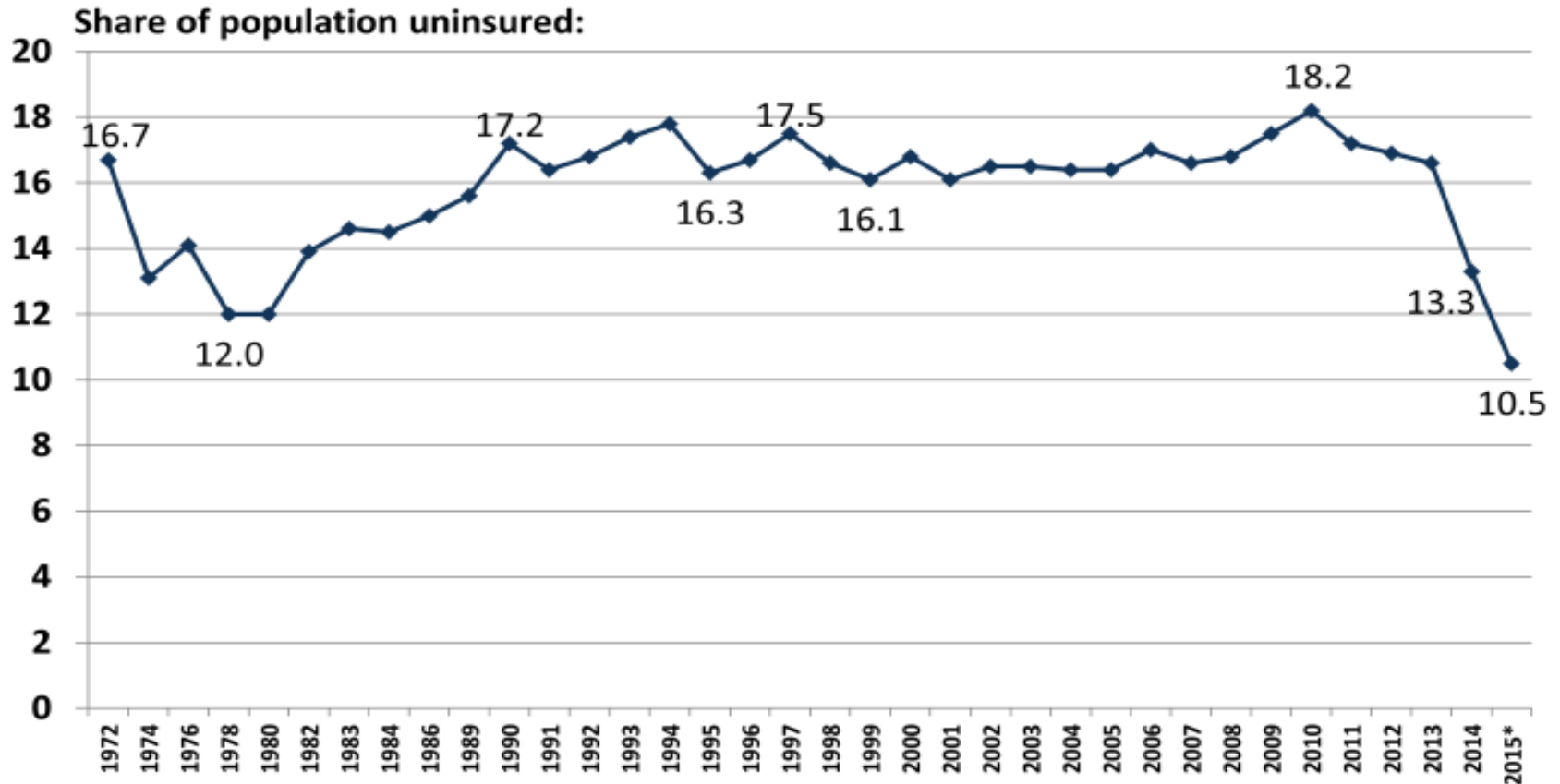
“As Americans, we like to think that we are healthier than people who live in other countries.

That is a myth.

In fact, it is a myth for Americans at all income levels, but especially so for those living in vulnerable communities” (p. 5).

Healthcare Needs

Uninsured Rate Among the Nonelderly Population, 1972-2015

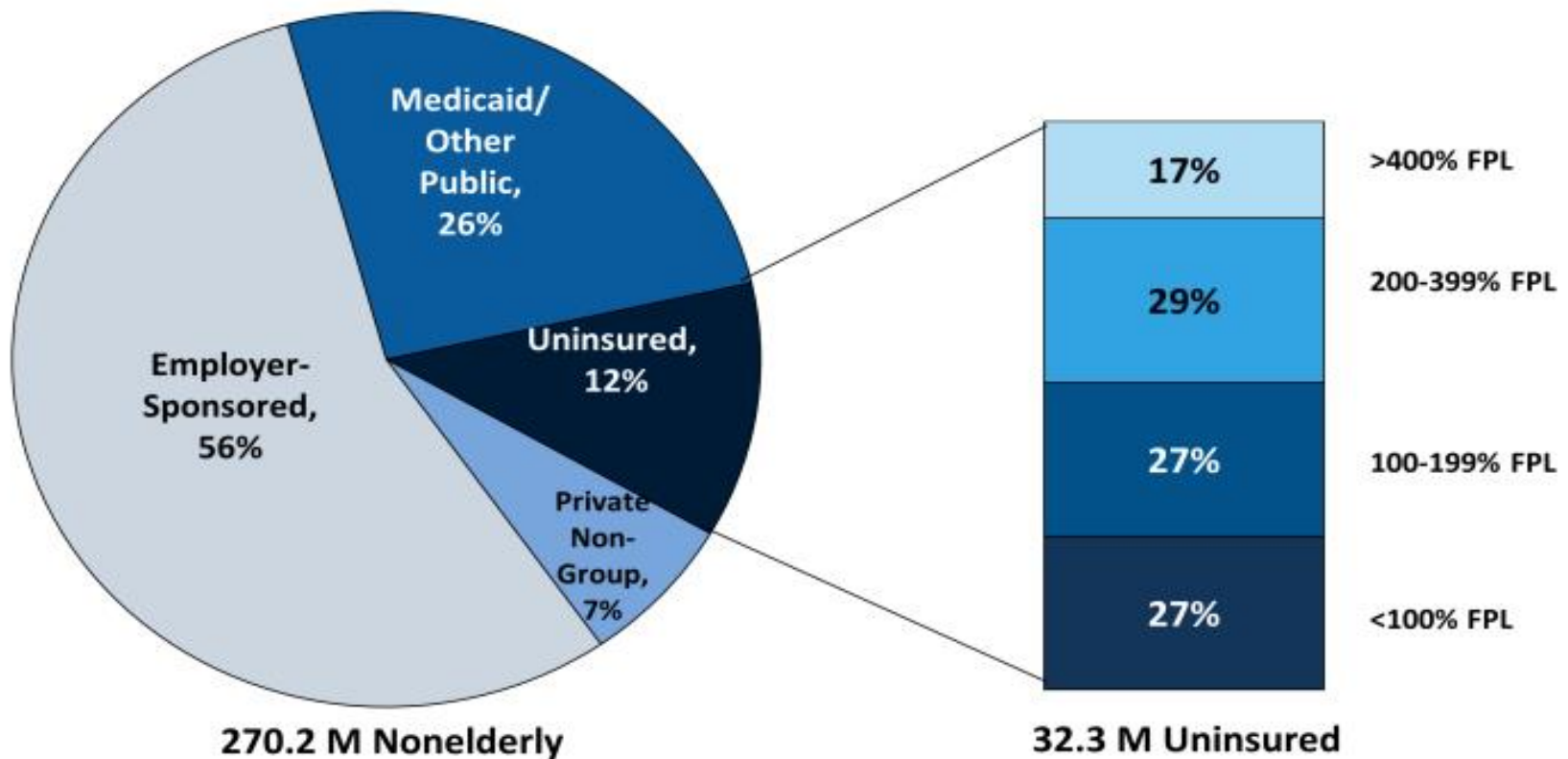


Note: 2015 data is for Q1 and Q2 only.

Source: CDC/NCHS, National Health Interview Survey, reported in http://www.cdc.gov/nchs/health_policy/trends_hc_1968_2011.htm#table01 and <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201511.pdf>.

Healthcare Needs

The Uninsured Population—As a Share of the Nonelderly Population and by Poverty Levels, 2014

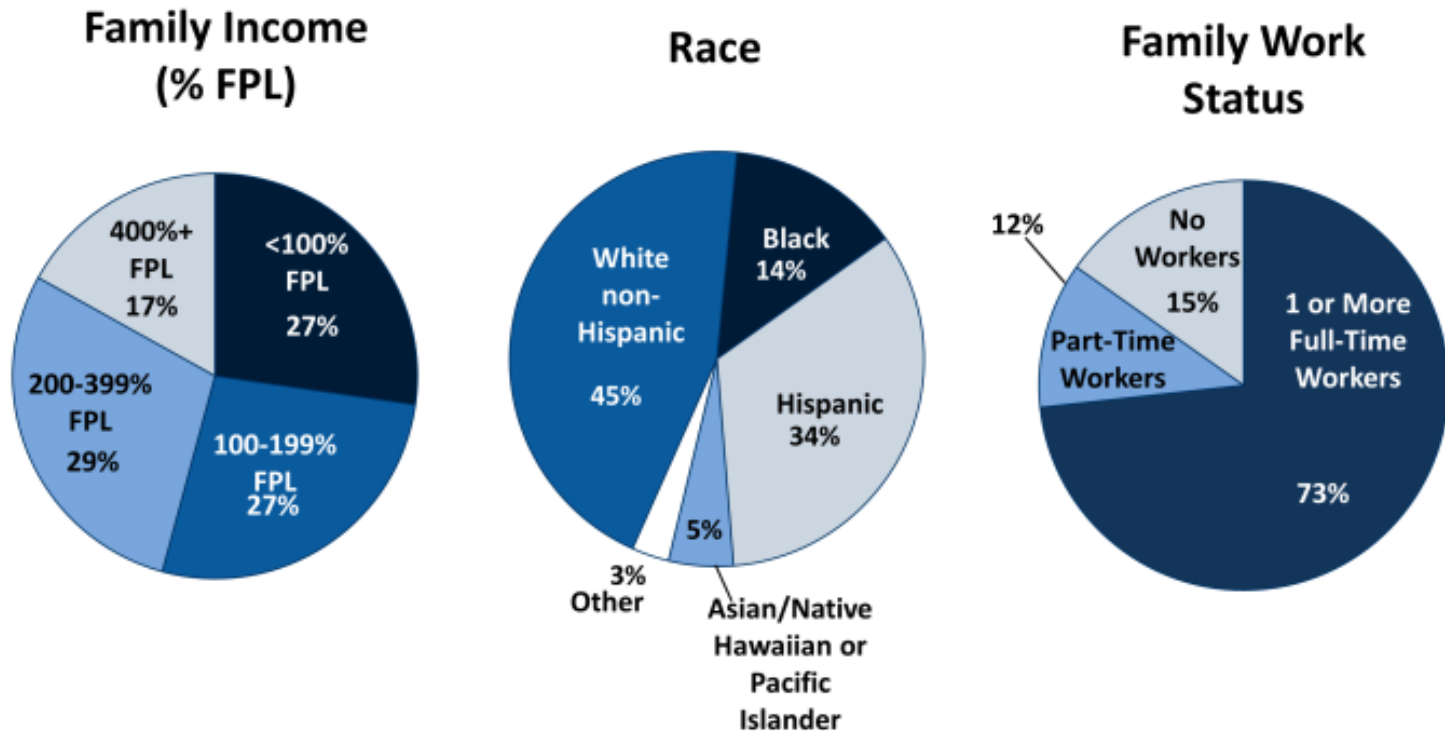


NOTES: Medicaid and other public coverage includes: CHIP, other state programs, Medicare and military related coverage. The U.S. Census Bureau's poverty threshold for a family with two adults and one child was \$19,055 in 2014. Data may not total 100% due to rounding.

SOURCE: Kaiser Family Foundation analysis of the 2015 ASEC Supplement to the CPS.

Healthcare Needs

Characteristics of the Nonelderly Uninsured, 2014



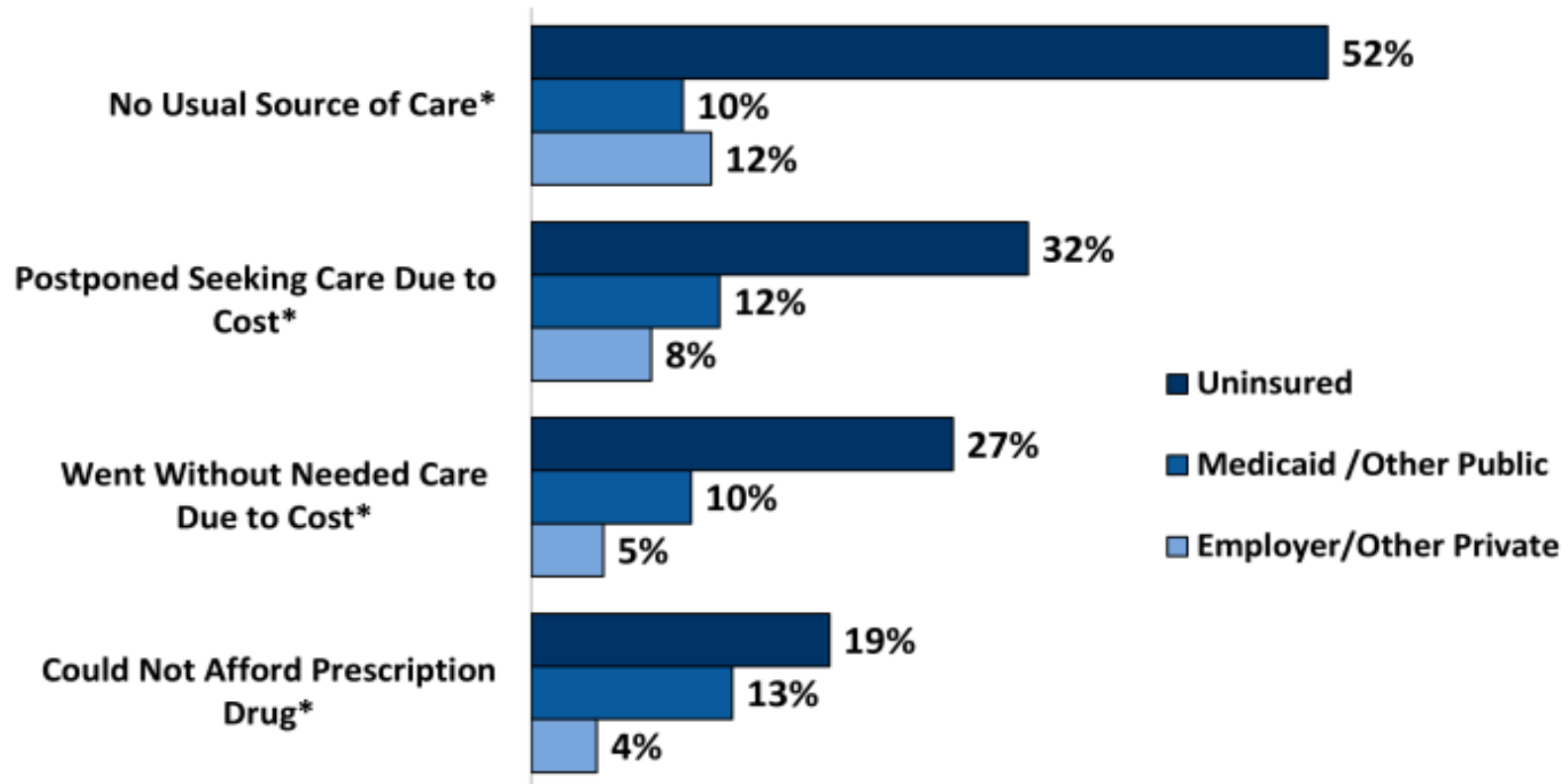
Total = 32.3 Million Uninsured

NOTES: The U.S. Census Bureau's poverty threshold for a family with two adults and one child was \$19,055 in 2014. Data may not total 100% due to rounding.

SOURCE: Kaiser Family Foundation analysis of the 2015 ASEC Supplement to the CPS.

Healthcare Needs

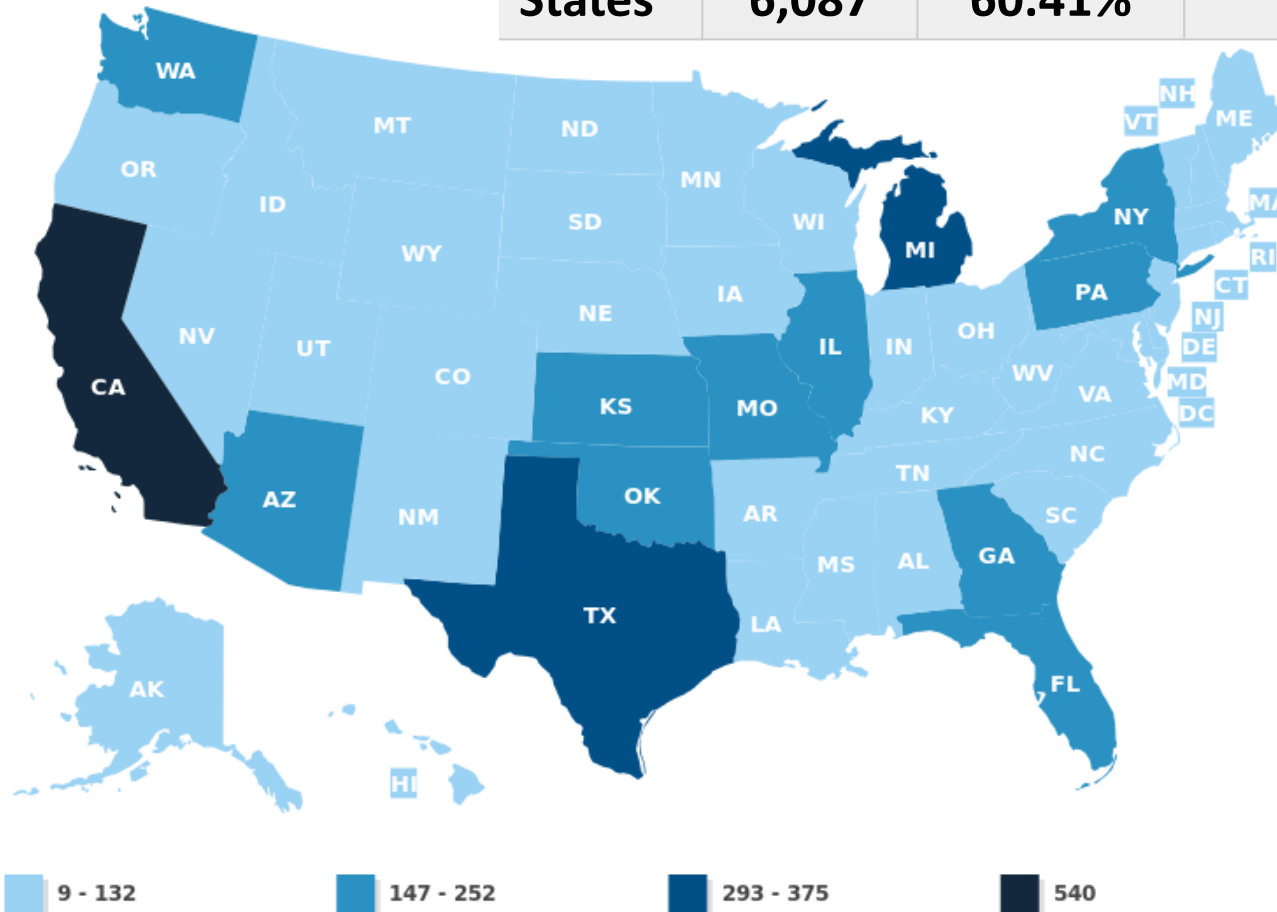
Barriers to Health Care Among Nonelderly Adults by Insurance Status, 2014



NOTES: * In past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between uninsured and insurance groups are statistically significant ($p < 0.05$).
SOURCE: Kaiser Family Foundation analysis of 2015 National Health Insurance Survey (NHIS) data.

Primary Health Care Professional Shortage Areas (HPSAs)

United States	Total Primary Care HPSAs 6,087	Percentage of Need Met 60.41%	Providers Needed to Remove HPSA Designation 8,073
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Sources

Bureau of Clinician Recruitment and Service, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, [HRSA Data Warehouse: Designated Health Professional Shortage Areas Statistics, as of April 28, 2014.](#)

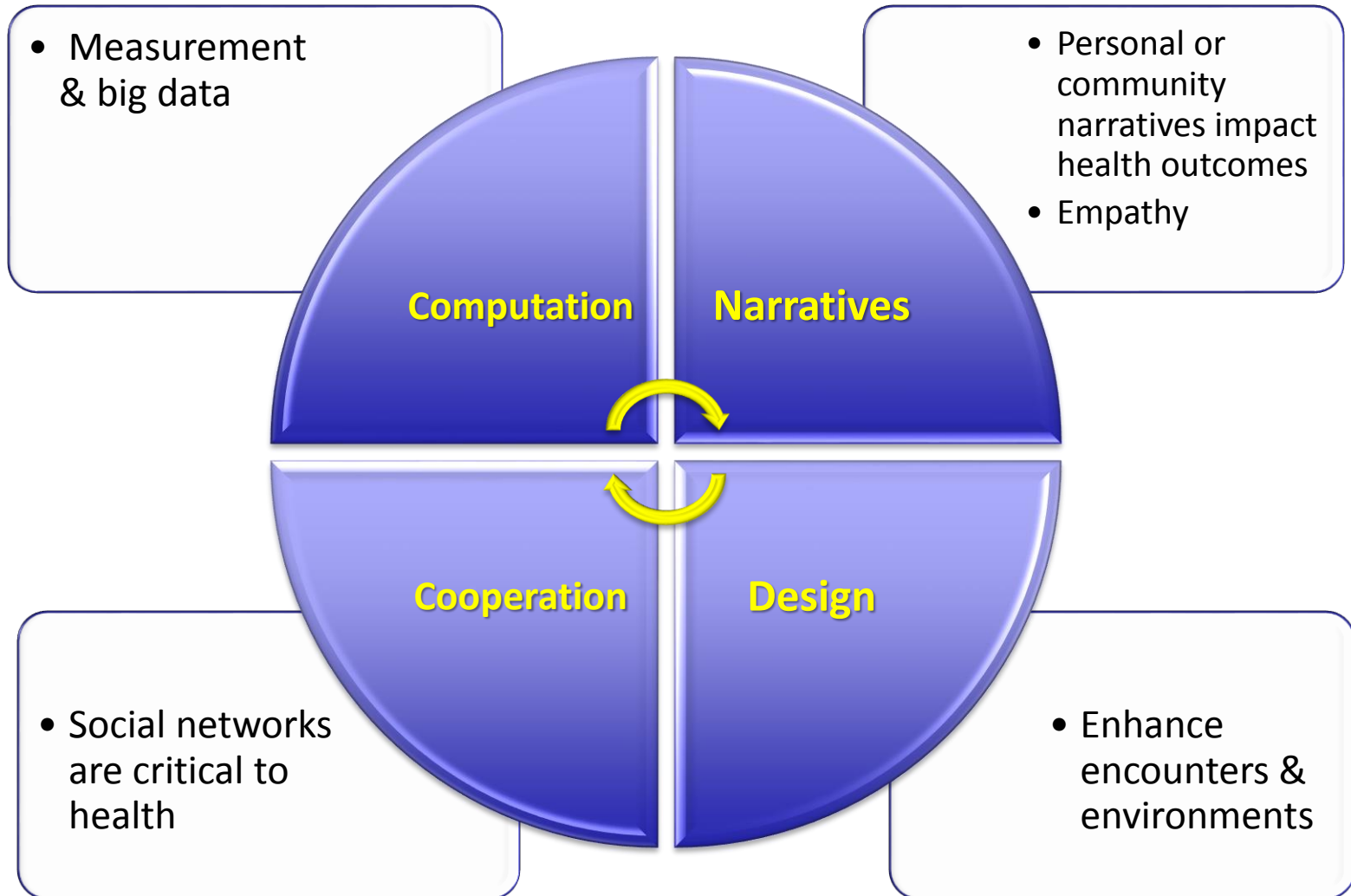
Time to Act: Investing in the Health of Our Children and Communities (RWJF, 2014)

To improve the health of all Americans we must:

1. Invest in the foundations of lifelong physical and mental well-being in our youngest children
2. Create communities that foster health-promoting behaviors
3. Broaden health care to promote health outside of the medical system

New Authorities in the “Well-being Economy”

Reshape Health and Health Care



Well-being Economy

- Deliberate, strategic, evidence-based expansion of opportunities for health **outside** of the healthcare system
 - Enhancing early childhood health
 - Optimizing workplace wellness
 - **Building community health capacities**



Kids
should
climb
trees

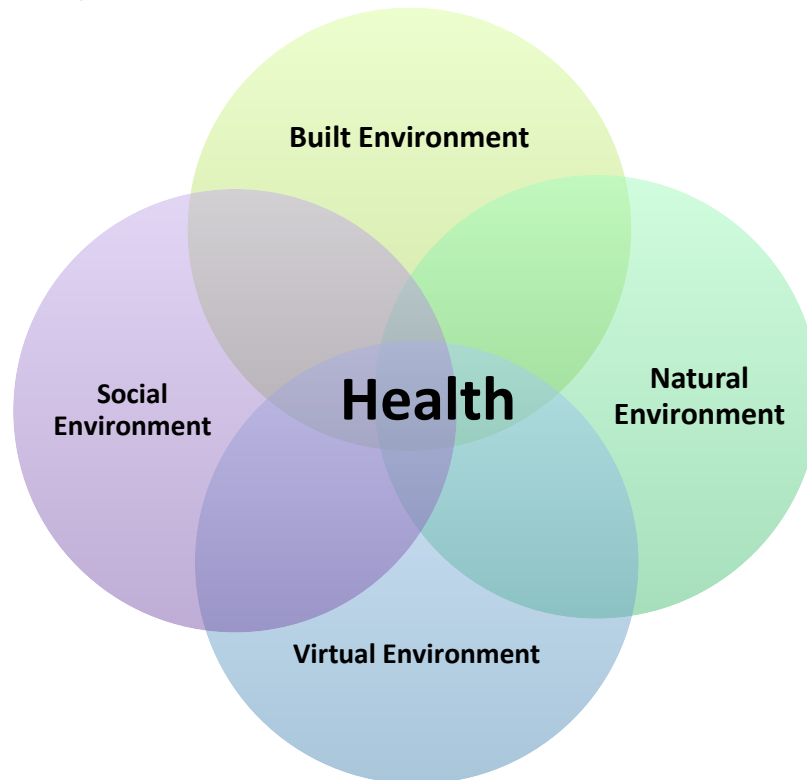
The environment in the next decade ...

- Health roles for built, natural, social, & virtual/informational environments
- Creation of dynamic physical environments that impact health and well-being

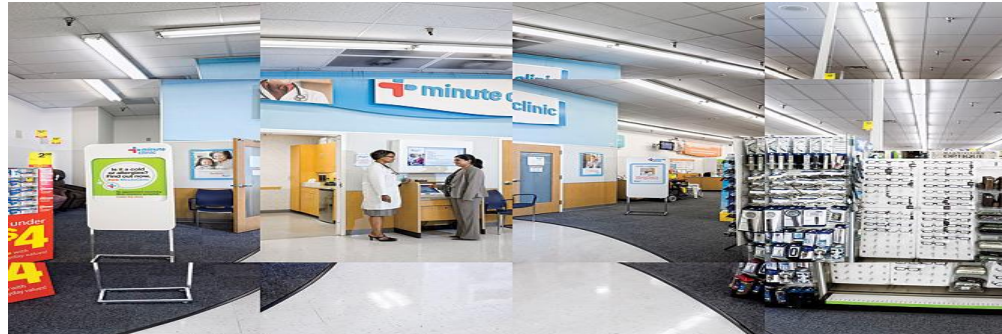


Health Engineering

“Our **environment** shapes the way our mental and cognitive processes function and **nudges** us in particular directions. This is the theory behind the notion that **environments can be engineered to nudge** people to make a healthy choice without a second thought “ (p. 20).



To Address the Problem



- Convenience care or retail clinics
 - “Minute clinics”
 - Cost effective solution for providing primary and preventive care,
 - For people with less complex primary and preventive health needs
- A \$10 Billion market

Aim

Recent changes in healthcare regulations and the increased availability of health insurance to millions of previously uninsured has created an unprecedented opportunity to provide healthcare outside of the traditional healthcare system such as by nurse practitioners (NPs) in convenient care clinics (CCCs). The aim of this study was to explore the impact of NP practice provided outside of the healthcare system in the community at CCCs.

Background

- Community development encompasses a range of efforts to improve physical, economic, and social conditions in low-income neighborhoods. There is a growing movement within the field to leverage these efforts as opportunities to improve health.
- RWJF Commission Time to Act: Investing in the Health of Our Children and Communities to Build a Healthier America looking outside the health care system at how we live, work, learn, and play for ways to improve health for everyone.
- Organization and business leaders across the country are realizing that every sector needs to join the fight—or at least the conversation—to create healthier places to live.

Background

Dr.'s Loretta Ford and Henry Silver developed the NP role in 1965 in response to a shortage of primary care physicians.

The traditional practice setting for NPs began in community-based primary care, in mostly rural and medically underserved areas (AANP, 2011).

Dr. Eileen Hayes (1994) first published seminal work that identified that new NP graduates experience multiple conflicts during the transition period from student to practitioner.

Role Transition of Nurse Practitioner in Reinventing Primary Care

- The Affordable Care Act represents the broadest changes to the health care system and is expected to provide insurance coverage for an additional 32 million uninsured Americans.
- The utilization of Nurse Practitioners has demonstrated improvement in patient outcomes, patient satisfaction, and cost reduction and may have a positive impact on current healthcare trends (Newhouse et al., 2008).
- Among the recommendations is the need for new NPs to drive health care reform.

Health Care Environment Transforms the Nurse Practitioner Role

- Today, large integrated care organizations, such as HMOs, are far more common than in 1965 and are more likely to employ NPs (AANP, 2010; HRSA, 2010, Newhouse et al., 2008).
- Currently, NPs are practicing more in integrated settings and the trend is expected to continue (AANP, 2010; HRSA, 2010).
- Findings based on insurance claims that compared NP and physician costs and NP clinics demonstrated lower costs associated with NPs (Ettner et al., 2006; Naylor & Kurtzman, 2010; Roblin et al., 2004).

Time to Act: Investing in the Health of Our Children and Communities

Recommendation 3

- Broaden the mindset, mission, and incentives for health professionals and health care institutions from treating illness to helping people lead healthy lives.
- Adopt new health “vital signs” to assess non-medical indicators for health.
- Incorporate non-medical health measures into community health needs assessments.
- Accrediting bodies, the federal government, and health care organizations should take actions to support the community impact nurses’ completion of into new clinical practice areas (RWJF, 2014).

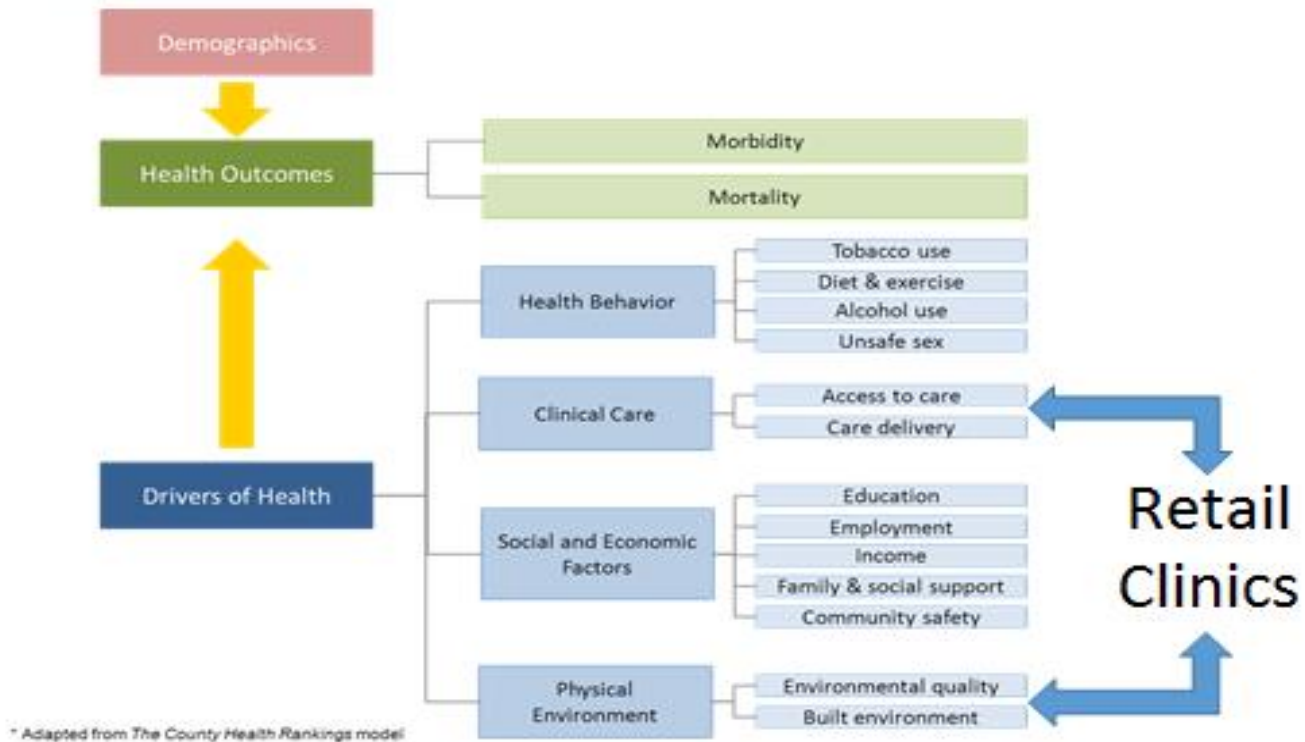


Statement of the Problem

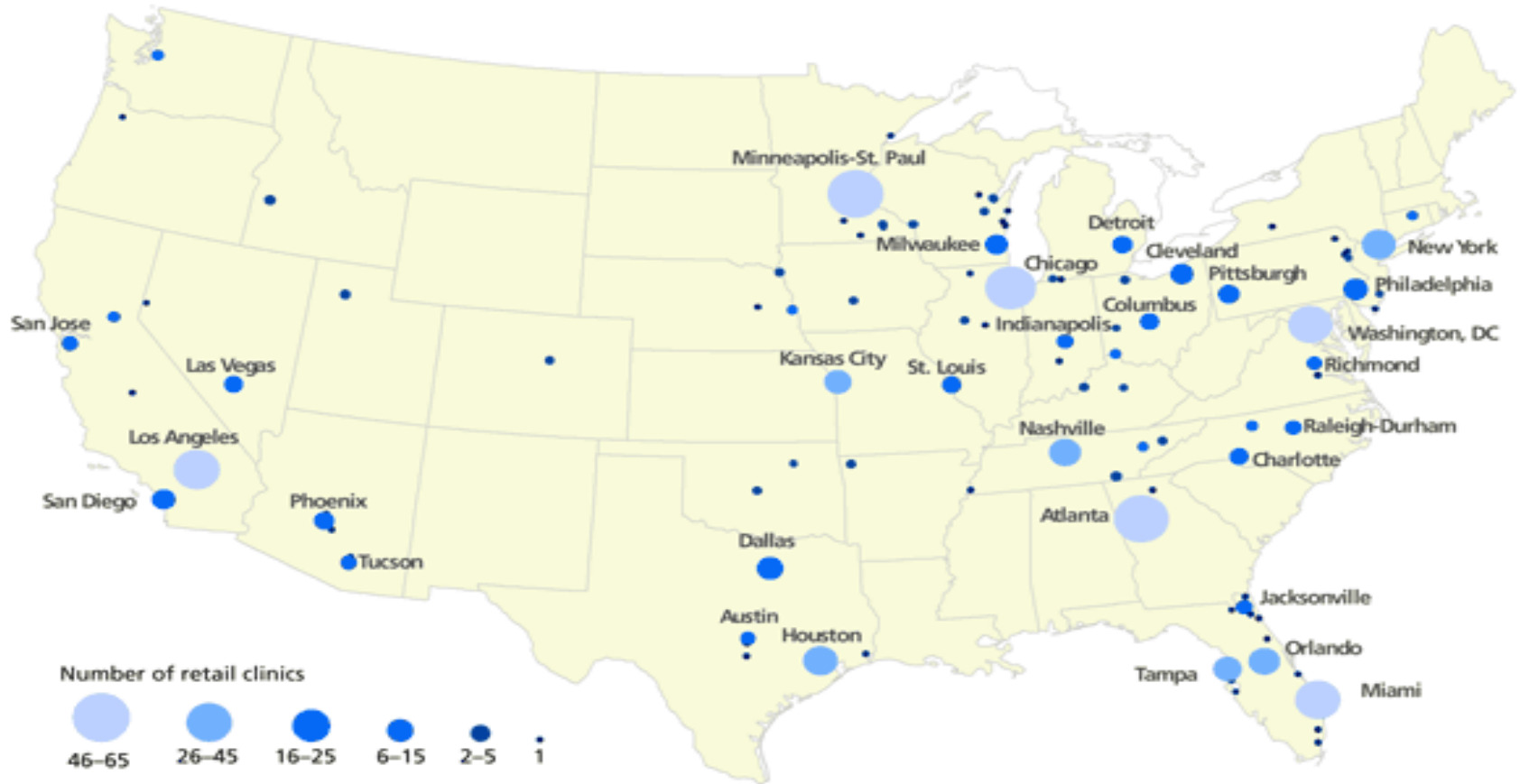
- According to the RWJF, health care providers should be looking outside the health care system at how we live, work, learn, and play for ways to improve health for everyone.
- Recognizing the need to improve community development for vulnerable population with health care reform support the role how such community development efforts is structured and operationalized must be better understood.
- Administrators and other health professionals must provide support and assistance to the improve and create healthier places to live.

Theoretical Framework

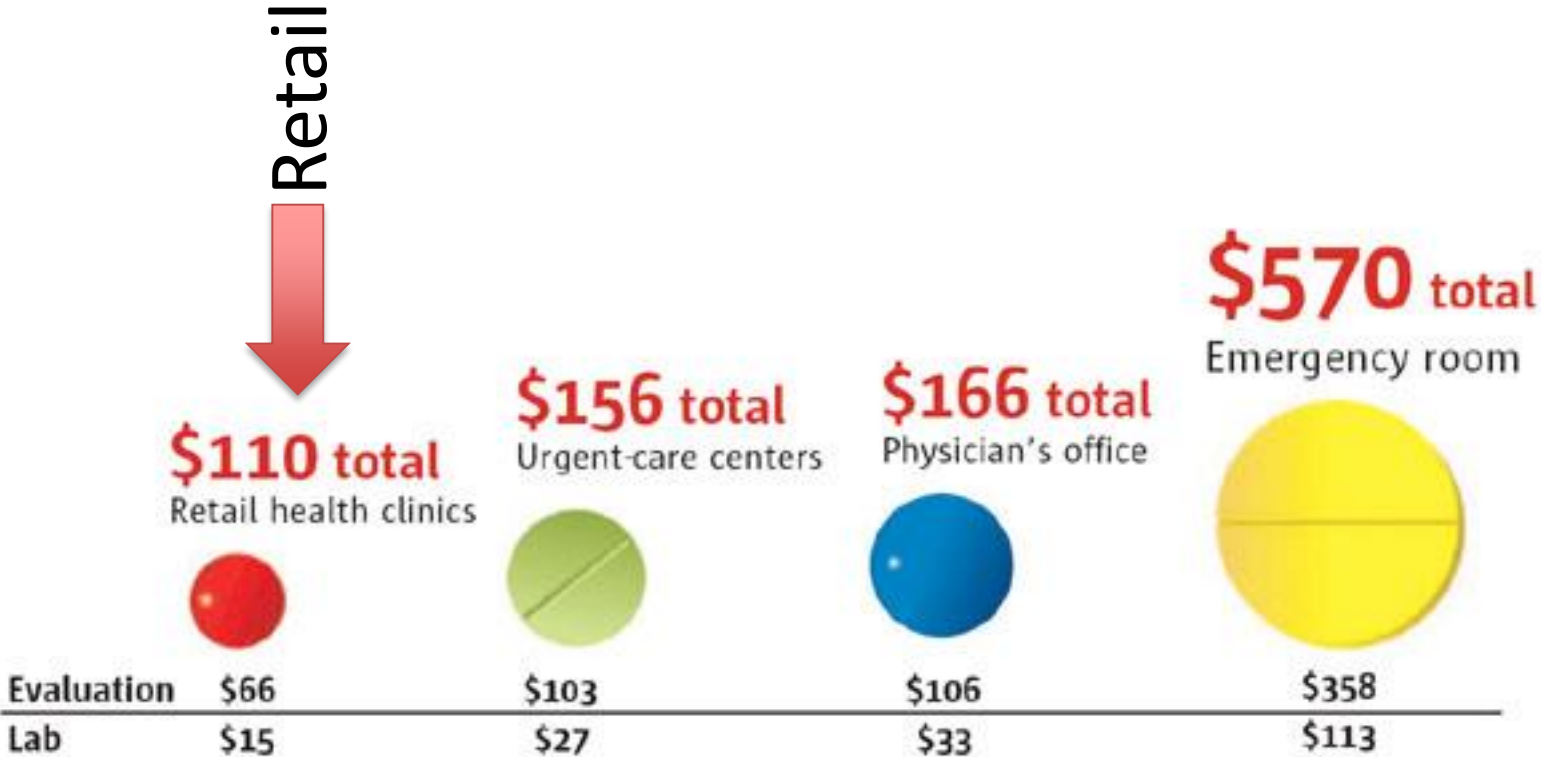
Population Health Framework



Location of Retail Clinics United States



Cost of Care at Retail vs Other Locations



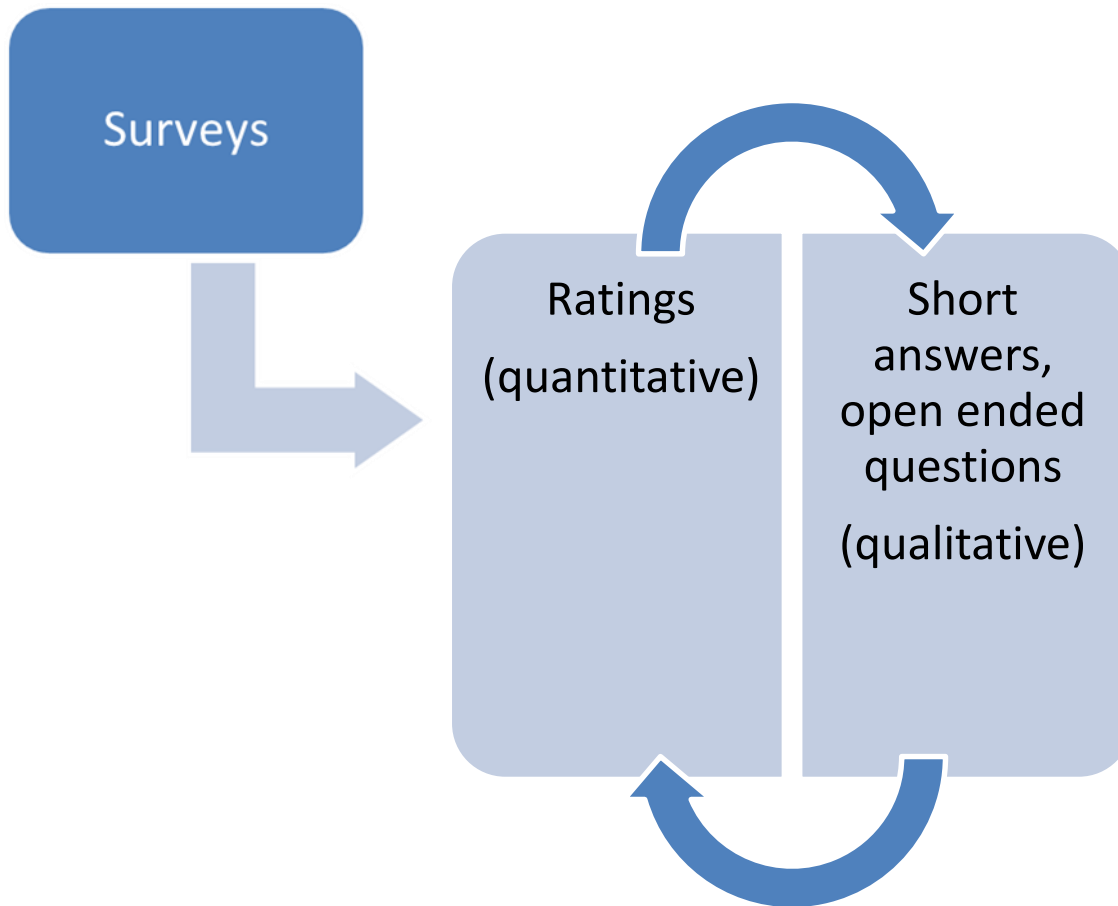
Strategies/Solution

- Community development encompasses a range of efforts to improve physical, economic, and social conditions in low-income neighborhoods and aims to leverage these efforts as opportunities to improve health.
- Organization and business leaders across the country are realizing that every sector needs to work together to create healthier places to live.
- Retail-based clinics have emerged as one solution via strategic partnerships across the health and business sectors.

Study Purpose

- The purpose of this study was to explore the impact of Nurse Practitioner Practice provided outside of the healthcare system in the community at CCCs
- Impact evaluation focus
 - What was the primary impact of the retail clinic?
 - What did the clinic impact positively? Negatively?
 - Were there any unplanned or unintended effects?

Methodology: Mixed Methods



Results:

Impact Analysis of Convenience Care Clinics

- **Pts seen**
 - Hispanic 41%; White 35%
- **Infections most common reasons for care**
 - URI
 - Otitis media
 - bronchitis
 - UTIs
 - Viral
 - Flu
 - Eye infections
 - Tonsillitis
- **Immunizations**
- **Physical exams**
- **Allergies**
- **Pain**

Impact

Accessibility
Convenience
Affordability
Quality care in the community
Treating problems

Challenges

Lack of continuity
Working alone
Limited scope of practice
Pt requests
Community awareness

Frequencies/answers of participant responses for Question: What do you feel is the most important positive impact of the CCC ("drugstore clinic") where you practice?

Category	Number of Responses	Respondent Answers
Accessibility	19 (41%)	<ul style="list-style-type: none"> “access to underserved populations” “access for all” “providing quality accessible care” “access to care for everyone” “accessibility of basic health care services for people who would normally not seek out a PCP” “access to convenient care” “access to local hospital systems to look at patients’ medical history” “ensures a safer and more efficient care” “make it available to everyone”
Convenience	9 (20%)	<ul style="list-style-type: none"> “the convenience encourages being seen by a healthcare provider” “convenience for patients” “great care and convenient” “convenience for service providers and convenience and ability for patients to have health concerns addressed after hours”
Affordability	9 (20%)	<ul style="list-style-type: none"> “affordable care to patients who lack insurance or funds to see a primary care provider” “low cost and available health care to people who don’t have a primary care provider”
Quality patient care	7 (15%)	<ul style="list-style-type: none"> “help patients receive quality patient care” “quality patient care” “completely clarify the services provided” “limit practice to non-urgent services only, treating chronic conditions not feasible for urgent care setting”
Treating patient problems	2 (4%)	<ul style="list-style-type: none"> “extended hours for non-emergent care which keeps some Medicaid patients of the emergency department” “providing health care to people who would not have health care otherwise”

Frequencies/answers of participant responses to Question: What is the biggest challenge of the CCC ("drugstore clinic") where you practice in providing health care?

Category	Number of Responses	Respondent Answers
Lack of continuity of care	21 (46%)	<ul style="list-style-type: none"> ▪ "establishing a primary care relationship" ▪ "no/lack of continuity" ▪ "not seeing the patient back for follow-up care" ▪ "no follow up on patients condition" ▪ "the same as other areas of practice, which is if the patient chooses not to go for follow up with their condition" ▪ "patient compliance-unsure if PCP follows up with patient after referral to them"
Working alone	11 (24%)	<ul style="list-style-type: none"> ▪ "just myself to do all the work" ▪ "no ancillary help" ▪ "not having enough support on some of the days (working alone), so I'm trying to manage the waiting room and see the patients" ▪ "no help, work alone"
Limited scope of practice	7 (15%)	<ul style="list-style-type: none"> ▪ "limited scope of practice" ▪ "patient seeking care for conditions not covered by the clinic" ▪ "limited access to all insurance coverage" ▪ "limitations on what we treat"
Patient satisfaction	5 (11%)	<ul style="list-style-type: none"> ▪ "balancing patient satisfaction with evidence based care" ▪ "most patients want antibiotics regardless if viral etiology" ▪ "long waiting times"
Community awareness	2 (4%)	<ul style="list-style-type: none"> ▪ "getting the word out to the community on resource availability" ▪ "lack of understanding about services" ▪ "word of mouth, as not many patients know about the CCCs and tend to only think of seeing a doctor in the area. By raising awareness, it lets patients know CCCs are available to help them meet their healthcare needs"

Frequencies of participant responses for Question: If you could change something about the CCC (“drugstore clinic”) where you practice what would it be?

Category	Number of Responses	Respondent Answers
Increase ancillary help	15 (37%)	<ul style="list-style-type: none"> ▪ “hire a LPN” ▪ “having a medical or nursing assistant to assist in the clinic and help check in individuals” ▪ “speed of services with more support” ” ▪ “increase ancillary services and/or support during the busiest times of the day” ▪ “need support people-individuals, do not like the dealing with a kiosk machine” ▪ “more resources available to help the underprivileged population in the area around our clinic” ▪ “more providers” ▪ “have a nurse to help process the patients to improve time management” ” ▪ “more orientation to nurses”
Expand scope of practice	15 (37%)	<ul style="list-style-type: none"> ▪ “independent NP practice” ▪ “there is limited scope of practice as minor complications are referred out” ▪ “making our scope larger and involvement with the DEA” ▪ “practice is limited to non-urgent services only, treating chronic conditions is not feasible for urgent care setting” ▪ “expanded services” ▪ “make it more like primary care” ▪ “completely clarify the services provided”

Implications

- The findings suggest that the impact of NP care provided at CCC has a positive effect on the community and represents a great potential for the expansion of healthcare into the community. CCCs represent a growing segment of the health care industry based on a new model of care that emphasizes patient demand, and the need for access and convenience.
- Inform health care policy.
- Inform healthcare delivery.
- Examination of future business/academic partnerships with redesigning new models of care delivery via retail clinics.
- Examination of collaboration between academic/service, between clinicians and researchers in assessing the impact of new community-based models of care delivery.

Recommendations

- Additional research is needed before recommendations can be made regarding the optimal structure and design of CCCs. However, organizations that provide healthcare in nontraditional settings can be encouraged to expand healthcare delivery into the community with continued careful evaluation of the impact of that expansion on access, quality, and efficiency.



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Questions

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