Initiating Nurse Led Clinics: The Right Care for the Population.
Mary Mazul, CNM
May 19, 2014

Good Advice

"We can't solve problems by using the same kind of thinking we used when we created them."
—Albert Einstein

Health Care in the U.S.

- The US health care system is the most costly in the world.

- 17% of the gross domestic product and projected to rise to 20% by 2020.*

- WHO 2010. US ranks 37 in health care worldwide**

*Centers for Medicare and Medicaid Services  
**WHO, 2010

Population Health Management

PHM is a sophisticated care delivery model that involves a systematic effort to assess the health needs of a target population and proactively provide services to maintain and improve the health of that population.

Sg2: What you don't know about population health: A conversation for clinical leaders

“Stratify the customer population into groups that are sufficiently homogeneous to enable arranging a set of commonly needed supports and services to meet their expected needs.” Lynn 2007
High Performing Team Building Blocks:

- Data Driven Improvement
- Team-Based Care
- Empowerment & Patient Panel Management

[Image of infographic]


Women’s Outpatient Center

What we were:
Resident-Physician run clinic providing perinatal and gynecological services.

Over 50 years of serving the community

Provide care to underinsured and uninsured for prenatal care and gynecological care.

[Image of infographic]

Population Health Management

Define quality from the perspective of the individual.
– Acting with the individual and learning for the population.

INFANT MORTALITY BY ZIP CODE

Women’s Outpatient Center

- Limited Nursing Staff
  - Secretaries providing triage
  - Limited patient education
- Little functional space
- High patient to resident/nurse ratios
  - Long wait times
  - Poor quality of care
- Inconsistent resources for staff and residents
  - No social workers

[Image of infographic]
The Problem

- Death of an infant during their first year of life.
- Infant mortality is a key indicator of a population’s health.

Infant Mortality Health Objective 2020

- National goal for 2020 is: 6.0 deaths /1,000 live births without any disparity

2009 Infant Mortality Rates:
- US: 6.9
- Wisconsin: 6.0
- Milwaukee: 11.1 (10.6 2011)

The Problem

The disparity between Milwaukee’s infant mortality rates for African Americans and whites is one of the worst in the nation.

- Overall Infant Mortality Rate was 10.6 per 1,000 live births between 2009-2011
  - Whites: 4.6
  - African-Americans: 14
  - Hispanics: 8

The Problem:
The racial disparities have remained consistent over a long period of time

Preterm Birth
Birth before 37 weeks

Gestational Age
- Milwaukee: 14.4
- Wisconsin: 11.0
- Overall in U.S.: 12.7

Black infant deaths and stillbirths were premature almost five times more often than White or Hispanic infant deaths and stillbirths

Low Birth Weight
Babies weighing less than 2500 grams or 5#8oz

Birth weight is a strong indicator not only of a birth mother’s health and nutritional status but also a newborn’s risk for infant mortality and its chances for healthy long-term growth, psychosocial development, and school performance.
Maternal Outcomes

The pregnancy-related mortality ratio:

15.1 deaths per 100,000 live births for the period 2006–2007.

Maternal Mortality

- Racial Disparities
  
  11.0 White.
  
  34.8 Black.

Maternal Outcomes

- The proportion of deaths attributable to hemorrhage and hypertensive disorders declined from previous years, whereas the proportion from medical conditions, particularly cardiovascular, increased.

The Role of Prenatal Care

- The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend women begin prenatal care in the first trimester.
  - 61% of African American women start care in the first trimester
  - 71% of Whites start care in the first trimester

Women’s Outpatient Center

- Created a data base for demographic and outcomes on ob patients

Women’s Outpatient Center 2004 Demographics Ethnicity

- 283 TOTAL DELIVERIES
Women’s Outpatient Stats 2004

- Preterm Deliveries 10%
- Initiation in First Trimester 22%
- Breastfeeding initiation 50%
- Low Birth Weight 10%

All Women vs. African American Women 2004

- Preterm Deliveries 10%
- Initiation in First Trimester 22%
- Breastfeeding initiation 50%
- Low Birth Weight 10%
- AA Preterm Deliveries 16%
- Initiation in First Trimester 23%
- Breastfeeding initiation 14%
- Low Birth Weight 13%
Anatomy of Good Prenatal Care

Seeing baby on ultrasound
"When they say, ‘You’re going to be a mom!’—They told us it, there were tears, hugging, etc. That all I wanted was to know, my baby is doing good!"

Listening
Taking time to listen and make the feelings expressed by moms.

Group prenatal care (Centering Pregnanancy)
"We had a group of moms that had to go to all the prenatal visits together, and we had a counsellor with us! That was helpful. We had our own class where we could share our feelings. I think that every week we had something new to learn."

Baby care items
Helpful getting the items on the usual way. If they were needed, I was able to buy them. I was also able to get some help from friends.

Home visiting services
A lot of help. When visiting, the nurse would come by the house. She would bring the items and help us with the appointments. If needed, she would even visit us at home.

Trust
"Every single time I was there they showed me how safe I was in my pregnancy. I was able to feel safe."

Good phone etiquette
Calling with good manners, even when calling for an appointment, keeping it polite.

Listening to baby’s heartbeat
"The most important thing that the doctor was giving me was this baby’s heartbeat. It was reassuring to hear that every time I talked to the doctor."

Supportive, caring provider
"They just make you feel comfortable, that you feel like they care, and they are willing to help you and the baby."

Advocacy
"If I had known sooner, I would have gotten better care. I think I was able to communicate with the doctor and the nurse."

Efficiency
A balance between seeing someone quickly, but making sure that the interaction was as efficient as possible.

Mazul, Salm-Ward, Ngui

It takes a thousand voices to tell a single story. — Native American saying

Wheaton Franciscan Healthcare

Programs Use a Suite of Interventions to Manage Across the Health Continuum

A Framework for Population Health Management

Population Identification
- Health Assessment
- Risk Stratification

Health Continuum
- Low or No Risk
- Moderate Risk
- High Risk

Portfolio of Health Management Interventions
- Prevention Services
- Lifestyle Coaching
- Transitional Care
- Compares Care Management
- Palliative and End-of-Life Care

Workforce
PCPs Will Require the Support of PCTs (Primary Care Teams)

- RN Care Coordinators
- Behavioral Health Specialists
- Clinical Pharmacists
- Select Specialists
- Community Health Workers
- Advanced Practitioners
The Women’s Outpatient Center Staff

- Advanced Practice Nurses (CNM and NP)
- Registered Nurses
- Ob/Gyn Residents and Attending MDs
- Health Unit Coordinators
- Prenatal Care Coordinators
- Social Workers
- Patient Care Assistants
- Financial Counselor
- Registered Dietician

Population Health Management

Integration

Creating alliances with larger systems in our community. For example, schools, large employers, public health, academic settings, etc.

Transitions of care

- APNs: Provide direct patient care, see walk ins, add-ons and facilitate new patient visits.
- LEADERSHIP

Challenges: Registered Nurses

- Very few
- Mostly utilized for phone triage
- Rooming patients
- Assisting in procedures.
- Limited leadership roles in the day to day operations of the clinic.
Role focused vs. Task focused.

What is Nurse Led?

- Several definitions:
  - Not just who practices in the setting.
  - Not just clinical decisions
  - Who makes the decisions about how, when, where care occurs.
  - Who makes decisions about scheduling, billing, PHM, etc.

Working through the

- We cultivate our culture of tolerance and acceptance by holding each other accountable.
- We share our knowledge willing with others
- We foster an honest and safe environment that allows us to express our concerns and emotions.

Encouraging Consistent Visits

- Promoting rapport between patients and staff.
- Creating an environment that promotes efficiency.
  - Providing culturally competent care.
  - Providing incentives for compliance

STORK’S NEST
(in collaboration with March of Dimes & Zeta Phi Beta Sorority)

Workflow
Core to PCMH Is an Open Access Strategy

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>Increased patient satisfaction</td>
<td>Represents major culture shift that</td>
</tr>
<tr>
<td>and retention</td>
<td>can create initial anxiety</td>
</tr>
<tr>
<td>Decreased wait times</td>
<td>Can be difficult to educate patients</td>
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<tr>
<td>Decreased ED or urgent care visits</td>
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</tbody>
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![Graph showing percentage of scheduled and unscheduled visits](image-url)
What we are now:

A nurse run clinic in partnership with the MCW OB/GYN residency program utilizing a multidisciplinary approach with a strong commitment to community partnership.

Primary Care and Prevention and Health Promotion

- Expanding the definition of primary care and redesigning primary care offices and clinics to provide not just sick care but ‘well care’.
- Health coaches, health navigators, etc.
- Prevention
  - “actual” causes of mortality in the US lie in behavior that the individual health care system addresses unreliable or not at all, such as smoking, physical inactivity, poor nutrition and unsafe choices”

Population Health Management

Know and utilize the community.

The system is bigger than healthcare.

What are the resources outside of the health care system that will support this population?
Clinic Setting Assessment

- Shift from a provider centric model to a team based model. Providers are committed to working as a team to provide care to the team’s patient panel vs. provider’s patient panel.

- Nurse Led does not mean Nurse Centric

INFANT MORTALITY BY ZIP CODE

2010 to date

- 54% of women now come from surrounding zip codes

<table>
<thead>
<tr>
<th>Measure</th>
<th>2004 overall</th>
<th>2004 African American</th>
<th>2012 Overall</th>
<th>2012 African American</th>
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</thead>
<tbody>
<tr>
<td>Initiation of prenatal care</td>
<td>22%</td>
<td>23%</td>
<td>58%</td>
<td>58%</td>
</tr>
<tr>
<td>Initiation of breastfeeding</td>
<td>50%</td>
<td>14%</td>
<td>54%</td>
<td>42%</td>
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<tr>
<td>Low birth weight</td>
<td>10%</td>
<td>13%</td>
<td>9%</td>
<td>10%</td>
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<tr>
<td>Preterm birth</td>
<td>10%</td>
<td>16%</td>
<td>9%</td>
<td>11%</td>
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<tr>
<td>Smoking cessation</td>
<td>XX</td>
<td>XX</td>
<td>62%</td>
<td>66%</td>
</tr>
</tbody>
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FAILURE IS AN OPTION!

Steve Jobs

“The ones who are crazy enough to think that they can change the world, are the ones who do.”
Questions?

It is hard to hate someone whose story you know
-Margaret Wheatley