Transcript
Registered Nurses: Partners in Transforming Primary Care
2016 Macy Conference Recommendations

Yasmine Legendre:

Hello and good afternoon. Welcome to the webinar on the Macy Conference; *Preparing Registered Nurses for Enhanced Roles in Primary Care*. This webinar is being recorded. I'm Yasmine Legendre, program associate at the Josiah Macy Jr. Foundation. If you're using social media during the webinar, please use the hashtag #nursing. For any questions, please use the chat function on your screen. We will answer as many questions as we can at the end of the prepared remarks. If you need technical assistance during the webinar, please contact ReadyTalk at 800-843-9166.

And now I'd like to introduce our presenters, Dr. Diana Mason of Hunter College, Dr. Thomas Bodenheimer of the University of California, San Francisco, and Dr. George Thibault of the Macy Foundation. George, I turn it over to you.

Dr. George Thibault:

Thank you, Yasmine, and thank you for all of the people who have come onto this webinar. It indicates the strong interest in this subject that we had hoped would be the case because this is a very, very important time for primary care, for nursing education, and for nursing leadership. I want to describe briefly what the format is of the Macy Conference that produced these recommendations. We gathered together 44 leaders in primary care from the health professions education, from health care delivery organizations, from professional nursing associations, from health care philanthropy, and others. And they're listed on our website. We commissioned four papers, and in a minute I'll tell you the titles and authors of those papers and the conferees read all of these papers and other suggested bibliography before coming to the conference and provide comments before that help to guide our discussion.

We then enter into three days of structured discussion with both plenary sessions and breakout groups leading up to consensus recommendations by the end of the conference. These recommendations are then refined by the planning committee in an iterative process that the conferees participate in. At the end, we generate consensus statements. This is a consensus and not unanimity on every point, but all members of the conference have participated in the process and have signed off on the report.

To give a little background on the next slide, primary care in the United States is in need of great transformation. The Affordable Care Act has emphasized the importance of primary care and has given now at least 20 million more people access to care, which is a remarkably positive thing. But the current workforce is having trouble meeting this demand.

We entered into this conference because we believe the registered nurses now numbering about 3.7 million in the largest licensed health professions group in the country are poised to take a leadership role to help with this important issue of access and quality of care. We believe that RNs trained and by their background and orientation, can meet needs for care coordination, chronic disease management, patient health, and programs. They are the ideal team members who play enhanced roles. And we have evidence from this, from some absolutely exemplar practices about at the conference. And we know that in places where they have been, these enhanced roles, there's improved health outcomes, reduced costs.

We say, even though this RN workforce is large, there are several barriers right now to fully employing them in the most efficient way, an effective way in primary care. First, in most of their educational experiences, they lack consistent exposure to primary care content, both in classroom and in clinic settings. And there has been insufficient emphasis on primary care as a career pathway for RNs. Also, lack of career development in primary care for RNs already in practice. RNs who are in primary care,

there has been a difficulty in balancing the time spent on the very important role of triaging patients in the expanded roles of providing chronic care management, care coordination and prevention. In some instances, there have continued to be legal and practice restrictions on RNs utilizing the full scope of their license. And there is lack of reimbursement in many areas for the services provided directly by our RN.

These reasons, the importance of primary care, expanding access and quality ties and potential benefit of the RN workforce, but yet our inability to deliver on that now, we thought it was timely to meet. And we did this with the encouragement and the support of the Academy of Nursing.

Prior to the conference, we commissioned four papers to set the groundwork for the conference. All the conferees read the papers, and commented on them. Great care and enhancing registered nurse role by Tom Bodenheimer, our co-chair and Laurie Bauer from UCSF gave us a vision where we might be going. We then had a report on registered nurses and primary care strategies to support practice at the full scope for registered nurses, Margaret and Mary Blankson of the Community Health Center, Inc. And Maryjoan Ladden of the Robert Wood Johnson Foundation that described real experiences in doing this. And then Jack Needleman of the UCLA Fielding School of Public Health gave us a business case for expanding a role based on interviews with a number of practices that are doing it.

And then finally, we had a survey of the current state of primary care education in nursing education by Danuta Wojnar from the Seattle University College of Nursing and Ellen-Marie Whelan of the Center for Medicaid and CHIP Services really looked at what is going on now in schools regarding primary care education. These papers form the basis of the discussion along with a selected bibliography that all of the conferees read. These papers will be published in their full version in a monograph that will be out in about two months.

At the conference, the discussion organized around six major themes and those themes, domains of recommendations, you're going to hear about from Tom and Diana. The first theme had to do with the need to change the culture of health care, how primary care is viewed, and how the role of nursing of RNs is viewed. Secondly, we need to transform the practice environment with very concrete recommendations. Now, the practice itself, that needs to be changed. Third, we need to focus on the education of nursing students in primary care. That is those who are in an initial BSN program or RN, an RN-to-BSN program, how we can enhance their education to prepare them better for careers in primary care. Fourth, we need to focus on the career development of RNs already in practice, either those in primary care practices of how they can expand their role or those who are in other areas of nursing to prepare them for possible transfer of their career into primary care.

Fifth, we need to develop the faculty in nursing schools to be able to teach and model primary care in their specific recommendations in that domain. And then finally, we need to look more broadly at the importance of interprofessional education to prepare RNs for primary care, to prepare them for a team approach to primary care by educating them and working with other health professionals that will be part of the primary care team. So this is the background of how the conference was constructed, how we prepared people for the conference, and how we developed and organized themes that led to actionable recommendations in six areas.

And to go through those recommendations with you, I'm going to turn over the program first to Tom Bodenheimer, who is the co-director of the Center for Excellence in Primary Care at the University of California, San Francisco, who's an MD with also a master in public health, and Diana Mason, PhD, RN, who's the co-director of the Center for Health Media and Policy and co-producer and moderator of

HealthCetera at Hunter College. Tom is going to start out and take us through the first two sets of recommendations. Tom.

Dr. Thomas Bodenheimer:

Well, good morning everybody, and good afternoon depending on where you are in the United States. So, recommendation number one says the following, "Leaders of nursing schools, primary care practices, and health systems should actively facilitate culture change that elevates primary care in RN education and practice." Now, if we look at the next slide, you can see that these big recommendations have some sub-recommendations. I just want to say a few things about recommendation number one, nursing schools have traditionally taught inpatient hospital nursing, which makes good sense, but that's where the jobs are. However, health care is really transitioning from a focus on inpatient for ambulatory care and particularly primary care. So we felt that nursing schools need to make that transition also.

At the same time, primary care practices need to change because they're not able to meet the population demand for care, and particularly for the increasing need for chronic disease management. RNs are really the ideal profession to provide chronic disease management to the American population. So both nursing schools and primary care practices need to change so that RNs learn the skills of ambulatory chronic care management and that primary care practices organize themselves so that RNs with these skills are valued in primary care. Now, let me just make one point about RNs versus advanced practice nurses, especially nurse practitioners.

Nurse practitioners, because of the workforce projections regarding primary care, nurse practitioners will increasingly become kind of what one could say, the physicians of the future. Primary care physician workforce projections indicate that there's going to be no real increase in the number of primary care physicians in the foreseeable future. But the number of nurse practitioners graduating has gone up enormously in the last 10 years. So that really nurse practitioners are going to be taking over the work of physicians to a large degree in primary care. What that means is because they'll be doing physician-level work, they won't have time to do the very time-consuming chronic care management. So RNs really are the ideal group to be doing the chronic care management work.

One of the sub-recommendations under recommendation one talks about academic-community partnerships. It's kind of typical for practicing primary care doctors to teach part-time in medical schools. And this may also happen with nurses in nursing schools, but we felt that RNs working in primary care experienced in doing chronic care management could serve as part-time faculty in nursing schools to bring together those kind of separate worlds of education and practice.

In that sub-recommendation, we also talk about rebalancing. Now by rebalancing in nursing education, we know that the inpatient nursing education continues to be very important, but currently the balance between inpatient and primary care nursing is heavily weighted toward inpatient nursing. Rebalancing means that in nursing schools, there'll be a change in the balance so that a greater priority is placed on primary care nursing. So that's just a very brief summary of recommendation number one.

And now we should move on to recommendation number two. Again, this is the big recommendation of which there are sub-recommendations. So recommendation number two is that primary care practices should redesign their care models to utilize the skills and expertise of RNs in meeting the health care needs of patients and payers and regulators should facilitate this redesign. So this is really the main recommendation that deals not with what's going to happen in nursing schools, but what's needs to happen in primary care practices.

The next slide gives the sub-recommendations for this recommendation number two, and one of the big issues that we talked about a lot in the conference is what are the specific skills that RNs need to be really good primary care nurses? And there are three that I'd like to mention, and they're all interrelated because they all have to do with chronic care.

One is managing the care of patients with less complicated chronic conditions. And that ideally means not only patient education and assisting patients with health behavior change, but also ideally in the best world would mean that RNs would be able to titrate medication doses for common medications such as those used for hypertension and diabetes. And in some states, there are laws that would enable that to happen using standing orders or standardized procedure. In other states, it's not possible. So less complicated chronic disease is one key skill that RNs need for primary care nursing.

The second one is RNs leading teams to care for the high-needs, high-cost patients with multiple complex illnesses. Then, the third skill is coordinating with transitions between hospital, ambulatory care, and home. Now, we all know that the current fee-for-service payment model rarely pays for RN work, and that really needs to change. In addition, state nursing boards need to allow health systems to create standardized procedures, standing orders that would allow RNs to really be able to practice these enhanced roles under the state nursing board rules and regulations. So why don't we move on now with Diana talking about recommendation number three.

Dr. Diana Mason:

Great. Thank you, Tom. Let me first just thank the Josiah Macy Foundation and George Thibault for taking on this issue and making it the 2016 Josiah Macy Conference. The Academy was really pleased to be collaborating with the Macy Foundation on this, and it builds on work that the Academy has been doing, initially doing some work with the ABIM Foundation around the use of RNs in primary care, but also other work around primary care that's being led by our expert panel on primary care. So thank you to George and the Macy Foundation. Very important work.

So recommendation three focuses on the mandates for nursing school leaders, and faculty to elevate the primary care content in the education of pre-licensure and RN-to-BSN nursing students. Now that pre-licensure can include generic master's students. We wanted to make sure that it included the RN-to-BSN students, which is why we didn't say just pre-licensure students.

And the sub-recommendations for this third recommendation, there are five of them, and I want to emphasize a couple of them. And the first one is to be really partnering schools of nursing, partnering with communities to ensure that we're developing a pipeline of diverse nursing students are going to be able to respond to and address the needs of a diverse population. So that diversity piece is key. And calling on schools of nursing to partner with their communities on this.

And then secondly, which again is, I think, hugely important in this report is that nursing faculty must broaden and deepen the primary care focus in the curriculum. Now, when you get the full report, you'll be able to read the paper by Danuta Wojnar and Ellen-Marie Whelan, the survey that they did of nursing schools across the country, and they had 529 surveys returned, about a 38% response rate.

But what they found is that 77% of the program said that they understood the need for integrating primary care into the curriculum, but that they still are doing it only to a limited degree. And a couple reasons why. One is that too many faculty think that the undergraduate and pre-licensure program is to prepare nurses for acute care and that the graduate program is to prepare them for primary care. We

have to change our thinking on this. Primary care must be integral to the undergraduate and pre-licensure curriculum.

So we came up with some other suggestions such as dedicated education units in primary care practices, and really having, I would encourage everybody on this call to get a copy of the executive summary and then the full report at the end of this year that we'll be out and share it with those of you who are academics. Share it with your faculty and challenge them. How are we going to respond to this and think differently about what we're doing in our curriculum?

So to do this, we know that schools of nursing are going to have to reach out to primary care practices to really come up with some innovative arrangements to provide clinical experiences for students. We know that that is seen as a barrier by some schools of nursing, but there's a lot of work that can and needs to be done in this area. And also that students have an opportunity for extracurricular activities. And I was a little curious about this when the group that came up with this idea put it forth, and I said, give me an example. And one example is Andrew Singer-Morris's Primary Care Progress. That is an interprofessional forum for people who are interested in primary care, and students very much participate in the online work in that virtual community. So there's other examples there of that kind of extracurricular practice.

And so, we need to identify what are best practices that schools of nursing are developing around deepening and broadening the content on primary care in their curriculum. So that's the third recommendation.

The fourth recommendation calls upon leaders of primary care practices and health systems to work together to facilitate this lifelong education and professional development opportunities in primary care. We want to be able to support practicing RNs in pursuing careers in primary care, particularly as hospitals are now looking at expanding their primary care capacity and reducing that acute care capacity. And so, if you look at the sub-recommendations on this one, the first one and the fifth one deal with this idea of bringing together schools of nursing health systems, professional organizations to develop continuing education programs, staff development programs and other opportunities to help the existing workforce and continue to help that workforce to continue to develop enhanced roles in primary care and the skillset to be able to function in those roles.

And then very interestingly, we thought the American Nurses Credentialing Center ought to establish a magnet-type recognition program for primary care practices or figure out a way to integrate primary care into their existing magnet program. And we thought that was an exciting opportunity. And third is really about creating residency programs. Hospitals have residency programs in acute care. We need to have the same opportunity for students who want to come out and get their first job in primary care. And we do believe that that is possible. And so, that again, it requires this partnership between academia and the clinical settings.

And then once RNs are there, we want the practices to really use the RNs to help redesign primary care with that focus on full RN practice authority leadership, and interprofessional practice. Of course, we embrace the idea that all health professionals need to be practicing to the top of their education, training, and license, and that that is key for all health professionals. But we know that RNs can do so much more in primary care. So use those RNs to figure out how can you better use me and my expertise.

And then the fifth recommendation is that academia and health care organizations partner to support that idea that George mentioned earlier on faculty development, that we know we've got faculty who are used to acute care but not necessarily to primary care. And so, if we're going to have a faculty who

feels comfortable and knowledgeable and has expertise in this area, we have to provide those faculty development opportunities. And then the sub-recommendations highlight a number of ideas for this.

And I just want to highlight a couple of them. The second one calls upon health systems and health insurers to help fund faculty development because they're going to benefit financially from our helping to build out the primary care capacity. So why not have an insurer fund a residency or a fellowship in primary care for faculty?

And the third one is this idea, and I think Tom mentioned this about joint faculty appointments, and calling upon those nurses who are already working in the roles that Tom identified in primary care and having them have joint appointments with your schools of nursing and helping to teach both the didactic and the clinical content.

And then fourth is that faculty really should model that RN culture of equal partnership with physicians and other team members. And again, the interprofessional focus we think is key to this recommendation. We don't want faculty out there not really practicing with full practice authority in practices that may not be very progressive. We want them to help to shape the practices in a progressive way. And we think that that will be good role modeling for both people in the practice and for students. And so, now let me turn it back over to Tom.

Dr. Thomas Bodenheimer:

Thank you, Diana. Recommendation number six really has to do with interprofessional education and teamwork in both education and in primary care. Let me just say, if primary care does not develop a really high-functioning team, it's not going to be able to continue. There's just way too much pressure on primary care by many, many patients, and a lot of the patients can't get timely access to primary care. And part of that is because everything seems to go through the physician in the traditional primary care practices. The physicians, there are not enough primary care physicians. They don't have the time to do all the things that have to be done, and they also don't have the skills that now we need with our chronic disease population. A lot of physicians don't know how to do chronic disease management.

So to number one, improve access to patients, to add more skills that doctors don't have, and also to share the work. There's too much work to do in primary care. We have to have teams that share the work so that people and RNs are certainly very qualified to do this so that people on the teams can really take care of patients without needing a lot of physician time.

So how do we move primary care from a traditional kind of physician-only model to a team-based model? Well, to do that, it's really important that students learn about how to work in teams while they're being students. If they learn just to work with their own profession, then they come into a primary care setting where you're trying to build a team. Building the team is not so easy. So there has to be team-building in education, which is interprofessional education in order for teams to work well in primary care.

So finally, the conclusion that we came to after all of this discussion and preparing these recommendations is that this is pretty urgent, that primary care is in trouble in terms of the workforce that's available to provide primary care.

We need more people who are skilled in what primary care is required to give to the population and RNs as this enormous group of highly trained professionals for the perfect people to really assist primary care to survive and to grow and to strengthen. One reason that I got involved in this was that I've been to several exemplary practices that use RNs in all of these enhanced roles, and it's just wonderful to see.

It's quite inspiring to see how RNs can enormously improve primary care and how they really love that new kind of work that they're now able to do in primary care. So to do this, we really need all of you who are here on this webinar and thousands and thousands of more people to help take these recommendations and really make them reality. So thank you.

Dr. George Thibault:

Thank you, Diane and Tom. Those were excellent summaries of rich and complex discussions, and each of you, I hope, will read the recommendations in detail that there's even more depth in every one of those recommendations. So Yasmine is now going to be receiving your questions, and she will read them to me and I will respond or ask either Diana or Tom to respond. Yasmine.

Yasmine Legendre:

Great. Thank you, George. So, our first two questions are – they're both related. One is, "Will you facilitate a discussion to shift NCLEX to cover non-acute settings or practices to get educators to include primary care as a priority?

Dr. Diana Mason:

Yes, I'd be happy to address this one, and thank you for asking it. I was quite curious about this myself. My understanding was that, indeed, the NCLEX is based upon new graduates a year out and their experiences. So if they're on acute care, that's what they're going to respond to. And a colleague of mine challenged me and said, "Go look at the plan for the NCLEX and what it says about the NCLEX." And it is not setting specifics so that there are questions on there about chronic illness management. There are questions on there on care coordination. So even though we believe it's acute care-focused, it is not specifically acute care-focused. And for those of you who think, "Well, it still needs a ways to go," I hope that if you've got ideas on that, I think it'd be really good to have conversations with the state board about that or the NCLEX National Council of State Boards of Nursing about that. It's a good question.

Yasmine Legendre:

Great. Thank you.

Okay, we have another question. Someone is interested in knowing more about physician involvement. "How do physicians feel about this? How does the AMA feel about this?"

Dr. George Thibault:

Well, I'll take a first crack at that and then ask Tom. First of all, probably everybody knows there is no single voice of physicians, just like there's probably not a single voice of nurses either. But we had several physicians on our conference panel, and they were enthusiastic supporters. Some of them are in practices that have already put some of these recommendations into practice. So I would say the physician community probably goes across a great spectrum, some that are more enlightened and more ready for this than others. But I think there is a broad, growing consensus across the physician world that, of course, all of the issues addressing health care in this country are going to need a team approach, an interprofessional approach. And that's why we're very happy that interprofessional education more broadly, not just focusing on primary care, is getting traction, collaborative practice in many settings in addition to primary care is getting traction.

And the National Center for Interprofessional Practice and Education that we have helped to create and fund is also having great impact in spreading this word, spreading best practices. So it's an evolving scene, and I wouldn't want to claim that everybody is on board, but I've seen dramatic changes in attitudes in this subject just in the last five years. I think the ground is ready for it, and the more we can show the benefit of it, the more people that we'll have on board. But Tom, I want you to speak to it because you visited a lot of sites.

Dr. Thomas Bodenheimer:

Thank you. Very important question. So let me just take the issue of when nurse practitioners came on the scene. What we know from research is that some physicians really trust and want nurse practitioners, and some don't. But then you look at physicians who have worked with nurse practitioners versus physicians who have not worked with nurse practitioners, physicians who've worked with nurse practitioners are very high-percentage support working with nurse practitioners and support the profession of nurse practitioners. I think the same thing's going to happen with RNs and is happening as RNs are taking on these enhanced roles. If a physician hasn't seen an RN doing complex care management, for example, they might think, "Well, only I can do that." But once a physician has worked with a complex care management team run by an RN, they're like, "Wow, I don't know how I did without an RN in the past."

So, I think it's a question of familiarity. And I think that, as it happens more, physicians will be increasingly supportive and realize that really it helps them and helps their patients, too.

Dr. Diana Mason:

And this is Diana, if I could jump in on this and just add that one of the participants in this conference was Tom Sinsky and he and his wife Christine have a practice in Iowa and changed their practice. And he is going to be speaking at the American Academy of Nursing's conference in a couple weeks at a policy dialogue session that we're having on this topic. And he's going to speak to how it has just given him joy in practice and others who are in the practice joy in practice, and how it has improved outcomes and actually has been financially sustainable. And so, I think it's important for us, as Tom says, to identify physicians who have used RNs in their practice and can speak to it to the physician colleagues. Also, Tom just had a paper in the New England Journal of Medicine, I believe it was. Tom, am I correct in that?

Dr. Thomas Bodenheimer:

That's right.

Dr. Diana Mason:

Yes, and it's on this issue of using RNs in primary care. So, I think, as more is being talked about in this sphere in circles of medicine, I think it's important to be prepared to showcase best practices and have conversations about what the fears are.

Dr. George Thibault:

So Diana has raised a very important point that I think needs to be emphasized, and that is this issue of professional satisfaction. And while the ultimate goal of doing these changes is to improve patient access, patient outcomes, and the patient is the ultimate beneficiary, we all know that burnout and

unhappiness in practice is all too prevalent, particularly in the primary care sphere. And one of the benefits, and Tom Sinsky has written eloquently about this, the idea of recreating joy in practice, that this team approach, having a team of professionals all working up to full capacity and all deriving professional satisfaction from their contributions enhances everybody's professional satisfaction. And that's a very important element in this that I think needs to be emphasized.

Yasmine Legendre:

Great, that actually leads well into our next question, which is, "I'm interested in knowing more about physician involvement. Can you provide a few examples of what you've seen as enhanced roles for the RN and primary care settings? Where is this working well?"

Dr. George Thibault:

Tom, maybe you can speak to that first.

Dr. Thomas Bodenheimer:

Sure, sure. So in California, which is where I am, there are a number of the federally qualified health centers who are using RNs very extensively in these enhanced roles. Just to take an example, so if you take patients with diabetes and hypertension, that's a lot of patients in your patient panel, you're probably going to have 20% or 30% of your panel of patients who have diabetes and/or hypertension. In these federally qualified health centers, nurses can actually take care of a lot of those patients almost by themselves because we do have a fairly liberal nursing board interpretation of what nurses are able to do.

So nurses, number one, teach the patients about their illness. Number two, they work with them using health coaching techniques on behavior change, including medication adherence. And not only that, but they can also go through protocols and what we call standardized procedures that are written by the leadership of the federally qualified health center, in particular the medical leadership, they can actually titrate medication doses so they can increase the doses of metformin and benazepril, some of those things.

So, really those patients can be pretty close to be taken care of almost completely by the RN. And that's, I think, the ideal state that we kind of would love to see. And that allows the physicians, nurse practitioners, and physician assistants who are sort of the primary care practitioners to really focus on all the other things that hit them during the primary care day.

But the thing about the complex chronic care management is to take a lot of time. So, an RN doing that kind of work is going to have, say, an hour with a patient rather than 15 minutes with a patient to really, really work on improving their chronic disease. And there are some research studies that show that RNs working with people with diabetes and hypertension, improve outcomes better than physician-only care.

Dr. George Thibault:

So in the monograph to be published in a couple of months, we will have descriptions of some exemplar practices that we heard about during the conference. California, Iowa, Connecticut, just to give three locations, all have exemplary practices that will be written up in the monograph. So it's not by any means yet the majority, but it's proof of concept that it can be done.

Dr. Diana Mason:

And George, if I could just piggyback on that to my colleagues in academia, as you listen to Tom speak about these enhanced roles, you may say, "Well, we prepare nurses to work in primary care," but there are not enough programs teaching students how to do the coaching, how to do motivational interviewing, how to do the care coordination. Very few have any experience in helping patients to manage their chronic illness on a longer-term basis. So I think it really underscores the importance of academia stepping up and saying, "Okay, we've got to make a shift in what we're doing," and to start identifying what are the best practices that we can be doing.

Yasmine Legendre:

Okay. The next question is, "Will the nursing program accrediting organization such as CCNE or NLN place more emphasis on primary care in order to grant accreditation?

Dr. George Thibault:

Diana, I'll let you field that one.

Diana Mason :

Sure, sure. Well, both AACN and NLN were at the table, even though we tell people they're not representing their organizations, they are there for their minds. But by the same token, I do expect both organizations to be looking at how they can support this work. So at this point, I don't think we have anything official from AACN or NLN, but I certainly would hope that in the future that they would be looking at programs quite critically in terms of what are you doing with primary care? And if you've got a plan for it and you're not quite there yet, that's okay. But certainly to be having faculty who understand the imperative that we have to be changing what we're teaching and how we're teaching it. So I would look for those organizations to both be supporting in whatever way they can, the work of this conference, the recommendations.

Dr. George Thibault:

And I can say, in backing that up, that I've heard personally from the leadership of both organizations about how enthusiastic they were about these recommendations and how positively they felt about them.

Yasmine Legendre:

Okay. “Are there any practical resources that the panel would recommend for nurse managers or administrators to cultivate enhanced RN roles in primary care?”

Dr. George Thibault:

Tom, do you want to take that?

Dr. Thomas Bodenheimer:

So there are beginning to be such resources, but I think that there need to be more. One resource is there was a project called LEAP, Learning from Effective Ambulatory Practices, that was funded by the Robert Wood Johnson Foundation. And if you look at the LEAP website, and I think if you go to learning

from effective primary care practices, you can get onto the website. And there are a lot of tools regarding different team members and how they can be either trained or what kind of protocols could be put together or standing orders could be put together to empower them to do this enhanced work. And there's a lot of emphasis placed on RNs in the LEAP project. The LEAP project visited 30 exemplar primary care practice around the country. And so, I think going to that website would be one thing that I would suggest.

Myself and several colleagues from the Center for Excellence in Primary Care, we did a study of enhanced RN roles in community health centers in California. And you can find that on the website of the California Health Care Foundation. And that gives a lot of information also. But I'm sure that there are other places that I maybe don't know about.

Dr. Diana Mason:

And if I could jump in on that – so we did have a couple people at the conference who were nurses, nurse managers, or leaders of health systems or chief nurse officer position. And for some, I think they are seeing the mandate to move to more primary care and are ready to step up. But I think one of the things that would be helpful is for those of you on this phone to take this report and to go to the nurse managers and chief nurse officers in health systems that you're working with, and to ask what do you see as the implications for the work that you're doing? I think it'll be really important to have chief nurses in particular understand that their purview needs to move beyond the hospital walls as well, and they need to be focused on primary care. And part of that is retooling their existing workforce as the care is shifting from acute care to community-based care. So I think there's real opportunity for all of us there.

Yasmine Legendre:

Okay. “How did the conference address concerns with competing roles with certified medical assistants in primary care settings and with social workers and navigators in cross-continuum care management, as well as other unlicensed health professionals in chronic disease management? And then a follow-up, how will the RN chronic disease management differ from an MA chronic disease management?”

Dr. George Thibault:

Tom, maybe you can start with that one from your practice experience.

Dr. Thomas Bodenheimer:

Okay. Well, there's been a lot of interest, of course, Tom, in expanded roles for medical assistants in primary care because if you look at most primary care practices in the country, who's there? There are practitioners, which would be doctors, nurse practitioners, PAs, and there are medical assistants, and then there are people in the front desk. And often that's all that there is. Increasingly, there are RNs in primary care practices, but in a lot of small and relatively medium-sized primary care practices, there are no RNs to be found.

But in all of this work, in terms of enhancing the roles of medical assistants, there are a lot of limitations on what they can do. Number one, they don't have time to, because they're like the flow coordinators of the practice. So they don't have time to sit down with a patient who has diabetes and doesn't

understand their diabetes, doesn't know how to do behavior change and doesn't understand their medications. They don't have time to do that kind of what we call health coaching.

So RNs are really the perfect people to do that. And the other thing is that the MAs don't really understand the medications and the RNs do. So RNs can really do a lot more than MAs with relatively uncomplicated chronic disease. When you get to complex chronic disease with the high needs, high cost patients, which is so much interest in these days because not only they're very sick, but also they consume a lot of the health care dollar in the United States, that's way beyond the capacity of medical assistance. You really need RNs to lead those teams for the complex patients with complex health care needs.

Dr. Diana Mason:

And if I could add a comment about social workers, I don't think anybody was suggesting that the RNs are replacing other workers. I think it really is a team sport.

Now, my understanding is that there are a few practices that really use social workers, but Robyn Golden, who is at Rush University, is leading a project funded by the Commonwealth Fund that is looking at integrating the biomedical and social models of health into primary care and using social workers particularly to address some of the social determinants of health in practices. So that might be worth to pay attention to see how we can really build out a team that's going to be the primary care of the future or what we need now.

Dr. George Thibault:

Yes, and Robyn was a member of the conference panel, and I know sees this as complimentary work and not competitive work that each profession comes with a particular set of skills and orientation, properly designed and constructed in a team fashion and really complement each other very effectively.

Dr. Thomas Bodenheimer:

Let me just add one thing, this is Tom. I've had the privilege of visiting a number of complex care management teams, and the teams usually have an RN and a social worker, and they may have a health coach also because the RNs are not as skilled in terms of navigating the system and dealing with the more social aspects, which are often even more important than the medical aspect. And the social workers, of course can't deal with the more medical aspects. So the team of an RN and social worker is really dynamite for those high cost high needs patients.

Dr. Diana Mason:

That's great.

Yasmine Legendre:

Okay. I just want to let people know that we are running a little bit short on time, but we're going to try to get through as many questions as we can. "Will there be a push to increase the pay scale for nurses in primary care community health? There's a need to recognize that recruitment problems can be related to low wages in primary care community health."

Dr. George Thibault:

Diana, do you want to take that one on?

Dr. Diana Mason:

Sure. I'll give it a stab.

Dr. George Thibault:

I use my prerogative as the chair to avoid the really tough one.

Dr. Diana Mason:

So, look, we know that one of the problems for physicians working in primary care is that the pay is lower. And so, I think this is about convincing payers that investing more in primary care is going to be financially better for the insurer in the long run, but it will also be better for the people that the insurer is serving. So I think it's going to take a moment. We know that, so Jack Needleman's paper does outlined reimbursement and payment opportunities that exist now for RNs during this work as well as some opportunities that could be developed in the future. And certainly those folks who are supporting global payment approaches and value-based payments to primary care in particular, or payment across, for example, accountable care organizations, there might be other opportunities to be able to argue for and make the business case for making sure that we're able to recruit top-notch nurses to primary care.

And I noticed that there was another question about research in this area, and I want to point out that the recommendations do include really trying to look at what are the data that we need to make a stronger business case, if you will, as well as to evaluate best practices in using RNs and enhanced roles.

So, I think you're not going to see a lot of increase in payment right away, for increase in pay for nurses right away. But I would argue that when you think about the nurses who are functioning in these roles and if they're practicing with full practice authority, I think that the professional rewards of the practice itself may be some compensation, but certainly we need to pay nurses sufficiently in primary care.

Dr. George Thibault:

I will say that everybody realizes that this is an important issue. This conference was not configured either by the expertise we had or the time and resources we had to fully address the payment issue, which of course is bigger than primary care, but primary care is an important part of it, of reconfiguring the whole payment system. There is encouragement that some of the current pilots going on are moving in the right direction. There was general feeling around the table that new models of payment such as ACOs and bundled payments, paying for value, all favor this kind of approach. But again, the devil will be in the details of how they're actually executed. So it was a bit beyond the purview of this conference to try to answer it, but it certainly is an important issue.

Yasmine Legendre:

Great, okay. "More patients are using mobile health tools, including remote monitoring devices, smartphone apps, and wearable trackers, and bringing them to primary care. Do you think RNs need to take a leading role and understand the use of these consumer health technologies and integrate the use of these tools in primary care?"

Dr. George Thibault:

Well, I'll take a first crack at that and then I'll give it to Diana. I would say by all means, yes. And again, another area I think of importance for potential nursing leadership and important implications for nursing education, I will say that one of our new Macy Faculty Scholars, nursing faculty at the University of Texas, Houston, actually has this as her project – working with computer scientists and engineers. And I think it's an exciting area, an exciting potential for nurse leadership. Diana, I'll ask for your comment on that.

Dr. Diana Mason:

I agree wholeheartedly with you, and I think we have examples of nurses in home care playing leadership roles in the use of technology and home care. But I agree that there is that role and we must move in that direction in primary care as well.

Yasmine Legendre:

Great. This is going to be our last question, and for those that we don't get to, we will post answers on our website. “How do you empower experienced nurses to adopt these new elevated primary care roles and responsibilities that were not taught or expected of them in the past?”

Dr. George Thibault:

Well, like all the tough questions, I'm going to ask my nursing colleague, Diana, to take the first crack at that.

Dr. Diana Mason:

I think nurses are ready for it. I think the role that Tom has described, and you'll see again in the final report, you'll see some other exemplars, I think are roles that nurses who are practicing in them feel the joy in practice. And I think as long as they're given the skillset, nurses are smart, we figure things out. And I think the empowerment is around encouraging nurses to practice to the full extent of their education and training with full practice authority.

And I noticed there was another question there from somebody who's working in primary care saying you have some fear about practicing outside of your license. Well, I'm not so worried about that. I'm more worried about the constraints that are put on our ends to practice to the full scope of their authority. So I would say use the exemplars to push the window on what nurses are doing in other parts of the country and say, "Let's try it here."

Dr. George Thibault:

That's a great, positive message to end on, and I want to thank everybody for their interest in this. I encourage you to read the full report and then read the monograph when it comes out. Share it with your colleagues, discuss it, discuss its implication for what's going on in your school or in your health care system, and please don't hesitate to communicate with us about other thoughts you have.

We are going to be working with the American Academy of Nursing in a rollout of these proposals. Several meetings and seminars are already scheduled, so look for things that may be going on in your region, and we would love to have people's thoughts about other ways that we can promote and implement these recommendations.

Yasmine Legendre:

Thank you, George, thank you. This concludes the webinar on the Macy Conference, *Preparing Registered Nurses for Enhanced Roles in Primary Care*. The video and slides will be available on our website in the next week. You can find the conference recommendations also on our website at macyfoundation.org and can sign up for periodic email alerts from us. For any questions we were unable to take during the webinar. We'll post the answers on our website in the next two weeks.

I just wanted to mention, I know someone did ask if there are CEUs for this webinar conference. I'm sorry to say there aren't. Thank you again for participating and have a good day.