

UT Nursing Clinical Enterprise



Sustaining a Nurse-Managed Clinic Faculty Practice Plan: Building a Mosaic of Support

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UT Nursing Clinical Enterprise

Base of Operations in the School of Nursing

Purpose: Nurse-led Care and Faculty Practice and Research

- Design an integrated, innovative, accessible, high quality, cost-effective patient and family-centered sustainable model of Nurse-led care
- Create learning, research, and practice collaborator for nursing and other students and faculty in the Health Science disciplines
- Provide excellent learning experiences for our students while building and sustaining our university and community partnerships
- Embed practice in an integrated promotion and tenure process aligned with the SON and institutional mission
- Expand interprofessional, collaborative practice sites for students/residents, link the sites through Epic electronic health records, significantly expand clinic hours, patient care, primary care providers and services, thus creating increased slots for primary care clinical experiences



UT Nursing Clinical Enterprise Mission:

Consistent With Systems Approach and Institutional Missions and Policies

- Integrate research/discovery, teaching/learning, practice/engagement and policy to enhance the well-being of the local to global community
- Emphasize best practice and education that are evidence-based
- Provide excellent learning experiences for our students while serving our communities
- Ensure an accessible, cost-effective, high quality and culturally proficient nurse-managed system of care delivery




Faculty Practice: Nurse-Managed Clinics as a Foundational Component

Over the past 45 years, academic nursing centers have been developing, implementing, and evaluating alternatives to the failing, mismanaged U.S. health care delivery system.

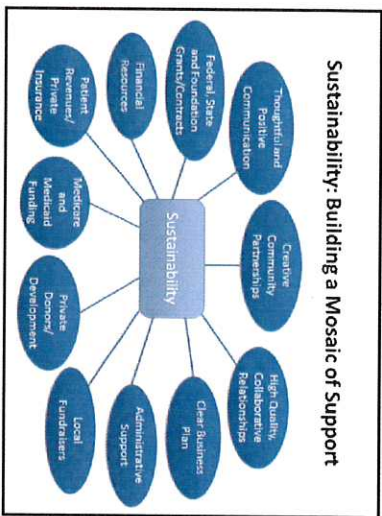
Challenges: tied to grants that are non-renewable or highly competitive, funding sources change priorities, lack of diverse sources of funding, not embedded or valued in promotion and tenure process.



Key Elements for Long-Term Sustainability

- Patient and Family-Centered Model
- Integrated model of discovery, learning and engagement
- Diverse Financial Resources, e.g. Medicare/Medicaid, private insurance, donors, federal state and foundation funding
- Human Resources- Critical
- High Quality, collaborative relationships
- Thoughtful and positive communication
- Clear business plan
- Creative broad partnerships: Communities, industries, and multiple disciplines
- Administrative and faculty support
- Embedded in promotion and tenure process





UTHSCSA Clinical Enterprise Team

Team:

- Executive Director/NP Collaborating Physician (Prescriptive Authority Agreement [PAA] required by Texas Law)
- 1 Lead FNP full-time; 1 full-time FNP
- .5 part-time FNP
- Psych/MH Clinical Nurse Specialists/NPs
- Health Coach, Nutritionists/Epidemiologist
- 1 BSN/RN; 2 Medical Assistants
- Patient Services Representative
- Business Administrator
- Grants and Marketing Specialist



Mark Nelson, MD, TASP - Collaborating Physician



UT HEALTH SCIENCE CENTER
SAUL R. ANDERSON

UTHSCSA Clinical Enterprise Team

Services:

- Primary Care
- Comprehensive Wellness and Health Promotion
- Behavioral Healthcare
- Health Weight Management/Nutrition Counseling
- Women's Health/Men's Health
- Immunizations
- Smoking Cessation
- STD Screening/Treatment
- Acute Illness and Minor Injury
- Chronic Disease Management
- Case Management
- Expanded hours – vaccination clinics (7:30 am – 5:30 pm)



Saw Chingnam, PhD, RD, ODE



Max Sney, RN, PhD, PHD(C), PHM, BSC



Gail Williams, RN, PhD, PHD(C), PHM, BSC



UT HEALTH SCIENCE CENTER
SAUL R. ANDERSON



UTHSCSA Student Health Center

Additional exam room added

Patient Volume doubled over past two years

Designated medically underserved population (MUP)

3,657 Health Science Center students: 2014

UT HEALTH SCIENCE CENTER
SAUL R. ANDERSON

Top 10 Diagnoses



SHC
Saul R. Anderson Health Center
587-Well (9355)

- Upper Respiratory Infection (sore throat, cold, sinusitis)
- Well Woman Exam
- STD Testing
- Mental Health Issues
- Urinary Tract Infection
- Allergies/Asthma
- Gastrointestinal Symptoms
- Immunizations and Titers
- Lower respiratory infections
- Needlesticks/Cadaver/lab lacerations




UT HEALTH SCIENCE CENTER
SAUL R. ANDERSON

Top 10 Diagnoses

- Mental health issues
- Upper Respiratory Infection (sore throat, cold, sinusitis)
- Well Woman Exam
- Diabetes
- Hypothyroidism
- Hypertension
- Coronary artery disease
- Hypercholesterolemia
- Needlesticks
- Other work site injuries, including monkey bites



EHW
567-2388



UT HEALTH SCIENCE CENTER
SAUL R. ANDERSON

Faculty Practice Services

Student Health Center and Employee Health & Wellness Clinic

- Primary Care
- Comprehensive Wellness and Health Promotion
- Behavioral health care
- Women's Health/Men's Health
- Immunizations
- STD Screening/Treatment
- Patient Survey with QR Code
- Smoking Cessation
- Healthy Weight Management
- Acute Illness and Wound Injury
- Chronic Pain/Injury Assessment/Treatment
- Chronic Disease Management
- On-site lab services; daily lab courier service



Faculty Practice Plan

- The Purpose of the School of Nursing Faculty Practice Plan ("Plan") is to manage and hold in trust the professional income of faculty members at The University of Texas Health Science Center at San Antonio School of Nursing ("SON").
- The Plan's goal is to promote excellence in teaching, research, clinical service, and administration through clinical practice and compensation strategies that will contribute to and safeguard the Institution's continued growth in excellence.
- Final draft approved by Dr. Kenneth Shine, Vice Chancellor, January 23, 2013.
- Faculty endorsement, April 26, 2013.



Initiation of FPP Participation, continued

- 1) During the interview and hiring process or after hire, faculty members share with Chair or Vice Dean for Practice and Engagement that they want or need direct or indirect practice to be a part of their 1.0 FTE assignment. This may result in a buyout if the Enterprise has needs or requests in the relevant practice area, e.g., Student Health Clinic. If the Enterprise is fully covered, the Vice Dean and her team will try to develop a practice site for the faculty member, e.g., Senior Psych Care.
- 2) If the faculty member is fully assigned and wants to practice over and above their 1.0 assignment for additional pay, the Enterprise will make every effort to identify or develop a relevant practice site.
- 3) Whether the practice is determined to be a buyout or additional pay, the scenario could change from one semester to the next depending on teaching assignment, administrative assignment, securing a grant, and/or the needs of the practice partner. For consistency, however, most contracts or MOUs are for 12 months.



AVANCE Community Partnership Clinic & Healy-Murphy Alternative High School and Day Care Center

- Nurses-led model: RNs, FNPs, LPN, Health Assistant, collaborating pediatrician from UTHSCSA Community Pediatrics
- 95% of population of Hispanic origin
- 50% of Healy-Murphy high school students are pregnant or parenting
- Targets vulnerable children and families; patient, family-centered primary care health home
- FNPs provide pediatric primary healthcare to 1,000 children enrolled in the AVANCE Early Head Start program and Healy-Murphy Day Care Center; projected growth to 2,000 over the course of the project
- Sites for masters and doctoral research; Public Health, Senior Leadership, Capstone and PMP preceptorships, faculty practice and interprofessional service learning projects



Initiation of FPP Participation

As practice is defined very broadly, buyout or additional pay will be the scenario approximately 50% of the time. Other scenarios occur due to faculty innovation/new models, short-term opportunities (requests that come to the Enterprise for done-in-a-day to done-in-10 week courses or mass health screenings, to industry contracts such as TeamSTEPS where funds are going to an entity rather than an individual faculty member.)




Initiation of FPP Participation, continued

- 4) Chair determines if fully assigned or how much FTE is available for practice. Chair communicates this information directly in writing to Vice Dean for Practice and Engagement. This is where the "prescription pad" or other written communication from the Chair to the Clinical Enterprise office is most helpful.
- 5) Faculty member makes an appointment with Vice Dean/Executive Director of the UT Nursing Clinical Enterprise (UTNCE) and UTONE Business Administrator to discuss type, time, and location of practice and to provide contact (roles and responsibilities) for the contract.
- 6) Contract is developed by Enterprise team in collaboration with business/practice entity or partner.
- 7) Contract is reviewed and approved by the Office of Legal Counsel.
- 8) Contract is circulated for required and relevant signatures.



Rx Pad



Faculty Practice Plan Contributions

Faculty Practice Plan funds cover:

- Faculty Income Augmentation
- Fringe Benefit Fund
- UTNCE Operations
- Faculty Scholarship Fund (including travel)
- Department Academic Enhancement
- Institutional Development Fund/President's Office

Current operating margin: \$309,472 – significantly exceeding the 20% goal in four years

Clinical Enterprise funds the incentive Z beginning August 2014



Components of Faculty Compensation

X Base Salary

Base Salary is that part of a Member's salary based on a Member's academic rank. Base salary shall be designated as the Member's Merit/return of Appointment. Base Salary shall be defined as the salary for a Member's position as determined by a salary survey/ results by nationally recognized organizations (e.g., AACN) that are commonly relied upon by university health institutions to establish similar types of compensation.



Components of Faculty Compensation

Y Supplemental Compensation

Supplemental Compensation is that part of a Member's annual compensation that is not included in the Merit/return of Appointment that is defined by the Member's rank and salary. Supplemental Compensation includes administrative duties while performed and other duties assigned to the Member and for which compensation is not received as either Base Salary or Incentive Compensation.



Components of Faculty Compensation

Z Incentive Compensation

Incentive compensation, if any, is that part of a Member's compensation for performance that is not fixed and is determined through the application of an established and equitably applied formula that rewards outstanding performance and productivity and also factors in any negative aspects of a Member's performance and productivity. Incentive compensation may be based on any aspect of a Member's duties, such as teaching, research, public service, grants or other types of research funding, teaching, service to the institution or any other facet of job performance.



Faculty Practice Plan Scenario 1

- Additional Pay** – for faculty practice that exceeds the FTE. This may be a Y supplement for accepting additional responsibility, e.g., Lead Nurse Practitioner, recurring consultant role in a local hospital or community agency.



Faculty Practice Plan

Scenario 2

- **Byout** – of faculty time for practice in one of our SON clinics. This is done within the faculty FTE so there is no additional pay unless the faculty member exceeds the byout. Typically, faculty spend a day each week in the Student Health Clinic, Employee Health Clinic or in one of our pediatrics sites; e.g., 20% FPP byout, 80% other teaching, research, SON duties and responsibilities.
- **Exampler:** \$166,000 paid by Clinical Enterprise to Family Health Care System Department in byouts - 2010-2013

80% Teaching workload
20% Byout from UTMCE
100% = No Additional Pay



Scenario 4

- **UT Nursing Clinical Enterprise Special Projects** – in this scenario, the Enterprise office is contacted and a request is made of the Vice Dean for Practice and Engagement and staff develop a project due to an identified community need, e.g., Texas Workforce Commission educational program for daycare providers or UHS Pediatrics Assessment course. In this case, the faculty member's participation exceeds the faculty member's FTE making them eligible for additional pay. Additional Pay is consistent with their hourly teaching rate. After the faculty are paid and the expenses are covered, the balance is paid to the UT Nursing Clinical Enterprise for marketing, procuring the opportunity, organizing the event, paying staff, and evaluation. The funds are paid to the participating faculty member(s) and the UT Nursing Clinical Enterprise. These short-term projects may occur after regular working hours in the evening or on weekends.



Communication and Education:

Keys to Success within a School of Nursing Culture

- Executive level faculty and staff School of Nursing Meetings (bi-weekly)
- Annual "State of the School" presentations
- Quarterly Department Meetings
- Monthly Faculty Assembly Meetings
- New Hire Orientations
- SOAP Note Meetings – Faculty Member, Chair and Vice Dean
- Meetings with Department Chair and Faculty Member
- Open attendance Faculty Practice Plan Committee Meetings
- As requested



Faculty Practice Plan

Scenario 3

- **Outside Industry Contracts** (secured by UTMCE) – these are contracts that are identified, established, and secured by the Clinical Enterprise for the purpose of a department
 - Vice Dean on Methodist Health System Community Advisory Board (2010-2013) – able to secure contract
 - **TeamSTERS** – 12 month contract - \$92,000
 - Team contract
- 90% Academic Center of Excellence (ACE)
10% UTMCE contract development and management
100% Secured contract



Scenario 5- Non FPP

- **One-Time Limited Service** – A professional organization requests a faculty member to present a full-day workshop. The contract amount is \$2,500. The faculty member submits a prior approval form in order to make known the honorarium. Vacation time is not used because this one-time workshop is a credit to the expertise of the faculty member and the UTHSCSA SON. The faculty member receives the payment from the association directly and it is considered other income for personal income taxes. No involvement of FPP in this scenario.



Delivery System Reform Incentive Payment (DSRID) Program/Centers for Medicare and Medicaid Services (CMS)

- Federally-sponsored pay-for-performance initiative with the "Triple Aim" of better care for individuals (including access to care, quality of care, health outcomes), better health for the population and lower cost through improvement and innovation.
- Approved DSRIP grant: \$5.08 million - May 2013 – May 2017
- Clinic expansion: Student Health Center, Employee Health and Wellness Clinic, AVANCE, Healy-Murphy
- Refugee Clinic added – 2014



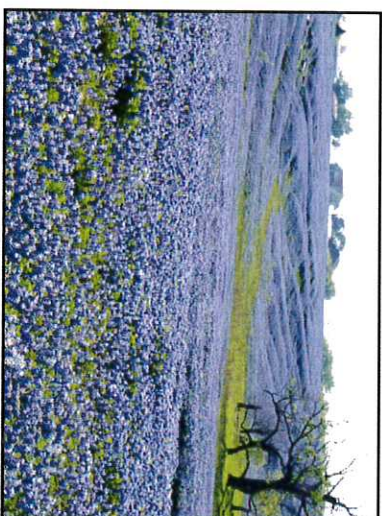
Rich Educational Experiences: DNP Projects Emphasize System Development

- Scholarship of learning practice and engagement
- APN/DNP students data collection and analysis
- Evaluation of evidence-based care
- Medication and other patient safety and quality improvement systems
- Optimal scheduling patterns, patient flow and clinic design and sustainability
- Local to global health policy
- Lead Education Research Project
- Scope of Practice – IOM Future of Nursing Recommendations



Nurse-Managed Clinic/Faculty Practice Innovations: Building Programs of Research and Scholarship

- Electronic Health Records – GE Centricity (Indiana), Epic (UTHSC San Antonio)
- Clinic Design/Patient Flow
- Understanding among faculty and staff
- Cost and Value Analysis: Promote Fiscal Understanding
- Population Management
- Rural and Urban healthcare Delivery
- Medication Reconciliation and Safety
- Continuous Quality Improvement
- Public Health Quality Improvement
- Simulation in Primary Care
- Human Factors as theoretical underpinnings for safety and quality



Scholarship Opportunities - Outcome Measures

- Evidence-based, Value-driven Care
- Patient Safety
- Quality of Care
- Cost
- Patient Satisfaction
- EHR Optimal Use
- Self-care Support and Community Resources
- Developmental Outcomes
- Care Coordination and Tracking
- ER Diversion
- Patient Flow/Wait times
- Needsticks
- TB Surveillance
- Referral for Hospitalization
- AAACHC Accreditation Journey



Conclusions

- A Faculty Practice model serving over 1,000 children enrolled in Head Start and day care centers and their parents/grandparents, 3,800 Health Science Center Students (a designated Medically Underserved Population), and 6,000 employees (60% from underserved groups), and provide an integrated model of discovery/research, learning/teaching and practice/engagement.
- The nurse-managed model can be accomplished at 30% to 50% of the cost of a standard medical model. The nurse-led clinics encompass the Triple Aim objectives: improving the patient experience of care (including quality and satisfaction), improving the health of our populations, and reducing the per capita cost of health care.
- Health promotion, disease prevention, client, family, and community education, self-care emphasis, and patient empowerment and engagement are provided by the School of Nursing advanced practice nursing faculty, undergraduate graduate students, and the professional partners.
- This faculty practice model of health care delivery and evaluation provides early evidence of an accessible, safe, patient and family-centered, cost-effective, and efficient system of care by advanced practice nurses and members of the interdisciplinary health care and educational team. The DSRIP project supports significant expansion at each of the clinical sites.
- CHC Affiliation for Community Based Projects
- Beginning the journey toward AAACHC accreditation
- Creates potential scholarly practice projects for students and faculty.

