

Rapid Communication Presentation

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Center for Patient Family and Community Engagement in Chronic Care Management: Chronic Interest Group

Research Goal

To study the impact of advanced practice nursing primary care practice on the health of high cost, high need adult patients with complex chronic health problems.

Current Projects

- APRN Database: Building a database to describe characteristics of high cost, high need patients to describe both traditional model and nursing interventions. Measuring outcomes based on Quadruple AIMS framework
Proposal complete, IRB in process
- Partnership with Nebraska Medicine Transitional Care Program: Developing a partnership to implement Community Care (C³) Model on high cost, high need patients focusing on the care transition from hospital discharge to primary care provider
Development in process

Career Status

- Late career clinician and scholar
- Actively seeking practicing APRNs to participate in database study
- Collaborating with medical practices who need support caring for high cost, high need patients

Area of Study

Key Concepts

Participant Characteristics

- High cost, high need
- Social Determinants of Health
- Health behaviors
- Health status

Tools and Scales

- *Health literacy*: Newest Vital Sign, tool establishment in process
- *Trust*: Trust in Provider Scale
- *Access to Care*: availability, acceptability, affordability, accessibility, & accommodating ³
- *Experience of care*: Patient Assessment of Chronic Illness Care (PACIC – 20)²
- *Patient Activation*: Patient Activation Measure
- *Stress*: Patient Health Questionnaire 9 & Perceived Stress Scale (PSS-10)
- *Perceived Health*: EuroQol (EQ-5D-3L)
- *Social support*: PROMIS Bank v2.0 – Emotional Support & BRFSS 2009 Section 1: Health Status

Interventions

- Database (descriptive): traditional medical service and ancillary services such as behavioral health, pharmacy assistance, and *nursing interventions*
- *C³ Model*: business plan for high cost, high need patients based on 5As: assess, advise, agree, assist, and arrange ⁴

Outcomes: Based on *Quadruple Aim* including patient and workforce experience, physical outcomes, cost effectiveness

Population of Interest

High cost, high need adults with chronic health problems²
Primary care patients of advanced practice nurses

Type of design you use

Descriptive, Correlation, & Longitudinal

Collaborative Needs

What kind of interdisciplinary collaborators are you looking for?

- Interprofessional health care providers involved in primary care
- Clinicians interested in combining practice and scholarship
- Experienced Nurse Care Coordinator
- Pharmacist
- Behavioral Health Professional
- Social Worker

List specific needs you are looking for in a collaborator:

- Opportunity to Implement C³ Model
- Transitional Care Interest
- High Cost, High Need Interest

Key References

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3. Penchansky, R. & Thomas, J. (1981). The concept of access. *Medical Care*, 19(2), 127-140
4. Whitlock, E.P., Orleans, C.T., Pender, N., & Allen, J. (2002). Evaluating primary care behavioral counseling interventions: An evidence-based approach. *American Journal of Preventive Medicine*, 22(4).

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