

CHCI Nurse Practitioner Residency Training Program: Training to Complexity; Training to a Model, Training for the Future



Best Practices
April 29, 2014

The Joint Commission



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of Approval™



Community Health Center, Inc.

Our Vision: Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and uninsured populations and focused on improving health outcomes and building healthy communities.

CHC Inc. Profile:

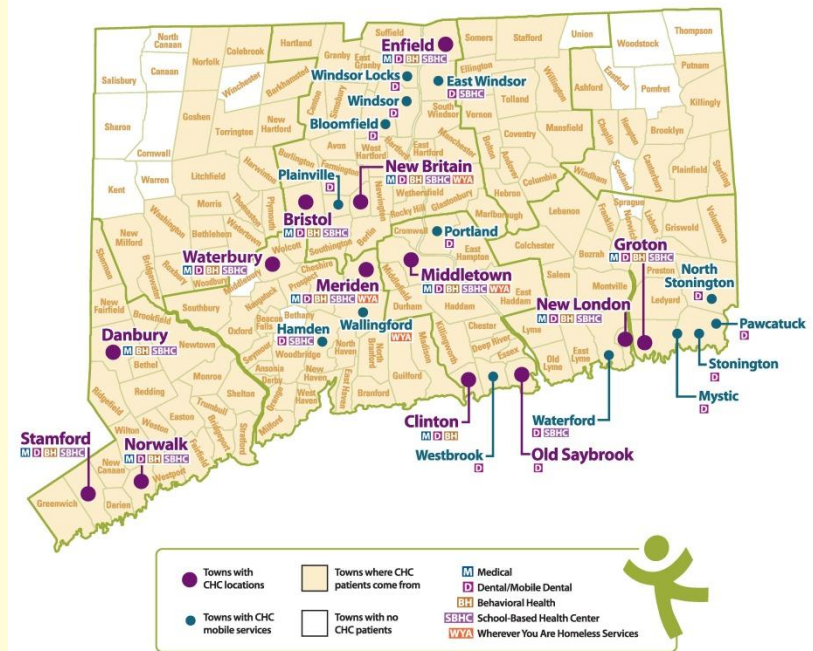
- Founding Year - 1972
- Primary Care Hubs – 13 ; 218 sites
- Organization Staff – 650; active patients; 130k
- PCPs: 55 (MDs, NPs, Pas)
- Specialties: psychiatry, podiatry, chiropractic; cardiology by eConsult and expanding

- Integrated teams of medical/BH/dental; integrated EMR; PCMH Level 3
- Extensive school-based care system
- “Wherever You Are” HCH program
- Residency training for new NPs and psychology post-docs
- Weitzman Institute devoted to research, innovation, quality, and training
- Project ECHO transforming management of pain, opioid addiction, Hep C, HIV: M

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CHC Locations in Connecticut



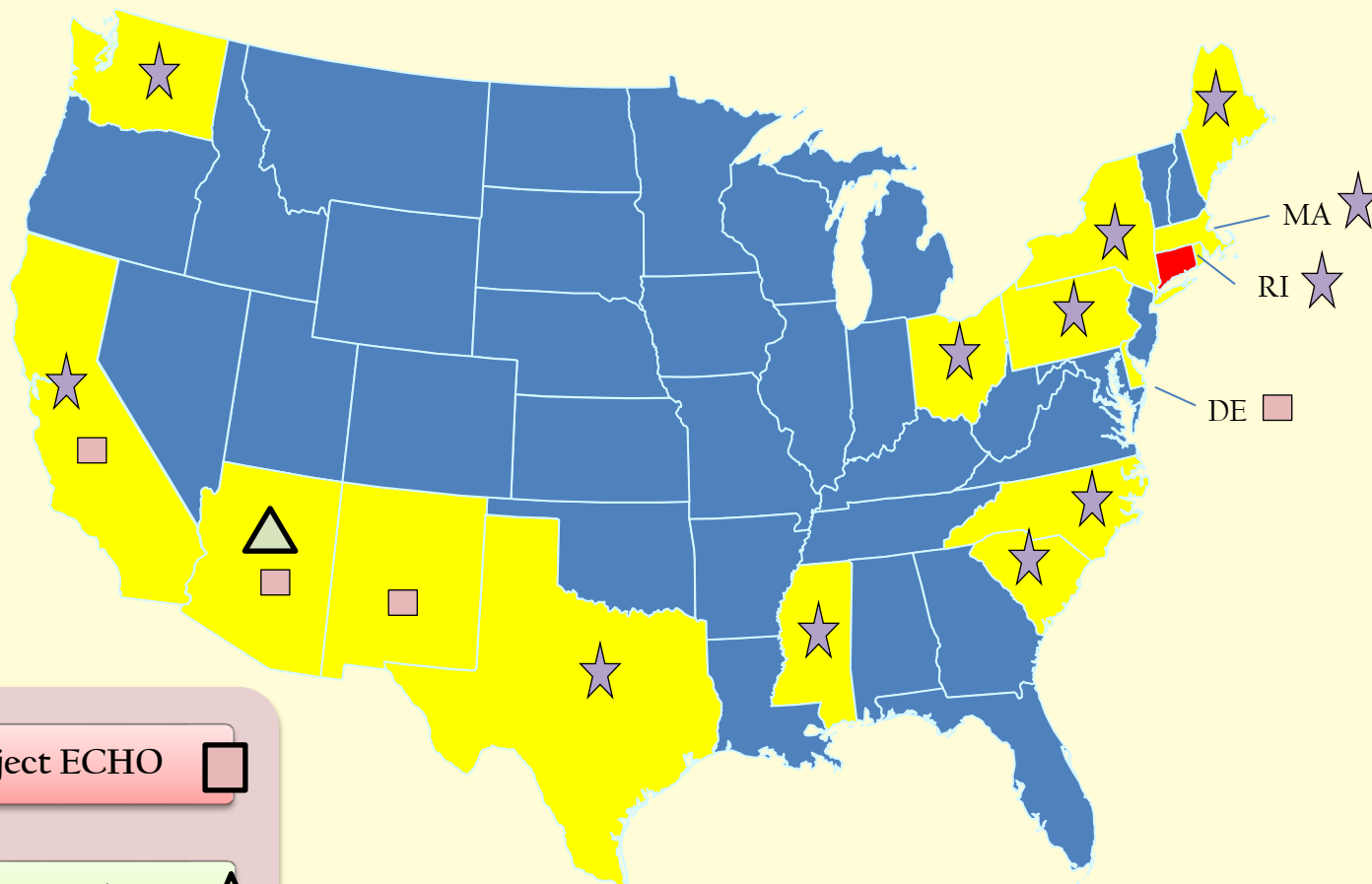
Three Foundational Pillars

Clinical Excellence

Research & Development

Training the Next Generation

CHC's Educational, Technical & Innovation Projects



Project ECHO



E-Consults



Residency Program



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CHC's Drivers in Creating NP Residency Training

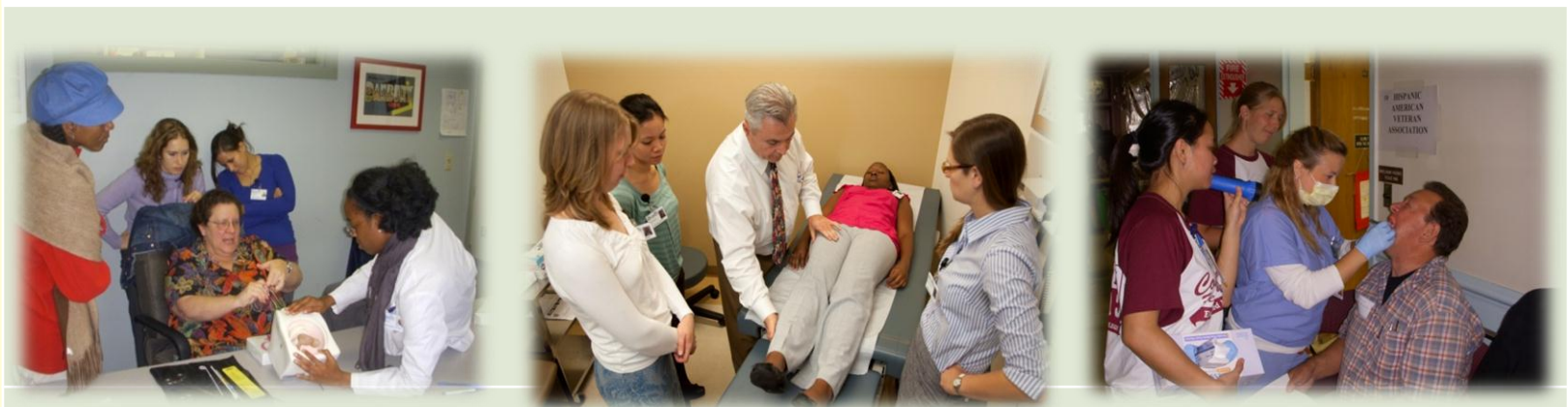
- FQHCs and our patients need expert primary care providers prepared to manage social and clinical complexity in the primary care setting.
- Literature supports perceived and desire for post-graduate residency training.
- Majority of NPs choose primary care, but are deterred from FQHC setting by mismatch between preparation, patient complexity, and available support.
- We can provide new nurse practitioners with a depth, breadth, volume, and intensity of clinical and model training that prime them for FQHC success.
- Train new nurse practitioners to a model of primary care consistent with the IOM principles of health care and the needs of vulnerable populations
- Create a nationally replicable model of FQHC-based Residency training for nurse practitioners
- Prepare new NPs for practice in any setting—rural, urban, large or small, with confidence
- Develop a sustainable funding methodology

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Barriers to NP Residency Training

- Prior to 2007, there was no model for primary care nurse practitioner residency training
- No statutory funding opportunities through GME or through Teaching Health Center
- Section 5316 of ACA authorized, but did not appropriate funds for NP Residency training using the CHC model
- National organizations cautious about residency training and potential for unintended consequences.



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Structure of NP Residency Training



- 12 months, full time employment at CHC, Inc.
- Core elements:
 - Precepted “continuity clinics” (4 sessions/week); expert CHC NPs and physicians as preceptors
 - Specialty rotations (1 day/wk x 4weeks) in orthopedics, women’s health/prenatal care, adult/ child psychiatry, geriatrics, newborn nursery, HIV and Hepatitis C care, dermatology etc.
 - “Independent clinics”: seeing patients as part of a CHC “team” (3 sessions/week);
 - Didactic education sessions on high volume/ risk/burden topics (1 session/week)
 - Continuous training to CHC model of high performance primary care: team based, data driven QI, integrated BH/primary care, expert use of technology
 - Strong evaluation component: personal, clinical, organizational throughout
 - *Immersion in performance improvement training, and leadership development



Sample Schedule

Middletown Resident 2013-2014 Schedule							Comments
Sun		Mon	Tues	Wed	Thur	Fri	
09/02/13	AM	Labor Day Holiday	Welcome To CHC	Clinical Orientation w/ Dr. Channamsetty, CMO			Tuesday: self assessment
	PM		Human Resources		Bus Tour- CHC sites	Community Site Visits	Friday: First narrative journal
09/09/13	AM	CHC Orientation-HR	CHC Orientation-HR	ECW training	Clinical Competencies	On-site clinical orientation	9/20: 6am-3:00pm Standdown
	PM				Immunizations Training	Walking Tours	9/16: 8:30am- PI meeting
09/16/13	AM	History Taking/ Interviewing	CNO Overview- Nursing/MA roles, intraprofessional collaboration	Initiating insulin	Peds development/Asthma with Dr. Dudley	STAND DOWN, Rocky Hill, CT	9/16 w/nrsg, onsite med dir orientation
	PM			Lab Values	Oral health diactic with Chief Dental Officer		9/23: Grand Rounds
09/23/13	AM	Shadow office managers, reception, nursing, MAs and	Independent Clinic- shadow OSMDs	Independent Clinic- shadow OSMDs	Independent Clinic- shadow OSMDs	Independent Clinic- shadow OSMDs	
	pm						All staff mtg Friday am
09/30/13	AM	Independent Clinic	HIV/Hep C Haddad	Precepted-Wessling	Didactics- EKGS	Precepted-Czel	
							10/07: all staff mtg 8:30am
	PM	Independent Clinic	HIV/Hep C Haddad	Precepted-Lecce	Independent Clinic	Precepted-Czel	
10/07/13	AM	Independent Clinic	HIV/Hep C Haddad	Precepted-Wessling	Didactics- Lab Values	Precepted-Czel	
	PM	Independent Clinic	HIV/Hep C Haddad	Precepted-Lecce	Independent Clinic	Precepted-Czel	10/21: 8:30am Medical QI meeting
10/14/13	AM	Independent Clinic	HIV/Hep C Haddad	Precepted-Wessling	Didactics- Pediatric Asthma	Precepted-Czel	
						Project ECHO (12:30-2:30)	10/28: Medical Grand Rounds
	PM	Independent Clinic	HIV/Hep C Haddad	Precepted-Lecce	Independent Clinic	Precepted-Czel	
10/21/2013	AM	Independent Clinic	HIV/Hep C Haddad	Precepted-Wessling	Didactics- Initiating Insulin	Precepted-Czel	11/4: Staff meeting 8:30am
	PM	HIV/Hep C Swan	HIV/Hep C Haddad	Precepted-Lecce	Independent Clinic	Precepted-Czel	Staff meeting 8:30am

Project ECHO



Residents are part of Project Echo-CT: Weekly, case-based, distance learning with team of experts in care of patients with HIV, Hepatitis C, and chronic pain

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Individual Resident Evaluations Reflective Journaling V2

Community Health Center, Inc.
Nurse Practitioner Residency Program

CHC - Nurse Practitioner Residency Program, Middletown

Report Date Range: 09/06/2013 - 09/14/2013

[Print Report](#)

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Report Date/Time: 9/16/2013 12:06:46 PM

Resident: Charity Braden

Competency = Average score on competency for selected residents

Avg = Average score given by an for each question

Group = Average score of all PGYs represented

Total = Average score of all PGYs

Evaluation Completed: 9/15/2013 7:38:22 PM

Evaluation Period: 09/08/2013 through 09/14/2013

Resident: Self Evaluation

Rotation Name: Reflective Journaling

Description - Category Summary (N/A)

Question	CBraden1	Resident Avg	Group	Total
<p align="center">Informed Consent for Submission of Reflective Journal</p> <p><i>Self reflective Journaling is an important tool of progressing our learning. The Community Health Center, Inc. is interested in learning more about the growth of nurse practitioner residents and as well as ways to enhance such growth.</i></p> <p><i>The Community Health Center, Inc. is asking its residency class to share parts of their reflective journal. This form is going to be used to collect and analyze residents' journal entries. The decision to complete the assessment is completely voluntary but highly recommended. The decision to complete it or not complete it will not affect your standing in the Residency program. We hope that Reflective Journaling will not only benefit you directly, but also help us continuously improve the NP Residency Program for future groups of NP residents.</i></p> <p>"Reflection is an essential part of professional practice as reflecting on the past increases our expertise in the present and for the future by</p>				

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Outcome Data

- Each NP Resident develops a panel of approximately 450-550 patients
- Each NP Resident delivers 800-900 visits
- Peer review, frequent performance appraisals, and monthly precepted session with clinical advisor document on-going progress
- Weekly reflective journals provide insights into the nature of practice, of learning, and of the transition process
- Research study using Meleis' transition theory confirms successful completion of transition: mastery, a sense of confidence, and personal well being
- More data from more residency training programs needed!

Resident Average	Competency self-assessment- beginning of year	Competency self-assessment- end of year
2007-2008	3.4 (3.6)	4.4 (4.5)
2008-2009	3.5 (3.25)	4.0 (4.0)
2009-2010	3.5 (3.4)	4.25 (4.3)
2010-2011	3.1 (3.0)	4.56 (4.3)
2011-2012	3.6 (4.0)	4.07 (4.0)
2012-2013	3.0 (3.4)	4.2 (4.3)
2013-2014	3.6 (3.4)	

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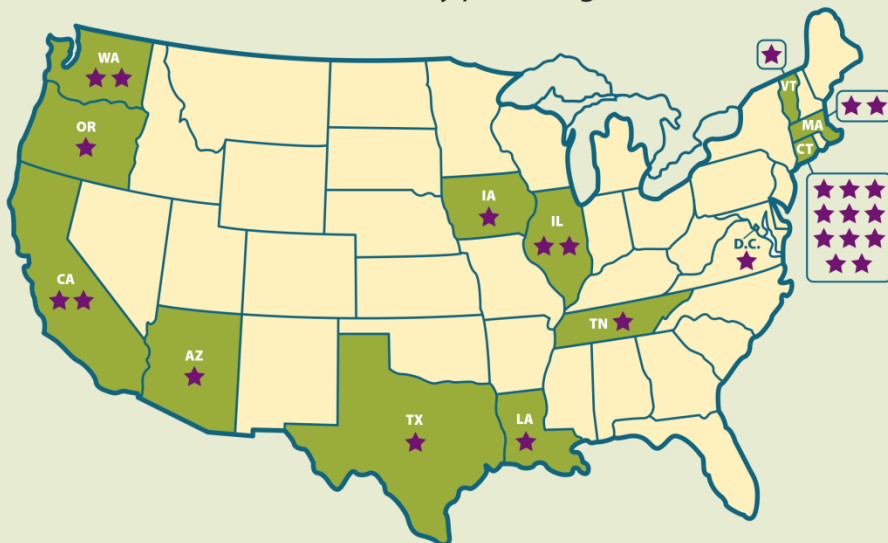
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WHERE ARE THEY NOW?

All previous residents are practicing as primary care providers in FQHCs across the country.

The stars indicate the states where CHC's NP residency program graduates are currently practicing.



- 11 in Connecticut
- 2 in California
- 2 in Illinois
- 2 in Massachusetts
- 2 in Washington
- 1 in Arizona
- 1 in Iowa
- 1 in Louisiana
- 1 in Oregon
- 1 in Tennessee
- 1 in Texas
- 1 in Vermont
- 1 in Washington, DC
- 1 in Melbourne, Australia
(Not shown on map)

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Residency Costs Overview

- Personnel: Salaries and Benefits
 - Program Coordinator
 - Residents
 - Preceptors and support staff
- Contractual: Didactics and Specialty Rotations
- Electronic Health Records (Tablets, EMR licenses)
- Miscellaneous: Supplies, Educational Materials, Travel
- Cost per resident/program is a combination of both fixed costs (salaries and overhead) and diminished revenue of preceptors during sessions.

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Primary Care Nurse Practitioner Residency Training Programs Across the Country



Existing Programs

MIDDLETOWN, CONNECTICUT:

In 2007, the **Community Health Center, Inc.** developed the nation's first Nurse Practitioner Residency Training Program.

WORCESTER, MASSACHUSETTS:

In 2009, the **Family Health Center of Worcester** established a Family Nurse Practitioner Residency Program.

WEST HAVEN, CONNECTICUT:

In July 2011, the **VA Connecticut Healthcare System** launched their Family Nurse Practitioner Fellowship Training Program.

AUSTIN, TEXAS:

In Fall 2011, **CommUnityCare** and the **University of Texas at Austin School of Nursing** launched their Family Nurse Practitioner Residency Training Program.

BANGOR, MAINE:

In Fall 2011, **Penobscot Community Health Care** launched a Nurse Practitioner Residency Program.

SAN FRANCISCO, CALIFORNIA:

In January 2012, **Glide Health Services** and **UCSF School of Nursing** established a Nurse Practitioner Residency Training Program.

SANTA ROSA, CALIFORNIA:

In January 2012, the **Santa Rosa Community Health Centers** launched a Family Nurse Practitioner Residency Training Program.

PHILADELPHIA, PENNSYLVANIA:

In March 2012, **Puentes de Salud** established their Community-Based Primary Care Residency Training Program for FNP's.

SAN FRANCISCO, CALIFORNIA:

In July 2012, the **San Francisco VA Medical Center** launched their Nurse Practitioner Residency Program.

BOISE, IDAHO:

In July 2012, the **Boise VA Medical Center** launched their Nurse Practitioner Residency Training Program.

TACOMA, WASHINGTON:

In September 2012, **Community Health Care** launched a Family Nurse Practitioner Residency Training Program.

CLEVELAND, OHIO:

In April 2013, the **Cleveland VA Medical Center** launched their Practitioner Residency Training Program.

SEATTLE, WASHINGTON:

In July 2013, the **VA Puget Sound Health Care System** launched a Post DNP Residency Training Program.

TUPELO, MISSISSIPPI:

In August 2013, **North Mississippi Medical Center Clinic** launched a Family Nurse Practitioner Residency Training Program.

CHARLOTTE, NORTH CAROLINA:

In April 2014, **The Center for Advanced Practice—Carolinas Health Care System**, launched its Primary Care Fellowship Training Program.

Future Programs

SPARTANBURG, SOUTH CAROLINA:

In Summer 2014, the **Spartanburg Regional Healthcare System** will launch their Family Nurse Practitioner Residency Program.

ROCHESTER, NEW YORK:

In July 2014, **Highland Family Medicine** will launch their Family Nurse Practitioner Residency Training Program.

LIMA, OHIO:

In Fall 2014, **Health Partners of Western Ohio** will launch a Family Nurse Practitioner Residency Training Program.

OTHELLO, WASHINGTON:

In Fall 2014, **Columbia Basin Health Association** will launch their Family Nurse Practitioner Residency Program.

SEATTLE, WASHINGTON:

In Fall 2014, **International Community Health Services** will launch their Family Nurse Practitioner Residency Program.

YAKIMA, WASHINGTON:

In Fall 2014, **Yakima Valley Farm Workers Clinic** will launch a Family Nurse Practitioner Residency Program.

LEOMINSTER, MASSACHUSETTS:

In Fall 2014, **Reliant Medical Group** will launch their Family Nurse Practitioner Residency Training Program.

ASHEVILLE, NORTH CAROLINA:

In Fall 2014, **The Western North Carolina Community Health Services** will launch their Family Nurse Practitioner Residency Training Program.

CLEVELAND, OHIO:

In January 2015, **Metro Health Medical Center** will launch a Family Nurse Practitioner Residency Training Program.

Current lists of April 28, 2014.

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Support for NP Residency

The Institute of Medicine Report-The Future of Nursing: Leading Change, Advancing Health

The 2010 report includes **recommendation #3**:
Implement nurse residency programs for pre-licensure or advanced practice degree program or when transitioning into new clinical practice areas.



The Patient Protection and Affordable Care Act (ACA)

Section 5316 of the Patient Protection and Affordable Care Act: This amendment introduced by late Senator Daniel Inouye of Hawaii authorized the establishment of a 3 year demonstration project to replicate CHC's residency training program for FNP's in federally qualified health centers (FQHCs) and in nurse managed health centers (NMHCs). CHCI Government Relations staff (K. Hatfield) working on re-authorization. (expires 9/30/2014).

We continue to pursue Medicaid GME, which does not statutorily exclude NPs from funding in the way Medicare GME does.

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National Impact



Weitzman Center for Research and Innovation in Community Health and Primary Care



**NNP
RTC**

National Nurse Practitioner
Residency Training Consortium

"SEC. 5516. DEMONSTRATION GRANTS FOR FAMILY NURSE PRACTITIONER TRAINING PROGRAMS.

"(a) ESTABLISHMENT OF PROGRAM.—The Secretary of Health and Human Services (referred to in this section as the 'Secretary') shall establish a training demonstration program for family nurse practitioners (referred to in this section as the 'program') to employ and provide 1-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in Federally qualified health centers (referred to in this section as 'FQHCs') and nurse-managed health clinics (referred to in this section as 'NMHCs').

"(b) PURPOSE.—The purpose of the program is to enable each grant recipient to—

"(1) provide new nurse practitioners with clinical training to enable them to serve as primary care providers in FQHCs and NMHCs;

"(2) train new nurse practitioners to work under a model of primary care that is consistent with the principles set forth by the Institute of Medicine and the needs of vulnerable populations; and

"(3) create a model of FQHC and NMHC training for nurse practitioners that may be replicated nationwide.

"(c) GRANTS.—The Secretary shall award 3-year grants to eligible entities that meet the requirements established by the Secretary, for the purpose of operating the nurse practitioner primary care programs described in subsection (a) in such entities.

"(d) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall—

"(1)(A) be a FQHC as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1396o(aa)); or

"(B) be a nurse-managed health clinic, as defined in section 330A-1 of the Public Health Service Act (as added by section 5208 of this Act); and

"(2) submit to the Secretary an application at each time, in such manner, and containing such information as the Secretary may require.

"(e) PRIORITY IN AWARDED GRANTS.—In awarding grants under this section, the Secretary shall give priority to eligible entities that—

"(1) demonstrate sufficient infrastructure in size, scope, and capacity to undertake the requisite training of a minimum of 3 nurse practitioners per year, and to provide to each awardee 12 full months of full-time, paid employment and benefits consistent with the benefits offered to other full-time employees of such entity;

"(2) will assign not less than 1 staff nurse practitioner or physician to each of 4 precepted clinics;

"(3) will provide to each awardee specialty rotations, including specialty training in prenatal care and women's health, adult and child psychiatry, orthopedics, geriatrics, and at least 3 other high-volume, high-burden specialty areas;



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Replicability and Spread

- Our goal is to advance the model of NP Residency training in FQHCs and other settings.
- Currently there are 15 Primary Care Nurse Practitioner Residency programs across the country with 10 or more programs planning to launch in Fall 2014.
- NP residency programs exist in FQHCs, NMHCs, Hospital/Health Systems and the Veterans Administration System.
- We are pleased to announce that CHC has entered into agreements with Yakima Valley Farm Workers Clinic and Columbia Basin Health Center to develop NP Residency Training programs in those organizations; initial cohorts will start in September, 2014.



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Next Steps

- National Consortium made up of current and future nurse practitioner residency programs formed June 2013. (NNPRTC) Currently 60 organizations signed on
- Continued dialogue with leaders in nursing, primary care, health policy, education; continued advocacy on Capitol Hill.
- Consideration of model expansion at CHC to include other APRN specialties, e.g. psychiatric APRN residency
- Continued collaboration and work towards a sustainable funding model:
- Medicare? Medicaid? Teaching Health Centers?
- Accreditation: Key focus area for 2014

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**NNP
RTC**

National Nurse Practitioner Residency Training Consortium



Current NNPRTC Members

- Bassett Healthcare Network; Cooperstown, NY
- Bon Secours Medical Group; Richmond, VA
- Brigham and Women's Hospital—Global Health and Academic Partnerships; Boston, MA
- Center for Advanced Practice—Carolinas Health Care System; Charlotte, NC
- Center of Excellence in Primary Care Education Veterans Health Administration—Boise VA Center of Excellence in Primary Care Education; Boise, ID
- Center of Excellence in Primary Care Education Veterans Health Administration—Puget Sound Health Care System; Puget Sound, WA
- Center for Family Medicine Spartanburg Regional Healthcare System; Spartanburg, SC
- Columbia Basin Health Association; Othello, WA
- Commonwealth Care Alliance Schrafft's Center; Charlestown, MA
- CommUnity Care/University of Texas at Austin School of Nursing; Austin, TX
- Community Health Care; Tacoma, WA
- Community Health Center, Inc.; Middletown, CT
- Daughters of Charity Services of New Orleans; New Orleans, LA
- Emory University Hospital; Atlanta, GA
- Essen Medical Associates PC/EssenMED HouseCalls; Bronx, NY
- Fairview Health Services; St. Paul, MN
- Family Health Center of Worcester; Worcester, MA
- Fay W. Whitney School of Nursing, University of Wyoming; Laramie, WY
- Foundation for Nursing Excellence; Raleigh, NC
- Glide Health Services; San Francisco, CA
- Group Health Cooperative; Seattle, WA
- Health Partners of Western Ohio; Lima, OH
- Highland Family Medicine; Rochester, NY
- International Community Health Services; Seattle, WA
- Iora Health; Cambridge, MA
- Louis Stokes VA Medical Center; Cleveland, OH
- Lutheran Medical Center; Brooklyn, NY
- McLean Hospital; Belmont, MA
- Metro Health Medical Center; Cleveland, OH
- MGH Institute of Health Professions—School of Nursing; Charlestown, MA
- Moncure Community Health Center; Moncure, NC
- Morehouse Community Medical Center; Bastrop, LA
- Morris Heights Health Center; Bronx, NY
- Murphy Medical Center; Murphy, NC
- New Jersey Action Coalition and New Jersey Nursing Initiative; Newark, NJ
- North Mississippi Medical Center—Advanced Practice Clinician Residency; Tupelo, MS
- Northwest Regional Primary Care Association; Seattle, WA
- Ohio Association of Community Health Centers; Columbus, OH
- Optum Health; Rocky Hill, CT
- Our Lady of the Lake University; San Antonio, TX
- Penobscot Community Health Care; Bangor, ME
- Piedmont Health Services; Carrboro, NC
- Public Health Management Corporation; Philadelphia, PA
- Puentes de Salud; Philadelphia, PA
- Reliant Medical Group; Leominster, MA
- Rutgers University College of Nursing; Newark, NJ
- San Francisco VA Medical Center; San Francisco, CA
- Santa Rosa Community Health Centers; Santa Rosa, CA
- Sea Mar Community Health Centers; Seattle, WA
- Seton Hall University College of Nursing; South Orange, NJ
- South Nassau Communities Hospital; Oceanside, NY
- Sylvan Community Health Center; Snow Camp, NC
- University of Colorado College of Nursing; Aurora, CO
- University of Washington School of Nursing; Seattle, WA
- VA Centers of Excellence in Primary Care Education; Chicago, IL
- VA Connecticut Healthcare System; West Haven, CT
- Visiting Nurse Association of Somerset Hills; Basking Ridge, NJ
- Western North Carolina Community Health Services; Asheville, NC
- Yakima Valley Farm Workers Clinic; Yakima, WA

List current as of April 24, 2014.

675 Main Street, Middletown, Connecticut 06457 | 860-852-0834

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Critical Elements of Success

Top to Bottom Commitment from the organization

- Senior Leadership Team
- Board of Directors
- Clinical Teams
- Preceptors
- Facilities



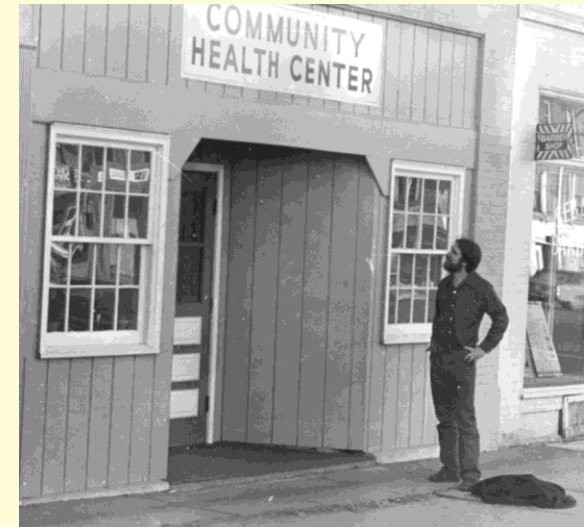
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If you want to do something, do it. Just get started



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