

Prime Care: Improving patient outcomes using an integrated model of delivery

Laura Markwick, DNP, FNP-C St John Fisher College Rochester, NY, USA

Objective

 The learner will understand the use of an integrated model of delivery provided in a nurse practitioner led center that improves health outcomes with underserved individuals.

Background

- Healthcare access challenges
 - Vulnerable populations
 - low-income individuals
 - Minorities
 - homeless individuals
 - migrant families
 - Challenges
 - lack of funds
 - health literacy
 - transportation barriers
 - language/cultural differences
 - Unmanaged chronic disease and poor health
 - (CDC, 2011), (Härter, M. C.; Conway, K. P.; Merikangas, K. R., 2003)

Methods

PrimeCare

- Provides healthcare for the un/underinsured individual in western NY
- Partner with local center providing healthcare for uninsured
- Faculty practice site
- Student precepting
 - FNP
 - Nursing
 - Licensed Mental Health Counseling
- NP managed, providing an Integrated Model of Delivery (IMD)
 - FNP
 - LMHC
- Individuals screened for mental health issues
 - DSM-V Self-Rated Level 1 Cross-Cutting Symptom Measure
 - PHQ-9
 - Possible links identified between physical illness/chronic conditions and psycho-social stressors
 - Pts referred for counseling
 - Bi-weekly meetings between the FNP and LMHC focus on optimizing patient outcomes, facilitating collaboration between the disciplines

DSM-5 Level 1 Cross-Cutting Symptom Measure

- Initiated May 2015
- Available in English and Spanish
- 13 domains
 - Depression
 - Anger
 - Mania
 - Anxiety
 - Somatic symptoms
 - Suicidal ideation
 - Psychosis
 - Sleep problems
 - Memory
 - Repetitive thoughts and behaviors
 - Dissociation
 - Personality function
 - Substance use

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Nar	me:	Age:	Sex: Male Fema	ale [Date:	_			
	If this questionnaire is completed by an informant, what is your relationship with the individual?								
	Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the past TWO (2) WEEKS.							_	
	During the past TWO (2) WEEKS, he bothered by the following problem		ten) have you been	None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	
I.	1. Little interest or pleasure in doi	ng things?		0	1	2	3	4	Ī
	2. Feeling down, depressed, or ho	peless?		0	1	2	3	4	

3. Feeling more irritated, grouchy, or angry than usual? 2 Sleeping less than usual, but still have a lot of energy? 0 Starting lots more projects than usual or doing more risky things than 2 0 Feeling nervous, anxious, frightened, worried, or on edge? 0 0 Feeling panic or being frightened? Avoiding situations that make you anxious? Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)? 0 10. Feeling that your illnesses are not being taken seriously enough? 0 2 11. Thoughts of actually hurting yourself? 0 2 2 12. Hearing things other people couldn't hear, such as voices even when no 0 13. Feeling that someone could hear your thoughts, or that you could hear 0 1 2 3 4 what another person was thinking? 14. Problems with sleep that affected your sleep quality over all? 0 2 15. Problems with memory (e.g., learning new information) or with location 0 2 (e.g., finding your way home)? 16. Unpleasant thoughts, urges, or images that repeatedly enter your mind? 17. Feeling driven to perform certain behaviors or mental acts over and over 0 2 4 2 18. Feeling detached or distant from yourself, your body, your physical 0 surroundings, or your memories? 19. Not knowing who you really are or what you want out of life? 0 2 3 2 3 20. Not feeling close to other people or enjoying your relationships with them 0 1 21. Drinking at least 4 drinks of any kind of alcohol in a single day? 0 22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco? 4 23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed (e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?

Staff

- Nurse Practitioner
 - 2 PT FNP
 - 50 hrs/mo
 - 16 hrs/mo
 - 1 PT WHNP
 - 12 hours/mo
- License Mental Health Counselor
 - 2 PT
 - 40 hrs/mo
 - 20 hrs/mo
- Consultants
 - Statistician
 - Technology Consultant

Access to care

- Improved hours of availability
 - Monday-Thursday
 - Half days
 - Varying daytime/evening hours
 - Friday coverage by facility staff for urgent needs only

Health Care Services Overview

- Primary Care
- Women's Health Care
- Immunizations screening
- Cancer screening with Pap smears, FIT screening, referral for mammograms and colonoscopy with funding from Cancer Services Program
- Dental and Eye care
- Affordable laboratory testing and free or affordable imaging tests
- Coordination of care with specialists and programs (cardiology, podiatry, neurology, urology, nephrology, pulmonology, dermatology, chiropractic, psychiatry, counseling, endocrinology, orthopedics, rheumatology, dietician, diabetes educator, prescription assistance, health empowerment, smoking cessation)
- Coordination of care with local health organizations through 'charity care' applications as well as outreach to private practitioners as needed to secure patient services that are affordable.

Counseling services provided

- Individual counseling=34 pts
- Couples counseling=2 pts
- Referred
 - Psychiatry=7 pts for psychopharmacotherapy
 - 10 pts prescribed medication by FNP
 - Depression
 - Anxiety
 - Substance abuse treatment services=4 pts
 - Outside agency for housing assistance=1 pt
 - Mental health crisis services/hosp admission=1 pt
 - Vocational services=1 pt

Patient Profile

- 1/1/13-5/31/15
 - 414 Medical pts
 - 1423 completed appointments
 - 425 cancellations (21%)
 - 160 no-shows (8%)
 - 154 active pts as of 5/31/15
 - 30 pts in counseling
 - Most reside in Rochester NY; some in southern tier,
 Buffalo, Finger Lakes region
 - Average age 47 yrs old

Mental Health Counseling

- Initiated 10/1/13
- Began with 36 hrs/month
- Increased to 40 hrs/month 2/15
- 45 Prime Care pts
- 14 pts with 8 different interns
- 481 appointments
 - 88 Cancellations
 - 45 No-shows

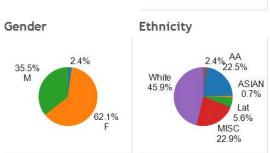


Prime Care: Demographics





ent Visit # Distinct Patients
414



Age Groups

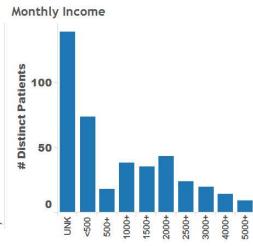
120

100

\$\$\$ 80

20

UNK 19-30 31-40 41-50 51-60 61-64 65+ <19



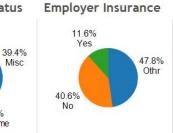
Employment Status

23.4%

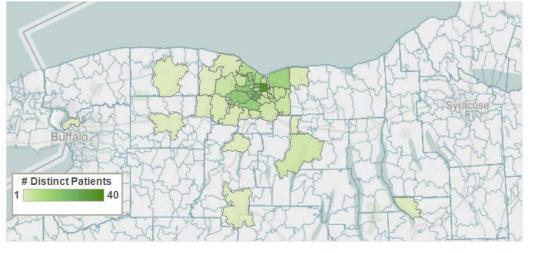
UnEmployed

17.1%

Part Time

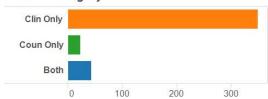






Patient Category

20.0% Full Time



Click on any demographic chart to filter entire report.

Demographics--Medical

<u>Age</u>	<u>Gender</u>	<u>Race</u>				<u>Totals</u>
Group		White	Black	Hispanic	Other	
	Male	18 (62.1%)	5 (17.2%)	2 (6.9%)	4 (13.8%)	29 (48%)
19-30 (0%)	Female	26 (61.9%)	7 (16.7%)	2 (4.8%)	7 (16.6%)	42 (59.2%)
	Total	44 (62%)	12 (16.9%)	4 (5.6%)	11 (15.5%)	71 (100%)
31-40 (0%)	Male	18 (54.5%)	5 (15.2%)	3 (9.1%)	7 (21.2%)	33 (45.8%)
31 40 (070)	Female	20 (51.3%)	11 (28.3%)	5 (12.8%)	3 (7.7%)	39 (54.2%)
	Total	38 (52.8%)	16 (22.2%)	8 (11.1%)	10 (13.9%)	72 (100 %)
	Male	14 (42.1%)	10 (29.4%)	4 (11.8%)	6 (17.6%)	34 (35.1%)
41-50 (0%)	Female	25 (39.7%)	19 (30.2%)	4 (6.3%)	15 (23.8%)	63 (64.9%)
	Total	39 (40.2%)	29 (29.9%)	8 (8.2%)	21 (21.6%)	97 (100%)
	Male	17 (38.6%)	13 (29.5%)	2 (4.5%)	12 (27.3%)	44 (37.3%)
50 (0%)-59	Female	33 (44.6%)	13 (17.6%)	0 (0%)	28 (37.8%)	74 (62.7%)
	Total	50 (42.4%)	26 (22%)	2 (1.7%)	40 (33.9%)	118 (100%)
	Male	1 (25%)	0 (0%)	1 (25%)	2 (50 %)	4 (16.7%)
60 (0%)-64	Female	7 (35%)	6 (30 %)	0 (0%)	7 (35%)	20 (83.3%)
	Total	8 (33.3%)	6 (25%)	1 (4.2%)	9 (37.5%)	24 (100%)
65+	Male	2 (66.7%)	1 (33.3%)	0 (0%)	0 (0%)	3 (13.6%)
	Female	10 (52.6%)	3 (15.8%)	0 (0%)	6 (31.6%)	19 (86.4%)
	Total	12 (54.5%)	4 (18.2%)	0 (0%)	6 (27.3%)	22 (100%)
Under 19	Male	0 (0%)	0 (0%)	0 (0%)	1 (10%)	1 (100%)
	Male	69 (46.9%)	34 (23.1%)	12 (8.2%)	32 (21.8%)	147 (35.5%)
<u>Totals</u>	Female	121 (47.1%)	59 (23%)	11 (4.3%)	66 (25.6%)	257 (62.1%)
	Total	190 (45.9%)	93 (22.5%)	23 (5.6%)	108 (26%)	414 (100%)

Demographics Counseling pts

<u>Age</u>	<u>Gender</u>	<u>Race</u>				<u>Totals</u>
Group		Wh	Bl	Hisp	Oth	
	Male	6 (55%)	0 (0%)	0 (0%)	0 (0%)	6 (55%)
20 (0%)-29	Female	2 (18%)	2 (18%)	1 (9%)	0 (0%)	5 (45%)
	Total	8 (73%)	2 (18%)	1 (9%)	0 (0%)	11 (100%)
	Male	4 (44%)	0 (0%)	1 (11%)	0 (0%)	5 (67%)
30 (0%)-39	Female	3 (33%)	1 (11%)	0 (0%)	0 (0%)	4 (44%)
	Total	7 (78%)	1 (11%)	1 (11%)	0 (0%)	9 (100%)
	Male	2 (22%)	0 (0%)	1 (11%)	0 (0%)	3 (33%)
40 (0%)-49	Female	3 (33%)	2 (22%)	1 (11%)	0 (0%)	6 (67%)
	Total	5 (56%)	2 (22%)	1 (11%)	0 (0%)	9 (100%)
	Male	2 (15%)	0 (0%)	1 (8%)	1 (8%)	4 (31%)
50 (0%)-59	Female	5 (38%)	4 (31%)	0 (0%)	0 (0%)	9 (69%)
	Total	7 (54%)	4 (30%)	1 (8%)	1 (8%)	13 (100%)
	Male	1 (33%)	0 (0%)	1 (33%)	0 (0%)	2 (67%)
60 (0%) +	Female	0 (0%)	1 (33%)	0 (0%)	0 (0%)	1 (33%)
	Total	1 (33%)	1 (33%)	1 (33%)	0 (0%)	3 (100%)
	Male	15 (33%)	0 (0%)	4 (9%)	1 (2%)	20 (44%)
<u>Totals</u>	Female	13 (29%)	10 (22%)	2 (4%)	0 (0%)	25 (56%)
	Total	28 (62%)	10 (22%)	6 (13%)	1 (2%)	45 (100%)

Description and Frequency of Presenting Clinical Issues

Label	Description	Frequency
DEP	Depressed/Sad/Hopeless	29
ANX	Anxious/Frightened Angry/Panic	21
PER	Personality functioning/Not feeling close to others or enjoying relationships/Not knowing what you want out of life	7
SUB	Substance Use problems	5
ANG	Anger /Irritability	3
MAN	Manic/Euphoric	3
SUI	Suicidal thinking/plan/feeling unsafe	2
SOM	Excessive focus/preoccupation on medical problems	2
OCD	OCD Obsessive-compulsive symptoms	
PSY	Psychotic thinking	1
Other	Severe sleep problem	1

Description and Frequency of Contextual Factors

<u>Label</u>	<u>Description</u>	<u>Frequency</u>
FAM	Family/Couple Discord	29
EMP	Unemployment/Job-Related Stress	24
FIN	Poverty/Low Income to meet needs	10
MED	Serious Medical Health Problems (as specified) *	10
LOS	Loss of loved one	8
HSG	Homelessness/Inadequate Housing	8
POL	POL Phase of life problem (leaving home, getting married, having child, empty nest)	
ABU	Victim of Abuse/Violence as Child or Adult	3
LEG	Legal Difficulties	3
ОТН	Other (as specified)**	3
ACC	Acculturation Difficulties	2

^{*}Hypertension (2), Diabetes, COPD, Seizures, Chronic Pain (2), Obesity, Multiple Physical Problems (2)

^{**}Abortion, Drug Withdrawal, Unspecified Social Situations

Patient engagement following evaluation

Category Label	Description	Number	%
NSR	No services recommended after evaluation	2	4.4
REF	Referred out- needed higher level of care	1	2.2
NEV	Services recommended but never started	6	13.3
OUT	OUT Services started/dropped out or stopped coming/failed to respond to outreach		20.0
ACT	Receiving services/Currently active	18	40.0
СОМ	Completed Services	9	20.0

Demographic and other characteristics among patients with different levels of engagement

	PROCESS CATEGORIES		
	Recommended/ Never Started	Dropped Out	Completed
	N=6	N=9	N=9
Gender	Predominately Males	Male=44%	Male=44%
	(83%)	Female=56%	Female=56%
Age	<40=80%	40+=67%	40+=67%
Race	White=50% Hispanic=33% Black=17%	White=56% Black=44% Hispanics=0%	White=67%
Employed	33%	44%	44%
Primary + Secondary	DEP=50%	DEP=78%	DEP=78%
Clinical Focus	ANX= 30%	ANX=44%	ANX=67%
Most Frequent	FAM=67%	FAM=78%	EMP=67%
Contextual Issues	EMP=50%	EMP=44%	HSG=44%
	MED=33%	MED=22%	MED=33%
3+ Contextual Issue	0%	56%	56%

Global Treatment Outcomes for Patients

<u>Treatment</u>	<u>Process Outcomes</u>			
<u>Outcomes</u>	Completed	<u>Active</u>	<u>Dropped Out</u>	
SIGN	4	2	NA	
SOME	5	14	NA	
NONE	0	0	NA	
UNKN	0	2	9	
Total	9	18	9	

PHQ-9

Screening tool for depression

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:		DATE:			
Over the last 2 weeks, how often have you been					
bothered by any of the following problems? (use "" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things	0	1	2	3	
2. Feeling down, depressed, or hopeless	0	1	2	3	
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3	
4. Feeling tired or having little energy	0	1	2	3	
5. Poor appetite or overeating	0	1	2	3	
6. Feeling bad about yourself_or that you are a failure or have let yourself or your family down	0	1	2	3	
 Trouble concentrating on things, such as reading the newspaper or watching television 	0	1	2	3	
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3	
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3	
	add columns			+	
(Health care professional: For interpretation of TOT/ please refer to accompanying scoring card).	a <i>L</i> , TOTAL:				
10. If you checked off any problems, how difficult		Not diffi	cult at all		
have these problems made it for you to do		Somewh	nat difficult		
your work, take care of things at home, or get		Very diff	ficult	90 95	
along with other people?			ely difficult		
			, amiout	- T	

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Changes in Severity of Depression for Patients with Depression as Primary or Secondary Concern

	PHQ-9 Scores			
	First Administration	Second Administration		
Mean	12.06	8.33		
Median	11.00	5.50*		
Mode	11.27	7		
SD	8.39	7.07		

Outcomes--Medical

Metric	Goal	Results	Notes
Referrals	Dental referrals=277 patients	Eye referrals=162 pts	All diabetic pts referred or up to date on eye exams
Diabetes	HgBA1C<9	 <5.6=13 pts (15.5%) 5.7-6.4=29 pts (34.5%) 6.5-7=9 pts (10.7%) >7=33 pts (39.3%) 	Average HgBA1C=7.46
Microalbumin	All DM patients yearly	 <30=22 pts (81.48%) 30-300=4 pts (14.81%) >300=1 pt (3.7%) 	All DM pts with microalbumin>30 were referred to nephrology
Hypertension	BP < 140/90	 142 pts (39.8%) normal blood pressure (<120/80) 156 pts (39.8%) borderline high blood pressure (< 140/90) 44 pts (11.2%) high blood pressure (>140/90) 9 pts (2.3%) low blood pressure (< 90/60) 	Blood pressure medication and/or lifestyle modification was recommended in all cases of hypertension. Causes of persistent elevation in blood pressure included lack of medication and refusal to take medication

Dyslipidemia	Chol <200 HDL>45 TRI<150 LDL<100	Total Cholesterol <200=154 pts (60.63%) 200-239=73 pts (28.74%) >239=27 pts (10.63%) HDL >50=138 pts (53.91%) 40-49=72 pts (28.13%) <40=46 pts (17.97%) LDL <130=176 pts (69.57%) 130-159=54 pts (21.34%) >159=23 pts (9.09%) Triglycerides <200=220 pts (85.94%) 200-399=33 pts (12.89%) >399=3 pts (1.17%) 	Number of times tested • Once=223 pts (56.9%) • Twice=26 pts (6.6%) • > 2=8 pts (2%) • Never tested (including pt refusal)=135 pts (34.4%)
Obesity	BMI<19 underweight 20-24.9 Normal 25-29.9 Overweight >30 Obese	 BMI <19=3 pts (0 .77%) BMI 20-24.9=90 pts (22.96%) BMI 25-29.9=93 pts (23.72%) BMI >30=20 6 pts (52.55%) 	• Average BMI=31.14

Immunizations	Tdap every 10 yrs Influenza yearly	 Administered=223 pts (54%) Up to date=59 pts (14%) Declined=25 pts (6%) Unknown=107 pts (26%) 	Influenza administered yearly but data difficult to interpret due to seasonal vaccine
FIT/Colonoscopy	Age <u>></u> 50	 Completed testing=105 pts (64%) Declined testing=59 pts (36.2%) 	
Women's Health	Pap smear every 3 years Mammogram yearly ≥40	Pap smear	CSP allows for Pap smear every 3 years, mammogram yearly

Four main areas of focus

- Diabetes
 - 94 patients
- Hyperlipidemia
 - 31 patients
- Obesity
 - 40 patients
- Hypertension
 - 93 patients

Outcomes compared with counseling

- Initial data comparing patients receiving counseling vs those not receiving counseling
- outcomes from at least 2 appointments
- most of these appointments are a month apart, but a few were longer.
- The table definitely show improvement on all outcomes

BP systolic		
	appointment	
counseling?	1st	latest
no	130.75	125.75
yes	132.40	125.30
N=18		
BP diastolic		
	appointment	
counseling?	1st	latest
no	81.00	73.88
yes	78.70	75.80
N=18		
BMI		
	appointment	
counseling?	1st	latest
no	31.29	31.93
yes	34.38	32.92
N=18		
PHQ9 scores		
	appointment	
counseling?	1st latest	
no	7.29	4.14
yes	11.50	8.40
N=17		

Conclusion

 An IMD utilizing both the nursing and mental health counseling aspects improves the health outcomes of patients with chronic illness. It addresses the medical aspect of healthcare as well as the psycho-social needs of the patient, and thus enabling the patient to achieve optimal health.

Limitations and Recommendations

- Data collection
 - Update excel spreadsheet to include tracking metrics
 - Include patient compliance
 - Coordinate with statistician for next report with 3 different data collection tools
 - 2015 spreadsheet
 - 2016 spreadsheet
 - EMR (pending)
 - Limiting work physicals and known short term physicals
 - Little to no follow up appointments
 - Difficult to interpret data if only one or two appointments, short time frame

References

Centers for Disease Control and Prevention (CDC). (2011, January 14).

CDC health disparities and inequalities report-United States, 2011

[Supplement to Morbidity and Mortality Weekly Report, 60],

Retrieved from

http://www.cdc.gov.pluma.sjfc.edu/mmwr/pdf/other/su6001.pdf

Härter, M. C.; Conway, K. P.; Merikangas, K. R. (2003). Associations between anxiety disorders and physical illness. European Archives of Psychiatry and Clinical Neuroscience 253:313-320.