

Bridge Care Nurse-managed Clinics Fill the Gap in Health Care

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ABSTRACT

Nurse-managed health clinics (NMHCs) play a critical role in expanding access to health care for the low-income, uninsured, and underserved populations. In addition, they offer opportunities to educate future nurse practitioners, improve practice, and increase the primary care workforce. In this brief report, we describe an innovative Bridge Care model for a nurse-led clinic that is connected to an academic school of nursing. This model is unique in that it is not a permanent medical home model but rather bridges the gap between entry into the health care system and a permanent medical home. It unites the disciplines of nursing, psychology, social work, medicine, and nutrition to provide interprofessional education and health care in a sustainable nurse-managed health clinic model built on community partnerships. It is where national and local health policy meets the “real life” of individuals with limited resources. The Affordable Care Act improves access to primary care and offers nurses the opportunity to play a key role in transforming the health care system and improving patient care, and the Bridge Care clinic model is an innovative approach that improves access to quality primary care and prepares future nurse practitioners to be leaders in the health care system.

Keywords: academic nurse managed clinic, bridge care, future of nursing, vulnerable populations

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Nurse-managed health clinics (NMHCs) play a critical role in expanding access to health care for low-income, uninsured, and underserved individuals. In addition, nurse-led centers offer opportunities to educate future nurse practitioners (NPs), improve practice, and increase the primary care workforce. The authors have successfully launched 3 NMHCs using the Bridge Care model. This unique model bridges the gap between entry into the health care system and a permanent medical home. It unites the disciplines of nursing, psychology, social work, medicine, and nutrition to provide interprofessional education and health care. It is an innovative, sustainable NMHC model built on community partnerships. It is where national and local health policy meets the “real life” of individuals with limited resources.

NMHCs have existed in this country for over a century with rapid growth in the past 20 years.^{1,2} They are nurse-led community clinics that provide health services to primarily low-income, uninsured, and underserved populations and typically focus on

primary care, health promotion, and disease prevention. According to the Institute of Medicine’s (IOM’s) Future of Nursing report, NMHCs have been found to expand access to care and provide quality care with improved outcomes for vulnerable populations who may not otherwise receive care.^{2,3} NMHCs provide critical access points for low-income, uninsured, and underserved populations with the goal to keep individuals out of emergency rooms, thereby savings millions of health care dollars.²

The Bridge Care clinic is an NMHC connected to an academic school of nursing. The Bridge Care, or transitional care, model fills the gap in health care by providing temporary health management to patients who are awaiting placement in a permanent existing medical home. With this Bridge Care model, community resources already in place are leveraged and new partnerships and coalitions are developed. Even with the Affordable Care Act (ACA) and Medicaid expansion, there continues to be a gap in health care for the low-income uninsured. Access to care is

impeded with wait lists for health centers and lack of providers. Bridge Care addresses urgent health care needs of the uninsured during the transition time between initial point of entry into the health system until the patient is placed into an already existing community health system.

The health of an individual and community depends greatly on access to quality health care. The Bridge Care clinics offer an opportunity for faculty nurse practitioner (NP) clinicians to provide direct patient care, and to precept NP students, thereby expanding health care services. The clinics provide services for approximately 250 patients monthly. In addition to expansion of services and leverage of community resources, academic NMHCs have a value-added benefit of student nurse involvement. A graduate NP student, with faculty supervision, extends the amount of ambulatory care services available to patients. Undergraduate nursing students and graduate students in nursing administration, clinical specialist, and educator tracts can provide supplementary care often needed by vulnerable patients. They highlight what NPs are known to do best, namely advocacy, education, and community-based care.

Primary care clinicians, specifically NPs, provide a large share of ambulatory care for minority, uninsured, low-income patients. With the expected shortage of primary care providers and the anticipated rise in demand for primary care with implementation of the ACA, NPs and nurse-led clinics can play a key role in meeting the community's health care needs.³⁻⁵ A major limiting factor in preparing future NPs is the lack of clinical sites. Most NMHCs serve as clinical education sites for nurses and other health care providers, such as nurse practitioners, physicians, physician assistants, pharmacists, and social workers. In a 2011 membership survey of the National Nursing Centers Consortium, 99% of responding NMHCs indicated that their facilities serve as training sites for students in nursing and other health professions programs, thereby meeting the educational needs of future primary care providers.¹

A faculty nurse-led clinic provides NP students with valuable clinical rotations for managing complex medical problems. Faculty may act in the NP educator role and are responsible for the oversight

and guidance of the students. With the increased difficulty in securing clinical placements for NP students and the trend of practice sites requesting an honorarium for working with students, the clinics have become a student learning lab where faculty mentor students. In this Bridge Care model, doctoral students mentor graduate master students, who in turn mentor undergraduate students, under the guidance of faculty. In addition, students learn the importance of navigating the health care system, connecting with community partners, and thereby increasing accessibility of services for patients with limited resources. Approximately 60 NP students have rotated through our clinics each semester and 40 undergraduate students in the past year, preparing future leaders for primary care.

Preparing a well-educated workforce that is ready to care for patients in this historically complicated health care system is the goal of any academic institution with programs in the health care arena. The 2010 IOM report emphasized the need to improve relationships between academia and service to meet the needs of the changing health care delivery system. There is a growing body of literature documenting the effectiveness of students in meeting these needs.^{6,7}

The Bridge Care clinics provide vital services to the community and extend learning beyond the traditional classroom. The interdisciplinary team approach used in the clinics allows students to collaborate routinely with a clinical pharmacist and students and faculty from other disciplines, such as social work, nutrition, and psychology. This ultimately enhances the student's comfort in working as a team. A climate of learning where evidence-based practice and responsible medicine is routinely fostered allows for individual empowerment and improved decision-making, which ultimately leads to an easier transition from academia to practice.

The Bridge Care clinics allow faculty to enrich the educational experiences of students while also expanding their roles as teachers, researchers, and practitioners. Faculty step away from habitual methods of teaching and offer the students' the opportunity to practice in an environment that also allows for continued educational advancement,

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