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Veteran Affairs Centers of Excellence in Primary Care Education: Transforming nurse practitioner education

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ABSTRACT

To integrate health care professional learners into patient-centered primary care delivery models, the Department of Veterans Affairs has funded five Centers of Excellence in Primary Care Education (CoEPCEs). The main goal of the CoEPCEs is to develop and test innovative structural and curricular models that foster transformation of health care training from profession-specific "silos" to interprofessional, team-based educational and care delivery models in patient-centered primary care settings. CoEPCE implementation emphasizes four core curricular domains: shared decision making, sustained relationships, interprofessional collaboration, and performance improvement. The structural models allow interprofessional learners to have longitudinal learning experiences and sustained and continuous relationships with patients, faculty mentors, and peer learners. This article presents an overview of the innovative curricular models developed at each site, focusing on nurse practitioner (NP) education. Insights on transforming NP education in the practice setting and its impact on traditional NP educational models are offered. Preliminary outcomes and sustainment examples are also provided.

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To address the complexities of primary care, leading authorities have emphasized that health care professionals need to be prepared to deliver team-based, patient-centered care (Institute of Medicine, 2003; World Health Organization, 2005). This focus requires interprofessional teams to provide care that is evidence based and outcomes oriented, which necessitates redesigning the delivery of health care. Teams of clinicians, health profession educators, and/or researchers have validated the credibility of this assertion largely through the implementation of specific care delivery models, such as the Veterans Affairs (VA) Patient Aligned Care Team (PACT), Patient-Centered Medical Home, and the Chronic Care Model (Hernandez et al., 2003; Katzelnick, Von Korff, Chung, Provost, & Wagner, 2005; Mohler & Mohler 2005; Piatt et al., 2006; Saxe et al., 2007; Wagner et al., 2001). All of these models of care delivery have shown promise for improved processes and/or outcomes of care compared with traditional interventions (standard primary care services or provider education) (Bauer et al., 2006; Landon et al., 2007; Piatt et al., 2006; Proudfoot et al., 2007; Saxe et al., 2007).

The VA PACT has redesigned the delivery of VA's primary care by incorporating patients as partners of an interprofessional team that actively engages them in the health care decision-making process. The foundations of PACT require care that is patient driven, team based, efficient, comprehensive, continuous, and coordinated. Communication between the patient and the care team members is honest, respectful, reliable, and culturally sensitive. In PACT, the patient is the center of the care team along with family members and caregivers. The PACT structure organizes care delivery via health care professional teamlets. The teamlet includes a primary care provider (nurse practitioner, physician, or physician assistant), registered nurse care manager, licensed practical/vocation nurse, and administrative clerk who share responsibility for providing care to a panel of patients. Additional health care providers such as social workers, pharmacists, and psychologists are available to support the PACT teamlet (Piette et al., 2011). Since the implementation of PACT, there has been an increase in telephone care, enhanced patient use of their personal health record, increased electronic messaging between patients and providers, and fewer face-to-face visits (Rosland et al., 2013).

To prepare health care professionals for practice in the PACT care delivery model, the VA's Office of Academic Affiliations in 2010 identified the need to develop and test innovative structural and curricular models fostering transformation of health professional training from profession specific silos to interprofessional, team-based educational and primary care delivery models. Five Centers of Excellence in Primary Care Education (CoEPCE) were selected and funded to meet this charge. In collaboration with their academic affiliates, the five CoEPCE sites are Boise VA Medical Center, Louis Stokes VA Medical Center (Cleveland), San Francisco VA Medical Center, VA Puget Sound Healthcare System (Seattle), and VA Connecticut Healthcare System (VACHS) (West Haven). A national coordinating center manages overall project operations and goals.

Before the implementation of the CoEPCEs, in most circumstances, health professional training in the VA and other settings took place in professional "silos." Nurse practitioner (NP) students commonly cared for the patients who were assigned to their NP preceptor, spending a half or full day each week in clinic for a period of time ranging from several weeks to a semester. The NP students might not have any significant interactions with other health professional learners during this experience even though other learners might be assigned to the same clinic setting. In addition to the scarcity of interaction with other professions, such traditional NP student clinical experiences seldom required the NP student to have an ongoing relationship with patients and/or the preceptor. In addition, VA's typical clinical NP educational experience rarely provided NP preceptors with "protected time" for curriculum development, teaching, or supervision of NP students. Thus, the NP preceptor was frequently seeing patients on the same schedule as during their nonteaching sessions, which left little time for educating and mentoring let alone interaction with other members of the health care team. Although these educational environments fulfilled program accreditation requirements, such educational models were not compatible with the goals and processes of emerging team-based, patient-centered primary care clinical environments such as VA PACT.

This article provides an overview of the CoEPCEs and describes the clinical and educational environments and structure of curricular models developed at each of the CoEPCE sites, focusing on NP clinical training. Early outcomes and sustainment examples are provided. The authors discuss insights on transforming NP education in the primary care practice setting and that impact on traditional NP educational models.

CoEPCE Overview

The call for proposals for the CoEPCE was released in August 2010, with 22 VA facilities and their academic partners responding. Five sites were competitively selected and were activated in January 2011, with the first educational programs beginning in academic year 2011/2012, generally around July, 1, 2011. The overarching goal of the CoEPCE project is to transform primary care—to redesign primary care clinical education along with the delivery of primary care by developing and testing innovative approaches to learning and caring. The new models must allow interprofessional learners to have longitudinal learning experiences and sustained and continuous relationships with patients, faculty mentors, and peer learners. Also, the CoEPCEs must prepare future health care professionals to work