Journal of Professional Nursing xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Journal of Professional Nursing

The Texas Gulf Coast Graduate Nurse Education Demonstration: Collaboration in Action

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ARTICLE INFO

Article history:
Received 27 December 2016
Revised 18 November 2017
Accepted 4 December 2017
Available online xxxx

ABSTRACT

Advance Practice Registered Nurses (APRNs) are increasing in number and their value is becoming more evident as Texas and the region face a severe shortage of primary care physicians. APRNs can assist in meeting the needs of a growing and complex healthcare system. Increasing the pool of APRNs will allow healthcare providers to improve access to care and deliver quality outcomes. Hospitals and other healthcare providers have been limited in the number of APRN students they could accept for clinical training due to cost. The Graduate Nurse Education (GNE) Demonstration project was mandated by Section 5509 of the 2010 Affordable Care Act. The primary goal of this demonstration is to increase the number of APRNs who will provide primary care, preventive care, transitional care, chronic care management, and other services for Medicare beneficiaries. To meet this demand, it is necessary to increase the number of qualified clinical training sites. As part of a collaborative effort, Memorial Hermann-Texas Medical Center was one of five healthcare systems that participated in the $200 million funded Demonstration, which offsets the reasonable cost of clinical training for APRNs. Memorial Hermann partnered with four schools of nursing - Prairie View A&M University, Texas Women's University, University of Texas Medical Branch, and University of Texas Health Science Center at Houston - as well as area hospitals and non-hospital community based centers to provide APRNs clinical training. This article describes the collaborative efforts of the Texas Gulf Coast GNE Demonstration as well as the implementation plan, results, and benefits of all participating partners and schools of nursing.

In 2012, Memorial Hermann-Texas Medical Center (MH-TMC) was awarded funding from the Centers for Medicare and Medicaid Services (CMS) to partner with four area schools of nursing (SON) in the implementation of the Graduate Nurse Education (GNE) Demonstration created under Section 5509 of the Patient Protection and Affordable Care Act (2010). The primary purpose of the GNE Demonstration was to "increase the supply of advanced practice registered nurses (APRNs) in order to provide access to healthcare professional services for the increasing number of Medicare beneficiaries". Nationally, under the GNE Demonstration, five hospitals received funding for the reasonable cost of providing clinical training to students in four APRN specialties: 1) clinical nurse specialist (CNS); 2) primary care nurse practitioner (NP); 3) certified registered nurse anesthetist (CRNA) and 4) certified nurse midwife (CNM).

The $200 million GNE initiative was designed to increase the number of APRNs over a four year period (2012–2016) to better serve the healthcare needs of the community. The five hospitals awarded funds to participate were: 1) Hospital of the University of Pennsylvania, 2) Scottsdale Health System, 3) Rush University Medical Center, 4) Duke University Hospital and 5) Memorial Hermann-Texas Medical Center (Fig. 1). This article presents an overview of the Texas Gulf Coast GNE (TGC-GNE) Demonstration and its significant results.

MH-TMC served as an ideal grantee for the Demonstration. Founded in 1925, MH-TMC was the first hospital to open in the world-renowned Texas Medical Center. MH-TMC provides leading-edge care in, many specialties. MH-TMC is a Level I trauma center in providing globally recognized emergency and trauma care. MH-TMC is committed to providing healthcare services to the growing number of Medicare and Medicaid beneficiaries and serving the uninsured and underinsured in the Texas Gulf Coast (TGC) area.

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https://doi.org/10.1016/j.profnurs.2017.12.002
8755-7223/

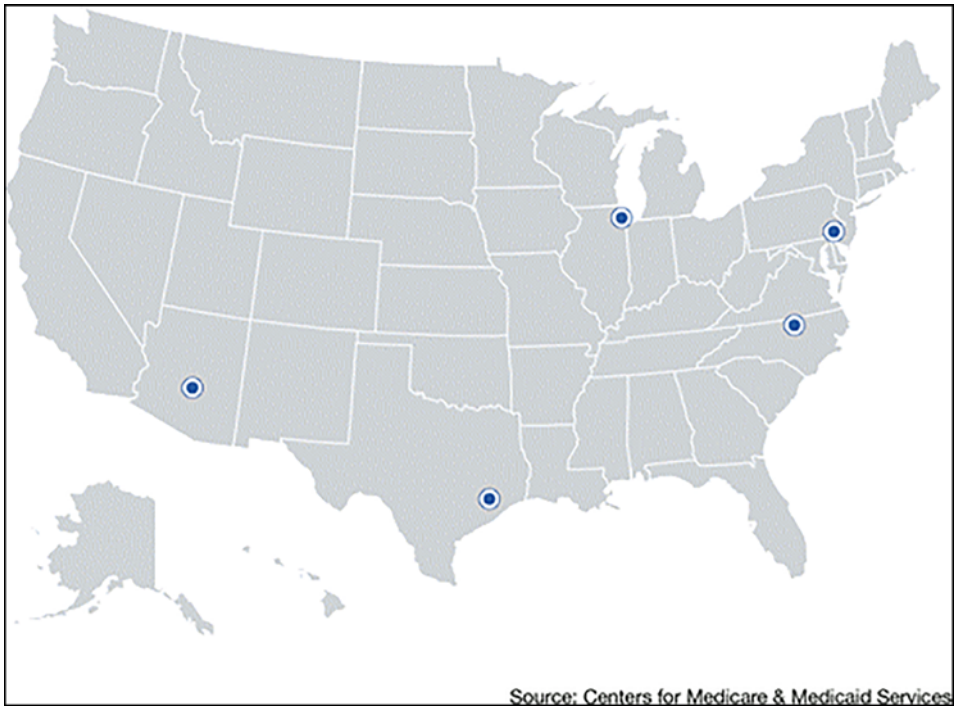

Fig. 1. Participating GNE Demonstration Sites.

Healthcare challenges in Texas

There are more than 6.2 million nonelderly uninsured people in Texas (Kaiser Family Foundation, 2017). This translates to the highest rate of uninsured residents under the age of 65 in the nation at 26.8%. More than a third of the Hispanic population in Texas is uninsured and the uninsured rate for children in Texas is 16% compared to the national rate of 10%. Texas does not participate in the newly available Medicaid expansion opportunity.

Currently, Texas ranks thirty-third in the nation for overall health status according to *America's Health Ranking 2016* (United Health Foundation, 2016). The current Texas population of 24.7 million is projected to increase by almost 12.5 million between 2000 and 2030 translating to an increase of more than 59%. As the population of Texas continues to expand and age, there is increasing need for health care services. Texas' health status may decrease in the future as the over-65 segment of the population has a high prevalence of chronic diseases such as diabetes. Overall, the number of adult Texans with diabetes is expected to quadruple over the next three decades representing a massive spike that demographers and health care experts attribute to the state's aging population, poverty, and obesity epidemic.

Availability of healthcare providers in Texas

Texas was recently ranked among the lowest in the nation in having the number of providers needed to meet the anticipated additional patients insured under the Affordable Care Act (ACA). In light of the increasing demand for healthcare needs in Texas, there is a limited availability of primary care physicians (PCP) in Texas with only 103 PCPs per 100,000 populations compared to the national average of 127 per 100,000 population (Kaiser Family Foundation, 2017). The Texas Board of Nursing (TBON) currently recognizes 21,972 licensed APRNs (TBON, 2017). The number of APRNs has steadily increased in the past eight years by 37.6% comparative to the population in Texas (Texas Department of State Health Services [TDSHS], 2017). However, the ratio of 60.8 nurse practitioners per 100,000 population in Texas is still lower than the estimated national ratio of 72.4 nurse practitioners per 100,000 population (TDSHS, 2017). An additional concern is that as baby boomers retire, the APRNs educated in the 1960s and 1970s are exiting the workforce. The median age of a male nurse practitioner in 2011 was 45 years and of a female nurse practitioner was 48 years (TDSHS, 2017), which provides evidence of the need for new APRNs.

For Texas, The Perryman Group (2012) estimated a significant reduction in healthcare costs that could be realized by greater utilization of APRNs and the associated increase in spending for more productive purposes. These economic benefits would be significant given current levels of healthcare spending and would rise over time. The Perryman Group reported that effectively utilizing APRNs would increase the Texas economic output by $8 billion and create nearly 100,000 permanent jobs. By 2040, the total impact would reach 177,220 permanent jobs with $23.6 billion in economic output.

Finding ways to address rising healthcare costs is crucial to long term prosperity in Texas. Additionally, patient well-being is of paramount importance: empirical evidence consistently demonstrates utilizing APRNs more efficiently in healthcare provision can enhance patient care while reducing costs. These efficiencies will contribute to substantial economic benefits and facilitate a broader and more effective healthcare delivery model.

Known benefits of APRNs and quality of care

One of the main challenges to the US healthcare system is the increasing need for primary care providers and the rapidly growing shortage of primary care physicians (Kirch, 2012). Increasing the number of APRNs has been seen as one avenue to fill this shortage (Poghosyan, Lucero, Rauch, & Berkowitz, 2012). The increasing number and utilization of APRNs has provoked questions regarding the quality of APRN directed care (Stanik-Hutt et al., 2013). Research findings examining the concerns over the healthcare outcomes of APRN directed care compared to physician directed care have indicated that APRN patient outcomes are similar to physician patient outcomes (Newhouse et al., 2011; Stanik-Hutt et al., 2013). Additional research findings reveal that APRNs can provide quality, safe, and effective health care in a variety of settings similar to physician or physician assistant led care (Newhouse et al., 2011; Stanik-Hutt et al., 2013). Since APRN healthcare outcomes are similar to those of physicians and physician assistants, the

Please cite this article as: Hull-Grommesh, L., et al., The Texas Gulf Coast Graduate Nurse Education Demonstration: Collaboration in Action, *Journal of Professional Nursing* (2017), https://doi.org/10.1016/j.profnurs.2017.12.002