

Nurse-Managed Health Centers: Measures of Excellence

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ABSTRACT

This study identified the metrics and methods that nurse-managed health centers (NMHCs) use to measure excellence in the areas of quality of care, clinical outcomes, and patient satisfaction. Measuring advance practice registered nurse outcomes is an important element to facilitate the movement toward equal reimbursement for services provided, yet little is known about the metrics, measures, and benchmarks that NMHCs use to monitor and maintain excellence. A descriptive survey sent to nurse leaders of NMHCs provides the initial step in identifying metrics for the development of an NMHC dashboard, a process that drives excellence in a nurse-led endeavor critical to the growth of nursing.

Keywords: dashboards, measures, metrics, nurse-managed health centers, quality

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A health care organization, such as a hospital or primary care practice, needs to manage many processes simultaneously to provide care, manage population health, receive notification of potential problems, and function in a manner that enhances safety, outcomes, and performance.¹ A dashboard is a tool used to track data such as key performance indicators, metrics, and measures that enable a health care organization to provide patient-centered care that is safe, timely, efficient, effective, and equitable.¹ It is a simple way of visualizing and analyzing immense amounts of data collected by an organization to gauge overall performance.² Generally, the data that appear on a dashboard are categorized into 5 metrics: volume, revenue leakage, utilization, quality, and financial.² These metrics provide at-a-glance access to key data to aid decision making.

The measurement of quality health care and its relationship to patient outcomes has become a focus in today's health care settings. However, the metrics behind these quality initiatives remain undefined and unstandardized in many situations. The preponderance of metrics are tied to reimbursement and center on patient satisfaction or traditional health care services (eg, blood pressure management, lipid

screening, and hemoglobin A1c levels in diabetics).³ This occurs despite numerous quality measures being identified by organizations such as the National Quality Measures Clearinghouse of the Agency for Health Care Research and Quality,⁴ the National Committee for Quality Assurance,⁵ and the Physician Quality Reporting Initiative,⁶ to name a few. For instance, the National Quality Measures Clearinghouse has identified 10 domains of health care delivery measures and 13 domains of population health measures that encompass indicators of clinical quality, health care delivery, clinical efficiency, population health quality, related population health measures, and population health efficiency.⁴ Other measures that may be of interest to health care practices because of their effect on the quality of care may include broader indicators such as financial goals, systems improvement, and employee satisfaction.⁷ Despite the long-standing efforts to measure the quality of health care and establish benchmarks within hospitals, primary care practice metrics are sparse and even less prevalent for Nurse-Managed Health Centers. Electronic health records have, however, improved access to data that may be used to measure quality and facilitate the development of nurse-managed health center (NMHC) dashboards.

NMHCs, also called nurse-managed health clinics, are operated by advanced practice registered nurses (APRNs), primarily nurse practitioners (NP), and most often deliver primary health care and preventive services through an interdisciplinary team.⁸ As part of the Affordable Care Act, NMHCs were defined as clinics managed by APRNs providing primary care or wellness services to underserved or vulnerable populations.⁹ This law also stated that these clinics are associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.¹⁰ According to the National Nursing Center Consortium, there are 250 NMHCs with 74% affiliated with a university-based school of nursing, approximately 64% identifying themselves as wellness clinics, and the remaining more than 36% clinics offering comprehensive primary care services.¹¹ With a shortage of primary care physicians, NMHCs are a viable remedy to this burgeoning problem, particularly in low-income neighborhoods, rural areas, and health professional shortage areas.¹²

Reimbursement has been a consistent problem for the sustainability of NMHCs. This is despite studies demonstrating equal quality of care delivered by APRNs compared with physician-delivered care.¹³⁻¹⁵ Measuring the quality of care delivered by APRNs is an important element to facilitate the movement toward equal reimbursement for services provided, yet little is known about the metrics, measures, and benchmarks NMHCs use to monitor and maintain excellence.

REVIEW OF LITERATURE

A literature search of CINAHL, Medline, PubMed, and the Web of Science databases was conducted using the following MeSH and other terms: “nurse-managed health centers,” “nurse-managed health clinics,” “dashboards in health care,” “benchmarks,” “benchmarking in health care,” “clinical decision supports,” “metrics,” “methods,” “primary care,” “patient-centered medical home,” and “advanced practice registered nurses.” Even with this extensive list of terms, the identification of indicators, metrics, measures, and benchmarking within primary care was limited, with even less information discovered related

to NMHCs. In fact, fewer than 10 articles in total were found on the subject.

Although the early foundation of health care quality concentrated on measuring the performance of health care tasks, the focus later shifted to the quality of care delivered and patient outcomes. Realizing quality was inclusive of the care received in the primary care environment, Buppert recommended that nurse practitioners engage in the quality assurance process by self-monitoring and tracking patient outcomes.¹⁶ Steps for measuring practice-level outcomes were offered, and a recommendation to use the NCQA Health Plan Employer Data and Information Set (HEDIS) as a benchmark for surveillance was encouraged.⁵ Buppert concluded that engaging in self-monitoring audits using HEDIS indicators would ensure that individual patient care would meet or exceed national benchmarks thus guaranteeing quality.¹⁶

The Institute for Nursing Centers surveyed NMHCs over a 3-year period collecting clinical and financial data in an effort to gain a general understanding of the contributions and future potential of NMHCs in the primary care arena.¹⁷ The authors noted that information on NMHC performance was mainly based on unconfirmed reports and that no specific benchmarks had been developed to measure the quality of health care delivered. In a related article, retrospective data collection was conducted using 9 NMHCs that had participated in the Institute for Nursing Center survey.³ Quality outcomes based on the HEDIS measures were reviewed for breast cancer screening, cervical cancer screening, diabetic patient care, hypertensive patient management, and smoking cessation. The study revealed that the HEDIS criteria were extremely useful in measuring the quality of care provided by NMHCs rather than the traditional comparison of APRNs to physicians based on the cost of care, patient satisfaction, and types of diseases managed.³ Similarly, Coddington et al. also used select HEDIS indicators to measure the quality of care in a pediatric nurse-managed clinic.¹⁸ Using immunization status, upper respiratory infection treatment, and access to primary care indicators, data were collected, evaluated, and compared with national benchmarks. Although it was determined that the pediatric nurse-managed clinic

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