Introduction

The aging population and increasing healthcare costs, along with the shortage of primary care providers, has led to growing concern that current models of primary care will not be sustainable for meeting the needs of the American population. Cost-effective shifting of care from inpatient to the outpatient setting has led to increased complexity of care “outside of hospital walls.”

- Aging population
- Increasing healthcare cost
  - 1990 = $713 billion, 2010 = $2.6 trillion
- Shortage of primary care providers
- Chronic diseases
  - patients least able to navigate complex and fragmented health care system
  - ten % of patients used 70% of all healthcare dollars
- Cost-effective shifting of care
  - inpatient to outpatient setting
  - access to care issues
  - coordination of services

Implementing the PCMH model ushers in newly defined roles for the healthcare team. At the center of this change is the RN, functioning at the highest level of his/her education.

The ANA’s 2012 report, “The Value of Nursing Care Coordination,” highlights numerous studies showing the positive impact of care coordination by RN.

- goal of containing cost
- uses evidence-based practice strategies
- decrease ED visits, hospital admission/readmissions
- lowers total annual Medicare costs
- improves patient satisfaction and self-manage care

Aims

Primary aim: implement/evaluate a care delivery model integrating the RN Care Coordinator into the PCMH. Focusing initially on population management of diabetes and changes in diabetic quality indicators.

The quality indicators are based on the percentage of patients meeting the “D5” indicators:
1. Blood pressures less than 140/90
2. HgBA1C less than 7
3. LDL less than 100
4. Documented smoking cessation counseling (prn)
5. Prescribed aspirin with vascular disease

Additionally, yearly document of:
1. Microalbuminurea level
2. Retinal examination
3. Filament foot examination

Secondary aim: Patient and healthcare team satisfaction and the fidelity of the RNCC role.

Methods

Design

A pretest-posttest design will be used to assess quality indicators for the patient with DM, by using a paired sample t-test for a comparison of the initial quality indicators at 9 months post implementation. Additionally, a descriptive survey post implementation will be used to obtain patient and healthcare team satisfaction with the role of the care coordinator.

Setting

In a southeastern state, a family practice with approximately 10,000 patients is part of a medical group within a large health system consisting of multiple hospitals, long-term care facilities, and outpatient facilities. According to the 2012 census estimate, the practice serves a small city with a population of 15,167 and surrounding counties with a population of 88,967. Persons over the age of 65 are 21.5% in the county, compared to 12.5% in the state.

Sample

The diabetic patient population is estimated at 950 persons. The electronic medical record (EMR) and the Diabetic Registry (DR) will be used to produce a list of patients at the start of the innovation, based on the inclusion and exclusion criteria. The inclusion criteria consist of a diagnosis of DM with documentation of fasting blood glucose (FBG) of greater than 126 on two different dates, and age between 18 and 75 years. The exclusion criteria include: patients followed by an endocrinologist more frequently than two visits within the last year. The patient satisfaction survey will be sent to this patient population with access to MyChart, the health system email. The healthcare team sample for the satisfaction survey will include all providers and clinical staff that are employed at least part-time at the start of the innovation. This sample currently includes three MDs, three NPs, one PA, one OM, five AAs, two RNCCs, four LPNs, and three MAs.

Innovation

RNCC project will also include:
- Population management
- Telehealth follow-up
- Standardized patient education
- Self-management skills
- Group education visits
- Pre-planning with daily huddles
- Monthly PMCH meeting

Results (preliminary)

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References