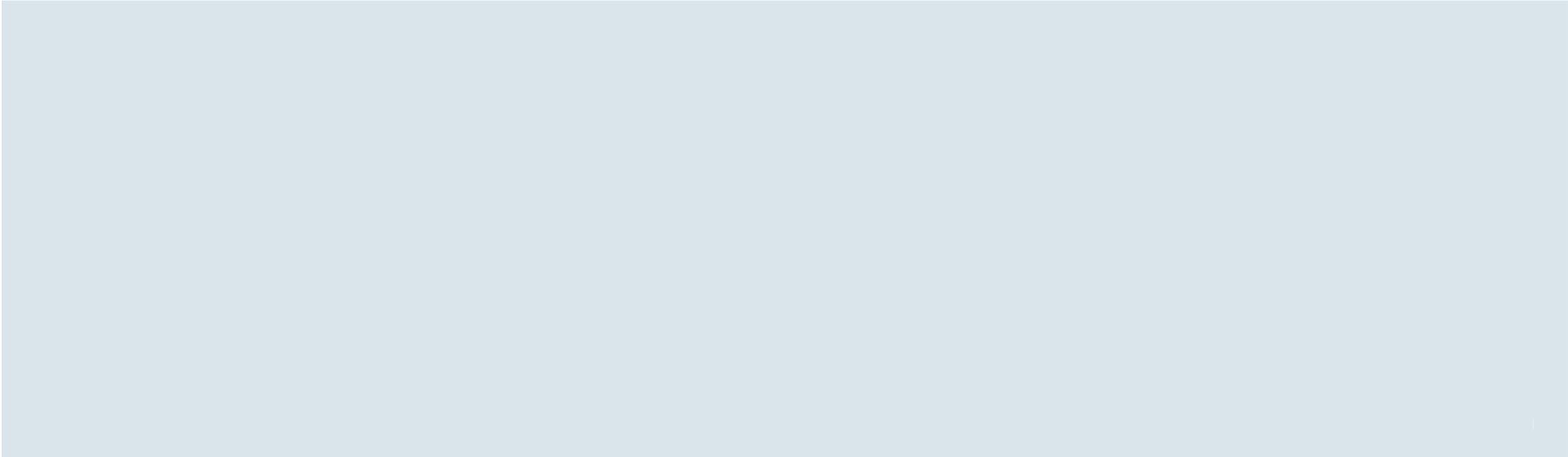


DEFINING THE ROLE OF THE RN CARE MANAGER IN PACT



PRIMARY CARE ANALYTIC TEAM (PCAT), IOWA CITY VA HEALTHCARE SYSTEM

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PRESENTATION OVERVIEW

- Focus on role clarity of the RN Care Manager within PACT
- Existing documents and data from the national PACT survey to examine issues of role differentiation of the RN Care Manager within PACT teams.

POLL QUESTION – WHAT IS YOUR VA ROLE?

- I'm on a PACT teamlet
- I am a PACT neighbor (pharmacist, dietitian, social worker, etc)
- Administrator, supervisor, manager
- VA investigator
- Other

IF YOU ANSWERED I'M ON A PACT TEAMLET:

- I'm on a PACT teamlet as a:
 - PCP
 - RN
 - LPN
 - HCT, clerk
 - other

VA PACT IMPLEMENTATION

- Based on Patient Centered Medical Home (PCMH)
- Patient Aligned Care Team (PACT) is a team of health care professionals providing comprehensive primary care in partnership with the Veteran (and the Veteran's personal support person(s))
- Manages and coordinates comprehensive health care services consistent with agreed upon goals of care
- Goal: ensure that Veterans receive the appropriate level of care in the most appropriate settings

VA PACT IMPLEMENTATION

- National rollout of PACT in 2010
- Over 150 medical centers and 800 community-based outpatient clinics
- Largest implementation of the PCMH to date
- Primary care is delivered by a core care team (teamlet)
 - Primary care provider (PCP)
 - Registered nurse care manager (RNCM)
 - Clinical associate (CA) (typically an LPN)
 - Administrative associate (AA)

TEAM MEMBER ROLES

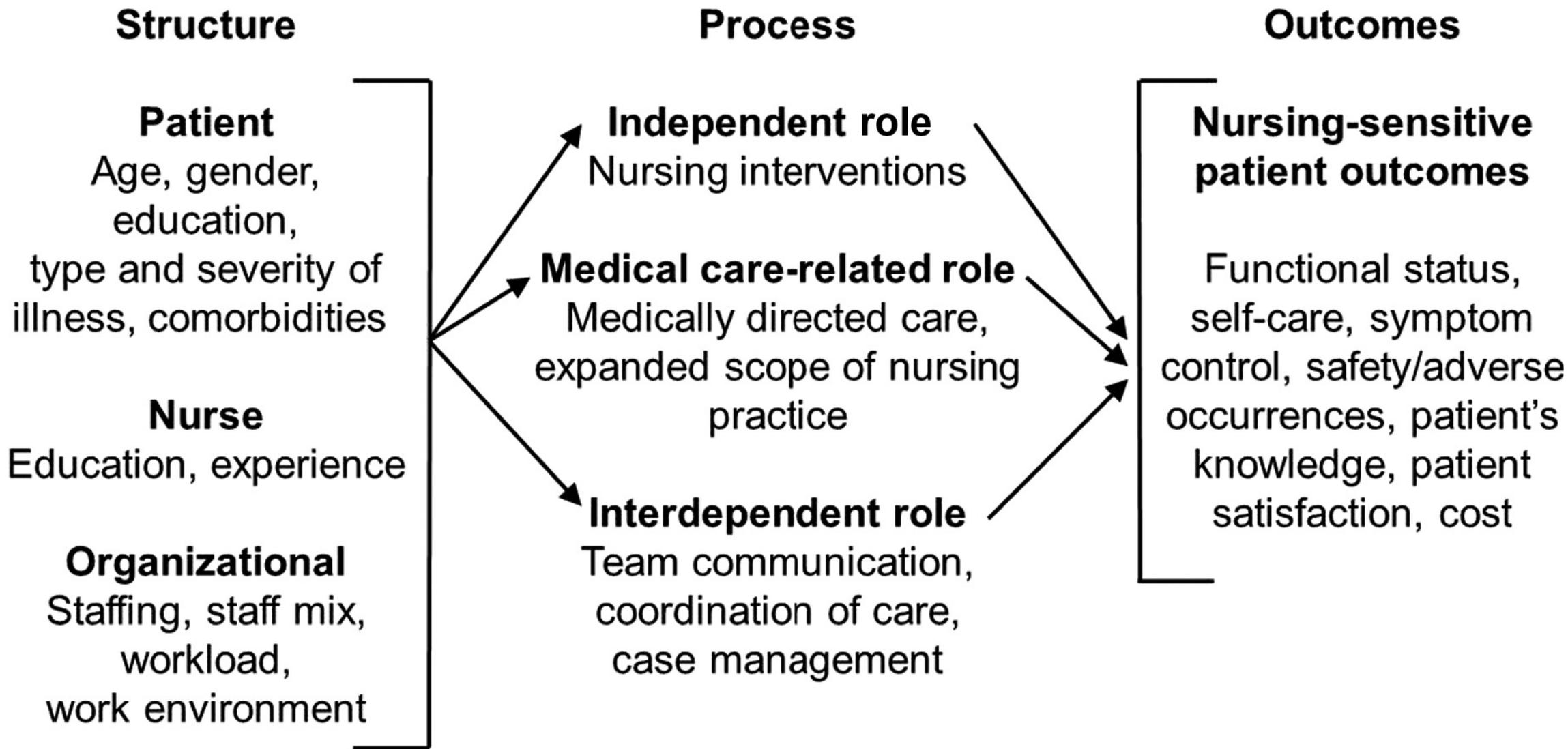
- Provider: primary care physician, nurse practitioner, physician's assistant
 - Typical primary care activities, e.g., examining patients, discussing care with patients, prescribing treatment, coordinating care, and preventive care
- Registered Nurse Care Manager
 - Health promotion, disease prevention, and clinical management in support of chronic disease and care transitions
- Clinical Associate
 - Managing clinic workflow, collaborating with the RNCM and PCP on patient care plans including self-management support, and supporting care coordination
- Administrative associate
 - Provides administrative support for the delivery of primary care services and operations management

REGISTERED NURSE CARE MANAGER

- Responsible for effective deployment of care coordination and care management strategies
- *Care coordination* is the administrative process that facilitates integration of health care services and navigation through complex health care systems, both within the VA and across VA and non-VA care settings, health care providers, and other services such as community programs
- *Care management* is the process by which components of a patient's personal health plan (e.g., patients' ability to perform self-care) are assessed, analyzed, and optimized for a patients' desired health and well-being. Care management can be for an individual patient or a cohort of patients
 - *Case management* is a specialized and highly skilled component of care management provided to individuals who require a higher level of care management services

REGISTERED NURSE CARE MANAGER

- RNCM play critical roles in implementing several components of the PACT model
- National PACT survey data (since 2012), interviews, and focus groups identified issues surrounding role clarity in PACT teamlets
- Found RNCMs face the greatest challenges regarding PACT role clarity and transformation
- 2016 PACT National Survey data show that role clarity issues continue to affect PACT team performance and satisfaction



Lukewich, JA et al. (2019). Exploring the utility of the Nursing Role Effectiveness Model in evaluating nursing contributions in primary health care: A scoping review. *Nursing Open*, 6(3), 685-697

FOUR PROJECTS

- Policy document analysis of RNCM role
- Review of literature
- Qualitative data from 2016 survey
- Planned analyses of 2016-2018 surveys

PROJECT 1 - IDENTIFY ELEMENTS OF THE RNCM ROLE IN VISN 23

- During initial implementation, few protocols or guidance existed on the roles of PACT members
- May have contributed to the difficulties experienced by many RN Care Managers in the transition to the PACT model of care
- Since implementation, national and local VA PACT managers have developed policies and procedures to define teamlet roles as well as protocols for primary medical care

PROJECT 1 - METHODS

- Invited VA Chief Nurse Executives /PACT Service line leaders the 8 VAMC sites in VISN 23 via email for policies, procedures, or other documents that define RNCM roles (and role tasks) at their respective medical center
- Each protocol or policy was analyzed using modified content analysis
- Individual tasks were extracted and the individual responsible for the task was identified (RN, LPN, HCT, other)
- Number of sites who included each task in a protocol were calculated, and the sum of each type of staff assigned to the task across sites were calculated

PROJECT 1 - RESULTS

- Seven of the 8 sites responded with information
- Individual tasks (n=208) were categorized under seven headings: patient assessment; tests/labs/screening/vaccinations; standing orders for new patient labs; ordering consults; protocols for specific disorders/clinical presentations; medication management; and communication
- No individual task was addressed by all 7 sites
- Almost half of the tasks listed (n=98, 47%) were only included by one of the individual sites
- 94 tasks (65%) were addressed by 2 or 3 sites
- Most tasks could be done by either an RN or LPN across sites

PROJECT 1 - RESULTS

- Exception was for protocols for specific disorders/clinical presentations – most of the actions under these protocols were limited to RNs
- Examples include *active chest pain, hemoptysis, acute back pain, dehydration, hyperglycemia (but not hypoglycemia or diabetes), elevated blood pressure, musculoskeletal pain with statins, nausea vomiting with abdominal pain, bleeding/bruising*

PROJECT 1 - RESULTS

- Reviewed the national *PACT Task List by Role* and the *Nursing Non-Medication Protocol Implementation Guide for Patient Aligned Care Team (PACT)* (both dated December 2017)
- Almost all tasks identified in these two documents can be carried out by various PACT team members, including RNs, LPNs, Unlicensed Assistive Personnel (UAP), pharmacists, or dietitians.

PROJECT 1 – DISCUSSION

- Consistent with Best et al. (2006) findings on task overlap conducted prior to PACT implementation
- Using focus groups created 243 unique task statements with input from PCPs, RNs, LPNs, health techs and clerks
- Surveyed primary care staff across 6 VA facilities (n=231)
- Substantial overlap across PCPs, RNs, LPNs
 - LPNs endorsed 85 of 141 tasks endorsed by physicians
 - RNs endorsed 129 of 133 tasks endorsed by LPNs
- Thus, while PCPs and RNs can do all LPN duties, it is not clear “who” should be primarily responsible for each task

PROJECT 2 - LITERATURE REVIEW OF THE RN ROLE IN AMBULATORY CARE

- The search criteria used "nursing" AND ("primary care" OR "ambulatory care") AND ("role" OR "duties" OR "responsibilities") AND ("registered nurse" OR "LPN")
- Did not review literature on care management roles outside of primary care, e.g., telehealth nurses, discharge interventions
- No year restrictions. Databases searched were PubMed, CINAHL, Medline, Scopus.
- Retrieved 424 initial results, after duplications and nonrelevant articles were removed, found 80 articles and 6 position statements
- Most is from U.S., Canada, Australia, New Zealand

PROJECT 3 - IDENTIFY BARRIERS AND FACILITATORS TO ENACTING THE RNCM ROLE

- Ladebue et al., (2016) used 2012 survey data to assess experiences of implementation of PACT and becoming a teamlet
- Retrospective content analysis of open-text general comment portion of the survey from n=3868 respondents
- Lack of clear expectations in roles and responsibilities for all team members
- Working to level of competency – feeling under-utilized

PROJECT 3 - PURPOSE

Analyze the perceptions and experiences of clinicians implementing care management and care coordination as part of the PCMH model

METHODS

- Qualitative analysis of data from 2016 national PACT survey
- Content analysis of open-text general comment portion of the survey
- Of 5,687 survey respondents, 48% (n=2,674) responded to the open-ended question

METHODS

- Restricted the analysis to respondents who:
 - provided open-ended comments related to care management and care coordination; and
 - indicated that the majority of their time was spent working in primary care
- Final sample of n=461 or 17% of those completing the survey
 - 250 PCPs (195 physicians, 41 Advanced Practice Registered Nurses, 14 Physician Assistants)
 - 144 RNCMs
 - 67 CAs (64 were LPNs)

RESULTS

Four themes

- importance of teamwork and optimized team member roles
- need for adequate prioritization of care management and care coordination
- need to refine tools and resources supporting care management and care coordination
- challenges with managing and coordinating care with and across complex systems

RESULTS

- *“The PACT model is extremely efficient if everyone (RN, LPN [clerk]) is working within their scope, with definitive guidelines of what each role is responsible for completing” (RNCM).*
- Respondents voiced a lack of knowledge about roles, i.e., who is supposed to do what? One PCP noted *“Leadership has not clarified what RN and LPN responsibilities are...”*.
- Echoed by respondents in other team member roles, *“Our team struggles every day because there seems to not be a definitive outline of what is expected from each member...”* (CA).

RESULTS

- Many participants also described ways they were not working to the top of their competency and how this prevented them from completing tasks required for care management and care coordination.
 - *“PACT works beautifully when everyone on the PACT is performing at the TOP of their competency level... As a PHYSICIAN, I am often doing the work of the LPN (e.g. clarifying medications, doing screenings, doing intake, doing prep work for upcoming clinic days)...”* (PCP).
- Conversely, an RNCM noted *“.. I am not overworked here; I am underutilized and that causes its own sort of burn out called a lack of satisfaction with my job. I don't want to talk myself out of a job here, but if the RN's aren't going to be utilized in this clinic, they should probably be replaced by less trained and less expensive staff to reduce costs.”*

PROJECT 4 - INTERPROFESSIONAL TEAM TASK ALLOCATION

- Edwards et al. (2015) VISN 22
- Survey conducted 2011-12
- 14 primary care tasks including:
 - patient history
 - screening
 - patient education
 - lifestyle interventions
 - tracking lab data
 - receiving, and resolving patient messages
 - handling forms
 - referral follow up

PROJECT 4 - INTERPROFESSIONAL TEAM TASK ALLOCATION

- “I am relied upon” (RNCM, CA,AA) or “I rely on other team members” (PCP)
 - For 12 of 14 tasks, fewer than half of PCPs reported relying on staff
 - For all 14 tasks, >85% of RNs reported being relied upon
 - For 12 of 14 tasks, >50% of LPNs reported being relied upon
- Expanding this analysis to national survey 2016 and 2018 data, which contain similar questions to the Edwards study

SUMMARY AND CONCLUSIONS

- Findings not unique to the VHA or to PACT; “work in progress”
- Conceptual functional statements/job descriptions vs task-based list of competencies
- Staff turnover over time may bring improvement as nurses who “don’t like” PACT leave and others enter the model;
 - Annis et al. (2018) monthly encounter rates shifted over 5-year period from PCPs to RNs and social workers
- Experience over time may be diminishing the unknowns of the model, creating environment where nurses feel more comfortable with moving from the very hands on care delivered in inpatient environments to managing care for outpatients

SUMMARY AND CONCLUSIONS

- Successful implementation requires adequate support for teamwork and ensuring team members can work according to their clinical competency
- Nurses practicing in expanded roles need clear role guidelines and adequate training, support, and time to function in these roles.

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QUESTIONS, THOUGHTS, DISCUSSION?