Nurse-Managed Health Centers: The New Disease Management Workforce
NNCC - Who We Are/Background:

VISION:
Keep the nation healthy through nurse-managed care.

MISSION:
To strengthen the capacity, growth and development of nurse-managed health centers to provide access to quality care for vulnerable populations and to eliminate health disparities.

The Consortium:
• Began in 1996 as a regional organization & went National in 2002
• Serve 190 member nurse-managed health centers in the U.S.

Our Member Centers:
• Over 2.5 million health center patient encounters annually & growing
• Reside in both rural, urban & suburban locations
• Provide Primary Care, Health Promotion & Disease Prevention
• Are Run by Advanced Practice Nurses
• Managed by Schools of Nursing, Non-profits and For-profit sector
Member Centers Are Community-Based

- 33% Operated by Schools of Nursing
- 67% Independent Community-based non-profits

Locations: public housing developments, churches, schools, community centers, and homeless or domestic violence shelters
Centers Offer a Diverse Staff of Health Professionals

Health care providers:
- Certified Registered Nurse Practitioners – 20%
- Advanced Practice Nurses – 23%
- RNs – 9%
- Therapists and social workers – 6.5%
- Community outreach workers - 4%
- Collaborating physicians - .5%
- Administrative Support Staff - 12% of total
- Health educators, students and others – 25%
Member Centers Serve a Range of Clients

- 41% Black/African American
- 36% Latino
- 14% White
- 6% Other
- 3% Asian/Pacific

Member Centers Serve a Range of Clients
Member Centers Serve Clients Across All Age Groups

- 24% 0-12
- 13% 13-18
- 27% 19-35
- 25% 36-64
- 11% 65 Plus
Patient Payor-Mix

- Medicaid: 37%
- Medicare: 8%
- Private/commercial: 46%
- Uninsured: 7%
- Other: 2%

NNCC
National Nursing Centers Consortium
Keeping Our Nation Healthy
Nurse-Managed Health Centers
Outcomes in Primary Care

Centers report:

• High patient satisfaction
• ER use 15% less than aggregate
• Non-maternity hospital days 35-40% less
• Specialty care cost 25% less than aggregate
• Prescription cost 25% less than aggregate
• NMHCs see their members an average of 1.8 times more than other providers
Reasons for Better Patient Outcomes

• Location, Location, Location: Services are accessible in the community where people live
• More time with patient (nursing model of care)
• Intensive case management
• Affordable care & built-in incentives
• Culturally appropriate services
• Solicit input & listen to community needs/builds trust
• Health promotion and disease prevention focus
Lead Safe Babies

- Design
  - Scripted home visit education program with pregnant women and caregivers of children under one year of age
  - Pre/post-intervention tests of knowledge
  - Visual assessment of condition of home
  - Lead dust swipes
  - Lead blood levels
Lead Safe Babies

- Philadelphia 2005-06: N=2,329
- CDC and HUD funded, includes interim control for homes with high lead dust levels
- Incentives
- Control group children living in same geographic area
Lead Safe Babies

• Outcomes
  – Statistically significant increase in knowledge
  – 69% LSB children born within 6 months of enrollment had blood lead levels lower than the mean for the City
  – 71% LSB children living in high risk blocks had blood lead levels lower than the mean of the City
Asthma Safe Kids

- Design
  - Scripted home visit education program with caregivers of children with asthma
  - Pre/post-intervention tests of knowledge
  - Visual assessment of condition of home
Asthma Safe Kids

- Philadelphia 2004-05: N=115
- Funded by EPA and STEPS to a Healthier Philadelphia
- Incentives
- Children used as their own control group
Asthma Safe Kids

• Outcomes
  – Statistically significant increase in knowledge
  – Using mattress cover
    +85%
  – Using pillow cover
    +75%
  – Child not present when cleaning
    +45%
Emergency Room visits & Hospital Stays with in one year…

- Emergency Room
  - Pre 17%
  - Post 11%

- Hospital Stays
  - Pre 13%
  - Post 5%
Heart & Soul

• Descriptive design
• Exercise classes
  – Line Dancing
  – Tae Bo
Health information
Healthy Snacks
Stroke screening
Blood pressure screening
Heart & Soul

- Philadelphia 2004-05: N=120
- Funded by Edna G. Kynett Memorial Foundation
- Incentives
- Screenings
Heart & Soul

• Outcomes
  – 120 African American women participated in exercise/line dancing
  – 11 health fairs held
  – 1,100 newsletters distributed
  – 400 blood pressure and stroke screenings
    • 66% >140/90
    • Average age 30 years
    • 71% had family histories of hypertension
    • 60% had family histories of diabetes
    • 37% had family histories of high cholesterol
Heart & Soul Outcomes

Before the intervention…
  – People did not know the difference between healthy and unhealthy blood pressure.
  – There were misconceptions about fat, sugar and salt in common foods.
  – Many believed rice and potatoes had high fat content.
  – Chicken was thought to include a lot of salt.

After the intervention…
  – Knowledge in all areas increased.
Cognitive Therapy

• Design
  – Series of classes for advanced practice nurses followed by application with clients and supportive conference calls
  – Pre/post assessment of nurses’ cognitive therapy awareness
  – Pre/post assessments of clients’ level of depression and anxiety
Cognitive Therapy

• Philadelphia 2005:
  N=132 older adult patients, mean of 6 visits/patient

• Funded by Pew Charitable Trust

• Nurses and patients used as their own control groups.
Cognitive Therapy

• Outcomes
  - Mean of nurses on Cognitive Therapy Awareness improved from 55%-82%
  - Patient depression scores were unchanged
  - Patient anxiety scores improved by 28%
Walk & Win

• Design
  – A descriptive study of a walking program within senior housing or senior centers
  – Curricula were provided to undergraduate nursing students to allow the students to offer a standardized exercise intervention for older adults over eight weeks
Walk & Win

- 2005:
  N= 62 students in 6 Pennsylvania nursing schools
  N=174 older adults in senior housing or senior centers
- Funded by the Division of Nursing
- Student nurses and older adults served as their own controls.
Walk & Win

• Outcomes
  – Student nurses gained knowledge of nursing in the community, older adults and nursing centers,
  – Older adults had a statistically significant improvement in their knowledge about exercise and walking.
  – Older adults improved their mental and physical health, decreased their limitations due to physical or mental health, improved energy, social functioning and their perception of their health. Eighty-five percent said they would continue their walking.
Student Run: Philly Style

• Design
  – Adolescents are introduced to distance running as a discipline that could transform their lives.
  – A descriptive design describes the knowledge gained related to health education, as well as data related to self-esteem, goal setting behaviors, grades, school attendance & graduation rates are sources for evaluation data.
Student Run: Philly Style

- Philadelphia 2005-06:
  N= 140 students; 40 leaders/coaches
- Robert Wood Johnson funded with local matched funding from Beck Institute, Keystone Mercy Health Plan East, Independence Blue Cross, Independence Foundation, Philadelphia Foundation and, Samuel Fels Foundation, William Penn Foundation
- Adolescents serve as their own control group.
Student Run: Philly Style

• Outcomes
  - 10-14% improved flexion
  - statistically significant improvement in self-esteem, social competence & knowledge related to smoking
NNCC Contact Information

Tine Hansen-Turton, MGA
CEO, National Nursing Centers Consortium
VP, Philadelphia Health Management Corporation
260 South Broad Street, 18th Floor
Philadelphia, PA 19102
P: (215) 731-7140/F: (215) 731-2400
Tine@NNCC.US
WWW.NNCC.US