The Collaborative Continuous Coordinated Care (3Cs) Model

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Funding for Research

NEPQR (Nursing Education Practice Quality Retention)

• Provides support for academic, service and CE projects
• Designed to enhance nursing education, improve the quality of patient care, increase nurse retention and strengthen the nursing workforce
Goals of Project

• Build an education-practice model which increases pharmacologic adherence
• Develop an innovative interprofessional model which increases the formation of meaningful, Interdisciplinary collaborative relationships
• Create an opportunity for professionals to work together
• Maximize quality outcomes
Time frame for outcome?

- Began Fall 2013
- Ends June 2016
- Goal- To establish an evidence-based model which will be ready for dissemination throughout the country!
3C’s Model

[Diagram showing the 3C’s Model with nodes such as Patient/Family, Inter Professional Team, Communication Coordination Collaboration, Test Results, Home Care, Medical History, Long Term Care, Mental Health Services, Inpatient Care, Specialty Care (1), Specialty Care (2), Community Resources, Medications Pharmacy, Patient/Family Education & Support, Informal Caregiver, Primary Care, and Primary Care (1)].

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NYU NURSING
Participants

NYU NURSING

NYU Silver School of Social Work

TOURO COLLEGE OF PHARMACY

VISITING NURSE SERVICE OF NEW YORK

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Organizational Capacity; VNSNY

- In 2011, served 113,398 members
- 17,700 employees
- More than 50 languages spoken by staff
- Annual operating revenue of $2 billion
- 70 full/part time NPs
Professional Participants

Clinical preceptors from VNSNY

• Home Care Nurse Practitioners
• Home Health Social Workers
• Home Care Pharmacists
Structure of Team

True education-practice model:

• VNSNY Nurse Practitioners team up w/ ANP students from NYU
• VNSNY Social Workers team up w/ MSW students from NYU
• VNSNY Pharmacists team up w/ PharmD students from Touro College in NYC
Purpose

• Demonstrate the effectiveness of an innovative interprofessional model of collaborative, coordinated care that reflects communication across the health care system
Specific Aims of Model

1. Improve health outcomes by decreasing complexity of medication regimen
2. Decrease Emergency Department use and recidivism
3. Increase Quality of Life Index
4. Positively influence perceptions of interprofessional teamwork
Patient Population

- Dual eligible
- Chronically ill
- Culturally diverse
- Socio-economically vulnerable older adults
- Polypharmacy common
Team Members

- Professionals in practice from VNSNY
- Students from NYU
- Teams: NP, SW, Pharmacy
- Clinical rotations @ VNSNY
Formal Instruction

• All participants (both preceptors and students) encouraged to participate

• NP leadership classes provided (focused on NP’s primarily)

• Combination of live and webinar modalities
Numbers of Participants?

130-140 students over life of grant:

- 50 NP students
- 50 MSW students
- 30-40 PharmD students
Challenges so far?

- Most common- scheduling conflicts
- Logistical challenge 2/2 homebound residents
- Some social work visits must be done virtually
- Communication among groups ("matching teams")
- Historically, VNSNY has not had this many students
- Variable length of students rotations

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Ways to Mitigate Challenges?

• Provide either live classes or via webinar
• Students offered credit towards clinical hours
• Working on being able to provide CE’s to NP’s
• Clear point person @ VNSNY (employed by VNSNY) to navigate systemic challenges
• Ongoing formal meeting to delineate impending issues and ameliorate quickly
Formal Content of Ongoing Instruction

• Communication
• Value and respect for others’ profession
• Difference between Interprofessional vs. multidisciplinary
• Clear, thorough documentation
• Objectifying medication complexity
• Difference between adherence and persistence
Medication Regimen Complexity Index (MRCI)

Provides a weighted score based on:

- Dosing Frequency (e.g., bid, qid)
- Routes of Administration (e.g., oral, inhalant, topical)
- Special Instructions (e.g., take with food, dissolve, sliding scale)
- Higher scores indicate more complex regimen
Practice Model

VNSNY CHOICE

INTERPROFESSIONAL COLLABORATIVE PRACTICE MODEL

NP team evaluates patient

- NP team completes medication reconciliation
- NP team calculates MRCI score
- If above 24, team begins gathering information per guideline

Ongoing communication with interprofessional team begins

- Formal referral made: sends partially-completed guideline along with patient presentation to other teams via P:P
- Patient/family remain active members of health care team
- NP team continuously evaluating timeliness and comprehensiveness of information gathered
- When proposal is reached collaboratively, NP team reaches out to community care provider in attempt to implement plan

Social Work team

- Evaluates data (in conjunction with preceptor)
- Continues to gather info for guideline while medication list being modified by pharm team
- Evaluates pt in home (if possible)
- Proposes formal referrals to other disciplines
- Attempts to mitigate items that may negatively influence medication management and adherence

Pharmacy team

- Evaluates data (in conjunction with preceptor)
- Proposes changes to medication list
- Recalculate MRCI score reflective of proposed changes
- Provides info to NP/SW team re: other factors to consider in this specific patient
- Continues to keep IPC team involved
Practice Guideline

Factors that influence med adherence:

1. Physical/cognitive/psychiatric
2. Medication/disease related
3. Beliefs/attitude
4. Issues with health care system
5. Socio-economic
6. Specific pharmacy-related issues
1) Physical/cognitive/psychiatric

- Visual/hearing deficit
- Dysphagia
- Cognitive impairments
- Impaired manual dexterity
- Underlying psychiatric diagnosis
- Verbalizes overwhelming stress/anxiety
- Verbalizes suicidal ideation
- Other
2) Medication/disease related

- Poor understanding of medication regimen instructions
- Poor mastery of techniques (injections, etc)
- Significant side effects experienced/anticipated?
- Treatment interferes with lifestyle
- Lack of disease symptoms/apathy of taking meds
- Verbalizes concerns about lack of immediate benefit from taking meds
- Other
3) Beliefs/attitude

• Fears dependence on med
• Cultural beliefs may negatively influence adherence
• Concerns about social stigma associated with med
• Poor patient/provider relationship – lack of trust
• Negative/unrealistic expectations towards treatment
• Other
4) Issues with health care system

- Lack of ability to obtain refills (please be specific)
- Unstable clinic environment
- Inability to identify provider able/willing to dispense medication
- Unable to get timely appointment with provider
- Cannot physically get to doctor’s office or pharmacy
- Other
5) Socio-economic

- Patient cannot afford med
- Poor literacy/language barrier
- Unstable/unsuitable living conditions
- ETOH/substance abuse
- Other
6) Specific pharmacy-related issues

• Insurance coverage optimal? (Is there better coverage available for patient?)
• Anticipated issues of persistence
• Lab f/u needed?; consider switching to safe alternative that does not require same degree of f/u
• Special instructions needed (take w or w/o food, etc)
• Other
Progress so far?

- IPCP teams continue to have ongoing meetings
- NP led teams have formal training
- 19 page guideline developed
- Webpage where archived webinars reside
- Discussion board created
- Portal for communication being enhanced
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