Running head: PARTNERSHIPS FOR HEALTH CARE TRAINING

Partnerships for Training:

Regional Education Systems for Nurse Practioners,

Certified Nurse-Midwives and Physician Assistants

H. Paul LeBlanc III
Southern Illinois University
at Carbondale

Mary deMeneses
Southern Illinois University
at Edwardsville

Fred Isberner and Paul Sarvela
Southern Illinois University at Carbondale

Margaret Beaman
Southern Illinois University
at Edwardsville

Melinda Swenson
Indiana University
at Indianapolis

Andrew Revell
Southern Illinois University at Edwardsville

Paper presented at
A Showcase for Regional Innovation: Research, Teaching, and Service,
Southern Illinois University at Carbondale
October 17, 1996

Abstract

Efforts to increase access to health care to people in rural and medically underserved areas in the United States have been relatively unsuccessful. Considerable research documents the need for health care to rural populations (Jacox, 1987). As Schroeder (1996) commented, the problem is not undersupply of health care providers but maldistribution. To resolve the social problem of limited access to health care in rural and underserved areas, the Robert Wood Johnson Foundation has developed the Partnerships for Training: Regional Education Systems for Nurse Practioners, Certified Nurse-Midwives and Physician Assistants program. This funding program supports planning and implementation efforts of regional consortia for the recruitment, training and placement of these health care providers in medically underserved areas. Southern Illinois University at Carbondale (lead institution) has partnered with several other institutions, as well as provider groups, government agencies, and health care organizations to plan and develop interdisciplinary programs throughout Illinois and Indiana. This paper discusses the progress of the Illinois / Indiana NP, CNM and PA Training Consortium, a Robert Wood Johnson Foundation Partnerships for Training planning grantee, following the first year of the program.

Partnerships for Training:

Regional Education Systems for Nurse Practioners,

Certified Nurse-Midwives and Physician Assistants

Introduction

Health care reform initiatives are expected to change both health care delivery and health care professions education by focusing on health promotion, primary care, prevention, managed care, and community delivery. To respond to anticipated changes in health care professions education, a partnership of Illinois and Indiana educational institutions, health care providers, and public health policy makers has been formed to collaborate on the efficient education and deployment of nurse practitioners (NPs), certified nurse-midwives (CNMs), and physician assistants (PAs) in targeted rural and underserved areas. Under this initiative, partners collaborate and share resources in delivering PA and NP instruction, plan to develop a CNM program and work to improve practice environments for all three professions. The partnership will provide for more efficient delivery of instruction in remote areas and supervision of clinical rotations in settings where NPs, CNMs, and PAs work together. Partners will share instructional expertise and resources to teach overlapping courses and develop computer-aided instruction and problem-based curricula.

This project will enable the partners to align forces and collaboratively establish visible activities that are responsive to the concerns of underserved populations in Illinois and Indiana. With its integrated networks and strong cooperation, the partners will maximize its impact on policy development. The creation of an environment that

fosters clinical competence, accountability for patient outcomes, and patient advocacy will increase health care access to needy populations.

During the planning stage, the partnership is organizing and developing strategies for training NPs, CNMs, and PAs to meet the health care workforce needs in medically underserved areas in Illinois and Indiana. These training strategies will be implemented in the second stage of the project.

History of the Project

Southern Illinois University at Carbondale and Edwardsville approached the Illinois Board of Higher Education with New Program Requests for a physician assistant program (in Carbondale) and a nurse practitioner program (in Edwardsville). It was during these discussions that the suggestion was offered that Southern Illinois University seek external funding for support in the planning and implementation of these new programs. At the same time, the Robert Wood Johnson Foundation was seeking proposals for their Partnerships for Training program. This program was designed to support efforts to increase the availability of health care providers in medically underserved areas. Specifically, Robert Wood Johnson wanted educational institutions to partner with health care providers, governmental agencies, and communities to recruit, train and place health care providers in underserved areas.

Since long-term efforts to increase the number of physicians serving rural and underserved populations had been relatively unsuccessful due to several factors including economic viability (see Schroeder and Beachler, 1995), Robert Wood Johnson promoted the planning and implementation of programs aimed at long-term employment of other health care providers, such as NPs, CNMs and PAs who could

practice under the economic conditions of rural and underserved America. They believe that by recruiting from, training and placing NPs, CNMs, and PAs in the communities that are underserved, the likelihood that these providers will stay in the area and continue to provide services, thus reducing need, is enhanced.

To clarify what kind of health care will be provided by NPs, CNMs, and PAs, it is important that we define these professions. An NP is a registered nurse with advanced education and clinical competency necessary for the delivery of primary health and medical care (AANP, 1993). A CNM is an individual educated in the two disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives (ACNM, 1993). A PA is a graduate of an accredited PA program who is authorized by the state to practice medicine with the supervision of a licensed physician (AAPA, 1996).

Each of these groups of professionals can provide a majority of physician's services. In Indiana, PAs and advanced practice nurses have some limited diagnostic and prescriptive authority. Illinois, on the other hand is currently debating the diagnostic and prescriptive privileges of these health care providers. Policy changes regarding the practice of NPs, CNMs and PAs can positively impact access to health care.

The project co-directors and co-principal investigators submitted a proposal to Robert Wood Johnson which incorporated an outline of plans for the development of a program which if implemented could help meet the needs of the medically underserved by utilizing NPs, CNMs, and PAs. The Robert Wood Johnson Foundation rewarded the Consortium with a two-year planning grant of $300,000 beginning October 1995. The

project principals then scheduled a series of meetings for the purpose of program development.

The first meeting occurred at a training session sponsored by Robert Wood Johnson in Princeton New Jersey, late Fall 1995. At that meeting, the project principals set an agenda for the planning phase. The first regular meeting of the Consortium was held in Edwardsville the following February. At that meeting, changes were made to the leadership and structure of the Consortium (see LeBlanc, 1996a).

It was determined that there should be five working committees to conduct the business of the Consortium. These committees include: (a) the Curriculum/Distance Learning Committee, (b) the Clinical Placement/Provider Committee, (c) the Data/Assessment Committee, (d) the Financial Committee, and (e) the Policy Committee. It was also determined that equal distribution of Illinois and Indiana members should chair and populate the committees. The chairs of each of the working committees would serve on the project Operating Committee which would be charged with making decisions and setting the agenda for Consortium activities.

The Operating Committee would also be comprised of the project co-directors, the co-principal investigators, and two project advisors, one from each state. The project coordinator would be responsible for staffing the working committees and carrying out the activities of the Consortium (see Figure 1).

The partners of the Consortium include educational institutions, government agencies, health care associations and organizations, and provider groups. The educational partners include Butler University/Methodist Hospital (Indiana), Fort Wayne Medical Education Program (Indiana), Indiana State University, Indiana University at

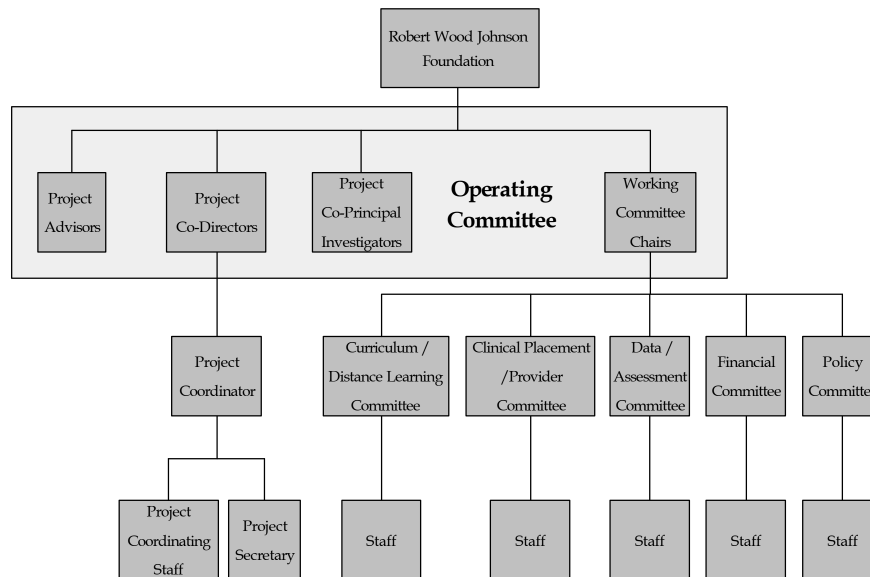

Figure 1. Organizational structure of the Consortium.

Indianapolis, Indiana University at South Bend, Lutheran College of Health Professions (Indiana), Midwestern University (Illinois), Southern Illinois University at Carbondale, Southern Illinois University at Edwardsville, the University of Illinois at Chicago, the University of Indianapolis, and the University of Southern Indiana. Butler University/Methodist Hospital and Fort Wayne Medical Education Program also represent providers. Other member providers include Ancilla Systems (Indiana and Illinois) and Shawnee Health Service and Development Corporation (Illinois). Both the Indiana State Department of Health and the Illinois Department of Public Health represented their respective states in the Consortium. Finally, the following

associations are represented in the Consortium: (a) the Illinois Hospital and Health Systems Association, (b) the Illinois Nurses' Association, (c) the Illinois Primary Health Care Association, (d) the Indiana Primary Health Care Association, and (e) the Illinois Rural Health Association.

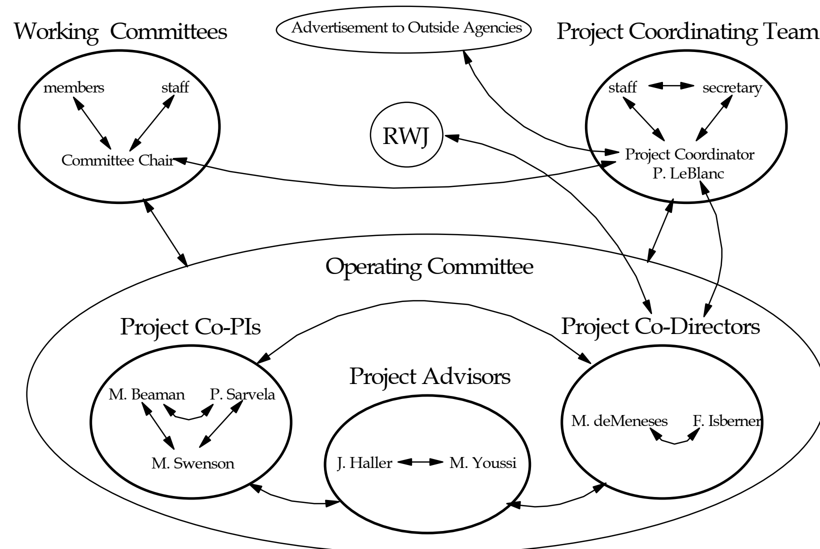

Figure 2. Model for the effective communication of formal Consortium tasks.

Also discussed at the February meeting was the need to increase the effectiveness of communication and to clarify roles of members in the dissemination of information. LeBlanc (1996b) developed a model tailored to the needs of the Consortium for formal task communication (see Figure 2). Specifically, the goals, objectives and activities of the Consortium needed to be communicated between

working committees, project principals, project staff, outside agencies and to Robert Wood Johnson. The model provided guidelines for the direction and flow of information to maximize effectiveness.

Project Planning

The Consortium has specified objectives for the planning phase. The objectives of the Consortium are (deMeneses, et al., 1996):

1. Organize a consortium to serve as a vehicle for addressing medically underserved areas.
2. Recruit, train, and place students from underserved areas with minimal disruption for work and family obligations.
3. Establish a consortial CNM program among partners.
4. Develop a TQM model to insure quality programming and assess progress towards goals.
5. Develop a plan for training and supporting academic and community-based clinical faculty
6. Develop population-based planning to guide recruitment, training, and placement offers.
7. Establish clinical sites in medically underserved areas utilizing a mid-level team approach.
8. Develop a comprehensive plan to address the practice barriers of NPs, CNMs, and PAs in underserved areas of Illinois and Indiana.
9. Develop a comprehensive plan to place NPs, CNMs, and PAs in underserved areas of Illinois and Indiana.

10. Develop a long-term plan that will provide on-going funding for consortial activities, including financial assistance, telecommunications equipment, scholarships, etc.

By meeting these objectives, the Consortium hopes to develop an implementable plan which will reduce the need for access to health care in medically underserved communities in Illinois and Indiana.

Methods

The project employs multiple methods in planning the implementation of regional mid-level medical practitioner education. The first phase of the project involves a study of the feasibility of implementing NP, CNM and PA programs throughout Illinois and Indiana. The feasibility study involves assessing population and epidemiologically based need for health care in underserved regions, assessing the legal and practice climates for both states, and determining the cost and resources required for implementing educational programs for meeting those needs. The second phase of the project involves the development of a curriculum which can be delivered through educational programs for training mid-level medical practitioners both on site and through distance learning. The third phase of the project involves the development of a model for collaboration between educational programs, providers and agencies to insure the future requirements of the region for health care professionals. The Consortium has developed a World Wide Web site for the dissemination of information to members and the general public. The address for the web site is: http://www.siu.edu/~hcp/rwjf.html

Activities

The Consortium has engaged in many activities and produced several products related to the goals of the project. In June, representatives of the Robert Wood Johnson Foundation met with the Consortium in Indianapolis for a site visit to discuss project progress. First on the agenda were the organizational changes to the Consortium. The Consortium was able to demonstrate that the changes were necessary and that the changes actually improved the ability of partners to develop relationships and work effectively. We reported on the significant difference in social climate experienced by members at the May 1995 Consortium meeting.

Also, progress was demonstrated in the determination of issues relevant to the implementation of project goals in Illinois and Indiana. Several discussions occurred regarding the health care policies of both states and the impact of those policies on the project. Further, significant progress had been made on the assessment of health care need in Indiana and Illinois. It was announced that a research proposal regarding obstetric care need in both states had been accepted for presentation at the American Public Health Association convention to be held in November. Furthermore, the Consortium came to an agreement about policies regarding the publication of Consortium materials.

As it was reported in the Consortium newsletter (1996, Vol. 1, No. 4), a six-month report was submitted to Robert Wood Johnson which outlined the short-term priorities of the Consortium. Those priorities include: (a) the development of a CNM training model, (b) the justification for implementing a CNM program through a feasibility study, (c) the inventory of clinical placement / provider sites, (d) the

clarification of legal issues association with physician assistant and advanced practice nursing in Illinois and Indiana, and (e) incentives for the recruitment of students.

Other activities undertaken included the development of a clinical training workshop for preceptors. The Consortium began collecting a list of preceptors from partner schools. The Curriculum Committee began an inventory of distance education technology at partner sites and the partner universities ' program and courses. The Curriculum Committee also began the development of an articulation agreement between partner schools for the implementation of a joint CNM program. A draft of the articulation agreement was prepared for the annual report to be forwarded to the Robert Wood Johnson Foundation.

By the meeting of August, the University of Illinois at Chicago had entered into an agreement to provide CNM training off-site via distributed-learning technology. With the implementation of this technology, the University of Illinois at Chicago could offer training at home for placebound students by utilizing computers. Students would have access to the CNM curriculum by the use of a CD-ROM and an internet connection to the university. This program could allow other universities to participate in the training of CNM students by linking with the UIC program. At the August Chicago meeting, UIC came on as a full partner in the project. This event alone was a significant step for the Consortium.

Outcomes and Implications

This project has just completed the first year of a two year planning phase. In the next year, the Consortium will engage in further development of interdisciplinary curricula, articulation agreements between institutions, distributed and

distance-learning technologies, partnerships with provider groups and communities for placement, and marketing and scholarship programs for the recruitment of students. Future activities of the Consortium include: (a) to expand the role of advanced practice nurses (NPs and CNMs); (b) develop formal agreements for new partnerships between educational institutions and providers; and (c) recruit, train and place NP, CNM, and PA students from underserved communities.

Future benefits of the Consortium include: (a) a decreased duplication of programs, (b) an increased collaboration among primary health care providers, (c) increased access to affordable health care for residents from underserved communities, (d) the formation of partnerships that decrease cost of services, and (e) an increased number of non-physician health care providers recruited from underserved communities who will return to those communities to practice. With these activities and benefits, the Consortium should continue to grow.

It is hoped that through the efforts of the Consortium, mid-level medical practitioners can be locally recruited, trained and placed in medically underserved areas in Illinois and Indiana. By home-growing health care professionals, the two states can insure meeting the needs of its citizens. The long range goals are to reduce health professional shortages, increase NPs, CNMs and PAs in underserved areas, and improve health indicators for populations living in these areas of Illinois and Indiana.

References

American Academy of Nurse Practioners. (1993). Standards of Practice. Washington, DC: Author.

American Academy of Physician Assistants. (1996). Physician Assistant Facts. Washington, DC: Author.

American College of Nurse Midwives. (1993). Position Statement: Definition of a Certified Nurse-Midwife. Washington, DC: Author.

deMeneses, M. R., Isberner, F. R., Beaman, M. L., Sarvela, P. D., Swenson, M. M., & LeBlanc, H. P., III. (1996). Illinois/Indiana NP, CNM, and PA Training Consortium 1996 annual report. Southern Illinois University at Carbondale. Princeton, NJ: Robert Wood Johnson Foundation.

Jacox, A. (1987). The OTA report: A policy analysis. Nursing Outlook, 35, 262-267.

LeBlanc, H. P., III. (1996a). Leadership changes in the consortium. Illinois/Indiana NP, CNM, and PA Training Consortium Newsletter, 1(3), 3.

LeBlanc, H. P., III. (1996b). Suggestions for more effective communication. Illinois/ Indiana NP, CNM, and PA Training Consortium Newsletter, 1(3), 4.

Schroeder, S. A. (1996, May). Terry B. Reilly Memorial Lecture: The triumph of the market: What does it mean for rural health? Presentation at the 19th annual meeting of the National Rural Health Association, Minneapolis, MN.

Schroeder, S. A., & Beachler, M. P. (1995). Physician shortages in rural America. Lancet, 345, 1001-1002.

Author Note

This project is sponsored by a grant from the Robert Wood Johnson Foundation of Princeton, New Jersey.