

# **Illinois / Indiana NP, CNM, and PA Training Consortium**

**Robert Wood Johnson Foundation  
Partnerships for Training: Regional education systems for  
Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants**

1996 Annual Report

Ancilla Systems  
Butler University/Methodist Hospital, IN  
Fort Wayne Medical Education Program, IN  
Illinois Department of Public Health  
Illinois Hospital and Health Systems Association  
Illinois Nurses' Association  
Illinois Primary Health Care Association  
Illinois Rural Health Association  
Indiana Primary Health Care Association  
Indiana State Department of Health  
Indiana State University  
Indiana University/Purdue University at Indianapolis  
Indiana University at South Bend  
Lutheran College of Health Professions, IN  
Midwestern University, IL  
Shawnee Health Service and Development Corporation, IL  
Southern Illinois University at Carbondale  
Southern Illinois University at Edwardsville  
University of Illinois at Chicago  
University of Indianapolis  
University of Southern Indiana

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H. Paul LeBlanc III, Project Coordinator

October 31, 1996

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### FY 1996 Annual Report

#### Introduction

The Illinois/Indiana Partnerships for Training Consortium made significant progress towards accomplishing first year objectives and is headed into year-two with momentum and direction. The partnership is solid and as with any productive working relationship of this scale, we have differences of opinion. As health care professionals, we are committed to this collaboration to improve primary care in underserved areas of both states.

Partners from both states bring a wealth of knowledge and expertise in areas critical to accomplishing our goals. In this respect, we may be advantaged over smaller partnerships. First year productivity and accomplishments were a direct result of sharing information and experience. For example, Indiana's experience in developing and supporting provider sites in underserved areas will contribute significantly to a project model for site development. Illinois expertise in problem based learning could lead to an innovative approach for interdisciplinary training that would incorporate both computer-aided instruction and distance education. Both states bring educators experienced in distance education and committed to non-traditional students. Both states are committed to expanding the limited CNM education and training available in Illinois. We need to do more to recognize and leverage our strengths as we have much to learn from each other. We have established trust and mutual respect among our members and will continue to enhance our working relationships.

The Illinois/Indiana Consortium is a working, viable and productive partnership that is expanding, learning, and evolving in our relationship and vision for accomplishing our goals and objectives. This partnership was initiated over 18 months ago through a sequence of planning meetings to discuss common health care goals and the benefits of a collaborative effort to accomplish them. The success of these meetings lead to a formal proposal to RWJ to support a partnership which would develop plans for accomplishing our respective states' common health care goals. Although partners were working on organizational and administrative issues via conference calls, five months elapsed before the first meeting of the partnership was held at Southern Illinois University at Edwardsville.

At the first Consortium meeting last February, we focused on team and partnership building activities such as, creating an administrative structure for the project, clarifying shared values, identifying barriers, and setting priorities. Part of the meeting focused directly on behaviors and actions of individual partners that build and strengthen the partnership, as well as, those that violate trust and threaten the success of the partnership. An important outcome of this meeting was an agreement for equal participation of both states in the leadership of the project. Thus, the Operating Committee was established with equal representation. Working committees were established and chairs selected. Finally, committees met to review their assigned grant objectives and activities.

Subsequent meetings usually included operating and working committee meetings, a general partnership meeting, and one or more workshops or special

meetings to address specific objectives. One or two day meetings were scheduled every two to three months at different locations around both states.

Within six months the lead co-project director resigned. The partnership clearly recognized that the project was understaffed and consequently the project coordinator's time was increased from 50 to 75% and a half-time staff was added. In addition, the project office was moved to Carbondale and housed in the Center for Rural Health and Social Services Development at Southern Illinois University at Carbondale.

The second Consortium meeting was held at the University of Southern Indiana in Evansville in May. This was a task oriented meeting with a focus on discussing activities, barriers and accomplishments of committee work. The new World Wide Web (WWW) homepage and organizational diagram were presented. At this meeting the consortium was informed of the critical importance of adding a CNM program to the consortium, as communicated by Sally Tom at a meeting with partners who were attending the annual meeting of the National Rural Health Association the previous week. The consortium recognized the need to add a CNM partner, took this charge very seriously and immediately identified options for meeting this criteria for a successful implementation proposal.

The third Consortium meeting was held at University of Indiana at Indianapolis, In conjunction with the RWJ site visit. Working committees met and the partnership as a whole focused on developing a list of options for providing students access to a CNM program.

Shortly after the RWJ site visit, four partners attended the RWJ Technical Assistance Training in Santa Fe. At that meeting, RWJ emphasized the importance of

involving providers and developing sites in underserved areas. RWJ encouraged grantees to review economic development models to understand the economic aspects of site development.

The fourth Consortium meeting in August at the University of Illinois at Chicago (UIC) culminated in the CNM program at UIC joining the partnership. The Curriculum Committee and the CNM consultant from UIC are to be commended for all the time and effort invested in developing the partnership with UIC. The partnership enthusiastically reviewed a CNM program delivered via computer assisted instruction that was developed by Judith Treistman and Doc Watson at the State University of New York at Stony Brook. UIC indicated interest in purchasing a program site license and would consider collaborating with Illinois and Indiana schools of nursing for Indiana and downstate Illinois students to access a CNM program via a computer in their home. Recommendations from the RWJ technical training meeting regarding providers and site development was identified as the focus of the next consortium meeting.

The first meeting of the second year will be held at Southern Illinois University at Carbondale in October. This meeting was organized to focus on problem based learning models for curriculum development as well as provider and economic issues related to site development in underserved areas.

The remainder of this report is formatted to follow the goals and objectives as presented in the grant application. Several have been modified and so noted. The narrative focuses on outcomes and products and occasionally describes process.

The focus of our second year of planning will be to assimilate each committee's work into formal written plans to accomplish each of the objectives. One suggestion has

been to develop consortium plans as models through which partners can network to develop strategies that respond to the specific primary care issues and NP, CNM and PA training needs in their region. A draft vision statement depicts what the partnership would like to accomplish through implementation of these plans. This partnership is committed and aggressively seeking RWJ support to make this vision a reality.

#### Progress on Objectives and Activities

Our first objective was to organize a consortium to serve as a vehicle for addressing our goal of meeting the health care needs of underserved populations. A first order of business was to hire a director and project staff and to set up a project office. Initially, Fred Isberner and Ruth Gresley served as Co-Project directors. Ruth Gresley also served as Project Coordinator with the project office at Southern Illinois University at Edwardsville. In March 1996, Ruth Gresley resigned from SIUE. Her position on the grant as Co-Project Director and as Project Coordinator had to be replaced.

Changes were made in the project staff as follows: Mary de Meneses replaced Ruth Gresley as Co-Project Director; Margaret Beaman replaced Mary de Meneses as Co-Principal Investigator; Paul LeBlanc replaced Ruth Gresley as Project Coordinator; Robynn Nawrot was hired as Project Staff. The office of the Project Coordinator was transferred from Southern Illinois University at Edwardsville to the Southern Illinois University at Carbondale campus.

Leadership for the consortium has remained stable and unchanged since April 1, 1996. A graduate assistant, Darin Garard, was hired for the period from May 16 to August 15, to replace Paul LeBlanc. Bret Simon was hired on September 1 to replace

Darin Garard. A graduate assistant, Andrew J. Revell, was hired at Southern Illinois University at Edwardsville, and graduate assistant Helen Rominger was hired at Indiana University. Different project space was acquired to accommodate the work of the project at both Southern Illinois University at Edwardsville and Carbondale campuses.

The Operating Committee (formerly called the Steering Committee) was reconfigured to include the two Co-Project Directors, the three Co-Principal Investigators, the Project Coordinator, and the Chair of each committee. In order to balance representation and leadership responsibilities between states, Indiana partners were selected as committee chairs. John Haller (of Southern Illinois University) and Michael Youssi (of Ancilla Systems, Indiana) were appointed as project advisors to the Consortium and are included in the membership of the Operating Committee. These changes were discussed during the Operating Committee conference calls in March and April and brought to the Consortium meeting in Evansville. Following the Evansville meeting, the new Project Coordinator described the leadership changes in the Consortium Newsletter, Volume 1 issue 3.

One activity required for program planning included convening Consortium meetings bimonthly to provide input and feedback. Convening a large group of partners from two states on a bimonthly basis was unrealistic and expensive. Consequently, quarterly meetings were scheduled to rotate throughout both states. During the first year, consortium members met as a whole on the following dates: February 22-23, May 23-24, August 1-2. The Operating Committee met in person or through conference

calls on the following dates: January 24, February 22, March 22, April 26, May 23, June 17, June 20, July 26, August 1, and September 27.

The working committees met monthly or as needed, and provided quarterly reports to the Co-Project Directors regarding progress on grant activities. Plans are to request monthly reports from the chairs of the committees since all are meeting regularly. Newsletters were mailed to consortium members, and a World Wide Web (WWW) homepage has been designed to enhance communication among Consortium members and is updated regularly. The proposed schedule of meetings was operationalized. The sites of the meetings were rotated to allow members to become aware of the region in which members reside. As new members were added, they were assigned to serve on the committee that best utilized their expertise and experience. As the group continued to meet and got to know each other better, our work on project-related activities became more productive. The work of the committees also allowed the Operating Committee to reassess the grant objectives and activities in terms of committee assignment of activities and timelines.

The Curriculum Committee has been charged with addressing Objective 2, which is a main focus of our Consortium, to recruit, train, and place students from underserved areas with minimal disruption of work and family obligations. Providers in underserved areas of Illinois and Indiana have been in the process of recruiting, training and placing NP and PA students in and near underserved areas. For example, one community health center in an underserved area of southern Illinois sent a nurse employee to the PA training program in North Dakota and another sent a nurse employee to an OB/NP program in Milwaukee. These providers are very interested in

working with local training programs to meet their needs for NP, PA and CNM staff at considerably less cost and disruption to both students and the provider. Indiana University offers the NP program via distance education and thus has been capable of delivering NP training with minimal disruption of work and family obligations.

The Curriculum Committee, with the collaboration of the Provider Committee has been working to develop a collaborative model among the partners to recruit, train, and place students in underserved areas of Illinois and Indiana. The Provider Committee reviewed existing collaborative models for possible adaptation. The issues, bridges and barriers of the SWOT model have been analyzed, and the barriers have been identified.

Development is underway for an inventory of distance education technology that will be made available to all Consortium sites. The Distance Education ad hoc committee of the Curriculum Committee has created a list of current distance education site with contact personnel. Also, a plan is being developed to identify the educational strategies that will be used to deliver the collaborative curriculum. Members of the Distance Education ad hoc committee are exploring all the possible technology available to offer courses. This ad hoc committee will continue to work with others at all Consortium sites. Experts from Illinois and Indiana met to discuss areas that needed to be resolved before distance education technology could be used as an avenue for course delivery.

During the first year, partners had hoped to use distance education technology to conduct meetings. At this time, it is not economically feasible. Although the three Southern Illinois University campuses in Edwardsville, Carbondale and Springfield

have linked to conduct meetings, the estimated cost to connect to a distance education classroom in Chicago is \$300 per hour. Due to incompatible systems, the quality would be acceptable for meetings but not delivery of instruction.

The Curriculum Committee has worked on identifying courses that need to be developed for computer-aided instruction, distance learning, or weekend delivery. Each of these methods allow for the training of students in off-site locations. However, to best utilize these methods and meet the goals of inter- and multidisciplinary training, courses which can be developed to meet these goals must be identified. The Comparison of Existing Curricula ad hoc committee of the Curriculum Committee has collected and reviewed curricula from NP, CNM, and PA programs. This ad hoc committee is mapping common core content. Judith Treistman, CNM, Ph.D., of the State University of New York at Stony Brook, presented her computer-aided CNM curriculum to consortial members during the August meeting in Chicago. (She has replaced Joyce Roberts, CNM, Ph.D., as consultant on the grant since Dr. Roberts is now a full partner in the consortium). Dr. Treistman will assist the group to successfully plan and prepare the CNM curriculum for off-site delivery to applicants from underserved areas. The SUNY Stony Brook curriculum for CNM students has been purchased by the University of Illinois at Chicago, and will be used for the collaborative CNM curriculum.

Another method for training students in underserved areas is week-end delivery. Week-end delivery is a format where the instructor travels to placebound students who would otherwise not enroll. If used for interdisciplinary courses, this delivery model

could meet minimum enrollments to be cost effective and meet the needs of placebound students.

Indiana state-supported schools have been meeting to discuss common curricular components and collaborative clinical supervision of students. The NP program at Southern Illinois University at Edwardsville has accepted students for Fall 1996 admission, completed curriculum development, and hired faculty for the new program. The Curriculum Committee has set October 1, 1996 as the goal date to have the plans for a collaborative curriculum completed. Monthly teleconference meetings have been established up to October 10, 1996.

The curriculum of the PA program at Southern Illinois University will be delivered through a problem based learning (PBL) format. The curriculum is under development and will consist of 48 patient cases representative of the health care problems presented by residents of rural southern Illinois. The cases are based on real patients and their resolution will require students to develop problem solving skills while learning the equivalent course content of a traditional curriculum. Somewhat simplistically, the difference is that PBL students learn to immediately apply what they learn to a real problem rather than storing knowledge for later use. PBL students report that the challenge to solve the case makes learning dynamic and relevant. The admissions committee will select the first class sometime in January to begin instruction in June 1997. One strategy for collaborative and interdisciplinary instruction is for partners to form interdisciplinary teams to use the PBL format to work through patient cases as an interdisciplinary health care team.

Faculty at the Southern Illinois University School of Medicine have adapted problem-based learning to computer-aided instruction. With this instruction method students can individually and collaboratively work through problems and learning issues. These faculty have been invited and will demonstrate their PBL programs to the Consortium at the October meeting in Carbondale.

Grant objective 3 has been revised to better identify our future goals of the project. The activities associated with the objective will now more directly relate with Indiana. Objective 3 previously stated: "Establish a consortial CNM program among partners." This revised version will read: "Establish a consortial midwifery program among partners by September 1, 1996." The activities listed with objective 3 will include: (a) conduct a feasibility study for beginning a CNM program/ collaboration in Illinois and Indiana; (b) work with partners to develop a program or collaborate with other partners to educate CNMs in underserved areas of Indiana and Illinois; and (c) evaluate midwifery models most appropriate for the consortium. Former activities 3 and 4 may not be appropriate depending on the model selected.

The feasibility study includes a needs assessment, demand assessment, and a professional climate assessment. The population-based needs assessment involved comparing population to primary-care provider ratios by county and comparing population to provider ratios with epidemiologically-based indicators to assess need. The demand assessment entails conducting client focus group interviews to assess public knowledge regarding primary care availability, and to assess client attitudes toward the use of certified nurse midwives as primary care providers. The professional climate assessment includes conducting a survey of physician and certified nurse

midwives' attitudes toward collaborative primary care service, and to compare attitudes of health care professionals to assess the feasibility of developing and promoting collaborative primary care recruitment, training, and placement efforts. The client focus groups have been held and data are now being analyzed. Provider focus groups are currently being organized to provide feedback on the needs for supporting placement efforts, and will be completed by November 15. The client and provider focus group questions can be located in the appendices.

The Data/Assessment Committee has collected new data for the needs assessment which included Illinois and Indiana by county for years 1990 through 1993. Approximately 75% of the collection of new data for the needs assessment has been completed. This committee has also obtained the mailing lists for Illinois and Indiana CNMs, materials relating to the laws governing CNM practice, and articles on CNM research. Members of the Curriculum Committee met with this committee and the consultant, Joyce Roberts, to discuss the professional climate survey questionnaire. The survey questionnaires and cover letters were revised and response request postcards for survey participants were created. Southern Illinois University at Carbondale Human Subjects Committee forms were completed and approved for use of the professional climate survey. Mailing lists for the professional climate survey were compiled with the assistance of student workers.

Objective 3 also included the recent appointment of Judith Treistman, CNM, Ph.D. (at SUNY Stony Brook) as our CNM curriculum consultant. Dr. Treistman will work to assist us in successful planning and preparation of the related assessments described above. The Curriculum Committee has been working with the CNM

consultant and other CNM consortium members to review the CNM curriculum and CNM core competencies. Collaborative models of offering a CNM program are being studied. A possible consultant for assisting the Curriculum Committee to develop a collaborative model across states has been identified. The Curriculum Committee has planned to conduct this consultation visit utilizing distance education technology.

Most recently we have added the University of Illinois at Chicago (UIC) to the consortium. UIC currently serves as our only CNM program in Illinois; no CNM programs currently exist in Indiana. The Curriculum/Distance Learning committee is working to establish university sites within the grant partnership which would provide approved courses for students pursuing the CNM program. The idea is that students could attend the majority (if not all) of their courses at the university of their choice which participated in and provide distance education facilities for the CNM program at UIC. One idea through which this type of interactive program could be used is to have one of the courses meet weekly over distance education technology for all students while in their clinical practicums. During the course students would present patient cases from their practice. Students would have the opportunity to share perspectives from the various disciplines and to collaborate to best assist the patient. This technology is scheduled for presentation with current university students to test various teaching strategies. The options available to students are detailed in the articulation documents.

As significant progress has been made towards a collaborative CNM program, none of the Indiana or Illinois partners plan to request state funding for a new CNM program at this time. The Curriculum Committee drafted an articulation agreement for

the collaborative delivery of University of Illinois at Chicago's CNM program through partner institutions in Indiana and downstate Illinois. The draft articulation agreement was forwarded to the Illinois Board of Higher Education by Project Advisor John Haller, Jr. The Illinois Board of Higher Education gave preliminary approval to go forward with plans for signing articulation agreements between University of Illinois - Chicago and Illinois and Indiana schools. (See articulation documents in Appendices O - Q).

Faculty, with CNM qualifications, have been hired for the Southern Illinois University at Edwardsville NP program. Pending the linkage agreement with the University of Illinois at Chicago these faculty could serve as preceptors for CNMs. Selecting faculty to obtain CNM qualifications through the University of Illinois at Chicago program will begin in year two.

Grant objective 5 has also been revised to match the goals of the project. Objective 5 stated, "Develop a plan for training and supporting academic and community-based clinical faculty." The revised version of objective 5 will read: "Develop a plan for training and supporting academic and community-based clinical faculty. The time frame will be adjusted by moving this completion of the objective to the second year of the grant. First, consortium members will be trained, and then they can train others concerning distance education technology."

The methods for training students through distance education technology may also be utilized for the training and supporting of academic and community-based clinical faculty (Objective 5). Indiana state supported schools have discussed strategies to educate more NP faculty and how to facilitate obtaining doctoral degrees by NP faculty. To develop and offer workshops to train clinical faculty in supervising midlevel

practitioners, names of potential trainers have been forwarded to the Operating Committee by the Indiana Primary Health Care Association. Development of these workshops will begin in year two.

In order to assure that the planned programs maintain quality and meet the goal of reducing and eventually eliminating medically underserved areas, the Consortium proposed in Objective 4 that a Total Quality Management (TQM) model be developed during the planning phase. Two models have been proposed for consideration: (a) Criteria for the Baldrige National Quality Program, and (b) Quality Improvement model developed by Qualtec Quality Services, Inc. and utilized by Dr. Youssi, Project Advisor. Dr. Youssi proposed the Quality Improvement model because of its successful application in health care contexts. Thus far a mission statement has been developed.

To maintain a viable program into the future, the Consortium has determined a need to develop population-based planning to guide recruitment, training, and placement offers. Specifically, a mechanism for determining non-physician population-based need projections in Illinois and Indiana is being developed (Objective 6). Variables for producing population-based need projections have been selected as part of the CNM feasibility study. Data has been collected, and results will be reported at the American Public Health Association meeting in New York, November 1996. Furthermore, variables have also been selected for the Consortium Tracking database which will allow the tracking of recruitment and placement efforts. Completion of these activities will allow the Consortium to develop recruiting and placement priorities by targeting regions. Prioritization will begin in the second half of year two.

By determining which regions should be targeted for clinical site development, consortium efforts can be optimized. One such effect of an optimized approach could be the establishment of clinical sites in medically underserved areas utilizing a NP, CNM and PA team approach. To accomplish the objective, an inventory of established clinical preceptors is being developed. We have gathered preliminary lists of potential clinical sites; the list is continuing to grow. This inventory is being included as part of the Consortium Tracking database. Participation of providers as preceptors may be enhanced by marketing the benefits of participating in the consortium. The Project Coordinator has developed a Consortium Newsletter which discusses grant activities and progress. This newsletter allows the Consortium to advertise to potential partners. The newsletter includes on the last page a form which interested parties can use to contact the Consortium to request more information or to inquire about joining the partnership. New partners are being sought through personal contacts, networking, and through the newsletter and WWW homepage who can contribute to the goals of the Consortium. A new partner packet of materials is sent to any potential new partner. The new partner packet includes a welcome letter, a list of goal objectives and activities, a list of current partners, a list of partners by committee assignment, a new partner questionnaire, the Consortium Policy Statements, and will also include the Consortium Mission and Vision statements once they are approved. The welcome letter, as well as the other included materials, specify the benefits partners can expect.

In late Spring 1996 at the Evansville Consortium meeting, members of the Policy and Finance committees evaluated the planning grant objectives and determined that both committees had similar responsibilities to meet objectives 8 and 10. Therefore the

committee members collaborated to accomplish the objectives. These activities are described below.

The first activity of objective 8 required gathering information which identifies statutory and environmental contexts within which NPs, PAs and CNMs function within Illinois and Indiana and developing a comprehensive plan to address the practice barriers of NPs, CNMs and PAs in underserved areas of Illinois and Indiana. The following categories of barriers were identified:

1. Patient Barriers:

- knowledge about the role of NPs, CNMs, and PAs
- acceptance of care by NPs, CNMs, and PAs
- questions about charges (less than or equal to physician charges)
  - if charges are equal, then patient questions justification
  - if charges are less, then patient questions about quality of care

2. Location Barriers:

- timing of the opportunities in sync with NP, CNM, and PA availability
- clinical support network and professionals for legal oversight

3. Professional Barriers:

- physicians lack knowledge about the legal limits, scope of practice, qualifications, quality of care
- physicians are afraid of competition, loss of income
- continuing existence of gender bias
- professional liability

#### 4. Economic Barriers:

- start-up costs (it takes approximately two years to be profitable)
- on-going expenses - \$280/patient visit times 3.5 visits per year
- supervisor, at first, sees 30% fewer patients
- if practice takes less than 12% Medicaid, 25% women and children with Medicaid and uninsured, then practice loses money
- it takes times to acquire FQHC or Rural Health Clinic Status, which get better reimbursement rates

One of the challenges our partnership has faced has been the absence of a nurse practice act in Illinois which defines advanced practice nursing. A report by Pearson (1996) in the January issue of *The Nurse Practitioner, The American Journal of Primary Health Care*, used a map to indicate states in which nurse practitioners could prescribe and under what conditions. According to the report, Illinois is the only state where nurse practitioners have no statutory authority. The Illinois Nurse Practice Act is scheduled to sunset in 1997, and activities are underway to support inclusion of advanced practice nursing within the act.

The Policy Committee has representation from the provider groups and major organizations working on legislative issues that provide a forum for interaction. The committee includes representatives from the Indiana Department of Health, the Illinois Department of Public Health, Indiana and Illinois Primary Health Care Associations, the Illinois Nurses' Association and Ancilla Systems. Plans are to add other partners from

physician assistant organizations. The Policy Committee held a conference call on March 12, 1996 and identified the issues related to developing a supportive practice environment for NPs, CNMs, and PAs in both states. These issues include the following for Illinois: (a) the sunseting of the Illinois Nursing Act in 1997, (b) the need to change the Nursing Act to reflect advanced practice nursing including the definition of the scope of practice and prescriptive authority, (c) acceptance of primary health care delivery from NPs, CNMs and PAs by physicians and consumers, and (d) interface with the physician assistant organizations for developing unity among NPs, CNMs and PAs. The major issues for Indiana include: (a) third party reimbursement for NPs, CNMs and PAs, and (b) acceptance and use of NPs, CNMs and PAs as managed care affects the financial picture for physicians. In Illinois, all four advanced practice nursing groups have met monthly and have agreed on Practice Act language and what points will be negotiable/non-negotiable in the next legislative session. The Illinois Nurses' Association held informational forums around the state during the last six months about the need for change in the Act. Southern Illinois University at Edwardsville School of Nursing hosted one of these forums on September 16, 1996. The next phase involves developing the appropriate language that will be acceptable to all invested parties. Indiana has already made the appropriate changes in their Nursing Act so the expertise developed in Indiana will be used to assist Illinois.

Information has been collected in both Illinois and Indiana that includes the practice acts for all three professionals, administrative rules which govern the implementation of the practice acts, and information from the various public reimbursement sources. Phil Davis of the Southern Illinois University School of

Medicine has forwarded all relevant policy materials to the Project Coordinator. Alice Rae of the Indiana State Department of Health has collected and forwarded to the Project Coordinator the following Indiana materials: the Indiana Administrative Code Title 848, Final Rules for Advanced Practice Nurses, including prescriptive authority. These rules became effective August 28, 1994 and affect nurse midwives, nurse practitioners, and clinical nurse specialists. Also, the Indiana Physician Assistants Committee added to the general provisions of the professional and occupational licensing law through statute prepared by the Indiana Health Professions Bureau in April 1996. Examples of affiliation agreements used for preceptor sites in Indiana, and reimbursement regulations for both Medicare and Medicaid were included in the materials sent.

Policy Committee members involved in legislative actions (Sue Clark of the Illinois Nurses' Association, Mary Ring of the Illinois Department of Public Health, and Phil Davis) will meet with the physician assistant legislative liaison in Springfield, Illinois to begin discussion of coalition building. This group will bring a report back to the committee. Evidence from the certified nurse midwife needs assessment indicates a shortage of OB/GYN and primary care providers in both states. Legislative sessions in both states have recently completed their work. The committee will analyze the information from these sessions to identify additional action items. The Policy Committee has identified the following activities to address: (a) review the current legislative information from each state and identify information/ issues related to practice barriers, (b) develop the projected need for NPs, CNMs and PAs in the two-state region based on data obtained by the Data/Assessment Committee, (c) identify

additional partners with needed expertise to serve on the Policy Committee, and (d) develop an action plan for establishing channels with policy makers to support the Illinois Nurses' Association's activities to change the Nursing Act during the next legislative session. The Policy Committee will establish a timeline for activities associated with the revisions of the PA Practice Act.

Groups which positively impact the practice environment of the three professions have been identified and have been invited to participate in Consortium activities. These groups include the Illinois Board of Higher Education, the Indiana Commission on Higher Education, both state legislatures, and lobbyists. Beyond the representatives of governmental and educational entities, others include representatives of the professional organizations, the Illinois Rural Health Association, the Indiana Primary Health Care Association, Illinois Primary Health Care Association, the Illinois Hospital and Health Systems Association, the Association of Physician Assistants, the Illinois Medical Society, and the Academy of Family Physicians. As well, representatives of the regional National Health Service Corps and the regional office of the U.S. Department of Health and Human Services have been contacted and invited to participate. Furthermore, the consortium has identified and is in the process of contacting universities which offer each specialty, colleges whose alumnus would be interested in participating, and high schools and community colleges in underserved areas.

An important activity for contributing to positive change in practice climate has been to create mechanisms (such as bulletin boards, newsletters, focus groups) for interaction with partners, communities and others to encourage and facilitate a supportive practice environment. The Project Coordinator has created several means

for communicating Consortium activities between partners and to others. One such mechanism is the Consortium newsletter. The newsletter generally follows shortly after the Consortium meetings and serves the purpose of synthesizing the events and progress of the meeting. Four issues of the Consortium Newsletter were published during year one. The work of the project has also been a source of pride for the regions effected by the potential benefits. Several news articles about the project have been printed in local and statewide newspapers as well as university publications.

During the first year, the Consortium was in the process of growth of relationships between partners. The Project Coordinator developed a plan for communication between partners which specifies the most effective network for communicating about grant tasks (see Newsletter Volume 1 issue 3, page 4). The Consortium also discussed the need to promote grant activities through presentations and publications. The Consortium developed a policy for presentations and publications related to grant activities and projects. A traveling presentation has been developed for Consortium members to utilize in marketing the Consortium project. Two presentations about the Consortium project have been made during year one. Another presentation has been scheduled for mid-October, and a Consortium panel abstract has been submitted for consideration for the Illinois Rural Health Association meeting to be held March 1997. The CNM needs assessment study will be presented as a poster session at the American Public Health Association meeting in November 1996. An article about the Consortium activities was also submitted to the Midwest Alliance in Nursing during year one.

As discussed earlier, a WWW homepage (<http://www.siu.edu/~hcp/rwjf.htm>) was developed, and this homepage allows the Consortium to communicate to a wider audience with minimal cost. It also provides links to informational resources about the grant and the Consortium, including Consortium newsletters and meeting schedules, and provides direct access to partners via e-mail addresses. Partners have conducted Consortium business through e-mail, teleconferencing and video-teleconferencing.

Focus groups have been utilized not only to gather information on client and provider attitudes to assess needs and feasibility of the grant project, but also to inform participants about the goals, objectives and activities of the Consortium. Involvement of providers in our Consortium thus far has been limited. Providers are currently being contacted to assist with the development of NP, PA and CNM demand projections, student recruitment, clinical experience and placement in underserved areas. Consequently, we are organizing provider focus groups to meet early in October in order to expand the Consortium and involve more physicians and administrators of hospitals, rural clinics, group practices and public health departments in the development of our plans for the implementation phase. The comments of one provider regarding utilization of NPs, CNMs, and PAs are paraphrased below. These comments highlight the importance of our working with providers and understanding their needs and the economic climate in which they deliver services.

The Consortium is planning two provider focus groups, one to coincide with the rotating quarterly Consortium meeting scheduled in Carbondale, Illinois and one to coincide with the Indiana Hospital and Health Association (IH&HA) meeting in Indianapolis in November. The Indiana State Department of Health and the Rural

Council of the IH&HA are organizing Indiana focus group activity. Focus group questions will provide information from providers regarding utilization of NPs, CNMs, and PAs in their practice, hospitals, health departments and clinics. The objectives of the focus group are as follows:

- assess NP, CNM and PA demand and employment opportunities with primary care providers
- develop linkages for student recruitment, clinical experience and deployment of NPs, CNMs and PAs to meet primary care workforce needs
- identify policy issues the consortium can address to improve the NP, CNM, and PA practice climate
- discuss the relationship between economic development and access to primary care in underserved areas

Preliminary findings suggest that providers in the region (southern Illinois) are adjusting to the economic environment of managed care and are uncertain regarding the mix of primary care providers that will efficiently and profitably sustain primary care in rural and underserved areas. Providers believe that although NP, CNM and PA primary care providers are more economical, the population base must first support a core of three to four primary care physicians and perhaps one OB/GYN. This may be necessary to meet the current state requirements for collaboration and supervision mandated for NP, CNM and PA practice. This threshold population base and core group of physicians appears to be an interrelated critical mass needed to economically justify the physicians, as well as, provide the professional support and back-up needed to retain them. Furthermore, physician providers believe that until the core group of

physicians is fully utilized, NPs, CNMs and PAs are added only to meet the federal requirement for designation as a rural health center. After stabilizing the core physician group and building the practice to maximize utilization of the physicians, NPs CNMs and PAs will be added to improve cost effectiveness. As one provider stressed, "if an area meets the critical mass to support a practice, then satellite centers staffed by midlevels (sic) may be feasible to extend services to underserved and usually remote areas, depending on consumer demand." The Consortium, therefore, needs to work with local providers to demonstrate the necessity of enhancing primary care in underserved areas by the utilization of NPs, CNMs and PAs and to support the development of clinical sites that can utilize a team approach.

We also are involving Southern Illinois University at Carbondale's Office of Economic and Regional Development and Small Business Development Center to assist in coordinating economic and primary care development in economically underdeveloped and medically underserved areas. We may target providers in areas where the Center has active economic development activity to assess primary care and midlevel utilization that could result from and perhaps enhance planned economic development. The economic development component could evolve into a model to coordinate with developers and providers in the consortium's target area to improve the supply of NPs, CNMs, and PAs to meet primary care needs resulting from economic growth. The Consortium will support economic development in Indiana and Illinois through partnerships with economic development planners, providers and communities to recruit, train and deploy primary care providers. As primary care becomes a function or condition of economic development such that the demand for primary care providers

can be forecast, the Consortium will be in a position to assist with the identification of potential students from those communities to enter NP, CNM, and PA training programs to meet that demand. The information gathered will be incorporated in an economic development model to assess economic thresholds for development and sustainment of primary care providers in medically underserved areas that are developing economically or need economic development.

Communication with policy-making groups to address restriction in state practice governing NPs, CNMs and PAs has been occurring through membership on the Consortium. This effort will be expanded in the next grant year to move beyond the membership of the Consortium and focus on legislators and other organizations impacting policy development. The administration of each Consortium partner university or agency has given verbal support to the policies of the partnership and a description of the planned educational model. The Illinois Board of Higher Education has expressed support for the educational model. The Indiana Commission of Higher Education will need to be informed after the contracts have been signed; approval is not necessary beforehand.

The Illinois legislature will be addressing the Nurse Practice Act in 1997. Consortium partners have visited the state legislature and have discussed the plan. Further visits are planned in year two. Consortium partners co-sponsored a workshop with the Illinois Nurses' Association regarding the Nurse Practice Act changes which are under negotiation.

The Consortium has also developed a set of position statements which addresses the statutory and environmental contexts within which NPs, CNMs, and PAs

function within Illinois and Indiana. Ten policy statements have been drafted which address legal recognition, development of public support, educational strategies, and practice environment of the NPs, CNMs and PAs. These will be presented to the consortium members prior to the October 1996 meeting, with a request for their revision and/or acceptance at that meeting. Subsequent to that action, consortium members will be responsible for solicitation of their organization's support for the policy statements. A copy of the policy statements is appended.

The following year two activities have been established to deal with barriers to practice: (a) increase Illinois congressional visits regarding the Nurse Practice Act, (b) work with nursing organizations on the Nurse Practice Act language necessary to promote NPs and CNMs, (c) develop specific activities related to the education of the public, i.e. public service announcements and marketing of materials developed by the specialty organizations, (d) contact the American Academy of Physicians to develop a marketing plan for the physicians in underserved areas, (e) hold at least two focus groups with providers and payers in the targeted underserved areas, (f) map the current NPs, CNMs, and PAs over a map of the underserved areas, and (g) send the policy statements to the legislators in Illinois.

In order to place NPs, CNMs, and PAs, in underserved areas of Illinois and Indiana a comprehensive plan is under development (Objective 9). Specifically, new community partnerships to increase the number of NPs, CNMs and PAs in underserved areas are being planned as a result of the provider focus groups. NPs, CNMs and PAs from underserved areas are being invited to participate in the provider focus groups to assist in the assessment of these plans. Also, a clinical rotation program is being

developed that insures that students will rotate through or near their home community. The new PA program at Southern Illinois University at Carbondale will accommodate students' rotation in or near home whenever possible. A Rurality Calculation Table will be utilized to give points to PA program applicants for the purpose of increasing the probability that students from rural and underserved areas will be selected for the program. To insure goals are being met, a database to monitor NP, CNM and PA supply, distribution, demand, and Partnerships for Training program graduates who continue to practice in underserved communities is being designed. Variables have been specified which will allow the database to meet multiple objectives.

Work is also underway for a long-term plan that will provide on going funding for consortial activities, including financial assistance, telecommunications equipment, scholarships, etc. (Objective 10). To support students recruited from underserved areas, the Policy and Finance Committee has conducted a search for funding sources to support NP, CNM, and PA education, and a list of grant and support opportunities has been identified. The Policy and Finance Committee will pursue grants to support NP, CNM, and PA students. As well, information has been collected identifying 13 federal and private, and two Illinois state sources of financial support for NP, CNM and PA students. These will be reviewed for eligibility requirements particularly to determine which may be too restrictive to be a valuable resource for the students in the new educational programs. Financial need requirements also will be focused upon as many students pursuing NP, CNM and PA education who are nontraditional, second-career students and may not meet the financial need criteria developed for the undergraduate

or graduate student who has continued their education directly after completion of the undergraduate program.

The Illinois Department of Public Health and the Indiana State Department of Health have had a long experience developing and administering a variety of scholarship, loan and loan repayment programs for health professional students. A report will be prepared by Illinois consortium members which describes the purpose of the various Illinois programs, legislation and administrative rules, provides examples of the application and selection processes, contracts, collections procedures for defaulting scholarship/loan recipients, etc. Such information should be useful to any group developing an educational support program which will be used to encourage practice in underserved areas by its health professional student participants. The Indiana State Department of Health will continue utilizing the Indiana programs for Indiana students. The Acting Chief of the National Health Service Corps has been invited to participate in the October 1996 Consortium Meeting in Carbondale Illinois.

The provider focus groups will allow the consortium to survey health care providers to determine willingness to financially support students. Preliminary data has been analyzed, and the Policy and Finance Committee identified a variety of state and national organizations to contact for the development of a provider list in the two states. The Data/Assessment Committee has participated in the development of the focus group instrument and methodology.

Information will be gathered in the provider focus group process described earlier. One provider focus group is scheduled in Illinois in October and one will be scheduled in Indiana in November. Hospital associations in both Illinois and Indiana

will be asked to provide information they may have on what their members offer to support employees or others interested in pursuing NP, CNM and PA education. Other sources of employer support to be solicited for information would be public health departments and long term care facilities.

Another activity which will enhance support of primary care in underserved areas involves working with policy makers to identify financial incentives, such as tax relief, to practice in underserved areas. The Policy and Finance Committee will work to identify incentives for primary care providers to locate in underserved areas of Illinois and Indiana. After completion of the committee's assessment of available support (recently completed), the areas of need will be identified and recommendations will be developed. This activity will be assigned to the second year of the grant and will be assisted by the adoption of the policy statements described earlier and by the contents of the report on the use and success of scholarship, loan and loan repayment programs. An analysis of these documents will allow identification of additional activities that may impact practice location selection. In Indiana, the "Health Professions Commission" will be the focal point for efforts by consortium members to request development of new financial incentive programs in Indiana.

For this program to be effective in the long run, the Consortium must identify public policy issues which impact education and clinical training of students (i. e., the increasing competition for rural and underserved preceptor sites). The policy statements describe the major issues identified by the committee. An additional consideration for committee deliberation in the next grant year will be the growing competition among NP, CNM, PA and medical schools to identify providers in

underserved areas that will participate in the on-site education of students in the various health disciplines. Identification of a means of coordination of these training efforts will be a committee activity in the future, and may be accomplished through the Consortium Tracking database. At the October meeting the Policy and Finance Committee will address how to identify institutional policy barriers that may impact the implementation of, and the ability to financially support the planned activities.

The above discussion demonstrates considerable progress in meeting the objectives of the planning phase of the Partnerships for Training program. This first year has shown how the objectives and activities are interrelated and how small successes contribute to the overall momentum toward successful completion of the planning phase. The Consortium has experienced periods of both slow growth and rapid change, and with such has had to adapt. The administration of activities has also involved exciting experiences and technical challenges. One such challenge has been the administration of the grant budget.

#### The Story of the Year One Budget

The Financial Report was submitted October 25, 1996. A copy is attached. The report does not include all expenses incurred during the reporting period to conduct grant activities. An explanation for the omission of expenses follows.

As Southern Illinois University at Carbondale (SIUC) is the fiscal agent for the grant, subcontracts were signed with Southern Illinois University at Edwardsville (SIUE) and Indiana University (IU) at Indianapolis to conduct specific grant activities. Both SIUE and IU, as subcontracting institutions, did not understand that each had to invoice SIUC to be reimbursed for expenses incurred or encumbered to conduct grant

activities. Both institutions thought the amount of the subcontract would be transmitted to their institution at the beginning of the grant period. Consequently, both institutions did not establish the appropriate accounts for grant related expenditures.

SIUE recognized and corrected the problem early in the contract period, however, grant expenses were charged to state accounts that could not be reversed. Indiana University did not realize that a problem existed until the end of the period. Both institutions were forced to absorb these expenses.

Although SIUE now submits an invoice voucher for reimbursement of grant expenditures, it is not received in time for SIUC to include it in the quarterly Financial Report submitted to RWJ. Consequently, grant expenditures incurred by SIUE have been consistently reported one quarter late. Thus, the attached quarterly Financial Report dated October 24, 1996 does not include SIUE's fourth quarter grant expenses.

Internally, the accounting system has tracked all expenses in every line. We were operating with current financial information and the financial information RWJ had was always a quarter late. Consequently, our budget revision requests appeared to be confusing and probably raised question as to our fiscal responsibility.

We are greatly comforted that RWJ has agreed to roll-over funds unexpended in year-one for use in year-two. Roll-over funds will be needed to reimburse SIUE for fourth quarter expenses (travel, meeting costs, telephone, etc.). In addition, roll-over funds will be needed for expenses incurred by SIUC for the first-year activities. The CNM consultant and project staff salaries were dated in October 1996 and not included in the attached Financial Report.

The SIUE voucher is expected to clear in early November. At that time SIUC will prepare and submit an accurate accounting and Financial Report of expenses incurred to conduct grant activities during October 1, 1995 through September 30, 1996. As that report will indicate the exact amount of roll-over funds, a revised budget for October 1, 1996 through September 30, 1997 will also be prepared and submitted for approval. Included in the revised budget will be copies of revised sub-contracts with Southern Illinois University at Edwardsville and Indiana University.

### Conclusion

Year one has presented us with many challenges and successes. As a consortium of educational institutions, governmental agencies, private organizations and provider groups, we have developed relationships which will enhance our ability to meet our common goal of reducing the rolls of the underserved by providing primary care through the utilization of NPs, CNMs and PAs. Furthermore, we believe that such efforts will decrease duplication of efforts while utilizing the talents of individuals and organizations who are currently providing such services.