Addressing Healthcare Disparities in Rural Practice through DNP Led Interdisciplinary Teams

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AACN Position Statement on DNP

- DNP should be prepared to:
  - Evaluate Practice
  - Make Practice Improvements
  - Develop new interventions or patient programs to address needs


Staffing Shortage
Access
Quality
Healthcare Costs
Uninsured

Healthcare Concerns

- 46.3 million uninsured people in the United States in 2008
- The addition of approximately 45 million persons to the current health care system with Healthcare Reform
- Projected shortage of primary care physicians, decreased hospital beds and complexity of patient health needs
- Virginians more likely to experience disease, disability and mortality if poor, live in rural areas or inner cities, or member of racial or ethnic minorities

DNP Role in Healthcare

- Provide Care in remote rural areas
- Provide care to populations that are underserved in urban areas
- Develop programs that address the needs of these populations in a cost-effective manner
- Determine that healthcare/programs are having the desired impact

Interdisciplinary Team

- Cost-effective
- Utilizes the expertise of various disciplines
- Comprehensive
- Improves quality

Leadership Skills

- Problem:
  - Often no one takes charge
  - Often one discipline does not understand the roles of other disciplines
- DNPs are in an excellent positions to take on the leadership role
- DNPs are trained in Leadership Skills
- DNPs are expected to develop collaborative programs

ODU Focus on DNP Role

- Vulnerable Populations
- Rural Healthcare (84%)
- Leadership
- Interdisciplinary Teams
- Program Development
- Patient Outcomes
- Healthy People 2010/2020

DNP Providers' Impact in Underserved Areas

- Three Focus Areas
  - Substance Abuse with the Homeless
  - Diabetes in Rural Appalachia
  - Palliative Care for Frail Elderly and their Caregivers

Substance Abuse with the Homeless

- Need
  - Homelessness and Substance Abuse tend to go hand-in-hand
  - The Gateway program is an inpatient program for homeless men that are substance abusers
  - Too often the patients have relapse and end up back on the street
  - Program had focused on AA meetings solely
- Goal: To decrease the recidivism

Substance Abuse (SA) Program

- Based on self-efficacy (Bandura)– Belief that you can remain free from SA
- Championed (Led) by DNP student
- All clients were invited to participate (n= 24)
- Program consisted of group meetings once a week in place of AA/NA meetings
- Patients provided support for each other

SA Team

- DNP student (FNP)
- Marriage and Family Therapist
- Pastor
- Gateway Director
- Urology NP

Intervention

- 2 hours 1x/week for 4 weeks
- Met as large group, then small groups
- Topics
  - Healthy Lifestyles (Urology NP)
    - Nutrition, self-care
  - Emotional, Social & Mental Health (MFT & DNP)
    - Vignettes & role playing
  - Spiritual Health & Life Stressors (Pastor & DNP)
    - Map of Life Stressors

Outcomes of SA Program

- Recidivism decreased
- Subjective health increased
- Confidence in ability not to use increased
- Awareness of potential for relapse increased

Future Direction

- Continuation of the program
- Ropes Course
- Equine Therapy

Diabetes Care in Rural Appalachia

- Need
  - One of the leading healthcare issues was DM
  - There was no DM education program for 45 miles
  - Healthcare outcomes of patients were poor
- Goal – To improve the outcomes of patients with DM in rural Appalachia

Diabetes Mellitus (DM) Program

- Located in Family Practice in Rural Appalachia
- Based on Health Belief Model – If benefits outweigh barriers, patient will make changes
- Championed (Led) by DNP student/FNP
- All DM patients invited to participate (n= 26)
- Program consisted of group meetings

DM Team

- Interdisciplinary Team
  - DNP student (FNP)
  - Dietician
  - Physician
  - Psychologist
  - Office Staff

DM Intervention

- Met once a week for 4 weeks
- Included:
  - Trip to grocery store
  - Diet/Exercise
  - Diabetes Education
  - Empowerment

Outcomes of DM Program

- Improved HgA1c
- Improved Blood Sugar
- Improved Knowledge
- Improved Self-Efficacy
- Identified barriers identified by patients

Future of DM Program

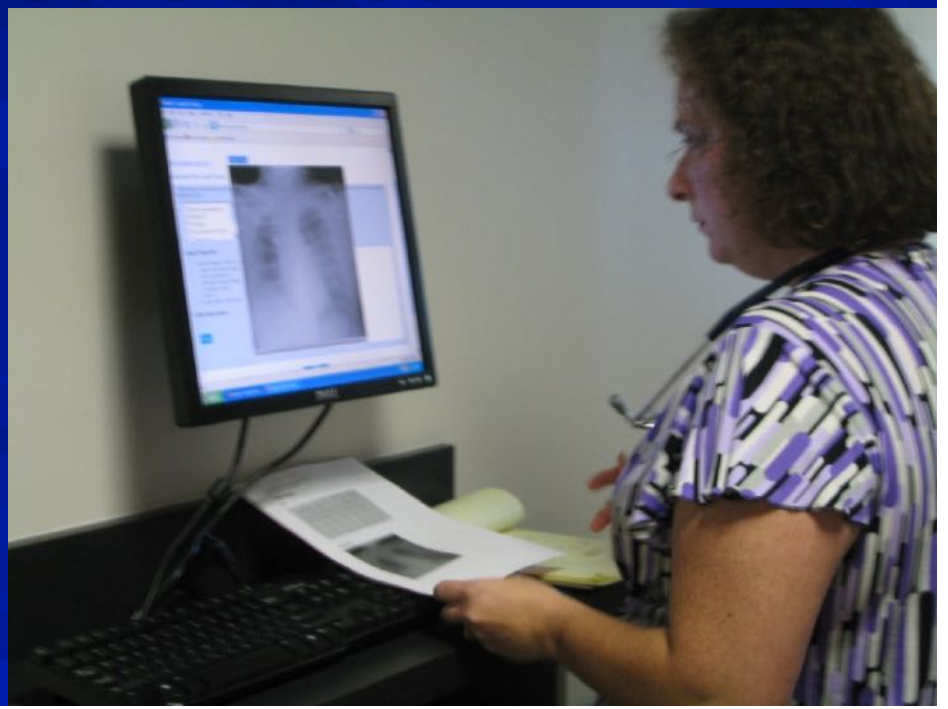
- DNP in charge of running future programs
- Focus remains the same
- Able to advertise as a result of outcomes
- Placed in accessible areas such as churches and schools
- Offering on different days and times to accommodate others

Palliative Care for Frail Elderly

- Need
  - Patients with CHF and COPD were not receiving palliative care
  - No palliative care in system
  - Caregivers were at a loss
  - Readmissions were high
- Goal – To improve patients and caregivers' quality of life

Palliative Care (PC) Program

- Provided to patients seen at small rural community hospital with CHF or COPD
- Championed (Led) by DNP student/FNP
- Based on Orem's Self-Care Model
- Multidisciplinary



Palliative Care Team

- Primary team
  - DNP student (FNP)
  - Clinical social worker
  - Hospital chaplain
- As needed
  - Hospitalist
  - Clinical pharmacist
  - Respiratory technicians

Intervention

- Eight week program
- Started when patients were being discharged
- Focused on
  - Education of patient and family on disease process
  - Symptom control
  - Pain management
  - Open communication
  - Multidisciplinary Care

Intervention

- One-on-one
- Self-directed by patient and family
- Developed a treatment plan specific for the patient
- Collaborations
  - Home health
  - Hospice
  - Nursing homes

Outcomes of PC Program

- Patient
  - Improved Subjective Health
  - Less admissions
  - Shorter hospital stays
  - Health stabilized

Future of PC DNP

- Health Care System
  - Impressed with DNP's Business Plan
  - Asked DNP to help with the development of future programs with specific emphasis on the business plan

Vulnerable Populations

-Elderly
-Homeless
-HIV+ Individuals
-Obese Children
-Uninsured in ER
-Providers in Correctional Facilities
-Immigrant Children
-Homebound Elderly/Caregivers
-VA Hospital Patients

Conclusions

- The DNPs were able to address healthcare concerns by focusing on:
  - Leadership
  - Teamwork
  - Program Development & Implementation
  - Understanding the Business of Practice
  - Evaluating Outcomes

- Each program has been sustainable
- DNPs have developed new roles for themselves
- Impact has been significant
- Students have been presenting and publishing findings