Free Clinic / Nurse Practitioner Model

Models That Made It

VIRGINIA HEALTH CARE FOUNDATION

Free Clinic/Nurse Practitioner Model

Background

Virginia's free clinics help provide a health care safety net for uninsured residents in nearly three dozen communities across the Commonwealth. The free clinics are staffed by volunteer physicians who provide basic health care services to eligible uninsured patients. Typically open one or two nights a week, the free clinics are rarely able to meet all of the demand for care. This is especially true for chronically ill patients who present with multiple problems and require ongoing care.

With limited resources and growing demand, the free clinics are compelled to find innovative, cost-effective ways to deliver quality care. Over the past several years, the Virginia Health Care Foundation has provided funds to help nine free clinics hire nurse practitioners to expand their services for the uninsured. Essentially, these projects utilize a nurse practitioner (NP) to deliver patient care and patient education in a free clinic setting. Working under the supervision of the free clinic's medical director, the NP allows the free clinic to dramatically expand patient capacity and improve continuity of care. The results are impressive. Virginia free clinics with NPs have:

- Dramatically increased their numbers of patients and patient visits (by an average of 47 percent in just three years);
- Improved the continuity of care and health status of many chronically ill patients; and
- Improved the availability and quality of patient education.

Free Clinic Nurse Practitioner Programs Supported by the Virginia Health Care Foundation:

Augusta Regional Free Clinic *(Serving Augusta County)* *Ph: 540-885-0604*

C. Brock Hughes Free Clinic (Serving Bland County, Wythe County) *Ph: 540-223-0558*

Free Clinic of Central Virginia *(Serving Cities of Bedford, Lynchburg; Counties of Amherst, Appomattox, Bedford, Campbell)* *Ph: 804-847-5866*

Free Clinic of Franklin County *(Serving Franklin County)* *Ph: 540-489-7500*

Free Medical Clinic of the Northern Shenandoah Valley *(Serving City of Winchester; Clarke, Frederick, Page, and Shenandoah Counties)* *Ph: 540-662-2130*

Harrisonburg/Rockingham Free Clinic *(Serving City of Harrisonburg, Rockingham County)* *Ph: 540-433-5431*

Lloyd F. Moss Free Clinic *(Serving City of Fredericksburg; Caroline, King George, Spotsylvania, Stafford Counties)* *Ph: 540-899-1065*

Northern Neck Free Clinic *(Serving Northumberland, Lancaster, Middlesex, Richmond, Westmoreland Counties)* *Ph: 804-435-0575*

Rockbridge Area Free Clinic *(Serving Rockbridge County)* *Ph: 540-464-8700*

To accomplish these results, the free clinics have had to adjust their infrastructure and accommodate the increased demand resulting from a greater number of patients. Adjustments include:

- Increasing the number of volunteers and/or staff for all aspects of free clinic operations (e.g. scheduling, record keeping, nursing, pharmacy, patient follow-up);
- Examining and adjusting free clinic procedures and protocols to assure maximum and efficient utilization of the NP;
- Expanding their pharmacy programs to keep pace with patient needs;
- Expanding their capacity to provide laboratory and diagnostic services;
- Ensuring that a sufficient pool of specialists is in place to accommodate an increased number of referrals.

These improvements have not come without challenges. The decision to add a paid NP requires additional resources and significant adjustments in operating procedures. New funding or in-kind contributions are required to support the NP as well as associated increases in prescriptions, lab and diagnostic services, specialty referrals, supplies, equipment, and data collection. Adjustments in clinical and operation procedures are needed to accommodate new relationships between physicians, the NP, free clinic staff and patients.

The nine free clinics supported by the Virginia Health Care Foundation show that adding a NP (full-time or part-time) yields a wide array of benefits, ranging from increased patient capacity to enhanced continuity of care. The keys to success are to understand the potential role of the NP and anticipate the full impact the addition of a NP will have on overall clinic operations.

This report outlines key steps for incorporating a paid NP into free clinic operations. It is hoped that as other free clinics prepare to expand capacity, this guidebook will provide helpful insights and direction.

Steps To Implementing A Free Clinic/ Nurse Practitioner Program

Step 1.
Assess whether a free clinic/nurse practitioner program would be valuable and viable in your community.

In the right environment, a NP can help meet a wide range of needs including direct patient care, patient education, and follow up. The following questions may be helpful for initiating discussion about the need for a NP at your clinic.

- Does the clinic have a lengthy waiting list for appointments?
- Do medical staff have enough time to make needed specialty referrals?
- Do medical staff have enough time to follow up on lab tests and prescribed medications?
- Does the clinic have patient care plans for all of its chronically ill patients?
- Could clinic patients benefit from more education on such topics as smoking cessation, nutrition and weight loss, diabetic care, asthma care, or women's health?
- Is there unmet demand for preventative care services such as mammograms, pap smears, eye exams, and foot exams?
- Are the clinic's medical volunteers approaching burnout due to heavy caseloads?

> **Lessons learned**
>
> Think broadly about patient health needs that could be met by a NP.
>
> Ask physicians for their opinion on the value and viability of adding a NP to the free clinic staff.
>
> Wherever possible, produce quantitative measures of patient need as part of the needs assessment. This information can be used to inform design decisions, generate community support, and measure progress later on.
>
> It may be helpful to visit several free clinics that have added a NP to their staff.

If the answer to one or more of these questions is "Yes," then a NP might be part of the solution. At this point it is helpful to develop specific measures of need. Such measures could include:

- The number of patients on the appointment waiting list, and the average waiting period.
- The number of specialty referrals made on a weekly or monthly basis.
- The number of lab tests and prescriptions ordered on a weekly or monthly basis.

- The number of chronically ill patients at the clinic, and the number of these with patient care plans.
- The number of patients at the clinic who could benefit from education about personal health habits and use of medications.
- The number of women who are patients at the clinic, and their utilization rates for pap smears, breast and cervical exams, and mammograms.
- The number of volunteer physicians at the clinic, and their assessment of their workload (i.e. too much, too little, about right).

Alongside the question of need is the question of viability. Hiring a NP should not be viewed as simply hiring another employee to the clinic. Instead, it may require substantial changes in the way the clinic delivers care and administers its programs. During the needs assessment phase, it is important to ask three basic questions about the viability of adding a NP.

- Are volunteer physicians willing to work with the NP?
- Is the clinic administration willing to change necessary policies and procedures to assure effective and maximum utilization of a NP?
- Is the free clinic board and leadership prepared to generate the additional volunteers, cash, and in-kind resources necessary to accommodate an increase in patients?

If there is measurable patient need that can be met with the help of a NP, and if physicians and clinic administration are willing to work together on solutions, then a free clinic/ nurse practitioner model can be explored.

Step 2.
Obtain Community Support

A free clinic/ nurse practitioner program requires financial support from the community as well as professional support from the providers who serve free clinic patients.   Financial support can be requested from individuals or a range of organizations including local hospitals, local government, civic organizations, businesses, health care providers, and others.

Professional support includes willingness to work with a NP in addition to providing free or low-cost services to free clinic patients. For example:

- *Volunteer physicians* must be asked to support the NP model and determine if any adjustments are needed in free clinic policies and procedures. The projects funded by VHCF to date have found strong support among physicians.
- *Volunteer pharmacists* must be supportive in communities where free clinics operate pharmacies to help uninsured patients obtain free or low-cost prescription drugs*.*
- *Hospitals and other providers of discounted ancillary services* must be informed about the likely increase in patient needs and asked for support. In most communities, hospitals and other providers supply lab, x-ray, MRI, and other diagnostic services for free clinic patients. These organizations must be educated about the prospective program so that they understand potential changes in operating procedures and demand for services.

Perhaps most importantly, *the free clinic board* must be educated about clinic needs, how they could be met by a NP, and how the clinic will have to change to accommodate an adjusted practice model. This is critical because extra resources will be needed to accommodate expanded services, and board members must be committed to helping generate additional community support.

Step 3
Design the program

The free clinic/ nurse practitioner model is flexible enough to have worked in a variety of different free clinic settings. Although the design details will vary from clinic to clinic, each must address the same basic set of design issues. Ideally, a design committee including physicians, administrators, and board members should address these issues.

Specify the roles and responsibilities of physicians and the NP. The NP's roles and responsibilities must be defined for direct patient care, patient education, patient follow-up, and other duties. A related concern is the role of RNs in the clinic once the NP arrives.

Adjust demand estimates. Demand for services will expand with the addition the NP. Free clinics with NPs have seen substantial increases in patient visits, specialty referrals, prescriptions, ancillary services, and administrative services. It is essential to estimate the impact of any expansions during the design phase so that resources can be developed to meet the need or the size of the expansion can be adjusted.

Design service networks. Depending on your demand estimates, it may be necessary to expand your network of specialty physicians, pharmacists, and ancillary service providers. It is essential to meet with these providers early on to evaluate their willingness and ability to serve more patients.

Design staffing, space, and supplies. Hiring a NP may require changes in support staff, space, and supplies to accommodate an increased patient load. It is essential to anticipate these changes as early as possible in the design phase.

Design clinic policies and procedures. The clinical policy and procedure manual will have to be adjusted to incorporate the addition of a NP. The administrative policy and procedure manual also may require changes to reflect the impact of the NP on patient scheduling, referrals, prescriptions, testing, data collection, etc.

Design data collection systems. Evaluate clinic's data collection system to determine if it will need changes or enhancements to accommodate the increased numbers of patients and services.

Step 4
Design the program evaluation.

Because hiring a NP requires substantial resources as well as changes in free clinic operations, it is important to have a plan for evaluating the impact of the NP. The program evaluation should be designed simultaneously with the initial development of the program. The evaluation should document the costs, revenues, productivity, and impact on patient care resulting from the addition of a NP. This information is essential for managing day-to-day operations, tracking costs incurred as a result of the NP, and documenting the benefits for free clinic patients.

Useful cost and revenue indicators include:
- Total personnel costs for the NP and any other associated, paid staff
- Increases in volunteers and volunteer hours
- Increases in facility/equipment/supply costs
- Increases in costs of prescriptions and other ancillary services
- Increases in grants & donations to program.

Useful productivity indicators include:
- Increase in number of patients and patient visits
- Increase in clinics or clinic hours
- Increase in specialty referrals
- Increase in prescriptions and other ancillary services
- Increase in patient education classes and individual counseling
- Increase in care plans for chronically ill patients
- Patient and provider satisfaction with the program.

Useful impact indicators include:
- Reductions in waiting lists
- Reductions in ER visits for primary care
- Increases in patient compliance with care plans
- Improvements in routine cancer screening rates for women
- Improvement in specific patient outcomes for chronically ill patients

In addition to generating these measures, it is essential to monitor day to day implementation of the program to ensure that the NP is being integrated into the delivery system as planned.

Lessons learned:

Develop a program evaluation work plan as part of the overall program design.

Plan from the start to maintain an electronic database for collecting relevant evaluation data.

Build the data collection system into your routine policies and procedures so that data are collected as you go.

Don't overlook the importance of tracking the impact of the NP on specialty referrals, prescriptions, and ancillary services provided outside the clinic. This information will be useful for documenting the impact of the NP, and for negotiating future service agreements with these providers.

Step 5
Prepare a budget and obtain funding & in-kind support

Budget. The budget for adding a NP to a free clinic includes the cost of hiring a full- or part-time NP as well as other costs associated with increased service capacity. Drawing upon the needs assessment and the program design, it is essential to estimate the impact of a new NP on total patient volume, specialty referrals, prescribed drugs, lab, testing, and other services. Any significant service increases will have a ripple effect on the number of paid and volunteer staff hours, equipment, supplies, and possibly space. The cost of these resources should be accounted for as either cash outlays or in-kind contributions.

Funding & In-Kind Support. Free clinics with NPs have used different strategies to obtain funding. In most cases, hiring a NP results in a general expansion of services that are typically funded by a range of community constituents including hospitals, local government, private organizations, and individual gifts.

The fundraising process should begin with effective education of the free clinic board and key members of the physician community. Once these constituents understand the unmet need for service and the impact a NP can make, they can become allies in efforts to obtain support from the broader community.

In addition to raising funds, the free clinic should pay special attention to in-kind services delivered by its provider networks. Once the NP starts seeing new patients, the demand for services from local hospitals, specialty physicians, pharmacists, and others will increase. Special care and attention should be given to involving these partners as the program is planned, and to securing their help in assuring the availability of additional pro bono services.

Step 6
Implement and maintain your free clinic/ nurse practitioner program.

Adding a NP takes time and careful effort to ensure a good "fit" and a smooth transition. Key challenges include recruiting and hiring a NP, getting the necessary structures in place, phasing in the expanded service system, and monitoring/evaluation.

Recruit and Hire a NP. Recruiting and hiring a qualified NP is still a considerable challenge in many communities. Depending on the local market, it might be necessary to advertise regionally or nationally. Free clinics with NPs emphasize the benefits of hiring someone, if possible, with experience in serving high volumes of low income, uninsured populations. This is particularly important for NPs who are to be heavily involved in patient education and caring for the chronically ill.

To attract and keep good candidates, it is important to recognize that the NP is a highly trained professional, and to create a role for the NP that respects that status. One key factor is *compensation.* Given these substantial responsibilities of the position and the competitive market for NPs, free clinics must be willing to offer competitive salary and benefits to attract high quality applicants.

A second key factor in recruitment and retention is the *nature of professional relationships within the organization*. It is essential to demonstrate a commitment to nurturing professional, collegial relationships between the NP practitioner, volunteers, and other staff. Obvious priorities include the relationships between the NP and physicians, and between the NP and other nursing staff.

Lessons learned:

Recruitment and hiring of a NP may pose a challenge, and could require several months of effort. To get started, free clinics might consider contacting the six NP training programs in Virginia to identify alumna who are looking for positions.

When interviewing a NP, be as clear as possible about the job and about the nature of a free clinic practice and free clinic patients. Many are much sicker than patients in private practices where most NPs have trained.

Fully appreciate the impact of hiring a NP on service levels in the rest of the organization including volunteers, pharmacy, referrals, and overall clinic operations. The process of systematically increasing service levels across the board is demanding but worth the effort.

Give high priority to establishing effective working relationships between the NP and physicians, between the NP and other clinic nursing staff, and between the NP and the executive director.

Begin planning new clinical and administrative structures before the NP begins work, but be willing to make adjustments that reflect the NP's individual style and ideas.

If possible, phase in the program to allow the NP to develop a manageable clinical load and effective relationships with patients, physicians and other providers.

Monitor the involvement of volunteer physicians. You don't want volunteers to feel their efforts are no longer necessary since a paid provider is now available. A NP should supplement the work of the volunteers, not supplant it.

Establish a committee to monitor and evaluate the program early and often to detect any problems or unexpected opportunities.

Perhaps less obvious but highly important is the relationship between the NP and the free clinic's executive director. The addition of a NP introduces a new paid professional into the organization. If the NP is full-time, he or she may earn as much or more than the executive director. The NP also will begin establishing his or her own relationships with the physicians, clinic staff, and board. The board and executive director should anticipate the dynamics of adding a new paid professional to the staff, and commit to recognizing and supporting the respective roles of the executive director and the NP.

Put New Structures in Place. Clinical structures include an appropriate oversight committee, clear definitions of the NP's roles and responsibilities, a revised clinical policies and procedures manual, service enhancements within the clinic, and any enhancements to provider networks outside the clinic. Administrative structures include enhancements to patient intake, appointment, and referral systems; patient records and filing; and data collection systems. Planning for clinical changes should begin before the NP is hired, but adjustments should be made to incorporate the NP's individual style and ideas.

Phase In the Program. Free clinics that have not used a NP in the past are well advised to phase in the program by building up the NP's caseload over time. One free clinic with a NP advises that maintaining a manageable clinic schedule is essential for retaining the NP over time.   The NP also will need time to solidify working relationships with physicians and nursing staff at the clinic.

Evaluate the Program. As with any new program, a free clinic/nurse practitioner program should be closely monitored during the implementation phase to identify and solve any problems that arise. Ideally, an oversight committee including physicians, administrators, board members, and the NP should monitor the program. Also, the NP should have regular opportunities to report to the free clinic board on his or her activities and ideas for the clinic. This is important for helping the board to understand and value the role of the NP, and for giving the NP a sense of responsibility to the board.

Checklist for Implementing a Free Clinic/Nurse Practitioner Program

Step 1.
Assess whether a free clinic/nurse practitioner program would be viable and valuable in your community.

☐ Convene a working group to study the need for and viability of hiring a free clinic NP. Consider including clinic physicians and administrators, representatives of other health care providers, representatives of key funding organizations, and key board members.

☐ Collect information on the need for services that could be met by a NP.

- o The number of patients on the appointment waiting list, and the average waiting period.
- o The number of specialty referrals made on a weekly or monthly basis.
- o The number of lab tests and prescriptions ordered on a weekly or monthly basis.
- o The number of chronically ill patients at the clinic, and the number of these with patient care plans.
- o The number of patients at the clinic who could benefit from education about personal health habits and use of medications.
- o The number of women who are patients at the clinic, and their utilization rates for pap smears, breast and cervical exams, and mammograms.
- o The number of volunteer physicians at the clinic, and their assessment of their workload (i.e. too much, too little, about right).

☐ Interview volunteer physicians and other members of the provider network to evaluate their level of interest in working with a NP.

☐ Consult the board about patient needs, the NP concept, and the board's interest in moving forward with a plan.

☐ Discuss the NP concept with current staff to identify changes in policies and procedures that may be necessary when a NP comes on board.

☐ Each free clinic executive director should assess the multitude of changes that hiring a NP generates, and determine his/her readiness and adaptability.

☐ Compile the needs assessment data into a report or presentation that can be used to educate community members.

Step 2.
Obtain Community Support

☐ Continue the working group convened for the needs assessment, and add members as necessary to form a community coalition for the free clinic/nurse practitioner program.

☐ Educate the community about unmet patient need and the potential of a free clinic/nurse practitioner program. Include:

- o Local physicians
- o Local hospitals, pharmacies, and other providers
- o Health and human service agencies within the target area
- o Local training programs
- o Local businesses
- o Local officials
- o Local faith communities
- o Consumer volunteers
- o Local health department
- o Preferred provider and managed care organizations serving the area.

☐ Give special attention to health care providers who serve free clinic patients. Educate them about unmet patient need, the potential of a free clinic/nurse practitioner program, how the program might be structured, and the potential impact on demand for services from free clinic patients.

☐ Identify prospects for cash and in-kind contributions.

☐ Ask all contacts for letters of support to be included in funding requests for the program.

Step 3
Design the program

☐ Decide whether a full-time or part-time NP position is needed, based on the level of unmet demand.
☐ Design physician and NP roles and responsibilities under the NP model.

- o Specify service responsibilities
- o Specify supervision responsibilities

☐ Design RN roles and responsibilities under the NP model

- o Specify service responsibilities
- o Specify supervision responsibilities

☐ Estimate service levels under the NP model
- o Number of patients
- o Number of clinics, types of clinics, clinic hours, patient visits
- o Number of education classes/counseling sessions, number of participating patients
- o Staffing, space, and supply needs
- o Number of referrals by type
- o Number of prescriptions
- o Number of lab and diagnostic tests
- o Patient record volume
- o Other service units

☐ Design service networks to accommodate expanded service levels

- o Primary care physicians
- o Other specialty physicians
- o Pharmacists
- o Other providers

☐ Design staffing, space, and supplies

- o Clinical staffing
- o Administrative staffing
- o Space requirements/utilization plan
- o Supply plan

☐ Design clinic policies and procedures

- o Clinical policies and procedures
- o Administrative policies and procedures

Step 4
Design the program evaluation.

☐ Designate an oversight committee to monitor implementation and evaluate the program.
☐ Develop the program evaluation simultaneously with the program design.
☐ Develop a work plan for tracking the following indicators:

Cost and revenue indicators
☐ Total personnel costs for the NP and any other associated, paid staff
☐ Increases in volunteers and volunteer hours
☐ Increases in facility/equipment/supply costs
☐ Increases in grants & donations to support the program

Productivity indicators
☐ Increase in number of patients and patient visits
☐ Increase in clinics or clinic hours
☐ Increase in specialty referrals
☐ Increase in prescriptions and other ancillary services
☐ Increase in patient education classes and individual counseling
☐ Increase in care plans for chronically ill patients
☐ Patient and provider satisfaction with the program

Impact/outcome indicators
☐ Reductions in waiting lists
☐ Reductions in ER visits for primary care
☐ Increases in patient compliance with care plans
☐ Improvements in routine cancer screening rates for women
☐ Improvement in specific patient outcomes for chronically ill patients
☐ Develop a data collection system to manage, monitor, and evaluate the program.
☐ Implement the evaluation work plan.
☐ During start-up, also monitor day to day implementation of the program to ensure that the NP is being integrated into the delivery system as planned.

Step 5
Prepare a budget and obtain funding.

☐ Develop a budget that includes the cost of the NP and other costs associated with increased service activity.

- o NP salary, benefits, overhead.
- o Increase in pharmacy costs
- o Increase in lab/testing costs
- o Increase in supply costs
- o Increase in other associated costs

☐ Develop an in-kind service budget that projects the amount and dollar value of volunteer hours.

☐ Develop a donation budget that projects the dollar value of any donated space, equipment and supplies.

☐ Identify possible funding sources and obtain information about funding requirements. Include:

- o Foundations
- o Local government
- o Civic organizations
- o Businesses
- o Health care providers
- o Personal solicitations
- o Others

☐ Obtain letters of support from community providers, agencies, and political entities.

☐ Prepare proposals based on the needs assessment and program design.

Step 6
Implement and maintain your Free Clinic/NP program.

☐ Establish an appropriate committee structure including board members and/or community members to oversee ongoing program administration and quality assurance.
☐ Conduct a final planning review to ensure that the program has adequate facilities, equipment, and staff to meet the expected demand for services.
☐ Recruit and hire a NP. (*Remember to offer a competitive salary*.)
☐ Put new structures in place.

  o Clinical policy and procedure manual
  o Revised service agreements with physicians and other community providers
  o Administrative policy and procedure manual
  o Patient intake system
  o Patient appointment system
  o Patient records and filing
  o Data collection system

☐ Phase in the program.

  o Phase in incremental increases in NP clinical caseload
  o Phase in incremental increase in NP education activities

☐ Cultivate and maintain a good working relationship with the provider community and the community at large.

  o Continue to look for funding opportunities at the local, state, and community level.
  o Review evaluation results on a quarterly basis and make improvements as necessary.