Introduction

Background

As the population ages and care is transitioned out of the acute care setting, there will be greater need for NPs in the long-term care and rehabilitation setting.

The Teaching Nursing Home Model, championed in the 1980's by the Robert Wood Johnson Foundation, demonstrated that partnerships between nursing educational institutions and skilled nursing facilities improved patient care and outcomes.

A Teaching Nursing Home provides:
- Educational venue for training NP students
- Exposure and training in the long-term care/rehab setting for NP students
- Increased access to NP for facility via additional NP and NP students

Purpose and aims: To design a framework that could be implemented to sustainably employ a university faculty nurse practitioner in the long-term care/rehab facility and utilize it as a teaching site.

- Define the role of the nurse practitioner faculty in the teaching nursing home model
- Define the partnership roles between the University, leadership and staff in the skilled nursing facility, and the medical director of the skilled nursing facility
- Identify potential logistic issues around implementation

Methods

Site

- Skilled nursing facility with 100 long-term care beds and 50 rehabilitation beds in three units.
- Medical direction contracted to the University of Vermont Medical Group.
- Current full-time providers: One MD and one NP.

Stakeholders:

- Buy-in of Medical Director
- Buy-in of staff
- Buy-in of facility leadership
- Some logistic issues remain: Space, Wifi and EHR access, Finances

Intervention:

- Identified facility and readiness for change and individuals involved in change
- Observation, interviews
- Personal observation
- National and federal data reviewed

Results

Feasibility of Model Implementation

- The teaching nursing home model is feasible and welcome; there is clear buy-in from the Medical Director and facility.
- The model would most likely be partially self-sustaining from a financial perspective.
- It will likely require subsidy, ideally from the University of Vermont Medical Center Group.
- The model would be beneficial to stakeholders at the University, the facility, and the University of Vermont Medical Center.

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<th>Reimbursement based on level of service</th>
<th>Amount billed</th>
<th>Amount reaccepted by Medicare</th>
<th>Actual amount collected</th>
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Total: $1891.75 | $1080.84 | $3119.6

- Roles defined
- Faculty costs (salary, fringe) identified
- Revenue from patient visits researched and forecasted
- Implementation would likely require subsidization
- Implementation would require facility changes to space use to accommodate an additional NP and students
- Logistic issues around wifi, EHR access, space remain – there may be improvement soon, however
- Model has historically documented efficacy and good success in terms of student education, patient care outcomes, and patient, staff, and provider satisfaction

Summary and Analysis

Conclusions

Facility leadership ready for teaching nursing home model but cannot commit at this time due to external and organizational constraints
- Logistic challenges remain, including EHR access, finances, and start-up cost
- Model would be beneficial for clinical education, quality of patient care, and satisfaction among facility staff and providers in providing clinical education.

Contact

Margaret Aitken
Email: Margaret.Aitken@med.uvm.edu
Phone: 802-656-5496