The Graduate Nurse Education Demonstration: Lessons Learned

Barbara A. Todd, DNP, CRNP, FAANP, FAAN
Director, Graduate Nurse Education Demonstration
Hospital University of Pennsylvania

Penn Medicine

Objectives

- Discuss the policy rationale for the GNE Project
- Discuss the lessons learned and challenges related to the project implementation
- Discuss the formal evaluation outcomes of the GNE demonstration

Agenda Today

1. Introduction – the Policy Question
2. Overview of the Greater Philadelphia Area GNE
3. CMS Evaluation Report
4. Lessons Learned and Next Steps

2010: ACA GNE Demonstration

- Coalition of stakeholders led by AACN and AARP vigorously pursued Medicare policy reforms to include GNE; the GNE Demonstration resulted
- $200 million for 4 years (2012-16) administered by Centers for Medicare and Medicaid Services (CMS)
- Prior to the GNE section 5509 mandate, Medicare title XVIII funds could not be used for the clinical education training of APRN students. Although CMS paid awardee hospitals to support preceptorships and clinical education for medical residents, there is no established mechanism under current law for Medicare to support similar payments to hospitals for APRN students.
- The GNE demonstration represents an innovative project that allowed the opportunity to contribute to the clinical education training of APRN students

Affordable Care Act: Graduate Nurse Education Demonstration

- **Description:**
  - Mandated under the Affordable Care Act Section 5509(a)(1)(B)
  - Administered by Centers for Medicare and Medicaid Services (CMS) Innovation Center
  - Primary care transformation
  - 5 participating hospital systems selected
- **Primary Goals:**
  - Increase the provision of qualified training to APRN students
    - Primary care
    - Transitional care
    - Chronic care management
  - Tests feasibility, effectiveness, cost of increasing production of APRNs through Medicare payments to hospitals for reasonable costs of clinical APRN training

Policy Context

- Affordable Care Act extends insurance coverage to 30 million people
- The nation already has a shortage of primary care
- Evidence shows that APRNs can provide safe, effective care, including primary care, but there are not enough of them
- Nursing schools state a barrier to producing more APRNs is lack of clinical training opportunities and preceptors
- Potential for APRNs to contribute to solving primary care shortage if production could be increased to meet growing demand
- Capacity of schools of nursing to expand is limited by shortage of preceptors and faculty; plenty of student applicants
- Medicare GNE payments to providers to offset lost of productivity of preceptors could help in recruitment of more preceptors

Questions Addressed Across the Demonstration Sites

- Are current Medicare GME payment policies geared to licensed physicians feasible for (pre-certified APRN) degree-granting educational programs?
- Will the CMS incentive to increase graduation of APRNs through paying only for incremental students have major unintended consequences on access to clinical preceptors?
- Does reimbursement of clinical costs of preparing APRNs result in significant increased production, especially in primary care?
- Does reimbursement result in more clinical placements and higher quality clinical training (types of placements, student experiences and satisfaction, qualifications of preceptors)?
- Do APRN graduates take positions serving populations in need: underserved, minorities, primary care?

Demonstration Design

- Medicare payments to hospitals
- Allowable costs include only clinical education (not didactic)
  - Payments to nursing schools to increase enrollments
  - Payments to preceptor practices to offset lost productivity
- Payments based on incremental students (increase in students over pre-demonstration baseline)
- Eligible APN incremental students:
  - NPs all specialties, nurse anesthetists, nurse midwives, clinical nurse specialists
  - BSN- DNP programs only (no post Master's)
- 50% of funded training must be in community settings/primary care

Funded Hospitals: Two Models Emerged

- Single hospital and its primary affiliated nursing school plus community partners
  - Duke University Hospital
  - Rush University Hospital
- Regional consortia with multiple nursing schools and hospitals, and many community partners covering a geographic area
  - Hospital University of Pennsylvania: Greater Philadelphia Region
  - Memorial Hermann-Texas Medical Center: Texas Gulf Coast Region
  - Honor Health: State of Arizona

Consortia Model

- The most compelling rationale for the consortia model is urban areas with multiple schools and competition for limited community-based preceptors where central coordination is needed
- Some schools with APRN programs are not affiliated with a hospital to facilitate Medicare funding
- Consortia model enables a large hospital with substantial financial infrastructure to manage contracting, payment, and CMS auditing requirements for multiple institutions

19 Universities and Schools of Nursing

- Duke University
- Arizona State University
- Grand Canyon University
- Thomas Jefferson University
- Temple University
- LaSalle University
- Villanova University
- Texas Woman's University
- University of Texas Health Sciences Center, Houston
- University of Texas Medical Branch, Galveston
- Rush University
- University of Arizona
- Northern Arizona
- University of Pennsylvania
- Drexel University
- Gwynedd Mercy University
- Neumann University
- Widener University
- Prairie View A&M

Greater Philadelphia GNE Goals

- Provide Medicare beneficiaries with improved access to health care provider services by significantly increasing the number of APRNs educated in the Greater Philadelphia Region
- Create an efficient partnership collaborative, replicable, networking model between hospitals, regional nursing schools and clinical partners
- Allows monitoring, collection and information exchange (‘best practices,” etc.) through coordinated communication between regional health care systems, nursing programs, and clinical partners

Pennsylvania Healthcare Landscape

- **Pennsylvania[1]**
  - 251 licensed hospitals
    - 1.5 million hospital admissions
    - 31 million ambulatory visits
    - > 6.2 million ER visits
  - Projected shortage of 55,000 physicians through 2020 across all specialties

- **Philadelphia Region**
  - 5 Medical schools
  - 9 Schools of nursing with APRN programs
  - 8 Physician assistant programs
  - Thousands of students

1 Source: Pennsylvania Department of Health

HUP GNE APRN Programs

SON	NP	CNS	CRNA	CNM
University of Pennsylvania	✓	✓	✓	✓
Thomas Jefferson	✓		✓	
Drexel	✓		✓	
Villanova	✓		✓	
LaSalle	✓	✓	✓	
Widener	✓	✓		
Temple	✓			
Gwynedd	✓	✓		
Neumann	✓			

Demonstration Clinical Footprint

Community Healthcare Partnerships across the Greater Philadelphia area and beyond with over 2000 clinical training Partnerships including:

- ✓ Hospital and university based partners
- ✓ Community Clinics
- ✓ Federally Qualified Health Centers
- ✓ Nurse Managed Centers
- ✓ Retail clinics
- ✓ Private Practices

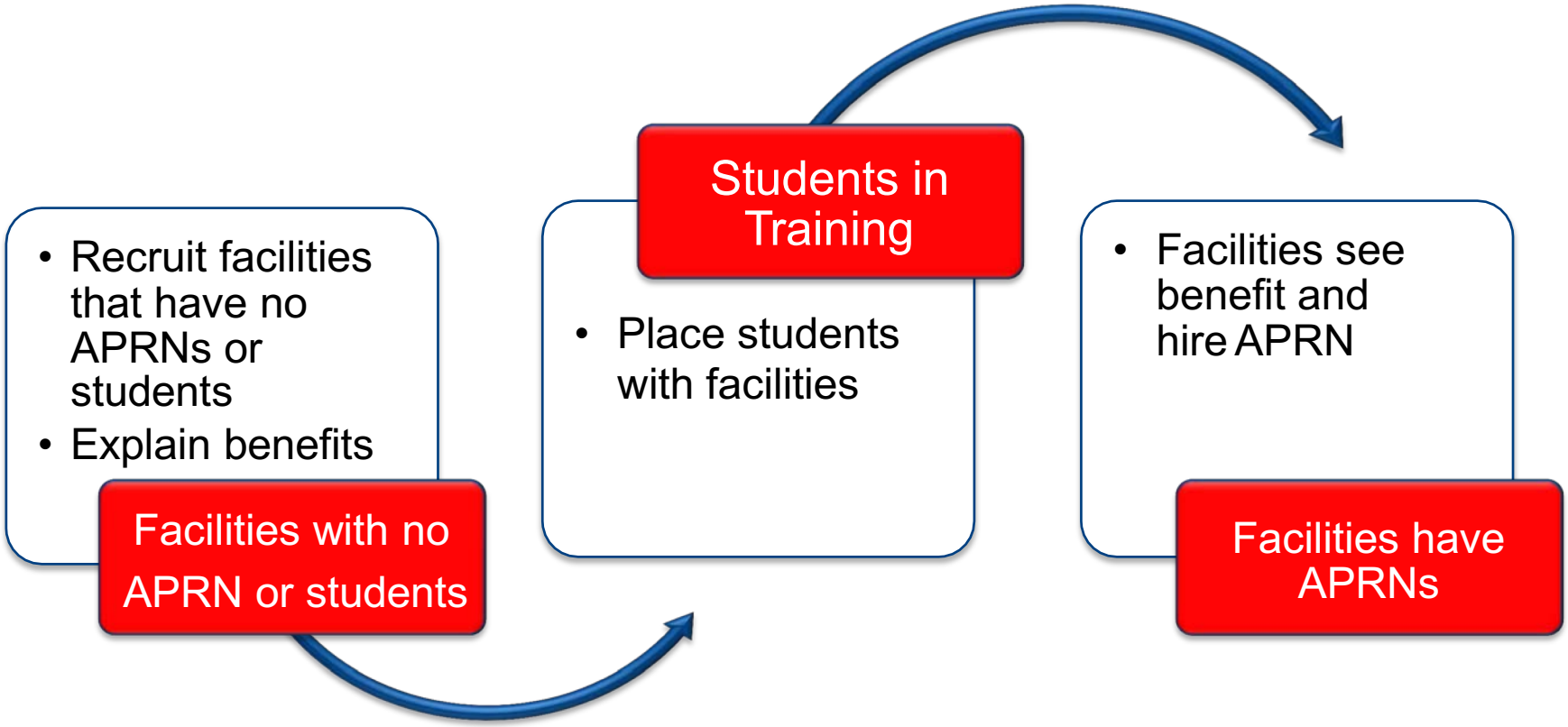
Early Challenges

- Incremental Payment Methodology
- Contracts
- Primary care definition
- Increasing clinical training capacity
- Concern of sustainability after 2018
- SON and clinical practice site resistance

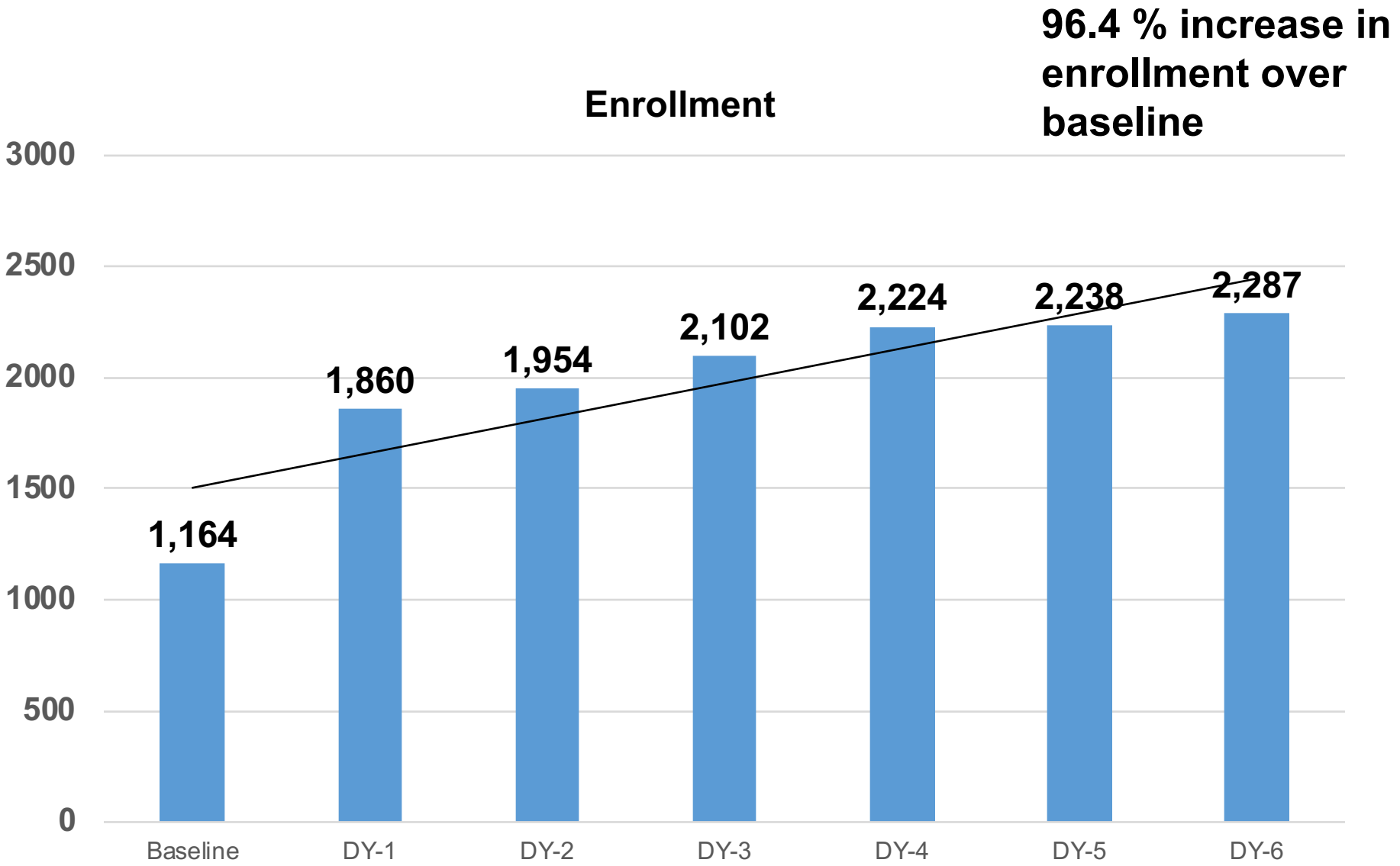
Strategies to Increase Clinical Capacity

- **Guiding principles:**
  - Increasing continuity of clinical experience
  - Decrease fragmentation of clinical experience
  - Development of new preceptor relationships
  - Site with capacity to accept additional students
  - Increase access to nurse managed clinics and FQHCs
  - Retail clinics
  - IPE opportunities
  - NP Facilitator Model
  - **GOAL: INCREASE CLINICAL TRAINING CAPACITY**
    - **Scarcity to abundance?**

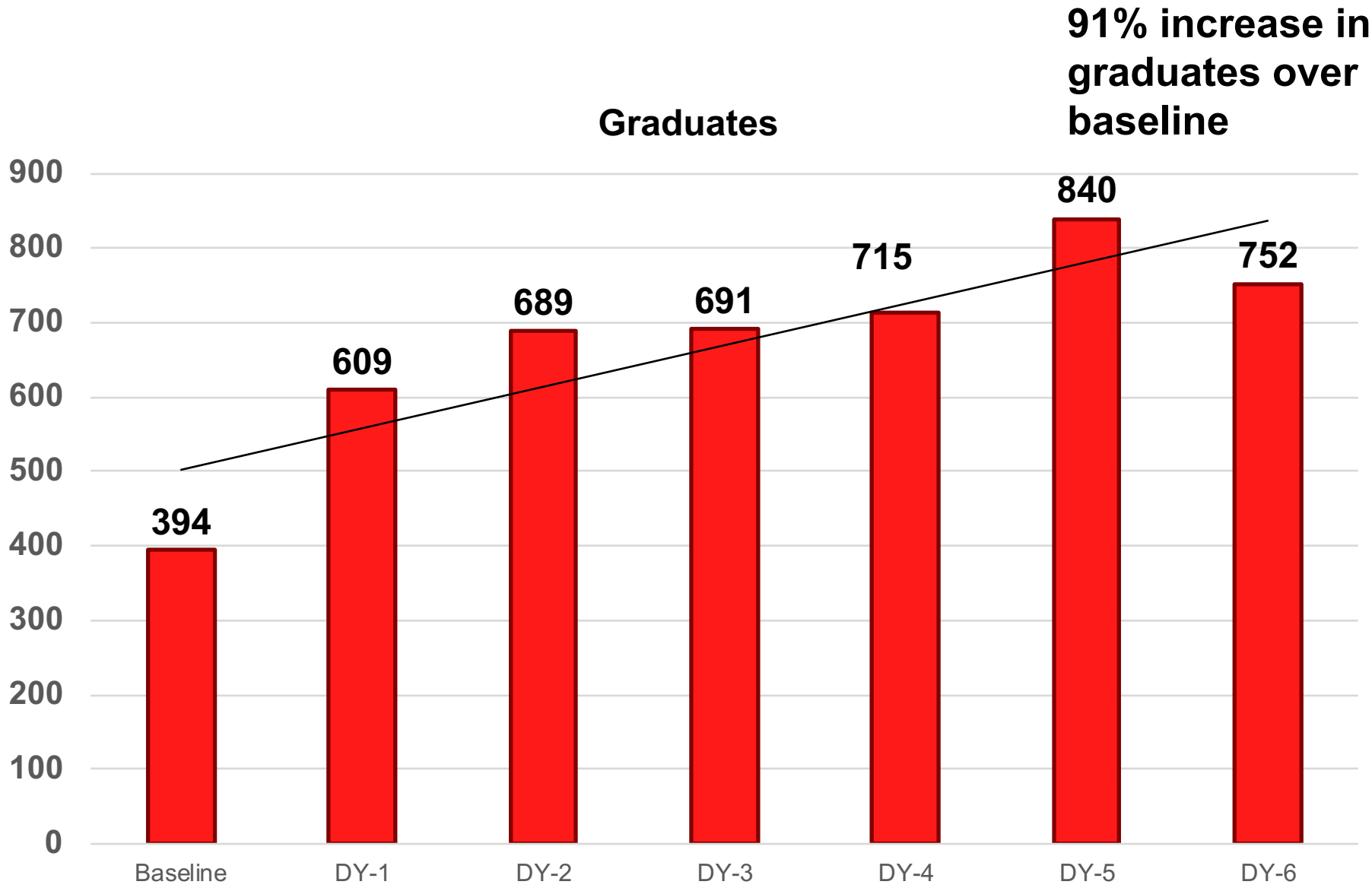
Increasing Clinical Capacity Strategy



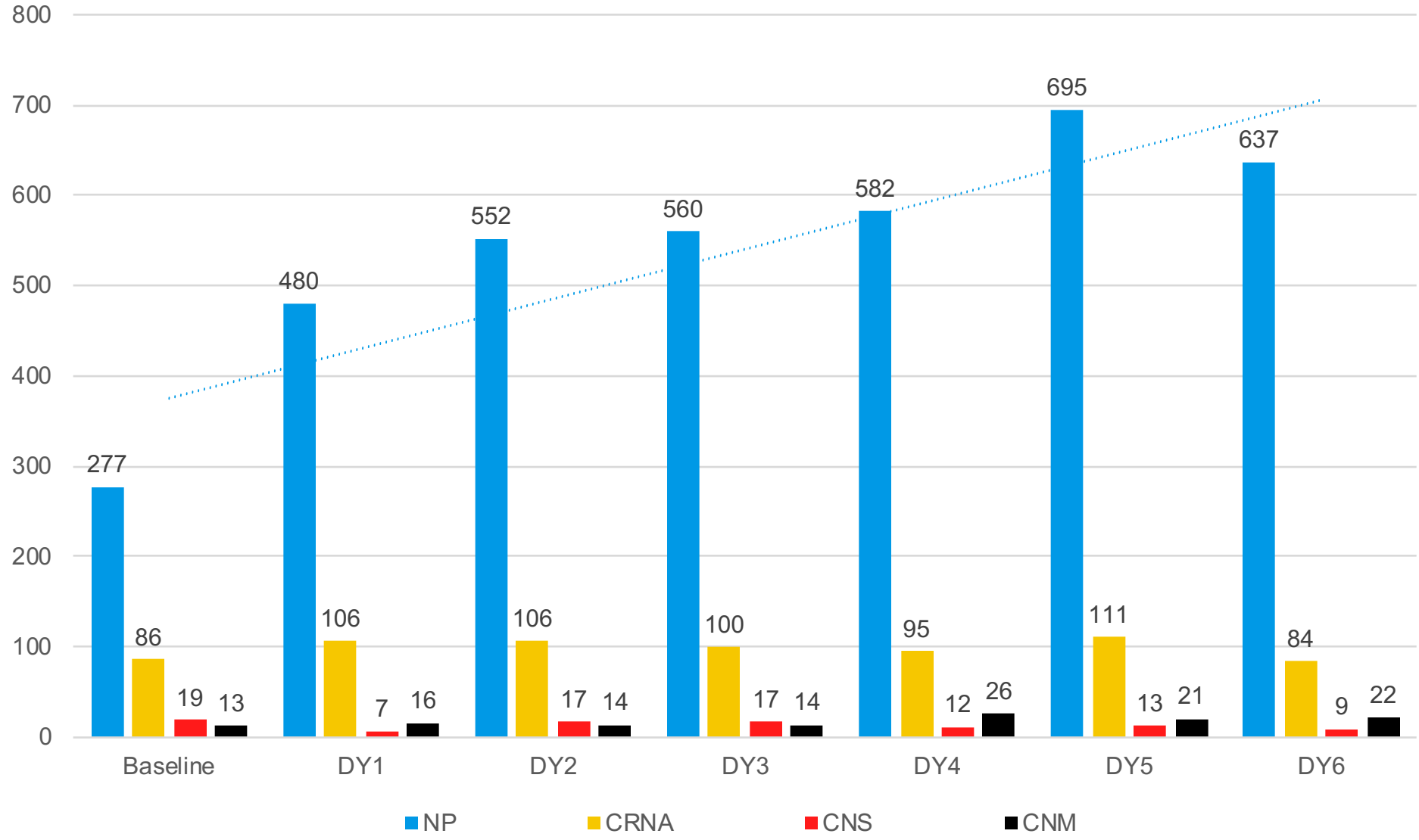
GNE Enrollment: Greater Philadelphia



GNE Graduates: Greater Philadelphia



GNE APRN Graduates by Role (Baseline to DY6)



GNE Alumni Survey (DY-5)

- 25% of students are being employed at sites where they did clinical training
- 50% of students first position in state of PA
- 21% from under represented minority groups

GNE Evaluation Report

*A final evaluation report including findings for the complete 6-year demonstration experience will be available in the fall of 2019

GNE Evaluation Research Questions

- **How was the GNE demonstration projected implemented and operationalized?**
  - What are the network characteristics and demonstration operation processes?
  - How does the demonstration influence precepted clinical education placements and the placement processes?
  - What notable successes and challenges do networks experience?
  - What are the networks' plan for sustainability?
- **How effective was the GNE Demonstration project in increasing growth in the APRN workforce?**
  - What is the effect on APRN growth overall?
  - What is the effect on APRN enrollment and graduation by specialty?
  - Is the demonstration associated with spillover effects to non-participating SONs?
- **What is the total cost of the GNE project overall?**

Source: Evaluation of the GNE Demonstration Project: Report to Congress. U.S. Department of Health and Human Services, May 2018

National Demonstration is Successful

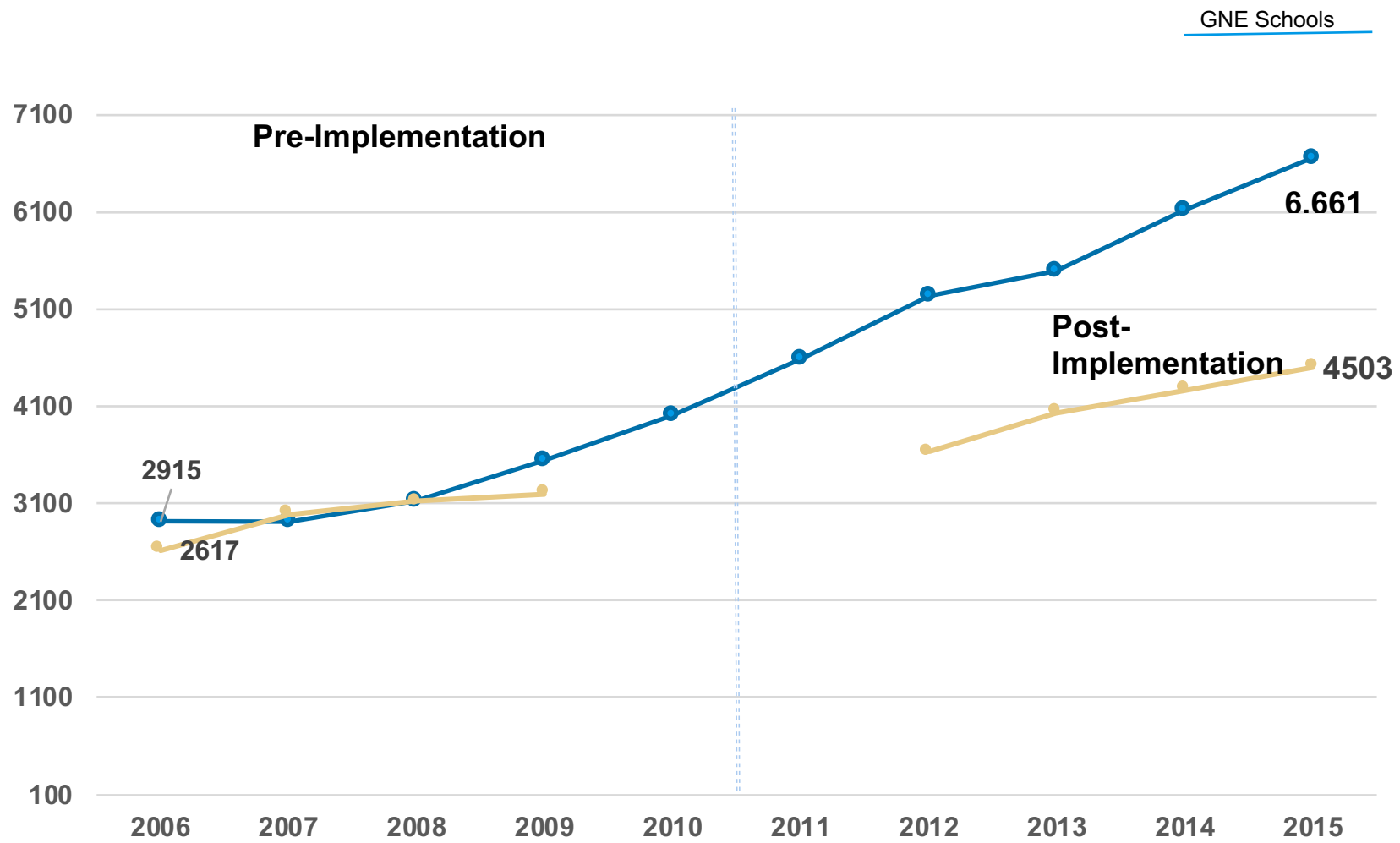
- It is feasible for hospitals to distribute APRN clinical training funds to multiple schools of nursing and clinical practices including community-based settings
- APRN enrollments and graduations have more than doubled
- All sites met the requirement for 50% of training in community-based settings
- Participating students are from diverse backgrounds
- Preliminary results suggest a substantial portion of graduates are working in primary care
- There is high demand among precepting organizations and other settings to hire APRN graduates

Looking Forward

- Use the success of Demonstration to inform national discussion on new Medicare GNE benefit
- Health systems and community stakeholder support is critical
- Nursing school support is essential

How effective was the GNE Demonstration project in increasing growth in the APRN workforce?

Total Annual APRN Student Enrollment from GNE and Non-GNE SONs by Year



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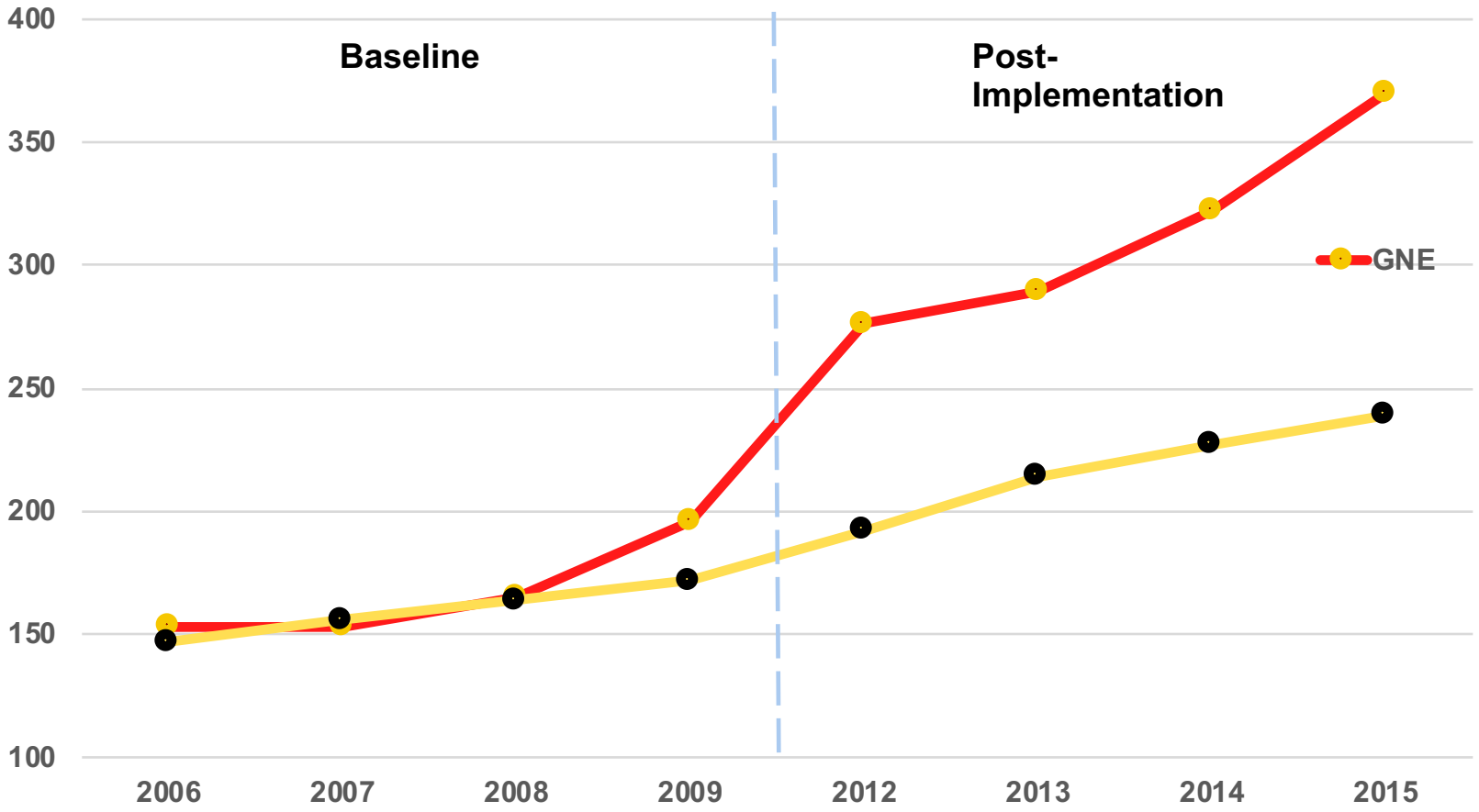
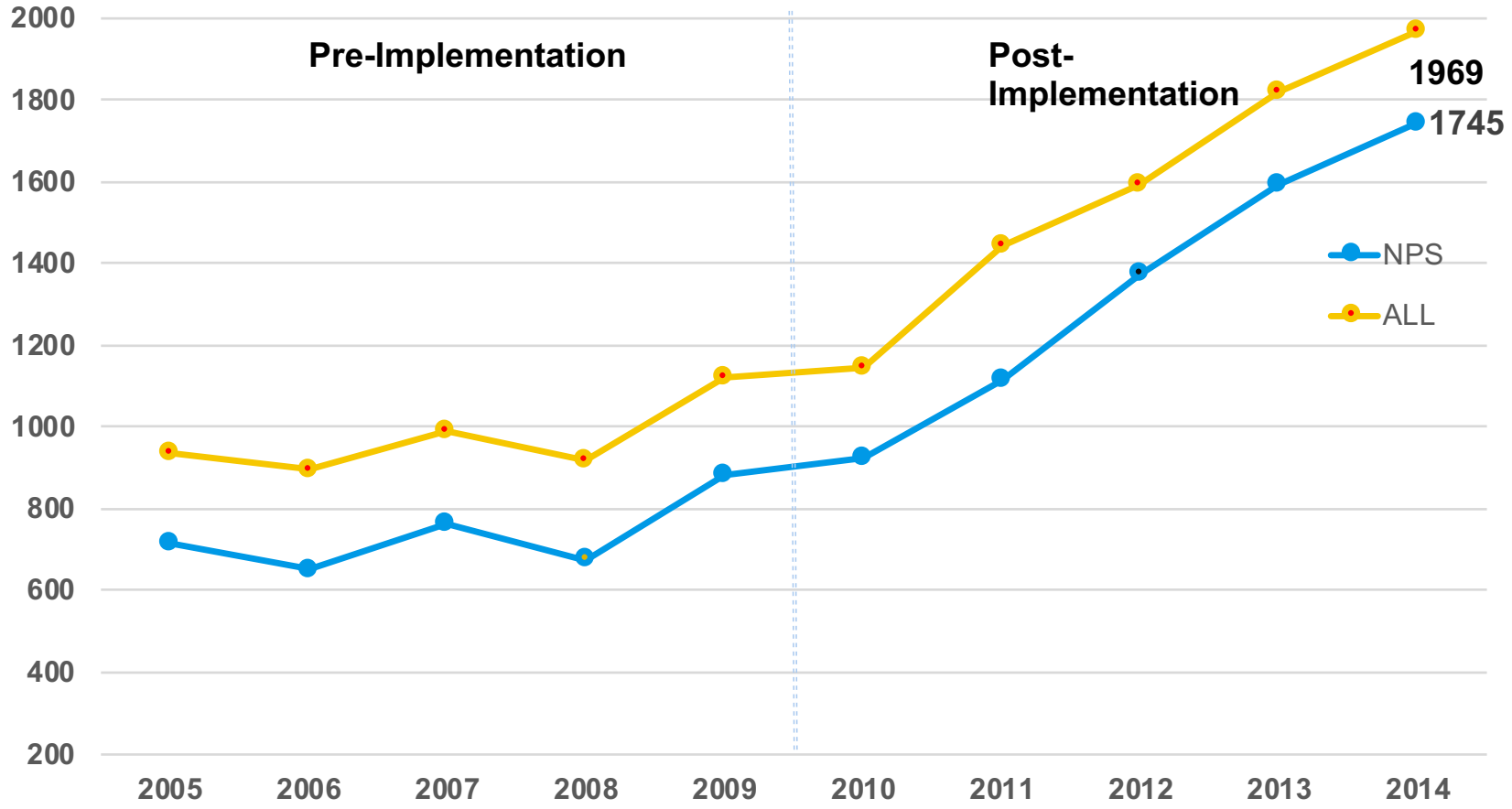
SOURCE: GNE Demonstration Evaluation Report to Congress, 2017 & AACN Data

Mean APRN Students Enrollment in GNE SONs vs. non-GNE SONs Comparison Group

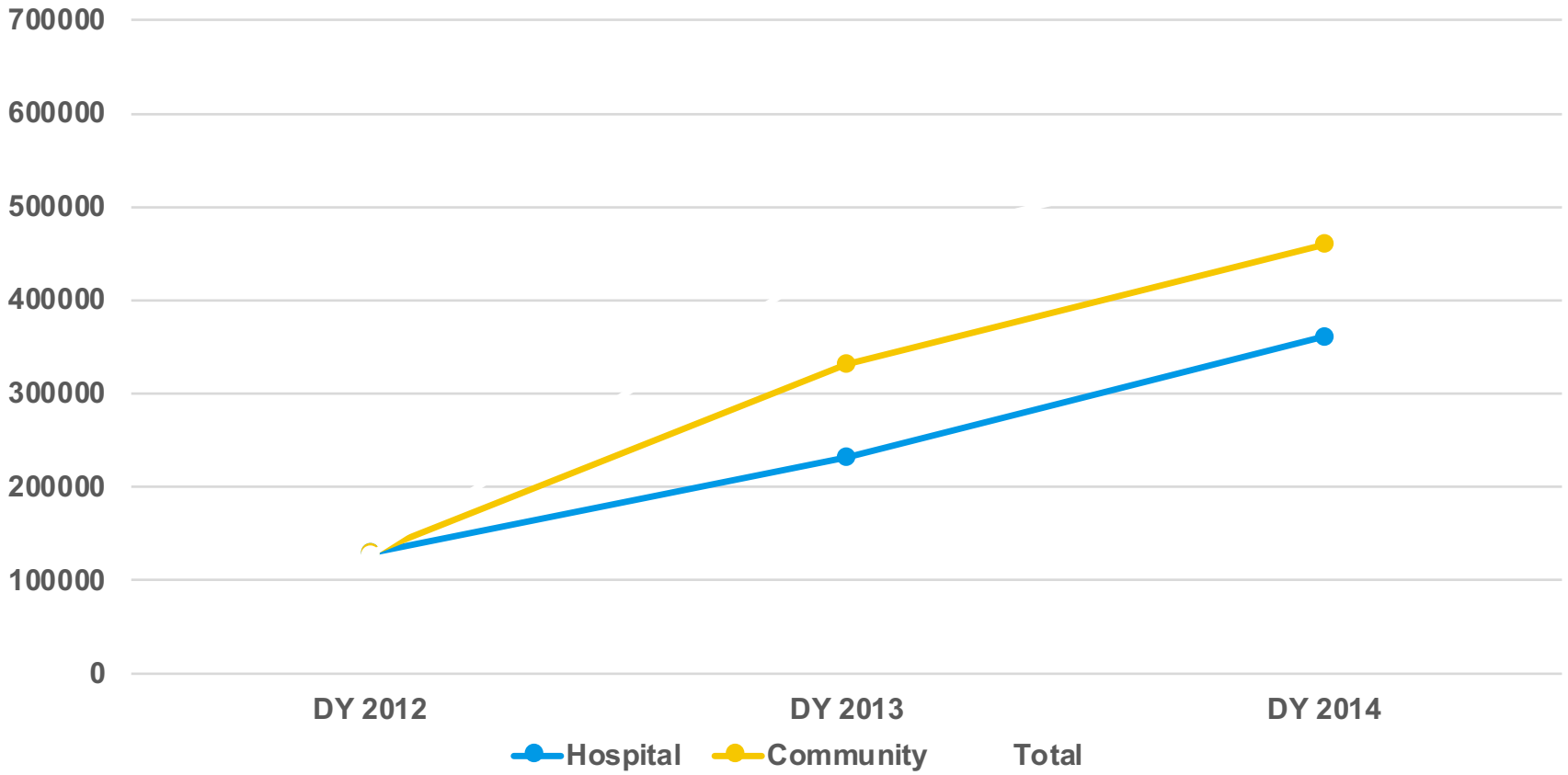


Annual APRN Student Graduation from GNE Demonstration Nursing Schools



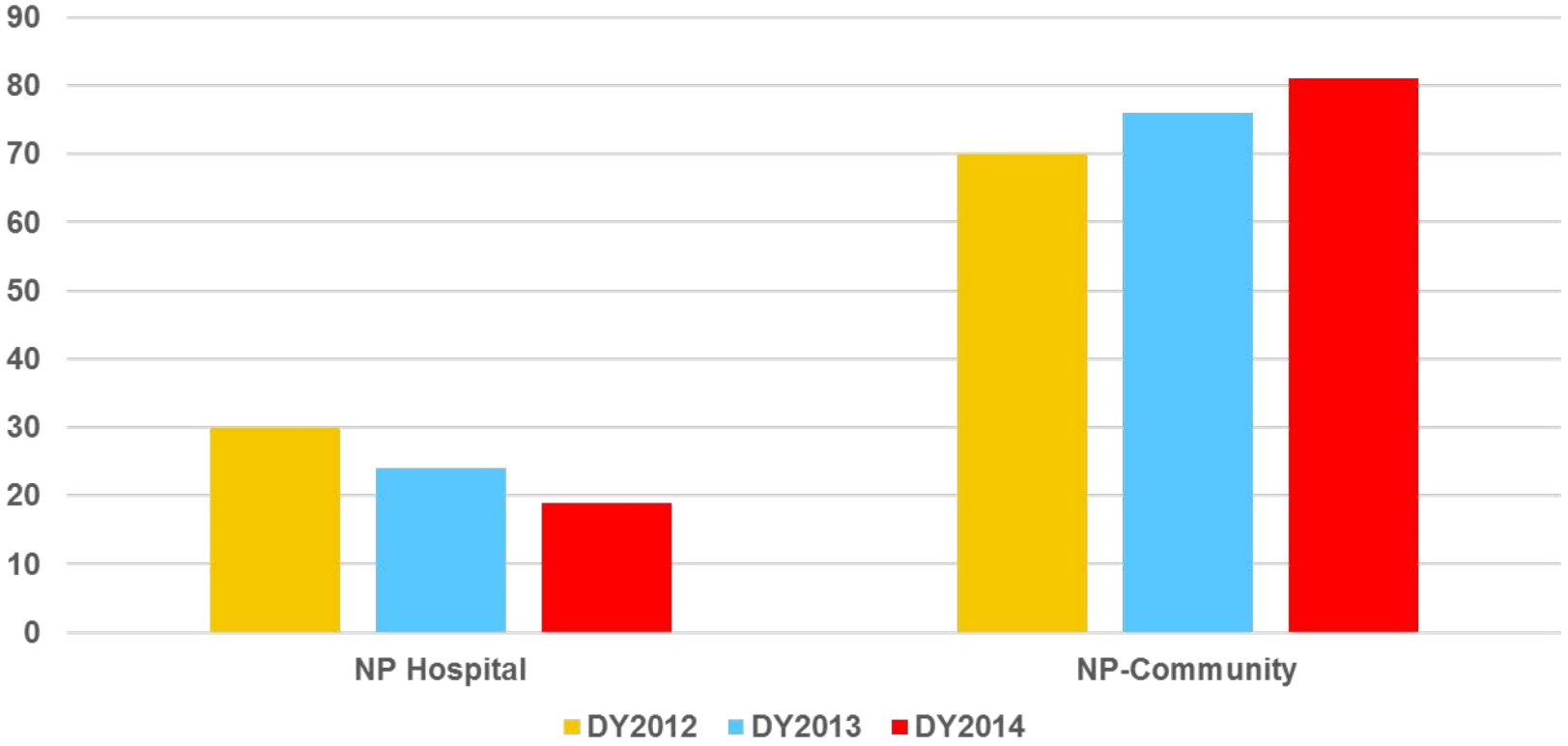
SOURCE: GNE Demonstration Evaluation Report to Congress, 2017

Clinical Education Hours Completed by Incremental APRN Students from DY2012-'14



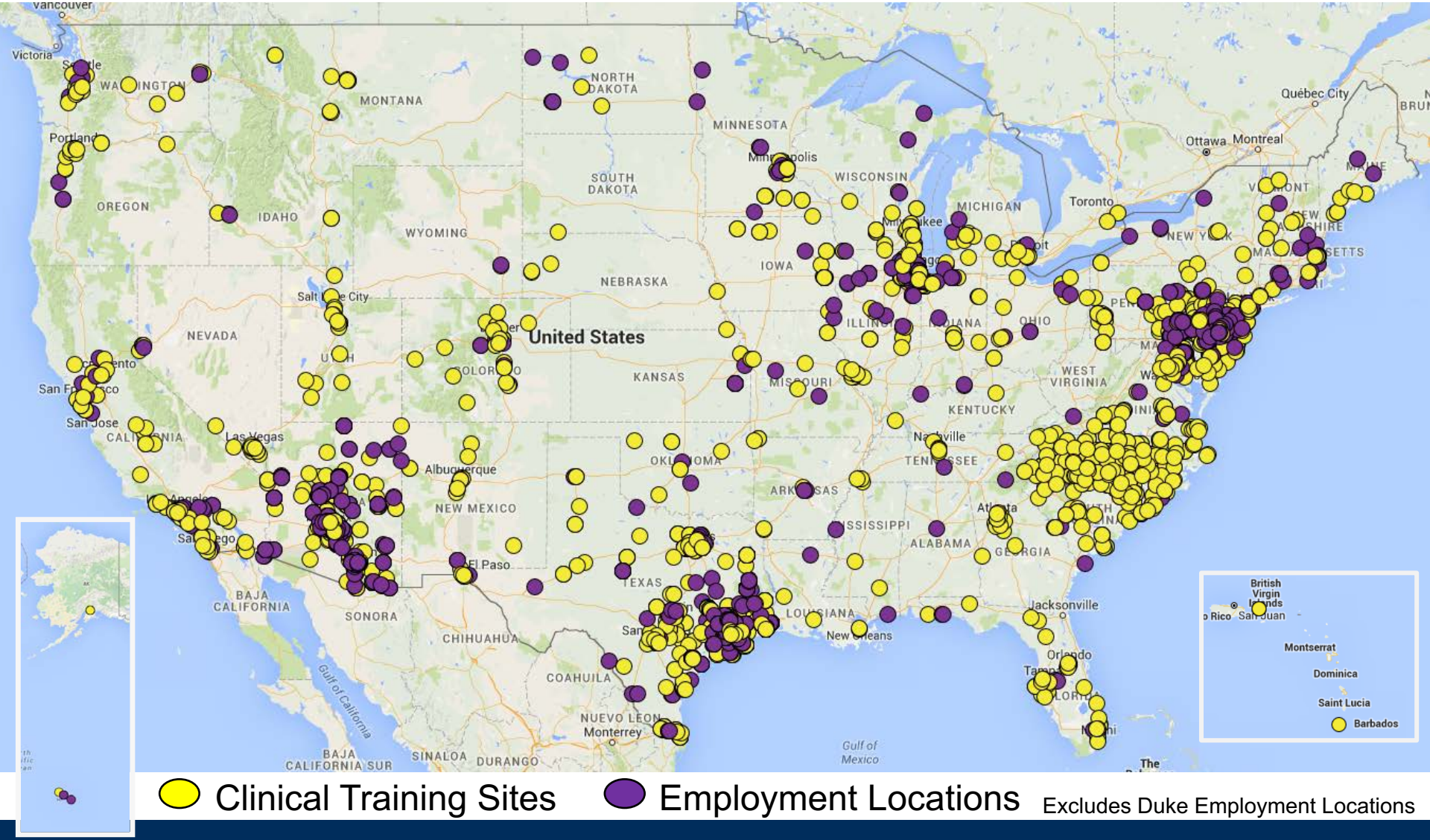
SOURCE: GNE Demonstration Evaluation Report to Congress, 2017

Percent of Precepted NP Clinical Hours Completed at Hospital and Community Settings by Incremental Students Enrolled in GNE SONs by Year



SOURCE: GNE Demonstration Evaluation Report to Congress, 2017

GNE Demonstration Training and Employment Locations

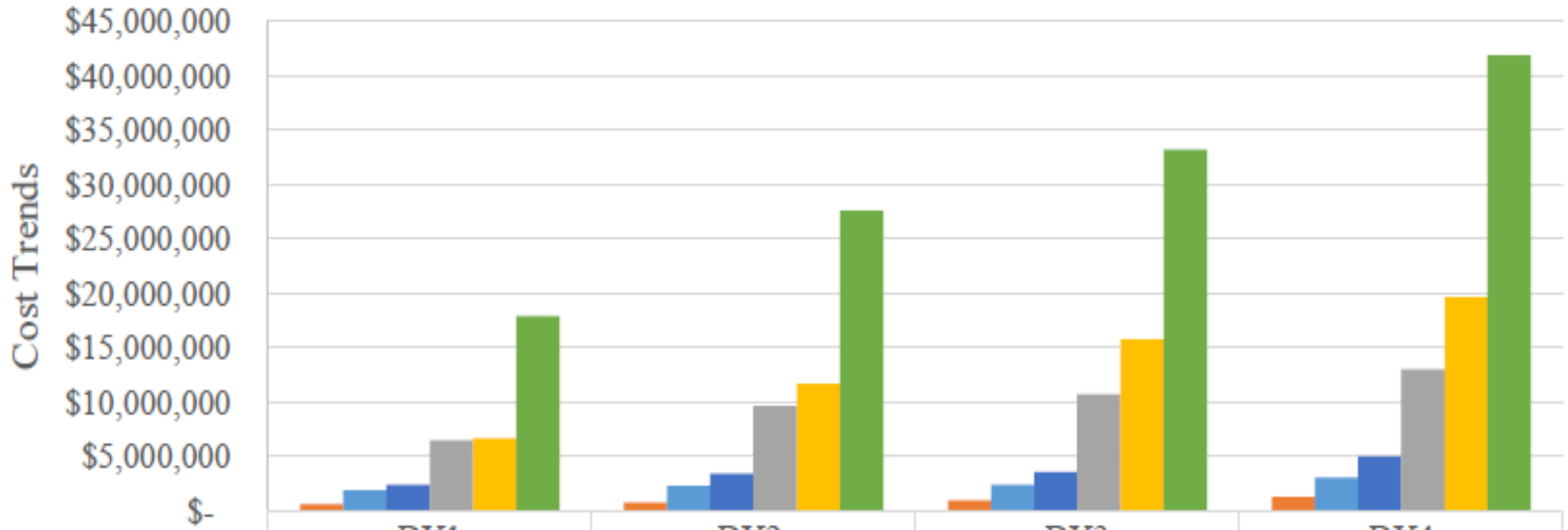


How was the GNE demonstration projected implemented and operationalized?

- **There was wide variation with each of the 5 networks**
  - Numerous community based clinics including FQHCs, Indian Health Services and hospital based community clinics
  - Rural and non-rural areas
  - Initial slow start up in Year 1
  - GNE infrastructure
  - Various approaches to preceptor payment methodology
  - Innovations

What is the total cost of the GNE project overall?

Figure 11: Cost Trends by Cost Category



	DY1	DY2	DY3	DY4
Other direct	$570,500	$749,400	$915,100	$1,280,400
Direct	$1,876,700	$2,253,100	$2,385,500	$3,045,500
Indirect	$2,362,800	$3,360,000	$3,533,000	$4,963,200
SON	$6,431,100	$9,569,700	$10,658,800	$12,956,700
CCS	$6,632,400	$11,650,700	$15,702,200	$19,577,700
Total	$17,873,500	$27,582,900	$33,194,600	$41,823,500

Notes: Costs expressed in $1,000,000s. DY1, DY2, and DY3 costs come from the GNE Audit Reports. DY4 costs come from the DY4 Budget Report, since the DY4 Audit and the DY4 Semi-Annual Reports were not available.

Successes and Challenges

- Increased awareness in medical community on need for APRNs
- Increased enrollment and graduates
- Implementation presented many challenges particularly related to payment methodology
- Concerns about sustainability
  - “Collaboration will sustain post demonstration, but what that collaboration will look is yet to be determined”
  - “Concern that sites will drop after the GNE money is gone”
  - “Variation in preceptor incentives”
  - “Strengthened SON’s relationships with existing clinical education sites”
  - “Partnered with new community based clinics”

Key Demonstration Results

- The five site demonstration has a national footprint in terms of training sites and location of graduates.
- Greater APRN enrollment and graduation growth in demonstration schools than comparison schools
- Majority of clinical training in community settings
- Majority of growth in APRNs in the demonstration was in nurse practitioners, who are in great demand nationally to improve access to care.
- The cost of clinical training of an APRN to graduation, in addition to tuition, was estimated to be less than $30,000, a very good investment compared to the cost of community-based residency training of primary care physicians in the Teaching Health Center demonstration of $150,000 *per year*.
- Cost per incremental APRN trained was lower as the number of nursing schools in each demonstration hub increased.
- Affiliation of a school of nursing with a hospital decreases the average school of nursing clinical training costs of APRN education.
- APRN graduates practice in rural and urban areas including federally qualified health centers, nurse-managed clinics, ambulatory medical practices, retail clinics, hospitals
- Preceptor development modules
- Workforce pipelines for regional health care

Key Learnings

- Demonstration has been complex
- Post demonstration would have to be simplified
- Clinical productivity and clinical education are colliding
  - Increasing competition for clinical training opportunities
    - On line programs
    - Other health care professional students
  - Demand > Supply?
- Workforce demands in region met
- New models for APRN clinical education needed
- Clinical preceptor engagement is crucial
- Need to centralize clinical training rotations in a given region
- Dissemination of findings

Questions