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[\(http\)](#) **Debra Langham** (Instructor)

11:35am

Hello Rosie

What are some of the Risks/benefits of the patient-centered medical home (PCMH) model this model used in your practice?

Thank you

Dr. Langham

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[\(https://\)](#) **LaKeeshia Westry**

<https://chamberlain.instructure.com/courses/106156/users/1057~74861>

Wednesday

Greetings Dr. Langham and classmates,

**Part 1:** Using Brown and Olshanky's (1997) model, describe what interventions you plan to do during your first visit of practice to help you navigate the changes described during in each phase.

○ **Laying the Foundation** [Top](#)

As graduate students who have been in school for 2-3 years, after completing a long, challenging program like this, it is important to have some time to reset, refresh, and relax. Here is a phrase from the Brown, and Olshanky's model which has four subcategories that each graduate student will go through:

recovering from school, negotiating the bureaucracy, and looking and applying for a new job, and worrying (Brown & Okshanky, 1997). After the completion of my bachelor's degree, I waited 2 years, and then nervously started the Masters-FNP program. I plan to take my boards in September. Passing my boards is essential to me. But I also remember how much time I have spent in school, late nights studying, and not being able to go on vacations or spend quality time with my family. I have started looking and applying for jobs, getting everything in place to take the boards, and registering for a review classes in hopes of helping to decrease my stress, anxiety, and fears that I have when I graduate.

- **Launching**

This is the phase where we hear a lot of new nurse practitioners (NPs) speak about imposter syndrome. As new NPs, we have to understand that we will not be as fast as other practitioners, we will still have a lot of questions, and at times we will feel like everyone may have doubt about us but we should not doubt ourselves or our ability to perform competently in our new role. Coming from a Registered Nurse in dialysis we carry out orders, draw labs, send patients out to the emergency room or call the provider for further guidance or orders based on what we have assessed and seen to determine the appropriate care, now having to be the person to make these decisions and to give the orders is major step. Now, I will be the provider the nurses are calling to report issues and must make the decision concerning what needs to be done. My clinical sites have all had other providers in the office, and I have learned that they collaborate when there is a question or need a second opinion. The medical field is working together to help provide the highest standards to the patients we are caring for. As new NPs, finding a mentor to talk to is very beneficial because we will need someone to lean on, guide us, and help with the hurdles that we as new providers come across.

- **Meeting the Challenge**

This is the phase when an NP feels more confident and comfortable in their new role. Like when we were new nurses, I know I felt like a little lost girl for the first six months. As in any profession, learning your new role, getting your bearings down, and feeling like you belong does not happen all at once. In this phase, we must not become over humble or overconfident and remember to work as a team and to utilize all of our resources to ensure that we will always have the best patient outcomes. My experience is in mental health, geriatrics, and dialysis, so I know when I obtain an NP position, I still have a lot to learn. NPs are used in every area of the medical field, so we have a wide variety of options to learn from if we desire to do so. As an NP, we must remember we are still new NPs and must lean on our team to help us in caring for our patients but with that being said, we must also keep in mind that it is up to us to make the ultimate decision.

- **Broadening the Perspective**  
Top

This phase is when we will be more relaxed and comfortable with our role as an NP. After having at least one year under your belt, you start to realize that you are becoming more confident in your role as an NP and not as timid as when you first started. I will be able see how I have progressed over the year and

navigated through the challenges that I have faced. I will have a better understanding about how the company works and is managed. This stage is essential to become more involved in the company I work for and maybe even a local NP organizations. I currently am not a part of any local NP organization but it is my desire to join an organization soon. But between school and work I haven't really had much time to be actively involved in anything.

**Part 2:** We are seeing rapid change in primary care as stakeholders are demanding higher quality healthcare at reduced costs. After reading the Cuenca (2017) and Shi, et al. (2017) articles, provide a synthesis-level evaluation of how you believe the patient-centered medical home and value-based payment models will: (1) impact your personal practice as a nurse practitioner, and (2) transform the way primary care is delivered in the United States.

The principal goal of healthcare is a patient centered approach to improve individual health outcomes, which improves patient satisfaction scores, better patient experiences, reduction of cost, and improved higher staff productivity and morale (Blount, 2019). We also establish a better provider-patient relationship that leads to more organized, productive, trusting, and dependable care.

There are many advantages and disadvantages to patient-centered care. Some benefits of patient-centered care are reducing inpatient visits, emergency room use, and hospital readmission rates (Budgen & Cantiello, 2017). As providers, when we listen to our patients, involve them in their treatment plan, and make them feel comfortable coming back to us, it will decrease hospitalizations and unnecessary emergency room visits. One of the keys to patient centered-care is the education and involvement of patients in their care. In clinical, I have learned that when a patient understands and feels involved in their care, and trust you, they tend to be more compliant, call when they have questions, and come back to their follow-up appointments. Some of the disadvantages that have been shown are the misalignment between current pay systems and PCMH goals (Budgen & Cantiello, 2017). The provider's payment is still linked to the procedures and volume of patients, which means that providers are unable to spend extra time with patients that may be needed to establish a well-defined plan of care. Spending extra time with patients takes time away from them seeing more patients, therefore, impacting the financial incentive for seeing more patients and billing more hours.

Value-based payments have both negative and positive impacts on my practice as an NP. The metrics for patient care will help to drive me to provide the best patient care using evidence-based practice with lower cost to the patient while also improving patient satisfaction. This will also guide and aid me in becoming more conscientious with diagnosing and coding during the patient's visit to ensure that both payment and credit will be received for the procedures and services provided during the patient's visit. This will benefit all parties involved. Patient satisfaction scores can negatively impact these metrics, when patients feel they did not get appropriate care according to their perception, or disagree with, or do not completely understand the education provided to them, they may leave negative comments which lower scores. Undeniably, patients can get high standards of care, but if they do not get what they want, they will give lower scores and leave negative comments. I have seen this a lot in my current specialty that I work in. When patients want an antibiotic because they have allergies, even after education, proper testing, and assessment, they may possibly leave unhappy with the provider. In turn, they give low scores on the survey. As a provider, I will be sure to document all education provided, reasoning, and testing so if the company's records are ever audited, the justification for the provider is documented. The star ratings of an organization can be misleading because if only ten people fill out the survey and eight

are negative, this dramatically impacts the rating. Therefore, it is important for us to encourage all patients to fill out the surveys they receive about the care provided by a provider. This also helps the company to better understand and address areas of strengths and areas that needs improvement.

**Part 3:** After reading the AANP (2015) and White, et al. (2017) articles, what are your thoughts on the economic benefits of using nurse practitioners in healthcare practices? How would you respond to this question if asked in a job interview? Support your response in Part 3 with evidence from the literature.

Research has demonstrated that NP's have consistently proven to be cost-effective providers that deliver high-quality care for nearly fifty years (Association of Nurse Practitioners, 2015). NP's play an essential role in the economy especially when it comes to cost savings and have been a proven response to the evolving trend towards preventative care and wellness driven by patient demand. Cost-effectiveness starts with academic preparation in graduate school, which is 20-25% less than a physician in cost, and some data indicates that NP's can provide about 90% of primary care services provided by physicians, with comparable outcomes and at lower cost (Kraus & DeBois, 2016).

I would respond to this question in a interview:

NP's are essential to the delivery of care and cost-effectiveness to any organization. The cost of having a NP is about half the cost of a physician (AANP, 2015). It has also been demonstrated that NP's score consistently higher in patient satisfaction, patient compliance, disease prevention, and health promotion which then saves money due to a decrease in emergency room visits, cost, admissions, and readmits to the hospital. NP's have been shown to improve quality measures which increases reimbursement rates from the government which then improves overall profit for the organization (AANP, 2015).

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~LaKeeshia

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[\(http](#)**[Mary Hacker](#)****<https://chamberlain.instructure.com/courses/106156/users/175156>**

Yesterday

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Lakeshia,

I agree that it will take a solid year or 2 before we as new FNPs will feel as if we “belong” in our new roles. I plan consult my collaborating MD for any and all questions or concerns that I have about patients. I hope he/she will not get to the point to where I am aggravating about questions. But I want to make sure that I am always ordering the correct labs, tests, and medications. I also plan to keep a current guideline book nearby to also be a reference. I also agree that a value-based system can have both a positive and negative effect on our practice as FNPs. Teisberg et al (2020) discuss that the Value-based health care plan better connects clinicians to their purpose as healers while supporting professionalism. It is also suggested that utilizing a value-based system can prevent clinician burnout (Teisberg et al, 2020). This is possible as a value-based system focuses on the outcomes that are most important to patients which in turn aligns with patient values (Tesiberg et al, 2020). This will lead to better compliance with healthcare and improved patient comfort (Tesiberg et al, 2020).

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<https://doi.org/10.1097/ACM.0000000000003122>

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[\(http](#)**[Debra Langham](#) (Instructor)**

11:36am

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Hello Lakeshia

The patient-centered medical home (PCMH) model is an effective model used in the health care arena today. What are some of the benefits of this model used in your practice?

Thank you

Dr. Langham