APNP Hospitalist Programs in Critical Access Hospitals: The Ministry Health Care Experience

In 2011 Ministry Health Care (MHC) began implementation of a vision for a new way to provide inpatient care at Critical Access Hospitals (CAH). CAH's are traditionally dependent upon a small group of primary care physicians to provide inpatient services. The risk of physician retirement, resignation, or illness leads to chronic uncertainty and risk for CAH physician staffing. Ministry Eagle River Memorial Hospital (MERMH) was chosen as the system pilot site for the deployment of an Advanced Practice Nurse Prescriber (APNP) Hospitalist program.

Key Program Drivers

Rural communities, and the Critical Access Hospitals within those communities, are heavily reliant on family physicians for their health care and hospital coverage needs. It has been widely documented that rural communities will face a shortage of physicians in the coming years. With the passage of the Affordable Care Act, the U.S. will need in excess of 50,000 new primary care physicians by 2025 (Petterson et al., 2012). Additionally, work-life balance is increasingly important to new graduates; medicine is what they do, not who they are. This represents a fundamental redefinition of professional identity. Based on the convergence of these factors, it is wishful thinking to believe that market trends can be overcome simply by "recruiting harder."

Implementation

Operational and medical staff leaders from MERMH and Ministry Medical Group (MMG) worked collaboratively to develop an innovative new model for providing inpatient care. Using APNPs in a redefined way and incorporating telemedicine to support their practice, MERMH has been able to provide high quality care and keep patients in their local community. The APNP hospitalist program was created to include the comprehensive evidence based order sets, support for inpatient curriculum and training, and ongoing clinical and educational support. Prior to providing hospitalists services, APNP hospitalists receive six to 12 months of additional education and training at an MHC community hospital under the supervision of a physician specializing in hospital medicine. During this time, the APNP hospitalists learn to triage patients to the appropriate level of care, manage a defined scope of diseases, provide care using order sets, and learn to present patient information using telemedicine. Only after this training is complete are the APNP hospitalists transferred to MERMH to provide inpatient care. As a result, the design of the program ensures that the APNP hospitalists are well equipped to admit and manage select groups of patients in a safe and effective manner.

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To implement the program as envisioned, MERMH requested and was granted, a three year pilot waiver to Section DHS 124.04(2)(g) of the Wisconsin Administrative Code which states that "a person may be admitted to a hospital only on the recommendation of a physician, dentist or podiatrist, with a physician designated to be responsible for the medical aspects of care." This variance allows our specially trained APNPs to admit patients and be responsible for the provision of medical care, thus fulfilling the role of attending provider.

The success of the care team is based on a commitment to person-centered care and the desire to offer the highest level of service and quality to our patients. The APNP's work in an interdisciplinary manner, using daily rounds with the care team as a venue for creation of person-centered treatment and discharge goals. Through telemedicine, the APNP's and our patients have access to consultation from physician hospitalists as well as a number of other specialties including infectious disease, surgery, wound care, and many others without having to travel.

Conclusion

The future of this program is bright. Since its inception the APNP hospitalist model of care has been widely accepted by our patients and families, who appreciate being able to remain in their community while hospitalized. Our clinical quality, patient satisfaction, and length of stay data all reveal a consistently high level of care delivery. MHC has already expanded the program to Our Lady of Victory hospital in Stanley, WI and is working on further expansion to a third site. Leveraging technology and the expertise of physician hospitalists, MHC as successfully developed a model of care delivery to help secure the future of rural inpatient care.

Reference

Petterson, S. M., Liaw, W. R., Phillips, J. L., Rabin, D. L., Meyers, D. S., & Bazemore, A. W. (2012). Projecting US Primary Care Physician Workforce Needs: 2010-2025. Annals Of Family Medicine, 10(6), 503-509.

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