Financial Implications of Implementing the Clinician Educator Role at the University of South Florida Health Care System and the University of South Florida College of Nursing

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Purpose

 To examine the potential benefits and costs of implementing the Clinician Educator (CE) role at USF Health Care (USFHC) in collaboration with the USF College of Nursing

Background

- A majority of nursing deans in American Association of Colleges of Nursing accredited schools and colleges of nursing in the United States report low or minimal integration of nursing faculty into the clinical practice of their partner health systems.
- Lack of clinical integration between schools and colleges of nursing and their partner health systems adversely impacts both partners.
- Within USFHC, the results of a quality improvement phenomenological examination completed in 2017 suggest there are significant opportunities for optimizing the role of Nurse Practitioners and Physician Assistants within the practice to advance clinical, operational, and financial outcomes.

Methods

- Cost-benefit analysis (CBA) applicable to a single USFHC division
- · Integrative review of literature

Key Concepts

 The CE is defined as an NP with doctorallevel preparation recruited and hired by the USF College of Nursing to fulfill a dual role within USFHC. In this role, it is expected that up to 50% of their effort will be contracted to USFHC for clinical practice. The remainder of the effort will be allocated to an academic faculty role.

Setting

 The USFHC division consists of 3 full-time NPs, 3 full-time attending physicians, and 20 resident physicians serving an average of 1,453 patients each month.

Review of Literature



- Professional autonomy and role ambiguity are most predictive of nurse practitioner turnover
- Autonomy is a key driver of job satisfaction among novice NPs.



- Despite increased need for NP's, job satisfaction and retention rates are low.
- NP's are at high risk for burnout which adversely impacts practice outcomes.



- Multiple studies confirm that NPs deliver high quality and cost effective care.
- NP's are uniquely poised to fill an emerging shortage of primary care providers in the United States and to improve access to care for patients.

Projected Benefits of CE Integration



Results



- Potential reduction in NP turnover expense
- Potential increase in patient appointment capacity: 11%
- Projected financial impact: +\$30,000 annually
- Revenue expense ratio impact: 0.821 to 0.848



Discussion Implications for Practice

- Results of these analyses suggest that strategic integration of NP CEs within USFHC may be an effective strategy for improving access to health care and practice financial outcomes.
- Integration of CE's with advanced clinical expertise will advance the clinical teaching mission of the USF College of Nursing.
- PhD and DNP program growth within the USF College of Nursing increases opportunities for collaboration and implementation of the CE role within USFHC.
- Potential CE benefits include increased opportunities for patient-centered research, safety, and quality improvement projects led by NPs with doctoral-level preparation.
- Strengthening the partnership between USFHC and USF College of Nursing is essential to advancement of the goals of both organizations.

Limitations

 Although the result of the CBA supports the CE role, a pilot project will be required to evaluate the impact of the CE role between USFHC and USF College of Nursing.

Acknowledgements

 Our thanks to Dr. Melanie Michael and Dr. Susan Perry for their guidance and support in the completion of this project.

Key References

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