Nurse Practitioner & Dentist Model for Primary Care

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Presentation Objectives

• Describe the Nurse Practitioner-Dentist (NPD) Model for Primary Care, an integrated care model, to improve health for older adults living with chronic health conditions.

• Discuss policy recommendations for state legislatures to promote preventive care.
Practices Caring For The Underserved Are Less Likely To Adopt Medicare’s Annual Wellness Visit

ABSTRACT In 2011 Medicare introduced the annual wellness visit to help address the health risks of aging adults. The visit also offers primary care practices an opportunity to generate revenue, and may allow practices in accountable care organizations to attract healthier patients while stabilizing patient-practitioner assignments. However, uptake of the visit has been uneven. Using national Medicare data for the period 2008–15, we assessed practices’ ability and motivation to adopt the visit. In 2015, 51.2 percent of practices provided no annual wellness visits (nonadopters), while 23.1 percent provided visits to at least a quarter of their eligible beneficiaries (adopters). Adopters replaced problem-based visits with annual wellness visits and saw increases in primary care revenue. Compared to nonadopters, adopters had more stable patient assignment and a slightly healthier patient mix. At the same time, visit rates were lower among practices caring for underserved populations (for example, racial minorities and those dually enrolled in Medicaid), potentially worsening disparities. Policy makers should consider ways to encourage uptake of the visit or other mechanisms to promote preventive care in underserved populations and the practices that serve them.
NPD Model: Value proposition

- Interprofessional collaborative care
- Quality of primary care provided to vulnerable Medicare beneficiaries by NPs is consistent with clinical guidelines and the less intensive use of costly health care services.¹
- Holistic approach to care
- Oral health and primary care nexus

Working together to . . .

- Use evidence-based clinical practice guidelines to improve health outcomes
- Increase preventive services and screenings
- Increase referrals to primary care providers, specialty providers, and community resources
- Provide chairside consultations to dental providers
- Develop personalized prevention plans with patients
- Improve patient experience of care
- Manage acute complications and medical emergencies
- Detect undiagnosed conditions
- Provide Annual Wellness Visits
Roles & Responsibilities

Dentist

- Health risk assessment
- Current providers
- Medical/family history
- Potential risk factors for depression
- Functional ability and level of safety
- Assessment, including cognition
- Written screening schedule
- List of risk factors and conditions
- Personalized health advice and referrals
- Advance care planning

Nurse Practitioner

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- Current providers
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Nurse Practitioner-Dentist Workflow

Dental appointment begins

Dental provider reviews patient’s medical history

Review radiographs and disposition decision

Radiographs if needed

Transition/hand-off communication

Dentist
Patient
Nurse Practitioner

Patient - NP Clinical Encounter

Patient checks out

Escort patient to front registration desk

Front desk staff collects medical insurance information & schedules follow-up appointments

NP-Patient-Dentist develop patient-centered interdisciplinary plan of care

Review:
- Medical history
- PCP status
Collect:
- Vital signs
- height, weight, BMI
Interview:
- Chief complaint, concerns
Schedule appointments:
- Follow-up visit, as needed
- Annual Wellness Exam, if applicable.
Provide patient referrals:
- Primary care
- Mental health
- Social services
- Other

Dental provider documents patient responses to PCP status questions:
1) Do you have PCP?
2) Date of last visit with PCP?
3) Are you Interested in seeing the NP?

Patient arrives at dental office

Patient arrives at dental office

Patient arrives at dental office
## Pilot: Preliminary Outcomes

Pre- and post-intervention select measures ($N = 41$)

<table>
<thead>
<tr>
<th>Clinical Outcome</th>
<th>$n$</th>
<th>Pre-intervention $n$ (%)</th>
<th>Post-intervention $n$ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c (&lt; 8.0)</td>
<td>16</td>
<td>10 (91)</td>
<td>11 (100)</td>
</tr>
<tr>
<td>Systolic BP (&lt; 140)</td>
<td>38</td>
<td>31 (76)</td>
<td>36 (88)</td>
</tr>
<tr>
<td>Diastolic BP (&lt; 90)</td>
<td>38</td>
<td>40 (97)</td>
<td>41 (100)</td>
</tr>
<tr>
<td>Mean body weight, lbs.</td>
<td>41</td>
<td>197</td>
<td>189</td>
</tr>
<tr>
<td>BMI, average</td>
<td>41</td>
<td>31.7</td>
<td>30.6</td>
</tr>
<tr>
<td>Quality Measure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of advance care planning</td>
<td>41</td>
<td>30 (73)</td>
<td>40 (97)</td>
</tr>
<tr>
<td>Report ever having a pneumococcal vaccination</td>
<td>41</td>
<td>25 (86)</td>
<td>28 (97)</td>
</tr>
<tr>
<td>Annual influenza vaccine</td>
<td>41</td>
<td>25 (86)</td>
<td>28 (97)</td>
</tr>
</tbody>
</table>
Lessons / Considerations

• Plan ahead!
  • Examine state practice acts
  • Develop relationships with state agencies
  • Consider provider credentialing requirements for medical billing
  • Assess resources for EHR integration

• Patient engagement takes time!
  • Needs assessment
  • Education
  • Communication

• Anticipate resistance to change!
  • Secure stakeholder buy-in
  • Engage community PCPs
  • Develop formal policies & procedures
  • Role-model collaborative leadership
  • Provide teamwork training
  • Employ a CQI approach
## Financing / Sustainability

<table>
<thead>
<tr>
<th>CODE</th>
<th>OFFICE VISITS - NEW PATIENTS</th>
<th>CODE</th>
<th>ICD 10 DIAGNOSES CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>LEVEL 1. BRIEF: 10 min</td>
<td>E11.9</td>
<td>Type 2 diabetes mellitus without complications</td>
</tr>
<tr>
<td>99202</td>
<td>LEVEL 2. LIMITED: 20 min</td>
<td>I10</td>
<td>Essential (primary) hypertension</td>
</tr>
<tr>
<td>99203</td>
<td>LEVEL 3. EXPANDED: 30 min</td>
<td>E66.3</td>
<td>Overweight</td>
</tr>
<tr>
<td>99204</td>
<td>LEVEL 4. COMPREHENSIVE: 45 min</td>
<td>E66.9</td>
<td>Obesity, unspecified</td>
</tr>
<tr>
<td>99205</td>
<td>LEVEL 5. COMPREHENSIVE: 60 min</td>
<td>F32.9</td>
<td>Major depressive disorder, single episode, unspecified</td>
</tr>
<tr>
<td></td>
<td>PREVENTIVE EXAM - NEW PATIENTS</td>
<td>F41.8</td>
<td>Other specified anxiety disorders</td>
</tr>
<tr>
<td>G0438</td>
<td>MEDICARE, Annual Wellness Visit, Initial</td>
<td>Z00.00</td>
<td>Encounter for general adult medical exam w/o abnormal findings</td>
</tr>
<tr>
<td>G0439</td>
<td>MEDICARE, Annual Wellness Visit, Subsequent</td>
<td>Z00.01</td>
<td>Encounter for general adult medical exam w/abnormal findings</td>
</tr>
<tr>
<td>99387</td>
<td>PREVENTIVE MEDICINE, 65+</td>
<td>R03.0</td>
<td>Elevated blood pressure reading w/o Dx of HTN</td>
</tr>
<tr>
<td></td>
<td>OFFICE VISITS - EST. PATIENTS</td>
<td>Z00.01</td>
<td>Encounter for general adult medical exam w/abnormal findings</td>
</tr>
<tr>
<td>99211</td>
<td>LEVEL 1. BRIEF: 5 min</td>
<td>M13.80</td>
<td>Other specified arthritis, unspecified site</td>
</tr>
<tr>
<td>99212</td>
<td>LEVEL 2. LIMITED: 10 min</td>
<td>Z01.30</td>
<td>Encounter for exam of blood pressure w/o abnormal findings</td>
</tr>
<tr>
<td>99213</td>
<td>LEVEL 3. EXPANDED: 15 min</td>
<td>Z01.31</td>
<td>Encounter for exam of blood pressure w/abnormal findings</td>
</tr>
<tr>
<td>99214</td>
<td>LEVEL 4. COMPREHENSIVE: 25 min</td>
<td>Z13.1</td>
<td>Encounter for screening for diabetes mellitus</td>
</tr>
<tr>
<td>99215</td>
<td>LEVEL 5. COMPREHENSIVE: 40 min</td>
<td>R63.4</td>
<td>Abnormal weight loss</td>
</tr>
<tr>
<td></td>
<td>PREVENTIVE EXAM - EST. PATIENTS</td>
<td>R63.5</td>
<td>Abnormal weight gain</td>
</tr>
<tr>
<td>99397</td>
<td>PREVENTIVE MEDICINE, 65+</td>
<td>Z63.79</td>
<td>Other stressful life events affecting family and household</td>
</tr>
<tr>
<td></td>
<td>COUNSELING</td>
<td>R53.82</td>
<td>Chronic fatigue, unspecified</td>
</tr>
<tr>
<td>99401</td>
<td>PREVENTIVE COUNSELING: 15 MIN</td>
<td>R86.19</td>
<td>Personal history of other infectious/parasitic disease</td>
</tr>
<tr>
<td>99402</td>
<td>PREVENTIVE COUNSELING: 30 MIN</td>
<td>Z66.73</td>
<td>Personal history of transient ischemic attack (TIA)</td>
</tr>
<tr>
<td>99403</td>
<td>PREVENTIVE COUNSELING: 45 MIN</td>
<td>Z91.81</td>
<td>History of falling</td>
</tr>
<tr>
<td>99406</td>
<td>MEDICARE, smoking and tobacco-use cessation counseling visit, intermediate</td>
<td>Z95.1</td>
<td>Presence of aortocoronary bypass graft</td>
</tr>
</tbody>
</table>
Conclusion / Next Steps

NPD Model is a feasible strategy to improve health outcomes for older adults with chronic health conditions.

- Demonstrate a sustainable, financial model by testing medical coding and billing processes.
- Expand NPD Model to young adults (18-26 years) and mid-life adults (50-64 years).
- Test the model in other dental practice environments.
Policy Recommendations

• Reform scope-of-practice regulations to conform to the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules.²

• Require third-party payers that participate in fee-for-service payment arrangements to provide direct reimbursement to APRNs who are practicing within their scope of practice under state law.²

• Support the provision of AWV and other preventive care provided by NPs in the dental care setting.

Acknowledgment

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