



COLORADO CENTER
FOR NURSING EXCELLENCE

*Transforming Healthcare
Through Workforce Innovation*

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Grow Your Own APRNs
& Keep Them Forever
Success in Colorado

A stylized flame logo on the left side of the slide, composed of three curved, overlapping shapes in shades of blue and white, resembling a flame or a stylized 'C'.

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www.coloradonursingcenter.org



What We Do:

Training
Advocacy
Professional Development
Coaching & Mentoring
Transition to & within Practice

Areas of Focus:

Behavioral Health
Geriatrics
Leadership Development
Diversity, Equity & Inclusion
Rural & Underserved



Clinical Problem/Purpose: Access to Care

Healthy People 2020 Goal:

**“Improve access to comprehensive,
quality health care services...
Increase number of practicing nurse
practioners.”**

(healthypeople.gov, 2014)

Background & Significance

- **ACA and Medicaid Expansion**
 - **High utilization of ED's**
- **Newly insured's report challenges in finding a primary care provider.**
- **Rural population in Colorado continues to grow...**
 - **Rural provider #'s shrinking.**

(Colorado Health Institute, 2014)



Nurse Practitioners

A SOLUTION TO AMERICA'S
PRIMARY CARE CRISIS

Peter Buerhaus

SEPTEMBER 2018

A M E R I C A N E N T E R P R I S E I N S T I T U T E

FINDINGS

Lack of (physician) providers in rural areas- expected to worsen

Care provided by APRNs is as good, and in some cases better than physicians

Cost of APRN provided care is significantly lower (even accounting for lower payment of NPs)

APRNs are more likely to accept Medicaid, uninsured and accept lower payments than physicians

States that restrict scope of practice on APRNs have significantly less access to primary care NPs

NP scope of practice restrictions do not help protect the public from subpar care or receive better quality care

Evidence

Maldistribution of PCPs in Colorado and nationally

Rural and Underserved communities most at risk

Loan repayment programs help mitigate the shortages for awhile

Limited retention of providers after loans are paid off.

Providers who are from a rural and or underserved community are more likely to be retained and work in that or a similar community



The Challenge

The United States spends more than **\$3.5 trillion** per year on health care while underperforming on **nearly every metric.**

The Vision

The systems that educate, pay, employ, and enable nurses need to:



**Permanently
remove
barriers**



**Value nurses'
contributions**



**Prepare nurses
to advance
equity**



**Diversify the
workforce**



Solution



Create a “Grow Your Own”
APRN workforce from
within the communities in
need.



BARRIERS

To building an APRN workforce in rural

- *Organizational policies*
- *Cost of education*
- *Community and family support*
- *Life challenges*
- *Willingness to commit to a rural
community long-term*



Test a “Grow Your Own APRN” program

Use the Nursing Community Apgar Questionnaire
to measure recruitment and retention.

- Daniel and Janet Mordecai Foundation

- The Colorado Health Foundation

- Health Resources Services Administration (ANEW program)

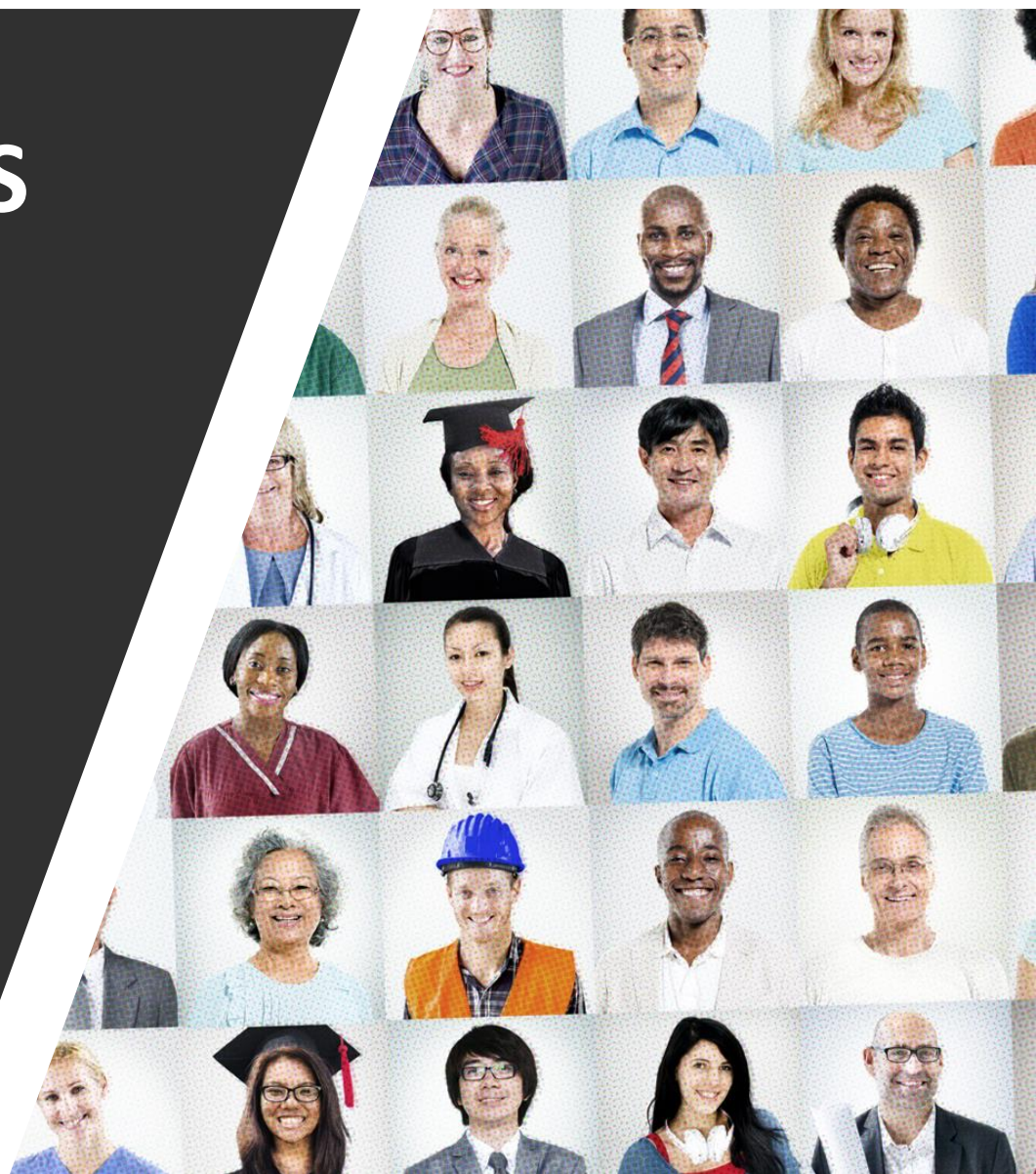
- United Health Foundation

- Johnson & Johnson Janssen Pharm Foundations

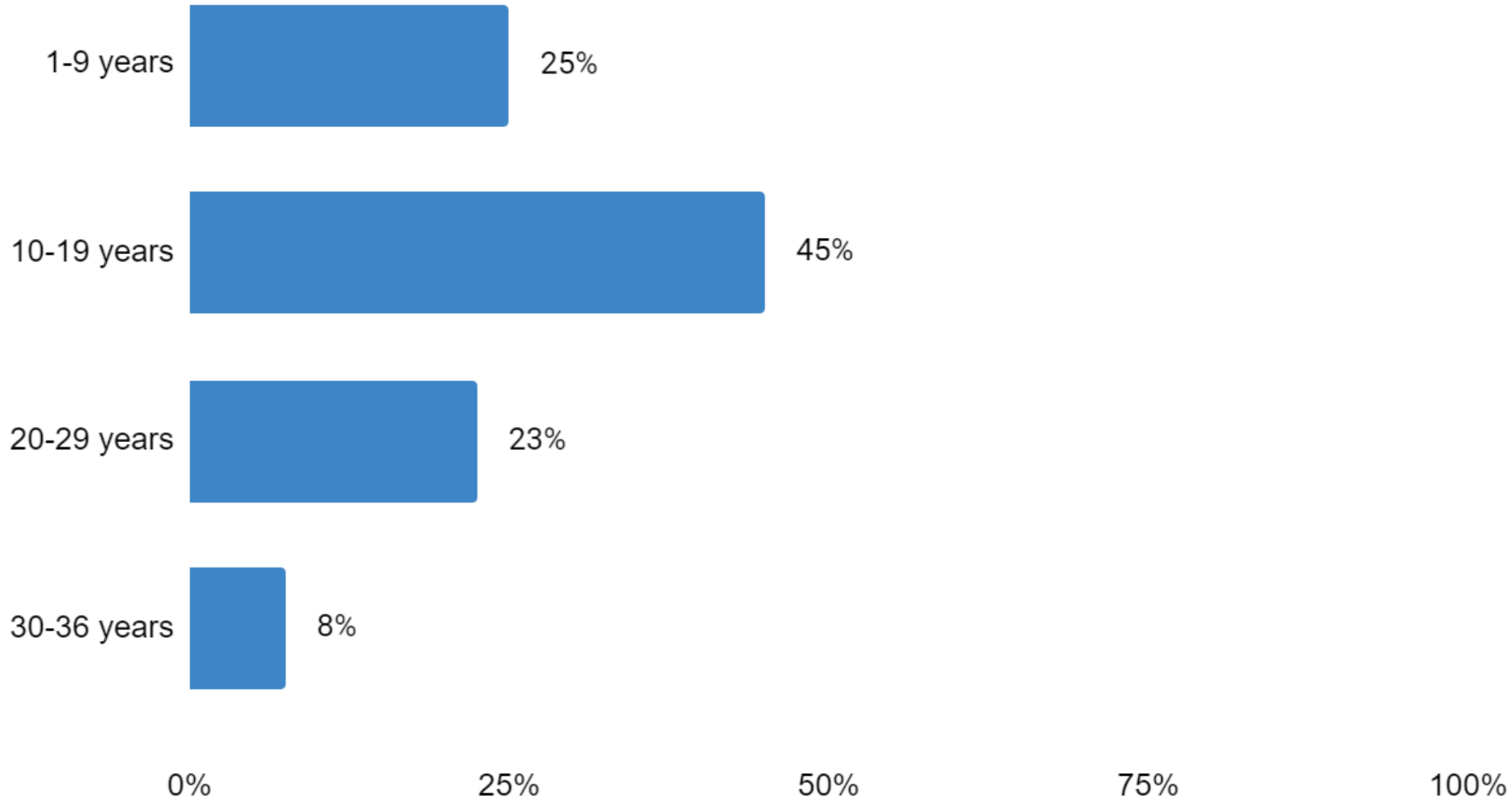


DEMOGRAPHICS

- 70% - Caucasian
- 94.4% - Female
- 97% - Currently living/working in a rural/underserved community
- 76% - Raised in a rural/underserved community
- 11.1 years – Average years as a Registered Nurse
- 37.4 years – Average age



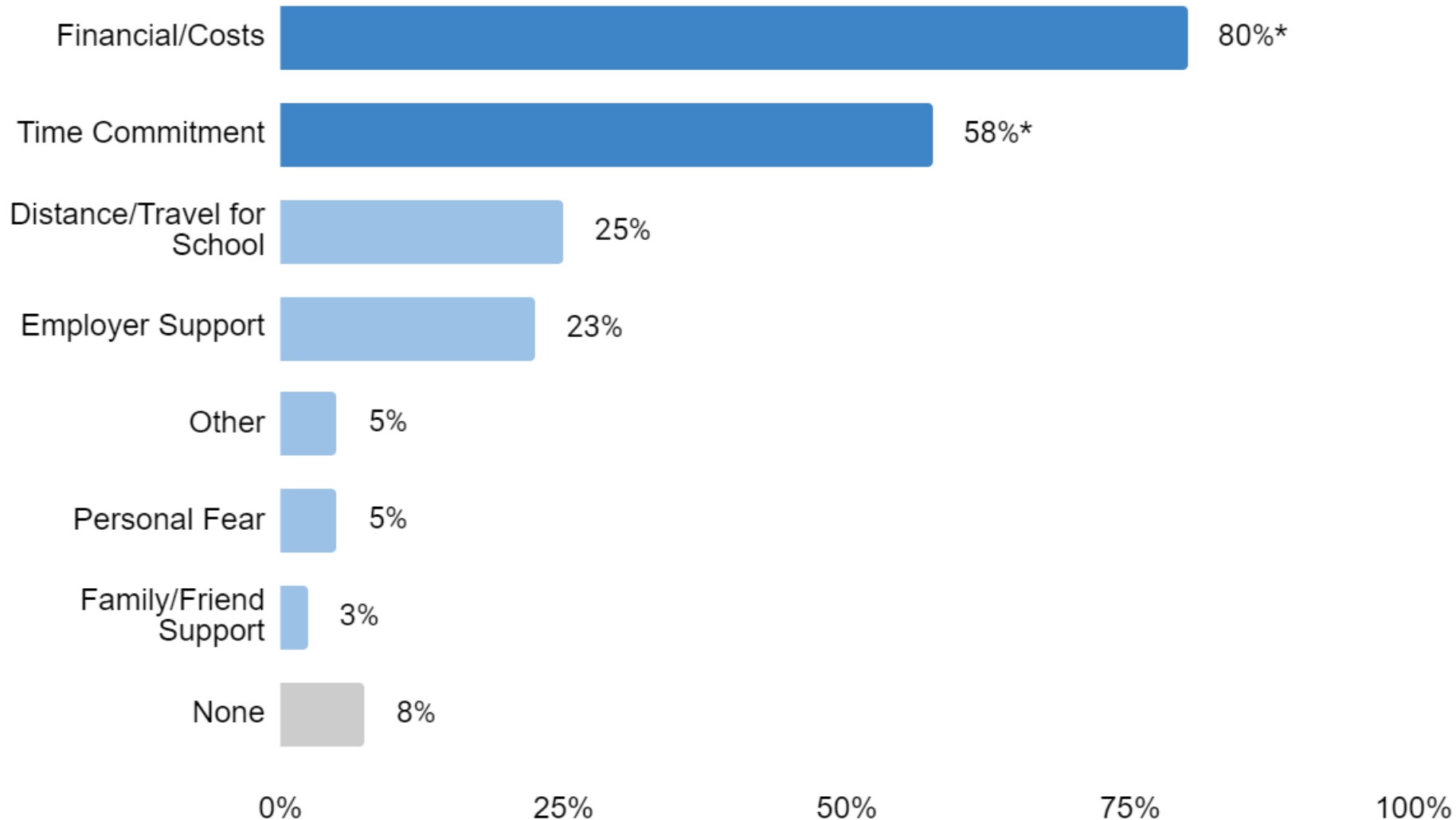
Number of years practicing as a Registered Nurse or a Nurse Practitioner



“What are
your greatest
barriers to
returning to
school and
becoming an
provider in
your
community?”

- **Cost**
- **Financial**
- **Family**
- **Money**
- **Community**
- **Commitment**
- **Funding**

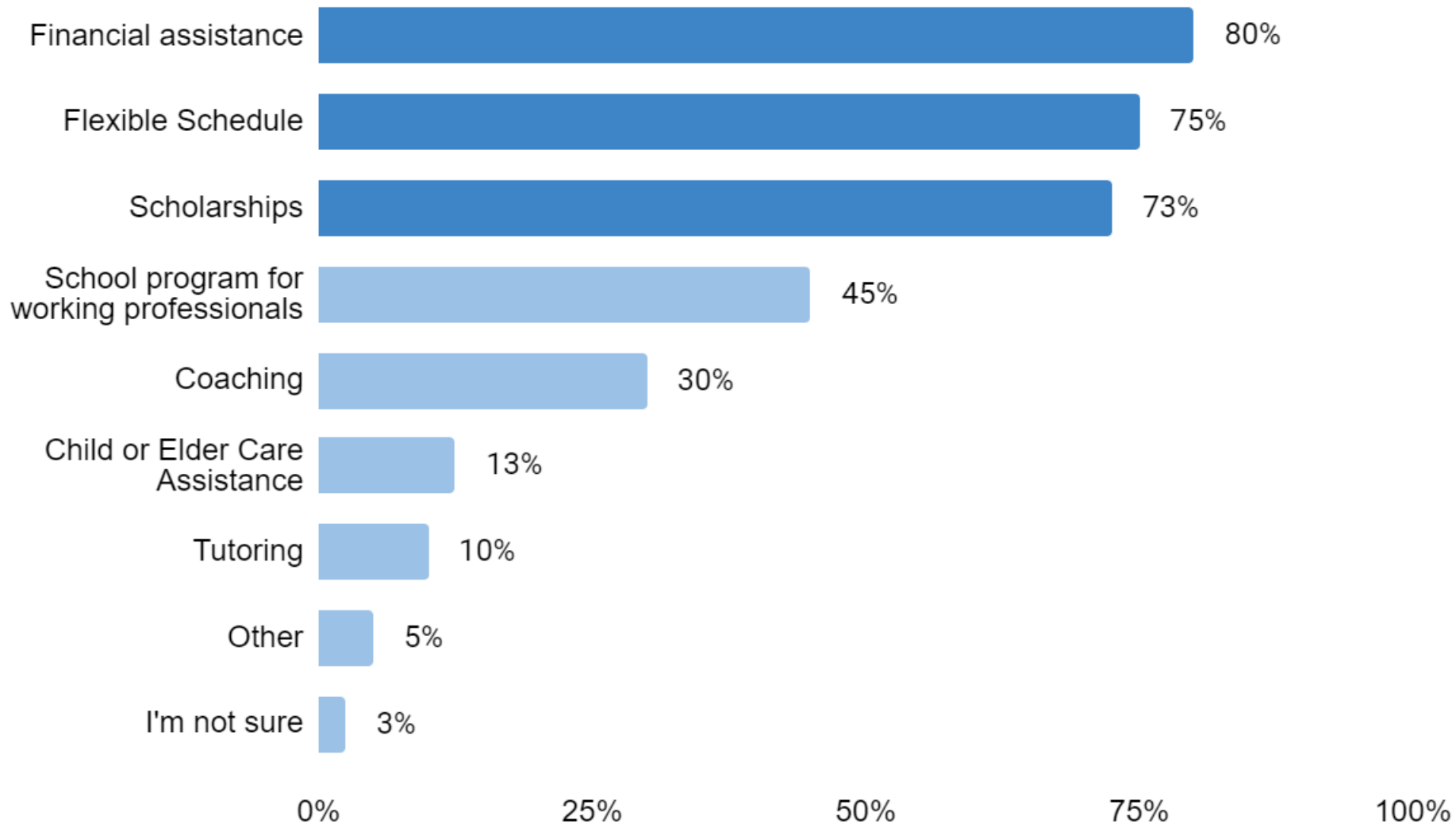
Pre-enrollment barriers to attending or returning to school



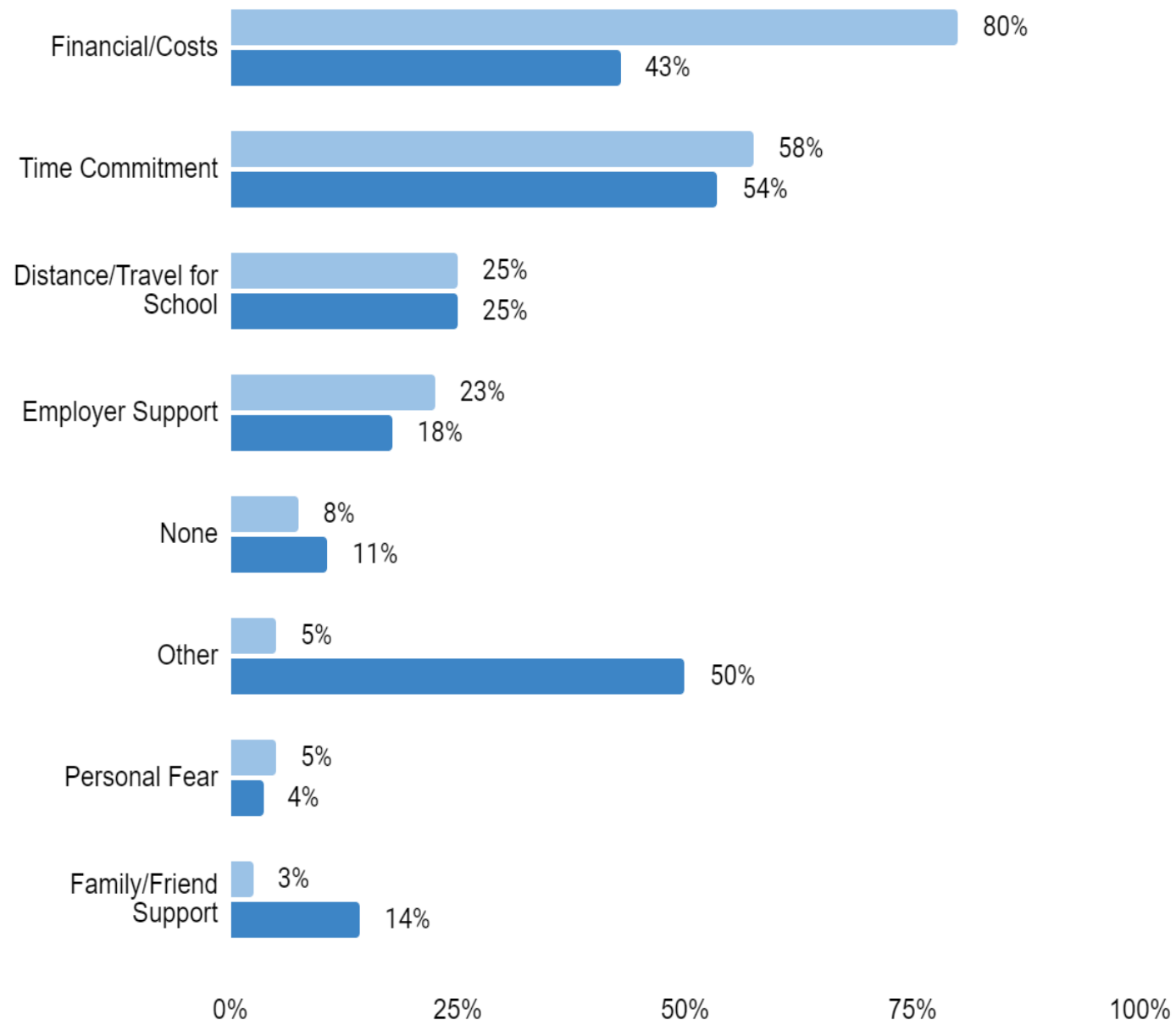
**“What do you
need to
overcome
these
barriers?”**

- **Scholarships**
 - **Financial assistance**
 - **Flexible school**
 - **Cost**
- **Personal support**

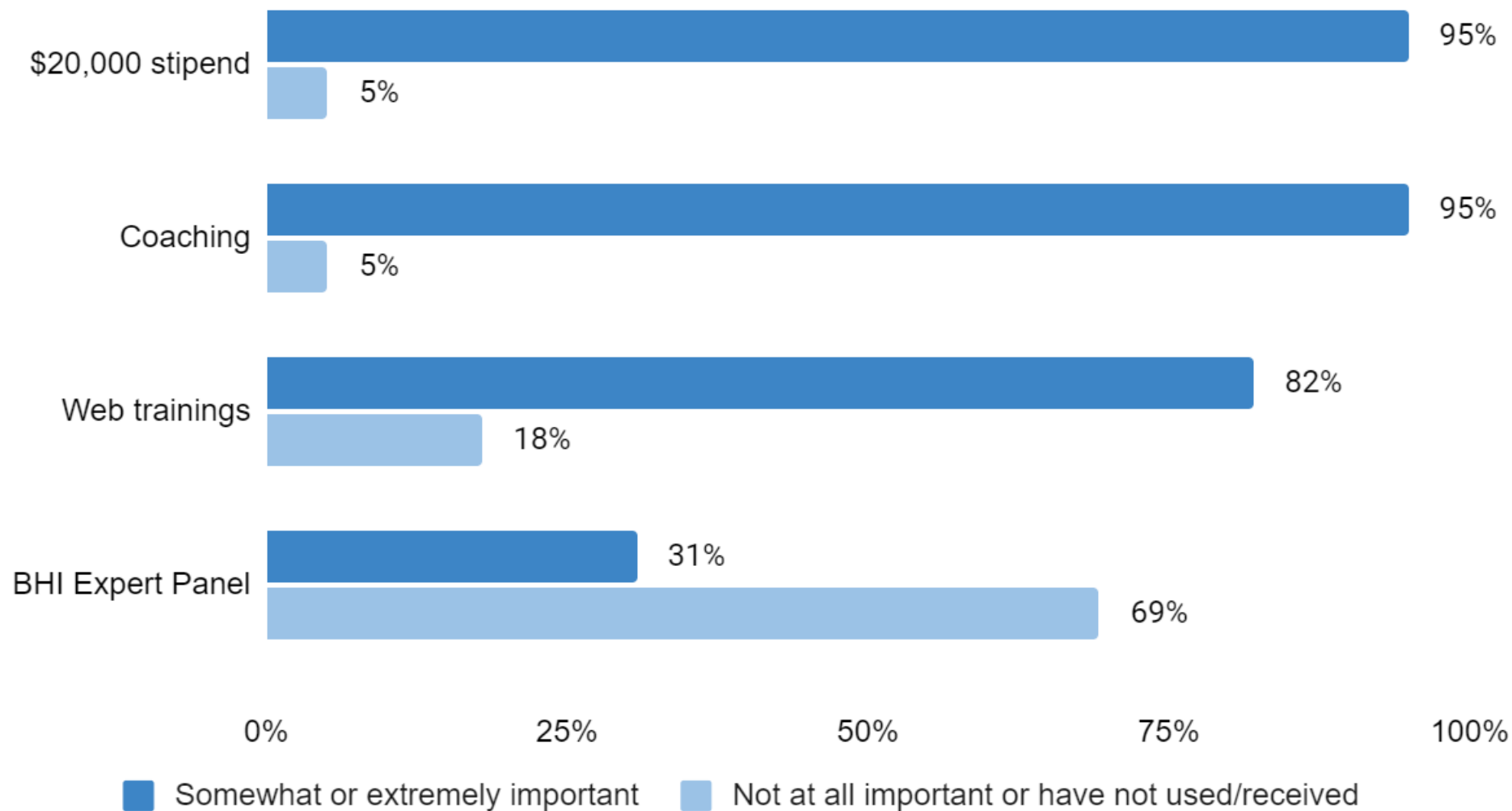
Types of assistance needed to overcome barriers, pre-enrollment



***Greatest barriers
to continuing or
attending school
(pre-enrollment
vs mid-program)***



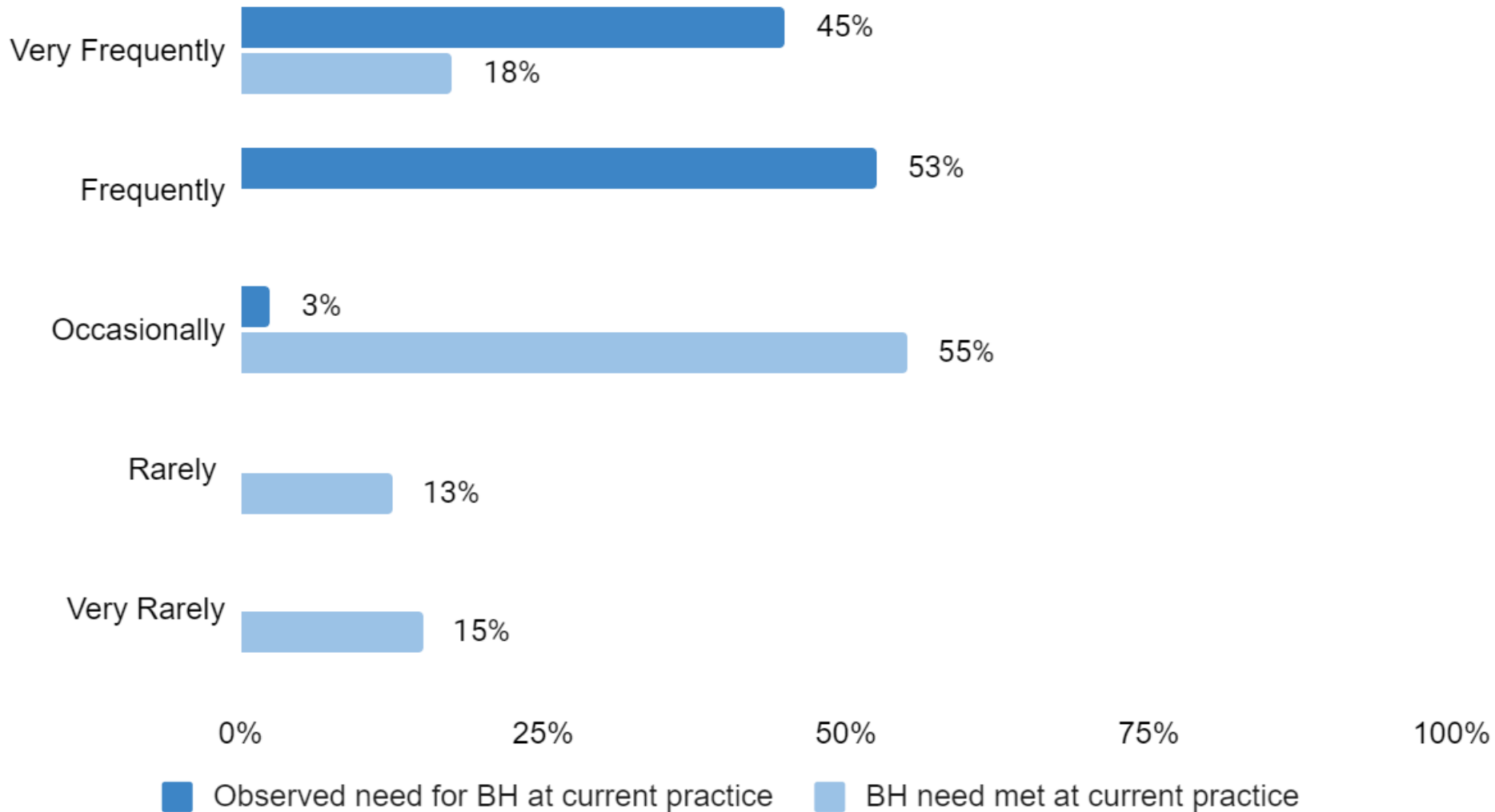
The importance of program components to APRN fellows



Challenges



Frequency of behavioral healthcare (BH) needs at current place of employment



**What would happen if...we recruited existing FNPs
with an existing practice to return to school and
obtain a PMHNP certificate?**



Enter the United Health Foundation...



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UNITED HEALTH FOUNDATION®



UHF Fellowship (2019-2022)

GOAL: Increase Access to Mental Health Services
for Rural Colorado Residents

ELEMENTS:

Financial stipend of \$20,000

Fellows choose accredited program of choice

1:1 academic & professional coaching

Web-training – Addictions, Telehealth, Trauma Informed

Expert Panel to support integration of BH into practice



UNITED HEALTH FOUNDATION®

UHF Fellowship – Outcomes & Indicators

Recruit, support and equip 40 APRNs with their PMHNP

Demonstrate significant.....

-decreases of hardships related to attaining PMHNP certification

-increases of support, leadership development,
resiliency & personal growth



What is COACHING ????

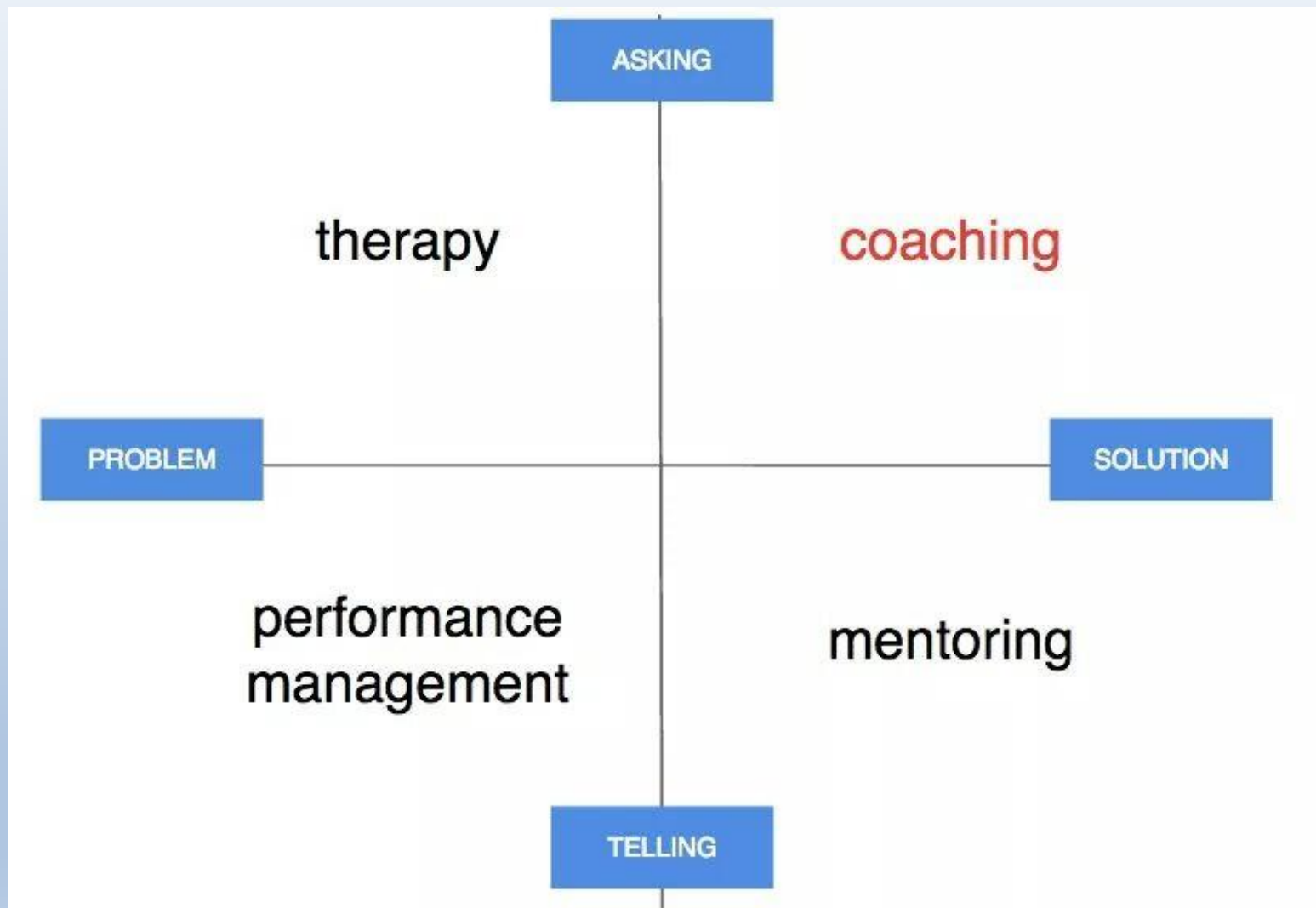
International Coaching Federation

<https://coachingfederation.org/>

Partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.

The process of coaching often unlocks previously untapped sources of imagination, productivity and leadership.

What is COACHING ????



UHF Fellowship – Outcomes & Indicators

Demonstrate the Grow Your Own (GYO) Model is a successful strategy

- *Recruit Fellows from rural communities
- *Fellows will stay in their communities and provide behavioral health services



Photo by Jeremy Elliott—jdestudios.com

Recruitment Process

Application

Intention Statement

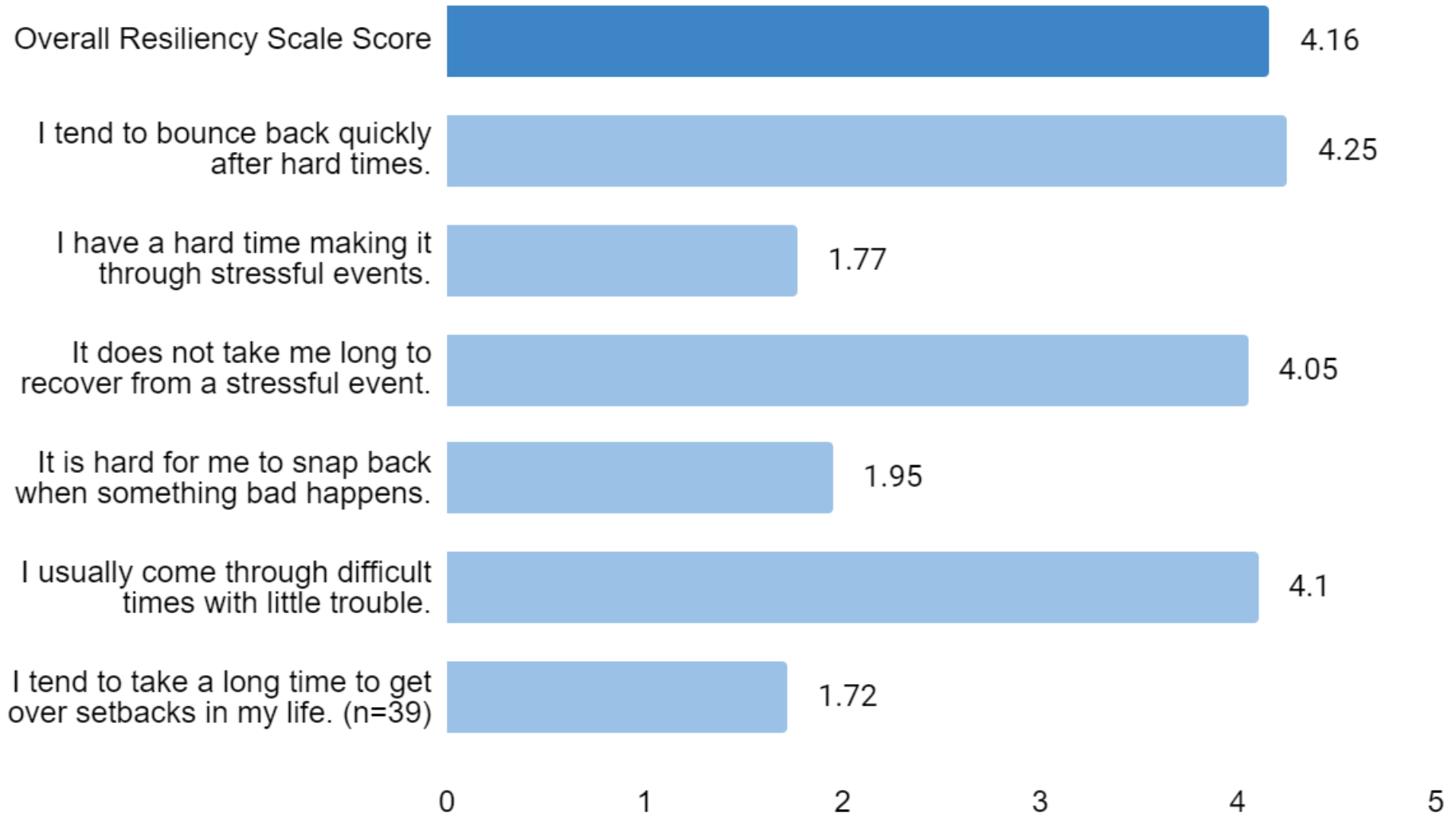
Phone Interview

Review

Sign Contract and Onboarding Docs

Accept / Waitlist / Decline

The Brief Resiliency Scale at Pre-enrollment



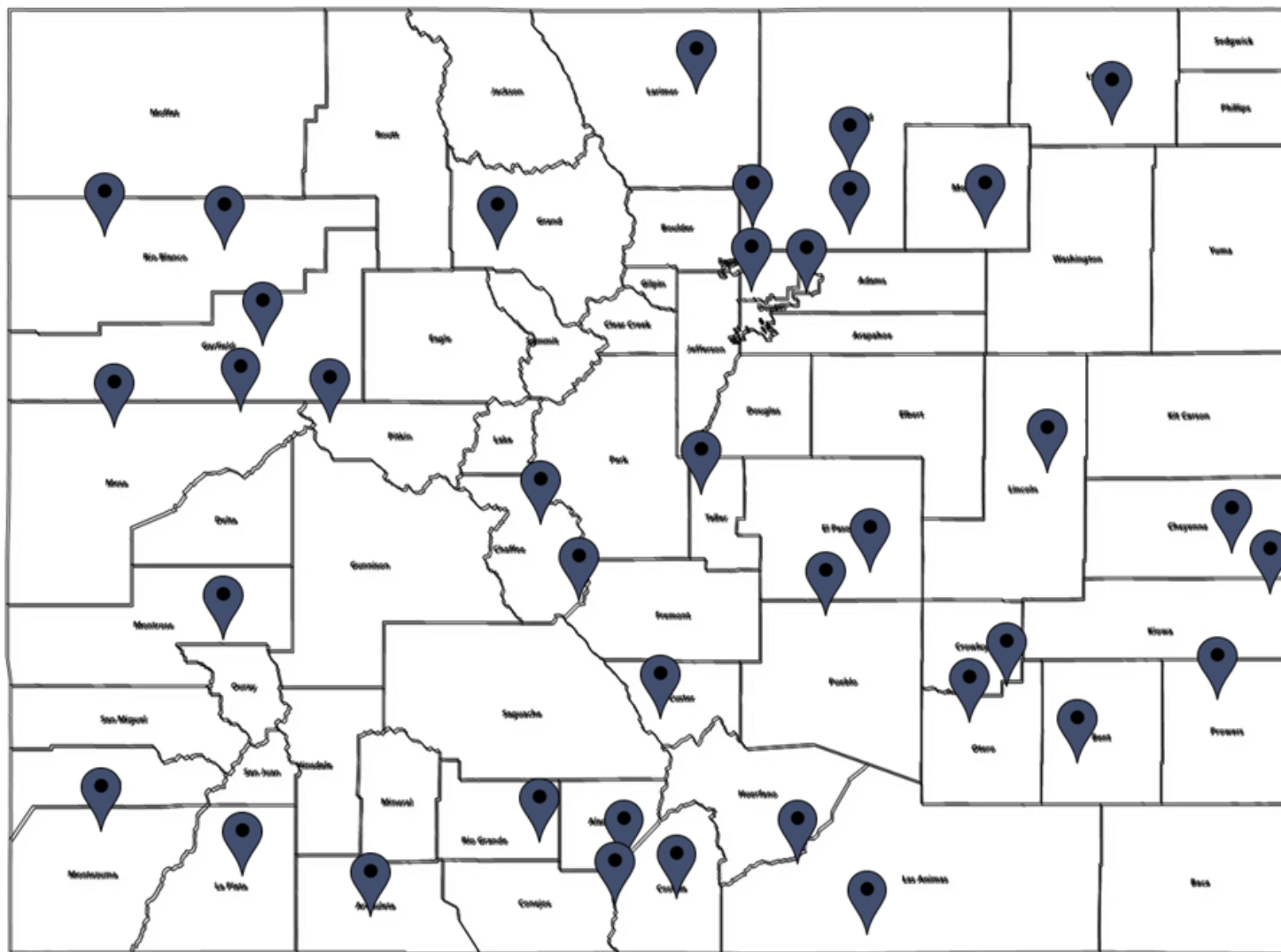
Self-efficacy Scale at Pre-enrollment

General Self Efficacy Score	Count	Percent
29	2	5%
30	4	10%
31	2	5%
33	2	5%
34	2	5%
35	4	10%
36	3	8%
37	3	8%
38	6	15%
39	11	28%
40	1	3%
Mean Score	36	

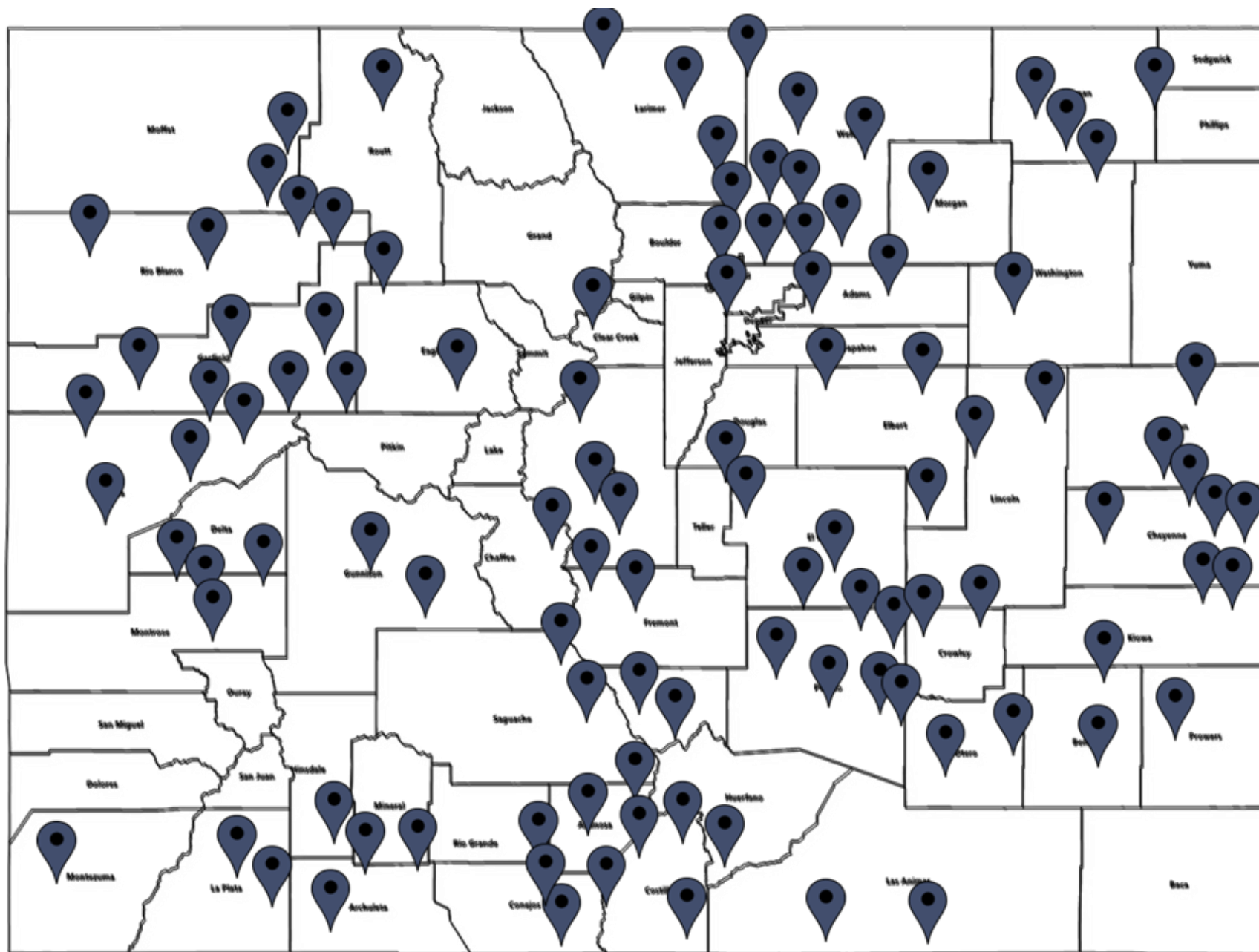
Statement from a Fellow in the current
Colorado Center for Nursing Excellence Program

“[This program] has allowed me to change my life, build an autonomous PMHNP practice, work with other supportive providers in psychiatric mental health, give back and precept other upcoming PMHNPs, and help many patients and communities in Colorado who would otherwise not receive care. I am forever grateful!”

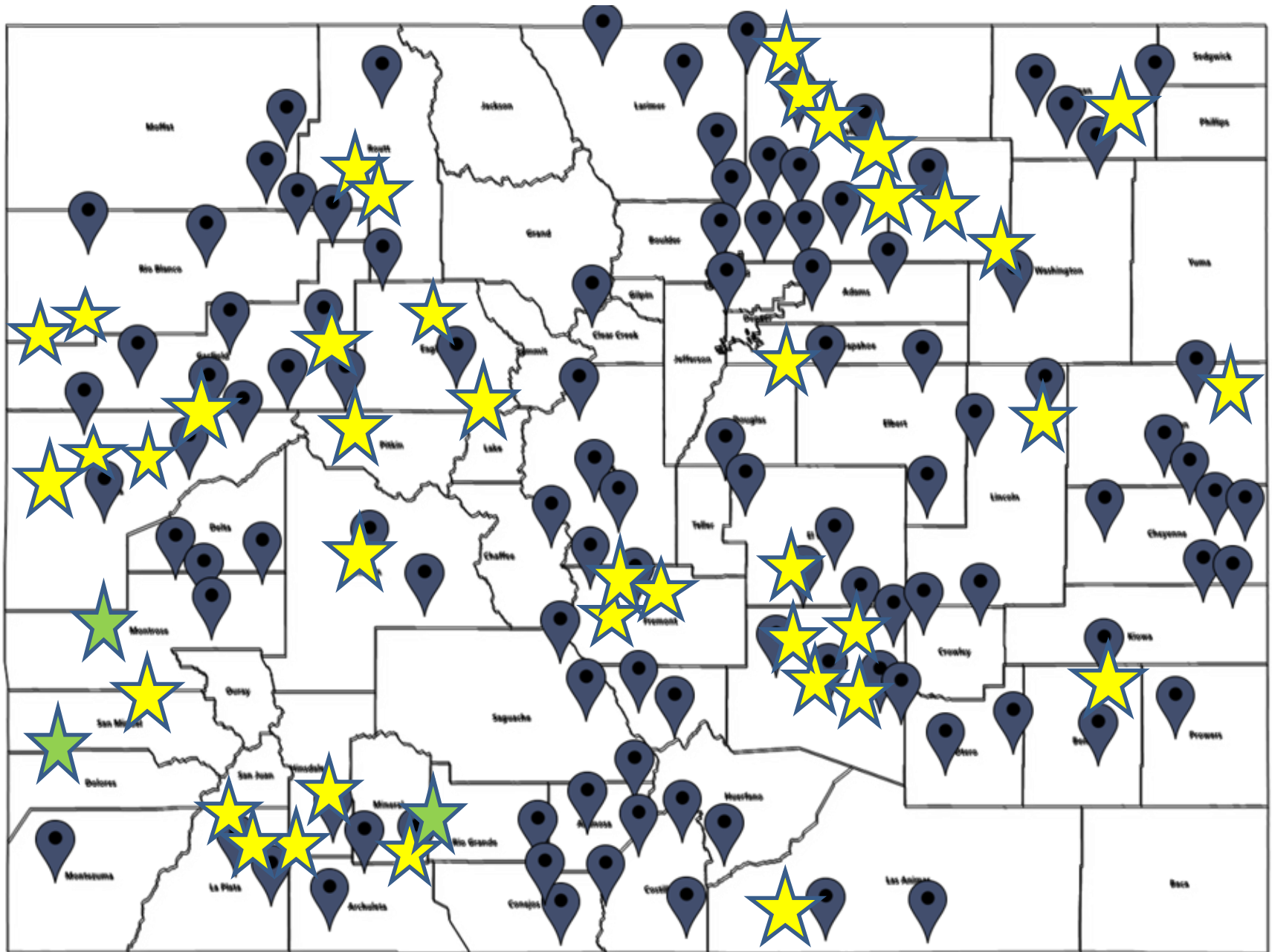
Colorado APRN Fellow Placements as of February 2017 – 40 placements



Colorado APRN Fellow Placements as of January 2020 – 106 placements



PMHNP UHF Fellows Placement – 2020-2023– 40 APRNs



Request funding to continue to test this model—
Over \$7 million in funding provided to date.

Recruited nurses in rural areas through state nursing associations, Federally Qualified Health Centers, Critical Access Hospitals, Rural Health Centers, AHECs, and word of mouth.

SO HOW DID WE DO IT?

Provide monthly coaching/support, money, assistance in school applications, academic, clinical placement, and job search and support as needed.

Opportunities for Further Impact

Phase 1:

Rural APRN
Recruitment 151
as of October 1,
2021

Phase 2:

Track Rural APRN
graduation rates

Phase 3:

Build new
PMHNP's in rural
by recruiting FNP's
interested in a
PMHNP certificate

Phase 4:

Rural APRN
Retention – five
years post
graduation

Next Round of Funding for the Colorado Center for Nursing Excellence



2022 – 2025

Largely the same program

Expanded Regionally – NM, WY and CO

Contractually agree to precept other students once qualified


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Take these pearls of
wisdom ...
Create a program for your
state/region



Specific Plan for Your State/Region

Where is the need?

Partners?

Funding Opportunities?

Anticipated Barriers?

Grant Elements?

Next Steps

THANK YOU

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Callie Anne Bittner MS, RN
Happy to talk more and collaborate!

