

Rural Health Models and Interprofessional Practice

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Problem Statement

Purpose: People living in rural areas are at many disadvantages when it comes to health care. Rural Americans are generally less educated, have less money, and have more chronic diseases. These disadvantages are made worse by the fact that there are less health care providers and specialists in rural areas.

Several models have been used to recruit and retain health care providers to rural areas. Ideas such as recruiting rural students for rural health care and connecting primary care providers to different health care specialists both can help ease some of the burden on rural primary care providers.

Rural interprofessional practice (IPP) can be used in rural areas to provide better access to health care for rural Americans and can also be used to provide higher quality health care. The importance of IPP is evident with an aging rural population and continued health care provider shortage. Increased collaboration between professions can lead to better patient outcomes and better health care provider efficiency.

This poster will highlight several rural health models and examples of IPP that seek to lessen the disadvantages mentioned above.

Method: Literature review and personal reflection.

Review of Literature

Rural IPP begins with and in education. There are several promising models available in the literature that can be used to demonstrate how IPP fosters communication and collaboration amongst health care disciplines. Many of the problems facing rural health care in America are also seen in international health care and reviewing the literature demonstrates this. Some of the most common problems and proposed solutions seen in my review of the literature can be seen in the following sections.

Project PROMISE



Project PROMISE (Providing Rural Opportunities in Medicine through Inspiring Service and Education) is a model that recognizes that students from rural areas are more likely to practice in a rural area than their urban counterparts. Based in North Carolina's rural western mountains, Project PROMISE uses medical students to educate high school students about the opportunities in health care careers. These medical students from the University of North Carolina also engaged in health-related service projects while gathering clinical time in rural facilities. Project PROMISE also offers mentoring and support to undergraduate students from rural areas who are pursuing health care degrees. Some barriers have been encountered by Project PROMISE's founders, such as long drive times to rural areas and poor internet connections, but the project is in its fourth year and is showing promising results.

Project ECHO



Project ECHO, or Extension for Community Healthcare Outcomes, began in 2003 in New Mexico. A doctor specializing in liver disease saw the disparity in care received by those in rural New Mexico and created Project ECHO as a way to get specialty care to rural area. This model connects rural primary care providers with urban health care specialists through video conferencing and other varieties of telehealth. Project ECHO does more than just reduce barriers to accessing care; they also provide mentoring to rural health care providers, to enable them to better use existing resources. Project ECHO has since moved on from its liver disease roots and now treats over 50 different diseases in 21 different countries.

Mentoring

Getting health care providers to work in rural areas and then convincing them to remain in rural areas are constant challenges. Many rural health care facilities are stuck in a cycle of hiring new health care provider, training them, and then having to find a replacement for them after they leave to return to urban areas. Mentoring, where newer professionals can gain guidance and wisdom from more experienced veterans of health care, has been shown to increase employee retention and patient outcomes. Interprofessional mentoring has also been shown to increase socialization of new employees and should be used as a tool to retain rural health care providers and staff.

Provider Efficiency & Training

The Rural Health Information Hub has several examples of models used in rural environments to maximize provider efficiency. One project in rural Colorado recognized that recruiting additional health care providers to their area was just not feasible. The High Plains Community Health Center then turned their focus to increasing provider efficiency rather than recruiting new health care providers. This was accomplished by hiring more medical assistants and health coaches and upgrading some of their technology. This allowed the providers to see more patients, reduce costs outside of initial expenditures, and improve health outcomes in their patients.

Some examples of IPP I have encountered in my training include education and discussion with PharmD and DO students through North Country Health Care. These training sessions have allowed me to see how other disciplines not only think about but also treat health care problems. These sessions have also allowed me to see the focus of the education of the different disciplines. Some interprofessional health care projects I have seen with North Country Health Care include diabetes education classes and medicine optimization spearheaded by their pharmacist and pharmacy students as well as telehealth with both mental health and HIV/AIDS patients. All of these programs allow the primary care provider to work closely with the other members of the health care team to care for the patient.

Implications for Rural Health Care

- Providers from rural backgrounds stay in rural practice more than providers from urban backgrounds. Recruitment and retention from rural areas, like in Project PROMISE, could be beneficial.
- Giving primary care providers access to health care specialists, such as in Project ECHO, increases patient outcomes and primary care provider productivity.
- Mentoring gives rural health care providers additional support, like with Project ECHO, but also can be used to increase employee retention in rural health care sites.
- IPP increases primary care provider efficiency and increases patient outcomes by enabling effective collaboration between professions. Learning about other disciplines and their training and methods allows one to grasp the bigger picture and provide better care.

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Acknowledgments

Special thanks to my preceptors Karen Holder NP, Summer Tilgner DNP, and Sandra Ulmer FNP. Thanks to Dr. Moorjian-Pennington and Dr. Sutton, both with NAU's School of Nursing. Thanks to North Country Health Care and their staff. And thanks to the Arizona Rural Health Professions Programs for their assistance.