



Background Paper:
Benefits of Faculty Practice Partnerships
2016

Introduction

This paper presents a current overview of the rapidly evolving national landscape of faculty practice partnerships. These partnerships are critical to patients, health care practices, and nurse practitioner (NP) faculty. One way to conceptualize the benefits of these relationships is to think of the concept of organizational partnerships which involve cooperation, coordination, and collaboration between two or more independent entities to increase programmatic impact and improve efficiency. This paper will highlight the benefits across the relationships.

First, organizational partnerships facilitate benefits to patients. Organizational partnerships, like faculty practice partnerships, advance the Institute for Healthcare Improvement Triple Aim in services delivery: improving patient care experiences through quality and satisfaction, improving population health, and reducing health care costs (Institute for Healthcare Improvement [IHI], 2016). By partnering with NP faculty to provide patient care, health care organizations have access to cutting edge research and evidence-based practice to improve patient care and ultimately population health. In addition, NP faculty provide high quality, cost-effective patient care (American Association of Nurse Practitioners [AANP], 2013; Stanik-Hutt et al., 2013).

Second, faculty practice partnerships benefit established health care delivery organizations and the communities that they serve (American Association of Colleges of Nursing [AACN], 2015; Dobalian et al, 2014). The benefits such as sharing space and resources are apparent when reviewing the relationships of organizational partners like health clinics. Health clinics need direct care providers, and university faculty who teach in NP programs need a practice location. A mutually beneficial relationship can be cultivated by increasing patient access to expert NP faculty, which can improve the cost effectiveness of clinic services, and improve care for resource-intensive patients. Moreover, these partnerships provide practices with access to and input into the development of the clinical workforce which could translate into future employees at the practice.

Third, faculty practice partnerships provide opportunities that benefit NP faculty and their students. Doctoral level NP education has both a clinical and theoretical focus (AACN, 2004). Faculty who provide clinical education must also be expert clinicians who continue to practice on a regular basis. This practice experience is a requirement for maintaining national certification as an NP and is essential for teaching in NP programs. In addition to teaching, faculty members have obligations for service, and scholarship that include publication and

dissemination of knowledge in individual areas of expertise (Becker et al., 2007). To maintain competency in clinical practice, NP faculty are required to practice 1000 hours every five years or retake their national certification exams. In addition to their academic responsibilities, NP faculty often practice one to two days per week to fulfill this certification requirement. Faculty practice partnerships offer a unique opportunity for NP faculty to maintain clinical competence. Further, these partnerships offer learning opportunities for NP students. Access to populations of interest offer faculty the opportunity to implement evidence in practice and generate practice questions to guide research (Buchholz, Yingling, Jones & Tenfelde, 2015). These partnerships allow faculty to retain their clinical expertise while also fostering relationships that recruit and further increase the preceptor pool. Faculty observations in clinical practice can guide curriculum development, making education responsive to practice and community needs.

Benefits to Patients

Improving care experiences through quality and satisfaction

Faculty-practice partnerships with schools of nursing can meaningfully impact patient outcomes and population-level outcomes (Harper et al, 2015). In a systematic review of research on patient outcomes of care provided by NPs, researchers found that NPs provide high quality, safe and effective care to patients (Stanik-Hutt et al., 2013). One example of a thriving faculty practice partnership is the University of Illinois at Chicago College of Nursing's partnership with the community-based mental health services provider, Thresholds. By having NP faculty see patients in the community clinic, access to primary care services for adults with serious mental illness has increased in the community, outcomes on measures such as glycemic control for diabetics have improved, and the clients seen in the clinic have expressed high levels of satisfaction with NP-led care (Sefton et al., 2011).

Improving population health

NP faculty routinely partner with schools and community agencies to improve population health. The University of California-San Francisco School of Nursing partnered with the Alameda County Center for Healthy Schools and Communities and the Elev8 Oakland Initiative to provide quality healthcare to underserved children in school clinics (Keeton, Soleimanpour & Brindis, 2012). This partnership is interprofessional and provides NP faculty and dental school faculty to practice in school-based health centers. These innovative school-based health centers have improved population health of children in Alameda County by improving measures of oral health and immunization coverage, by reducing rates of obesity, and by improving control of chronic diseases such as asthma (Keeton, Soleimanpour & Brindis, 2012).

Reducing costs

NP-delivered care is one of the most cost-effective care models (AACN, 2013). The cost-effectiveness of NP care has been demonstrated in many different types of health care settings including primary care, acute care and long term care settings (AANP, 2013). One example of how integrating NP care into a workplace setting can lead to a reduction of costs is a clinic led by a NP in a Southeastern US metal and plastics firm. NP care helped the firm save over \$1 million which was a benefit to cost ratio of more than 8:1(Chenoweth et al., 2008). Faculty

practice partnerships provide organizational partners with ready access to NP faculty who are equipped to deliver high quality health care which could potentially lead to similar cost savings in many types of health care delivery settings.

Benefits to the Practice

Access to expertise

NP faculty have the time and resources to evaluate the most current science that guides clinical practice. By bridging the divide between evidence and practice, NP faculty can serve as a valuable resource for educating a practice's clinical staff. Patients also benefit from the delivery of evidence-based care by NP faculty in the practice setting. Because faculty are expert educators, they have skills in explaining concepts in a meaningful way to their identified audience and tailoring the message to an individual's needs. This is especially important in the current health care environment which is often perceived to be impersonal and overwhelming by patients. Also, in most academic institutions NP faculty must participate in scholarly activities for promotion and tenure. As a result, NP faculty may have current knowledge of research that is presented in scholarly journals and at national meetings. NP faculty can serve as a link between community health care settings and national thought leaders to transmit important advances in patient care research to the staff in the community organizations that provide care to patients every day.

Cost effective staffing

Faculty practice partnerships offer opportunities for flexible compensation models that can benefit both partners and provide access to care in large organizations as well as resource constrained environments. In some settings, faculty who teach in the clinical practice earn their compensation from their academic institutions. Under this model, the practice provides a context for student learning while generating revenue from faculty-led patient encounters. Another model of faculty practice compensation is based on the buy-out of a portion of a faculty member's salary. This model may reduce practice costs by sharing the costs of fringe benefits with the faculty member's academic institution. Compensation can also be structured under productivity models or direct payment to faculty practitioners.

Care of resource intensive patients

Some patients present unique challenges in clinical settings when their medical diagnoses are complex. This can result in increased utilization of limited practice resources. NPs are experts in managing patients with complex medical and psychosocial problems. Through care coordination, patient education, and cutting edge clinical management, NP faculty clinicians provide community health care organizations with options to help with the management of resource intensive patients to prevent unnecessary service utilization while promoting optimal wellness in medically-complex patients. The addition of NP students to the clinical setting where complex patients are cared for, serves to further increase the resources offered by the academic institution. NP students contribute by providing direct care and offering new perspectives on the delivery of patient care in the clinical setting. NP faculty can cultivate in NP

students a passion for the care of patients with complex medical or social needs at the early stage in the NP student's future career.

Access to and input into the clinical workforce

Integration of faculty in the practice setting offers practice partners access to the NP workforce pipeline and a voice in the education of the NP workforce. By serving as a clinical education site for NP students, practices can evaluate candidates for NP positions even prior to a formal interview. Further, practice partners play a vital role in shaping NP education. Faculty practitioners can identify changing patterns and needs of healthcare in the community as well as the changing demographics and acuity of the patients that their graduates serve. Faculty can also be role models to future NPs by demonstrating how to work and communicate effectively with many different types of professionals in a clinical setting in order to provide quality patient care. When future NPs have mentors who are role models of effective collaboration and communication in interprofessional teams, they will be more equipped to be a contributing participant to the interprofessional team in the future.

Benefits to Faculty

Implementing evidence based practice

Faculty practice partnerships provide a venue for NP faculty to utilize current evidence to deliver high quality care to patients in established health care settings. By having NP faculty participate as direct care providers in health care settings, faculty can create, disseminate, integrate, and synthesize research into practice from a clinical and policy approach; this partnership allows NP faculty to have a direct link between their nursing scholarship and service (Cohen, Hickey, & Upchurch, 2009). Keeping abreast of evidence based practice (EBP) approaches are important not only for the delivery of high quality patient care but also for education of future NPs (Melnyk, Gallagher-Ford, Long & Fineout-Overholt, 2014).

Scholarship opportunities

Faculty practice partnerships offer scholarship opportunities for NP faculty. Clinician scholars can access populations of interest for the advancement of their clinical work. Research scholars can partner with clinical scholars to develop and test new interventions to improve the care of patients and communities. NP faculty can work with community health care organizations to develop research questions to solve practice dilemmas. Practicing clinicians often have potential research questions, but they do not have the time or resources to engage in a research project. Community health care organization partners may be able to provide resources for NP faculty to participate in research. Dissemination of NP faculty scholarship can also provide positive exposure for the healthcare organization and serve as an example of scholarship for those organizations working toward ANCC Magnet status.

Maintaining clinical expertise

Faculty practice partnerships allow NPs to maintain clinical expertise and current clinical practice requirements for continued NP certification that benefit all of the stakeholders involved (Besold & Darnell, 2012; Cohen, Hickey, & Upchurch, Hawkins & Fontenot, 2009). Maintaining a

clinical presence in the community offers NP faculty the ability to remain in contact with different healthcare organizations. These contacts assist in providing access to appropriate clinical sites for students.

Improving the quality of clinical programs

Faculty presence in the practice setting provides a unique viewpoint to inform curriculum development. Firsthand experience with the health needs of the community, barriers in access to care, and agency expectations of NP practice can strengthen the curriculum in NP programs by assuring that these programs appropriately prepare NPs for practice. With the rapid changes in today's health care landscape, NP faculty must be actively engaged with health care organizations in the community to understand the changing health care needs of the community. These changing needs should be reflected in both classroom and clinical teaching.

Summary

Faculty practice partnerships between NP faculty in universities and established health care practices provide an avenue to achieve the IHI's Triple Aim of improved patient experiences of care, improved health for populations, and decreased costs. These partnerships increase patient access to care from NPs, a profession that has demonstrated its achievement in excellent outcomes and patient satisfaction. Health care practices benefit from such partnerships through greater access to the clinical scholarship that resides in academic nursing. Expertise and scholarship provided by NP faculty can improve the health outcomes of the communities that practice partners serve. Faculty benefit from the opportunity to practice their profession while evolving the science and practice of nursing through access to communities of interest and clinical education opportunities for NP students. Thus, the benefits of faculty practice partnerships to patients, the practice, and faculty have been demonstrated in a way that champions the creation of these partnerships in a variety of healthcare settings.

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