S13  A New Approach to Increasing Patient Access to Low- and Moderate-Complexity GI Care in Rural Northern Arizona

Purpose: This practice model addresses the gastroenterology and gastrointestinal (GI) subspecialty needs of children residing in rural northern Arizona. This practice model aims to improve patient outcomes and decrease the wait time to appointment for all pediatric GI conditions by reserving the pediatric GI physician subspecialist appointments for higher-complexity and surgical conditions.

Background: Many low-and moderate-complexity GI complaints can safely be addressed by a primary care pediatric-focused provider including: constipation, diarrhea, gastroesophageal reflux/disease, failure to thrive, nutrition and feeding issues, eating disorders maintenance, and functional abdominal pain.

Significance: Patients with GI complaints present in the primary care setting and often require follow up or extended visit times to address all the factors factors influencing the physical condition. Common GI conditions may have behavioral and emotional/social components which require extensive diagnostic assessment and teaching to manage. These visits are challenging to accommodate within the fast-paced primary care setting and often lead to a referral to a pediatric GI subspecialist.

Practice Innovation: The CPNP-PC or -AC will be employed in an established pediatric primary care setting, as part of a provider team that may include physicians, behavioral health specialists, dieticians, and social workers. This CPNP will be called an “Access PNP”, to denote the improvement in a patient’s ability to ‘access’ specific specialty care.

Overview of Practice Implementation: Three steps to implementation include: 1) Secure buy-in from key stakeholders including primary care providers, hospital-based clinic providers, and region-wide pediatric providers who refer to pediatric GI subspecialty providers; 2) Develop referral guidelines with input from local primary care providers as well as from tele-medicine pediatric GI specialists to determine those conditions that can be safely seen by the Access-PNP; 3) Create a continuing education plan through partnership with statewide subspecialty and primary care pediatric providers.

Outcomes/Clinical Implications: Expected outcome is to reduce the wait that children currently experience to see a GI specialist for complex and surgical conditions. And, to improve patient outcomes for those with low- to moderate-complexity GI conditions that impact the quality of life for children and families.

Kate Watkins, DNP, RN, CPNP-PC, CNE, Associate Clinical Professor, School of Nursing, Northern Arizona University, Flagstaff, AZ
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Kate Watkins, DNP, RN, CPNP-PC, CNE

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Purpose
This practice model addresses the gastroenterology and gastrointestinal (GI) subspecialty needs of children residing in rural northern Arizona. This practice model aims to improve patient outcomes and decrease the wait time to appointment for all pediatric GI conditions by reserving the pediatric GI physician subspecialist appointments for higher-complexity and surgical conditions.

Barriers to Access

- Few pediatric GI specialists
- Wait times > 4 months
- Long geographic distances
- Drive times 2-6 hrs one way
- Hotels, food, expenses
- Securing transportation
- Lost wages
- Sibling care

Background

Low-and moderate-complexity GI complaints that may safely be addressed by a pediatric primary care provider. Common GI conditions have behavioral and emotional/social components which require extensive patient teaching and frequent follow-up.

These visits are challenging to accommodate within the fast-paced primary care setting and often lead to a referral to a GI specialist.

- constipation
- diarrhea
- gastroesophageal reflux/disease
- failure to thrive
- nutrition & feeding issues
- eating disorders maintenance
- functional abdominal pain

Recommendations for Practice Implementation

- Secure buy-in from key stakeholders including primary care providers, hospital-based clinic providers, and region-wide pediatric providers who refer to pediatric GI subspecialty providers.
- Develop referral guidelines with input from local primary care providers as well as from tele-medicine pediatric GI specialists to determine those conditions that can be safely seen by the Access-PNP.
- Create continuing education plan through partnership with statewide subspecialty and primary care pediatric providers.

Clinical Implications

- Improve patient outcomes for children with low- to moderate-complexity GI conditions.
- Reduce wait times to see a pediatric sub-specialist for high-complexity and surgical GI conditions.

References


Bibliography available upon request

Creation of an Access-PNP

The CPNP-PC or -AC will be employed in an established pediatric primary care setting, as part of a provider team that may include physicians, behavioral health specialists, dieticians, and social workers. This CPNP will be called an “Access PNP”, to denote the improvement in a patient’s ability to ‘access’ specific specialty care.

Discussion Question: Can PNPs provide safe, effective, and accessible care for low- to moderate-complexity gastroenterology conditions in a rural primary care practice setting?