Creating Academic Partnerships: Clinical and Workforce Benefits

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In addition to her administrative duties in the Integrated Health Program at Trilogy, she provides diagnostic evaluations, medication management, and group treatment as a psychiatric nurse practitioner, and oversees the wellness and health promotion services.
Agenda

• Who are we & why did we pursue an academic partnership?
• Current forces driving academic partnerships
• Elements of successful partnerships
• Benefits to stakeholders: what’s in it for us?
• How did we establish the partnership?
• Experience to date: successes, setbacks, challenges
• Next steps & future directions
• Summing up: considerations if pursuing an academic partnership - Questions to consider, lessons learned, helpful tips for grantees
• Questions & Discussion
Learning Objectives

At the end of the presentation participants will be able to:

• Identify characteristics of successful partnerships between integrated health programs and academic centers

• Discuss ideas for implementing new or expanded partnerships with academic programs in their centers

• Identify opportunities and barriers to implementing partnerships with colleges or universities
What do we know about academic practice partnerships?

- Descriptions of programs in the literature
- Mostly anecdotal evidence for success
- Some organizations working on models
Why Now?

- Cutbacks to mental health services in many states leading to lean staffing of agencies
- Affordable Care Act provisions favoring ramping up services in well-coordinated care systems
- Competition for clinical placements for students
- Workforce development needed in integrated health
Qualified Applications Turned Away from Entry-Level Baccalaureate Nursing Programs:

- 2002: 3,600
- 2003: 15,944
- 2004: 29,425
- 2005: 37,514
- 2006: 38,415
- 2007: 36,400
- 2008: 41,385
- 2009: 42,981
- 2010: 52,115
- 2011: 58,327
- 2012: 52,212
Learning to work in Integrated Settings

Integrated care requires good interprofessional communication & collaboration skills  (Curran, et. al, 2012)

Our workers are educated in silos
What helps or hinders academic/practice partnerships?

• Barriers
  • Lack of time
  • Lack of resources
  • Lack of communication

• Facilitators
  • Shared vision with mutual goals and objectives
  • Clear communication
  • Regular contact and engagement

Benefits to the CMHC/Clients

- Student projects are aligned with agency priorities and can build on one another
- Opportunity to educate professionals about SMI
- Can help to build your own workforce
- Support mutual learning & staff development
- Clients receive services they might not otherwise due to financial constraints
- Opportunities to work in areas where organizational missions align
Benefits to the University/Students

• Reliable and regular placements for students in cutting-edge areas of Integrated Health
• Build student confidence in working in inter-professional practice settings
• Helps keep participating faculty current in clinical skills and knowledge
• University gains access to experts in public psychiatry and community behavioral health
Elements of Our Academic Partnership

• CMHC Director of Integrated Health is a faculty member at academic partner organization
• Developed with the academic practice program
• 250 nursing students so far
• Nursing students collaborate with staff and students of other disciplines in learning and bringing value to programs & client care
Partnering with Clients for Health
An Example from a Partnership with a CON: Types of Students & Courses

- Pre-licensure or “GEM” nursing
- Advanced Public Health Nursing
- Psychiatric Nurse Practitioner
- Family Nurse Practitioner
- Specialty and Systems Leadership doctoral

- Psychiatric Nursing
- Public Health Nursing
- Advanced Public Health Courses
- Comprehensive clinical management
- Clinical immersion
Box o’ Projects

- Projects selected through student key informant interviews with agency staff
- Always prepared with ideas for student work
- Continuity of projects which build on each other
- Topic areas: Nutrition & Exercise, Smoking Cessation, Sexual Health
How to Address Sexual Health

A Guide for Staff Communication about Sexual Health
### Male Condom
- Warn by the man
- Prevent pregnancy, HIV, and STDs
- Can be used for sex in the vagina, mouth, or butt
- Cheap; no prescription needed
- Can be found in grocery stores
- Can be used with spermicide for greater pregnancy prevention (Do not use spermicidal jellies)
- Does not involve hormones
- Low cost

**Success:**
- 2% chance of getting pregnant if always used correctly
- Practice using on your own in order to use it correctly before being with a partner
- Must be put on penis correctly

**Reminder:**
- Put on condom at least one month before
- If there has been a break in the condom, get a new condom
- Put on a new condom every time you use sex

**Birth-Control Pills**
- Allows women to be in control
- Prevent pregnancy
- Can be used by all ages of women
- Many different types available
- Not have to stop sex
- Can make periods shorter and lighter

**Success:**
- Less than 1% chance of getting pregnant if used correctly

**Reminder:**
- Not all people can take birth-control pills; ask your doctor
- Do not keep your safe from STDs or HIV
- You should also wear a condom if you or your partner are having sex with someone else
- Certain medications cannot be taken
- Woman should not smoke

### Female Condom
- Allows women to be in control
- Prevent pregnancy
- Can be used for sex in the vagina or butt
- Can be used with water-based lubricants
- Cheap; no prescription needed
- Can buy in grocery store
- Not involve hormones

**Success:**
- 5% chance of getting pregnant if always used correctly
- Practice using on your own in order to use it correctly before being with a partner
- Must be put in vagina or butt correctly

**Reminder:**
- Put on condom on the outside of the condom
- Put on a condom every time you have sex
- To remove, twist the top of the condom and pull from vagina, making sure not to have sperm leak into vagina

### Patch: Ortho Evra
- Allows women to be in control
- Woman wears a thin patch that sticks on her skin
- Women put on a new patch every week
- The fourth week you leave the patch off
- Prevent pregnancy
- Can make periods shorter and lighter
- Not have to stop sex

**Success:**
- Less than 1% chance of getting pregnant if always used correctly

**Reminder:**
- Not all people can be on the patch; ask your doctor
- Do not keep your safe from STDs or HIV
- You should also wear a condom if you or your partner are having sex with someone else
- Certain medications cannot be taken
- Woman should not smoke

### IUD: Mirena and ParaGard
- Allows women to be in control
- Small T-shaped device
- Doctor puts in women’s uterus
- Does not have to stop sex
- Can prevent pregnancy up to 5 years
- Can make periods shorter and lighter
- Paragard
- Can prevent pregnancy up to 12 years
- Does not change hormone levels

**Success:**
- Less than 1% chance of getting pregnant if always used correctly

**Reminder:**
- Not all people can have these devices; ask your doctor
- Does not keep you safe from STDs or HIV
- You should also wear a condom if you or your partner is having sex with someone else or if your partner has not been treated for STDs

### Diaphragm and Spermicide
- Allows women to be in control
- Prevent pregnancy
- Woman puts in vagina and it blocks sperm
- Must be used with spermicide (Do not use spermicidal jellies)
- Can be carried in a purse or pocket
- Do not have to buy another diaphragm for 2 years
- Not involve hormones

**Success:**
- 8% chance of getting pregnant if always used correctly
- Must be put in vagina correctly

**Reminder:**
- Must not remove for 6 hours after sex
- If over 6 hours and have sex again, put back in
- Do not keep your safe from STDs or HIV
- You should also wear a condom if you or your partner are having sex with someone else or if your partner has not been treated for STDs

### Implant: Implanon
- Allows women to be in control
- Sign of a match
- Doctor puts under woman’s skin in upper arm
- Can prevent pregnancy up to 3 years
- Not have to stop sex

**Success:**
- Less than 1% chance of getting pregnant if always used correctly

**Reminder:**
- Not all people can have this implant; ask your doctor
- Do not keep your safe from STDs or HIV
- You should also wear a condom if you or your partner are having sex with someone else or if your partner has not been treated for STDs

### Shot: Depo-Provera
- Allows women to be in control
- Prevents pregnancy
- Given every 3 months
- Get shot every three months
- No have to stop sex
- Do not have to worry about not using contraceptive
- Ask your doctor

**Success:**
- Less than 1% chance of getting pregnant if always used correctly

**Reminder:**
- Not all people can have this shot; ask your doctor
- Needs to visit doctor every 3 months to get shot
- Does not keep you safe from STDs or HIV
- You should also wear a condom if you or your partner are having sex with someone else or if your partner has not been treated for STDs

### Ring: NuvaRing
- Allows women to be in control
- Prevents pregnancy
- Involves a small, flexible ring that woman puts in vagina
- Leave in vagina for three weeks then take out for a week. Can remove for up to three hours for sex—optional
- Do not have to stop sex
- Ask your doctor
- Can make periods shorter and lighter

**Success:**
- Less than 1% chance of getting pregnant if always used correctly

**Reminder:**
- Not all people can have this device; ask your doctor
- Do not keep your safe from STDs or HIV
- You should also wear a condom if you or your partner are having sex with someone else or if your partner has not been treated for STDs

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Healthy Snacks

Aldi Prices
- Yogurt $0.39
- Greek yogurt $0.89
- Baby carrots $1.29
- Celery $1.49
- Mini whole wheat bagels $1.99
- Bananas $0.39 per lb
- Dried cranberries $1.19
Policy Level Benefits of Collaboration
Student Participation in Congresswoman’s Visit
Successes - Workforce Development

- Students learn about working outside of traditional disciplinary and mental health/general health silos
- Students who have had one clinical course have asked for placement in a subsequent one, or volunteered after graduation
- Former students have joined the agency as employees
- Students comment on positive element of interprofessional work environment
Unexpected Benefits: Partnership in the GNE Demonstration Grant

- A 4 year grant mandated by Affordable Care Act
- Funded at $200 million from Center for Medicare & Medicaid Services
- Goal to increase the supply of advanced practice registered nurses (APRNs) to improve access to services for people with Medicare and Medicaid
- Defrays cost to agencies and hospitals of training APNs (e.g. 1 day of training per term = $3,375)
Other Collaboration Projects & Potential Future Directions

- The Center for Integrated Health Education
- Collaboration with the Office of Professional Education and Community Outreach
- Graduate Nurse Demonstration Project Grant
- Liaison with other departments in medical center
- Research projects
Tips for Participants

- Do joint planning
- Communicate, early & often
- Dedicate resources
- Orient faculty & students to your framework of care
- Consider a faculty practice arrangement
- Consider any impact on staff productivity
- Reinforce culture of teaching & learning
References

- Choucair, B. (May 3, 2012). Healthy Chicago Public Health Agenda, presentation to the UIC Healthy City Collaborative.
- Colleran, Mary (2011). Health Care Innovation Challenge grant proposal, submitted to the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, Center for Medicare & Medicaid Innovation, funding opportunity number CMS-1C1-12-001.