Nurse-Family Partnership in the Continuum of Care
A Model for Increased Patient Centered Care
Today's Presenters

Matthew Wallace
Business Development Manger
Nurse-Family Partnership

Laura Misuk
Director of
Business Development
Nurse-Family Partnership

Karla McCoy
Nurse Supervisor
Parkland Hospital
Nurse-Family Partnership

Diana Gonzales
Director of Women's Health
University Health System
"There is a magic window during pregnancy...it’s a time when the desire to be a good mother and raise a healthy, happy child creates motivation to overcome incredible obstacles including poverty, instability or abuse with the help of a well-trained nurse."

David Olds, PhD, Founder, Nurse-Family Partnership
Nurse-Family Partnership is…

• An evidence-based, community health program

• Transforming lives of vulnerable first-time mothers living in poverty

• Improving prenatal care, quality of parenting and life prospects for mothers by partnering them with a registered nurse

Every dollar invested in Nurse-Family Partnership can yield up to six dollars in return.
Where we work

Nurse-Family Partnership is a growing, national program

States that NFP serves: 43
Number of counties NFP is serving: 536
Tribal agencies are denoted by Band
Map does not include program in U.S. Virgin Islands

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Current America’s Essential Hospitals Members Implementing NFP

• Broward Health
• City and County of San Francisco Department of Public Health
• Contra Costa Health Services (CA)
• Denver Health Medical Center
• Lee Memorial Health System
• New York City Health and Hospitals Corporation- Harlem Hospital System
• Hurley Medical Center (MI)
• Memorial Healthcare System
• Parkland Health & Hospital System (TX)
• University Health System (TX)
• UNM Health Sciences Center (NM)
"They always say babies don’t come with instruction manuals, but if there was one, the Nurse-Family Partnership would be it."

Andrea, Mom from Pennsylvania
Nurse Family Partnership is a voluntary program for first-time, low-income mothers – who enroll prior to their 28th week of pregnancy

Program Goals

• Improve pregnancy outcomes
• Improve child health and development
• Improve parents’ economic self-sufficiency
Human Brain Development

Synapse formation dependent on early experiences

Shonkoff, J. & Phillips, D. (Eds.)
Home Visit Overview

**Personal Health**
- Health Maintenance Practices
- Nutrition and Exercise
- Substance Use
- Mental Health Functioning

**Environmental Health**
- Home
- Work, School and Neighborhood

**Life Course Development**
- Family Planning
- Education and Livelihood

**Maternal Role**
- Mothering Role
- Physical Care
- Behavioral and Emotional Care

**Family and Friends**
- Personal network
- Relationships
- Assistance with Childcare

**Health and Human Services**
- Service Utilization
Trials of the Program

Dr. Olds’ research & development of NFP continues today…

1977
Elmira, NY
Participants: 400
Population: Low-income whites
Studied: Semi-rural area

1988
Memphis, TN
Participants: 1,139
Population: Low-income blacks
Studied: Urban area

1994
Denver, CO
Participants: 735
Population: Large portion of Hispanics
Studied: Nurse and paraprofessionals
Evidence-Based Policy

The Coalition for Evidence-Based Policy — a nonprofit nonpartisan organization — has identified Nurse-Family Partnership as the only prenatal or early childhood program that meets its “Top Tier” evidence standard, which is used by the U.S. Congress and the executive branch to distinguish research-proven programs.
**Academic Achievement**

Grades 1–3, Age 9—Memphis
(Born to low-resource mothers)

**Preschool Language Scale**

Age 4—Denver
(Born to low-resource mothers)

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**Reading and Math Achievement Test Scores (percentiles)**

- Nonparticipants
- Nurse-Family Partnership Participants

**Total Language Score**

- Nonparticipants
- Nurse-Family Partnership Participants

Source: Reproduced with permission from *Pediatrics*, Vol. 120, e838, Copyright © 2007 by the AAP.

Source: Reproduced with permission from *Pediatrics*, Vol. 114, 1565, Copyright © 2004 by the AAP.
Days Hospitalized for Injuries
Birth to age 2—Memphis

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Months Between Births
Between first and second child (by first child’s fifth birthday)—Memphis

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Source: JAMA, 1997, Vol. 278, 650, Copyright © 1997, American Medical Association. All rights reserved.

Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.
Research

Months Receiving Welfare Assistance (AFDC)
Birth through age 5—Memphis

<table>
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<tr>
<th>Months</th>
<th>Nonparticipants</th>
<th>Nurse-Family Partnership Participants</th>
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Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.

Months Receiving Food Stamps
Birth through age 5—Memphis

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<th>Months</th>
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Source: JAMA, 2000, Vol. 283, 1987, Copyright © 2000, American Medical Association. All rights reserved.
Near-Term Outcomes: Pregnancy
- 79% ↓ in pre-term births
- 35% fewer hypertensive disorders of pregnancy
- Fewer cases of pre-eclampsia or complications of pregnancy
- Fewer subsequent births on Medicaid and increased birth spacing/fewer closely-spaced (less than 6 months) births

Near-Term Outcomes: Child Development
- 48% ↓ in child abuse & neglect
- 56% ↓ in ER visits for accidents and poisonings
- 39% fewer injuries among children
- 50% ↓ in language delays

Long-Term Outcomes: Self-Sufficiency
- 83% ↑ in labor force participation by child’s 4th birthday

Education
- 67% ↓ in behavioral/intellectual problems at age 6 yrs

Crime
- 59% fewer arrests among 15 yr olds (who were infants in the program)
A 2013 return on investment analysis of Nurse-Family Partnership estimated the long-term benefit-cost ratio ratio to be $6.20 per dollar invested.
NFP Nursing Intervention

• Nursing assessment across domains of the model
• Assessment guides interventions
  – Health education
  – Advocating and helping client advocate for self and her child
  – Health Behavior change using Motivational Interviewing, reflective practice, and principles built into the model
  – Child health and development assessment and education
  – Dyadic assessment and parental guidance and support
  – Guidance and support on broader aspects of the health of mother and child—life course development and goal setting, environmental and relationship health.
• Evaluation and flow from visit to visit

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“Nurse-Family Partnership (NFP) delivers on the Triple Aim and can positively impact your bottom line by delivering a significant return on investment. I recommend that you consider this evidence-based nursing intervention, which provides great career satisfaction for your staff, while notably improving community outcomes.”

Dr. Thomas E. Beeman
President/CEO Lancaster General Hospital
Improving Care

• Helping clients **obtain insurance coverage**
• Conducting ongoing health and psychosocial **risk assessments and screenings**
• **Providing anticipatory guidance** and preventive services based on need, counseling around:
  • weight gain
  • blood pressure
  • potential complications of pregnancy
• Helping clients plan future pregnancies and **improve interconception care**
• Making appropriate referrals and **coordinating care** with other services
Improving Population Health

- Help clients reduce use of cigarettes, alcohol and illegal drugs
- Educate and support client in initiation and continuation of breast feeding
- Teach clients about nutrition, exercise and stress management during pregnancy

- Teach clients about child nutrition, health, growth, development and environment safety
- Promote sensitive parent-child interaction that facilitates developmental progress
- Teach parents safe and consistent practices of child discipline

- Discuss clients’ goals for life course development and develop a vision for the future
- Help clients make reasoned choices about the partners, family and friends involved with their child
- Help clients reach their educational and employment goals

Improved Maternal Health and Pregnancy Outcomes

Improved Child Health and Development

Improved Maternal Life Course Development
Reducing Costs

For every 1000 families served
NFP can expect to prevent:

• 78 preterm births
• 38% reduction in childhood injuries treated in Emergency Departments up to age 2
• 23% increase in immunizations at age 2
• 14% increase in mothers who choose to breastfeed
• 73 second births to young mothers
• 230 person years of youth substance abuse
• 3.4 infant deaths

Government Cost savings per family served by NFP; total= $19,054 (PV at 3%)

Data Source: Dr. Ted Miller, PIRE; 2014
NFP Benefits in a Hospital System

• Integration in Electronic Medical Record
  – Gives Provider comprehensive view of patient to increase quality of care
  – Allows Provider to contribute to NFP impact
  – Hospital can report on NFP outcomes
  – Link information back to managed care plan

• Connects clients and their families into hospital as medical home
  – OB/GYN Care for Client
  – Pediatric Care for Baby
  – Utilization of other services by family members i.e. cardiology by great grandmother

• Provides data for hospitals for meeting quality standards
<table>
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<tr>
<th>Quality Measures</th>
<th>NFP/MIECHV</th>
<th>HEDIS</th>
<th>CHIPRA</th>
<th>NCQA-PCMH</th>
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<td>ED utilization</td>
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<td>Access to primary care</td>
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<tr>
<td>Access to behavioral/mental health</td>
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<td>Developmental screening</td>
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<td>Well child visits in first 15 months</td>
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<td>Birth weight &lt; 2500 grams</td>
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<td>Preterm Births &lt;39 weeks</td>
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<td>Timeliness and frequency of prenatal care</td>
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<td>Immunization status</td>
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<td>BMI Assessment</td>
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<td>Connection to community resources</td>
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<td>Culturally/linguistically appropriate care</td>
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How has NFP benefited your Hospital System?

Diana Gonzales
Director Of Women’s Health
University Health System, San Antonio

Karla McCoy
Nurse Supervisor
Parkland Hospital, Dallas
Nurse-Family Partnership
IMPROVING BIRTH OUTCOMES

HOSPITAL BASED
NURSE-FAMILY PARTNERSHIP

University Health System
www.UniversityHealthSystem.com
Mutually beneficial to...

- Client
- Nurse-Family Partnership Program
- Hospital System
BENEFITS TO CLIENT

- Access to early, regular prenatal care
- Early identification of and referral for prenatal risk factors and complications
- Highly individualized anticipatory guidance
- Additional educational opportunities through BabyU classes – childbirth education, breastfeeding, newborn care, car seat/home safety, first steps for dads
BENEFITS TO HOSPITAL SYSTEM

- Improved patient satisfaction
- Improved patient understanding of and adherence to provider’s instructions
- Sharing of common goals and compliance with perinatal standards, such as delivery at 40 weeks, management of PIH, etc.
Benefits to NFP Program

- Professional collaboration and timely sharing of client information
- Built in, professional expertise and professional development opportunities
- Relationship with hospital based ambulatory clinics facilitating referrals
Benefits to NFP Program

- On site support via system infrastructure, such as Human Resources, Legal Services, Grant Writing, Corporate Communications, Nurse Recruitment, etc.
- Creation of strong community partnerships and development of active Community Advisory Board.
UHS-NFP PREMATURE BIRTH RATE

- 2012: 8.0%
- 2013: 10.0%
- 2014: 10.0%

- UHS
- Texas
- Nat'l
UHS-NFP LOW BIRTH WEIGHT

Year | UHS | Texas | Nat'l
--- | --- | --- | ---
2012 | 8.0% | 8.0% | 8.0%
2013 | 8.0% | 8.0% | 8.0%
2014 | 8.0% | 8.0% | 8.0%
Characteristics of Nurse-Family Partnership Implementing Agencies

• Strong reputation

• Excellent working relationships

• Committed

• Flexible and supportive of nursing staff

• Financially stable

• Effective

• Mission driven

• Focused on success
Sources of Nurse-Family Partnership Funding

- Medicaid
- TANF/Public Welfare
- Title V/Maternal and Child Health Initiatives
- Child Abuse Prevention
- Juvenile Justice/Delinquency Prevention
- Substance Abuse and Mental Health
- Tobacco Settlement
- United Way
- State, City and County General Funds
- Private Philanthropy
- School Readiness
- Maternal, Infant and Early Childhood Home Visiting Program (federal)
Nurse-Family Partnership
National Service Office

Policy & Government Affairs
Marketing & Communications

Business Development
Implementing Agencies
Nursing (Education, Quality Improvement & Consultation)
Information Technology

Finance, HR, Planning & Administration, Fund Development, Dr. Olds and the Prevention Research Center (PRC), and the National Board of Directors
"This program saves money. It raises healthy babies and creates better parents. It reduced childhood injuries and unintended pregnancies, increased father involvement and women's employment, reduced use of welfare and food stamps, and increased children's school readiness."

Barack Obama, U.S. Senator (now President)
Questions?
How to get involved

• Refer a client
• Invite NFP-NSO to speak to your community
• Finance an NFP Program
• Support advocacy efforts
  – www.supportnfpfamilies.org
For More Information

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