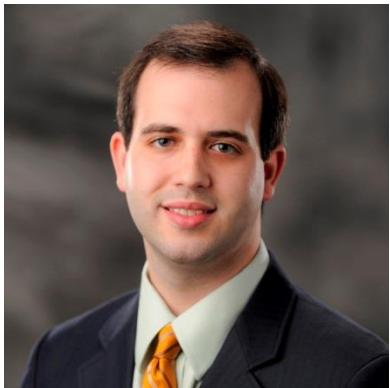




Nurse-Family Partnership in the Continuum of Care  
A Model for Increased Patient Centered Care

## Today's Presenters



Matthew Wallace  
Business Development Manager  
Nurse-Family Partnership



Karla McCoy  
Nurse Supervisor  
Parkland Hospital  
Nurse-Family Partnership



Laura Misuk  
Director of  
Business Development  
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





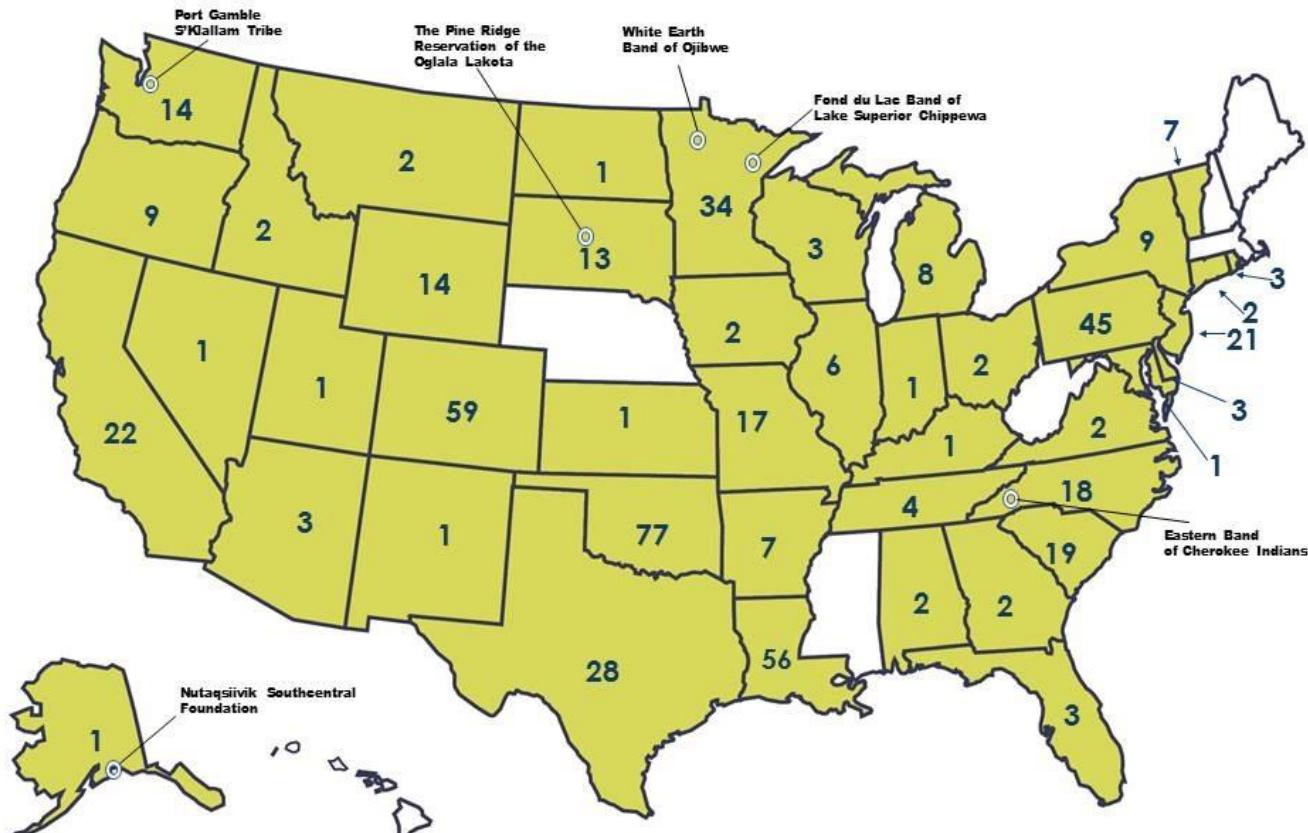
## Nurse-Family Partnership is...

- 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.**



## Nurse-Family Partnership is a growing, national program



43

States that NFP serves

536

Number of counties NFP is serving

Tribal agencies are denoted by Band

Map does not include program in U.S. Virgin Islands



## 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 28<sup>th</sup> week of pregnancy**

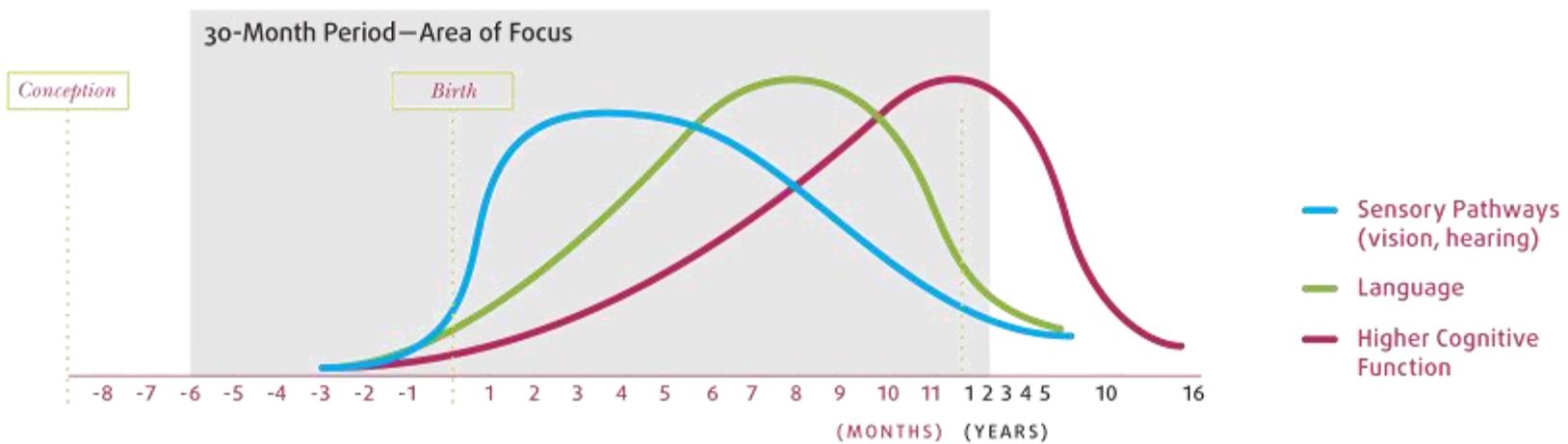
## Program Goals

- Improve pregnancy outcomes
- Improve child health and development
- Improve parents' economic self-sufficiency



## Human Brain Development

Synapse formation dependent on early experiences



Source: Nelson, C.A., *From Neurons to Neighborhoods* (2000).  
Shonkoff, J. & Phillips, D. (Eds.)

# Home Visit Overview

## Personal Health

Health Maintenance Practices  
Nutrition and Exercise  
Substance Use  
Mental Health Functioning

## Maternal Role

Mothering Role  
Physical Care  
Behavioral and Emotional Care

## Environmental Health

Home  
Work, School and Neighborhood

## Family and Friends

Personal network  
Relationships  
Assistance with Childcare

## Life Course Development

Family Planning  
Education and Livelihood

## 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.



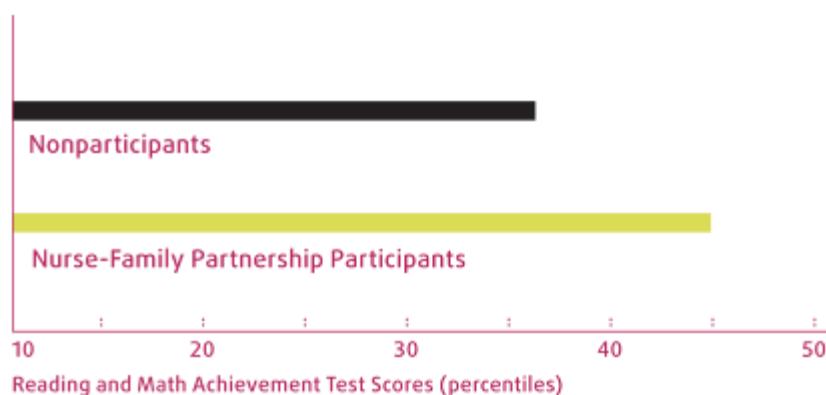
A NONPROFIT, NONPARTISAN ORGANIZATION





## Academic Achievement

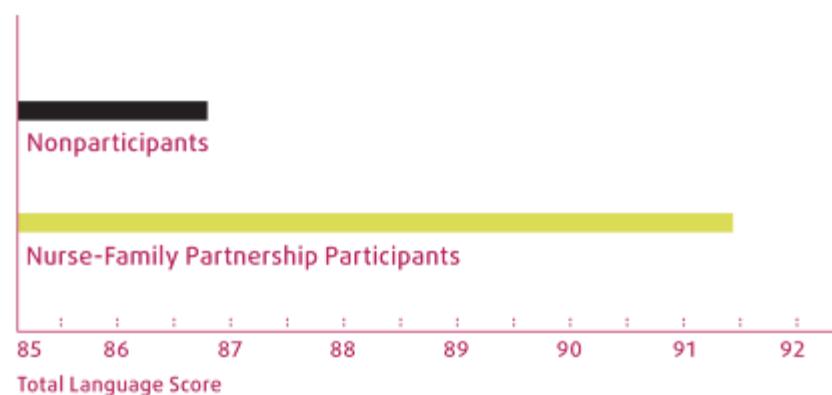
Grades 1–3, Age 9—Memphis  
(Born to low-resource mothers)



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

## Preschool Language Scale

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



Source: Reproduced with permission from *Pediatrics*, Vol. 114, 1565,  
Copyright © 2004 by the AAP.

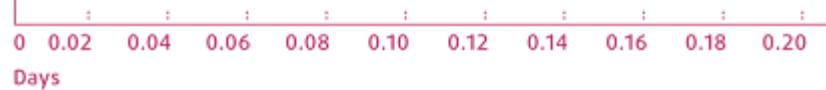


## Days Hospitalized for Injuries

Birth to age 2—Memphis

Nonparticipants

Nurse-Family Partnership Participants



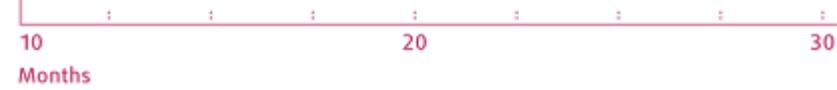
Source: JAMA, 1997, Vol. 278, 650, Copyright © 1997,  
American Medical Association. All rights reserved.

## Months Between Births

Between first and second child  
(by first child's fifth birthday)—Memphis

Nonparticipants

Nurse-Family Partnership Participants



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



## Months Receiving Welfare Assistance (AFDC)

Birth through age 5—Memphis

Nonparticipants

Nurse-Family Partnership Participants



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

## Months Receiving Food Stamps

Birth through age 5—Memphis

Nonparticipants

Nurse-Family Partnership Participants



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 4<sup>th</sup> birthday

## Education

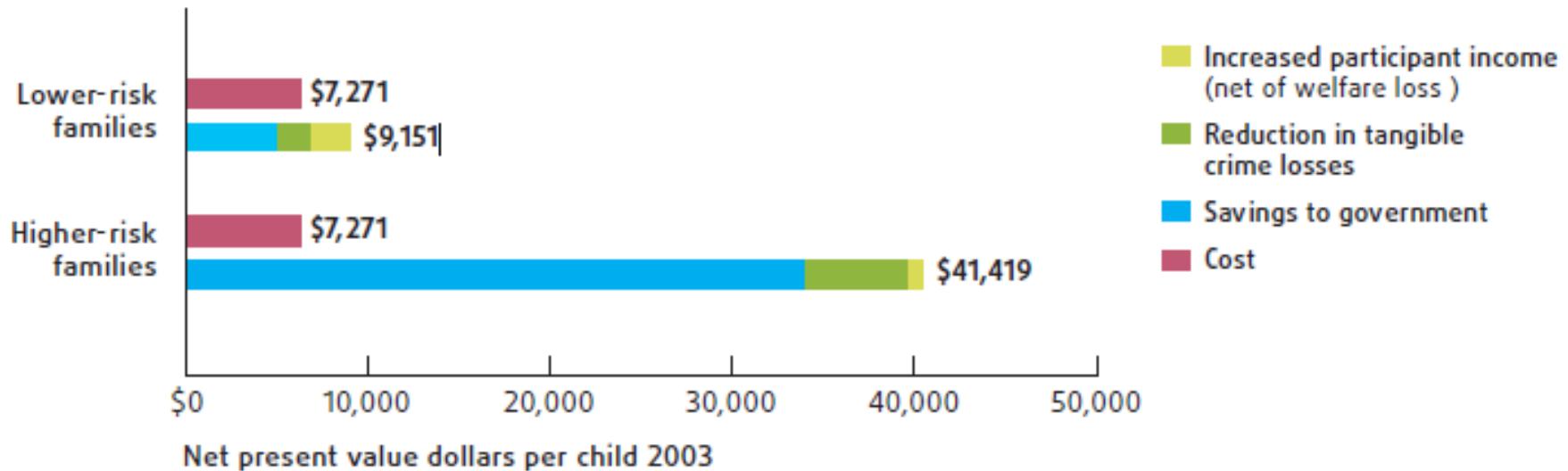
- 67% ↓ in behavioral/intellectual problems at age 6 yrs

## Crime

- 59% fewer arrests among 15 yr olds (who were infants in the program)



## Monetary Savings



Source: 2005 RAND Corporation Study

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.



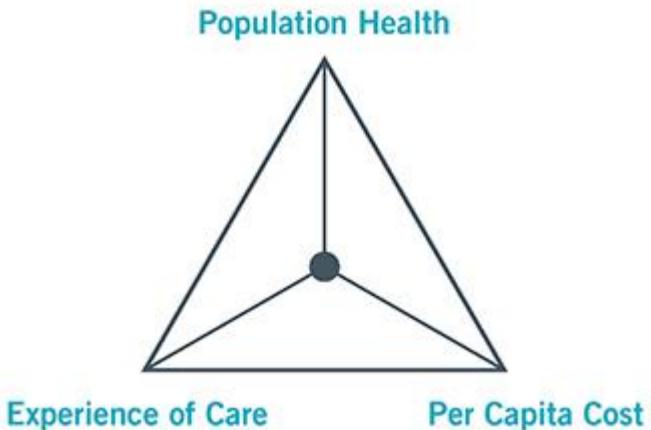


- Nursing assessment across domains of the model
- Assessment guides interventions
  - Health education
  - Advocating and helping client advocate for self and her child
  - Health Behavior change using Motivational Interviewing, reflective practice, and principles built into the model
  - Child health 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

***“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**

The IHI Triple Aim



## 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*

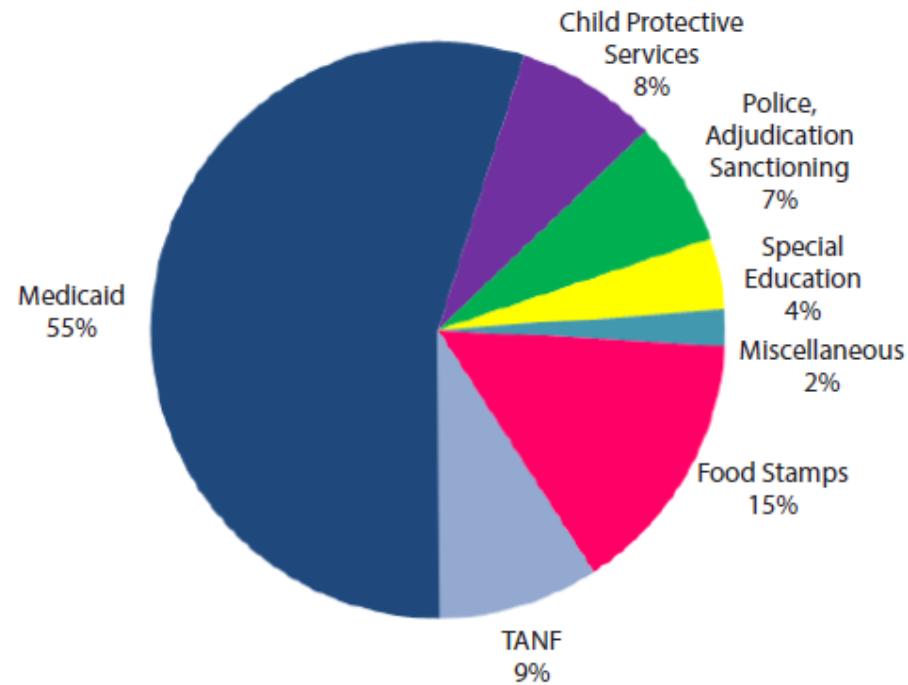


*Improved Maternal Life Course Development*

## 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

Quality Measures	NFP/MIECHV	HEDIS	CHIPRA	NCQA-PCMH
<b>ED utilization</b>	X		X	X
<b>Access to primary care</b>	X	X	X	X
<b>Access to behavioral/mental health</b>	X	X	X	
<b>Developmental screening</b>	X		X	
<b>Well child visits in first 15 months</b>	X	X	X	
<b>Birth weight &lt; 2500 grams</b>	X		X	
<b>Preterm Births &lt;39 weeks</b>	X		X	
<b>Timeliness and frequency of prenatal care</b>	X	X	X	
<b>Postpartum care</b>	X		X	
<b>Immunization status</b>	X	X	X	
<b>Depression screening</b>	X		X	
<b>Lead screening</b>	X			
<b>BMI Assessment</b>	X	X	X	
<b>Connection to community resources</b>	X		X	X
<b>Culturally/linguistically appropriate care</b>	X			X

# 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](http://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.



**University  
Health System**

[www.UniversityHealthSystem.com](http://www.UniversityHealthSystem.com)

# 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

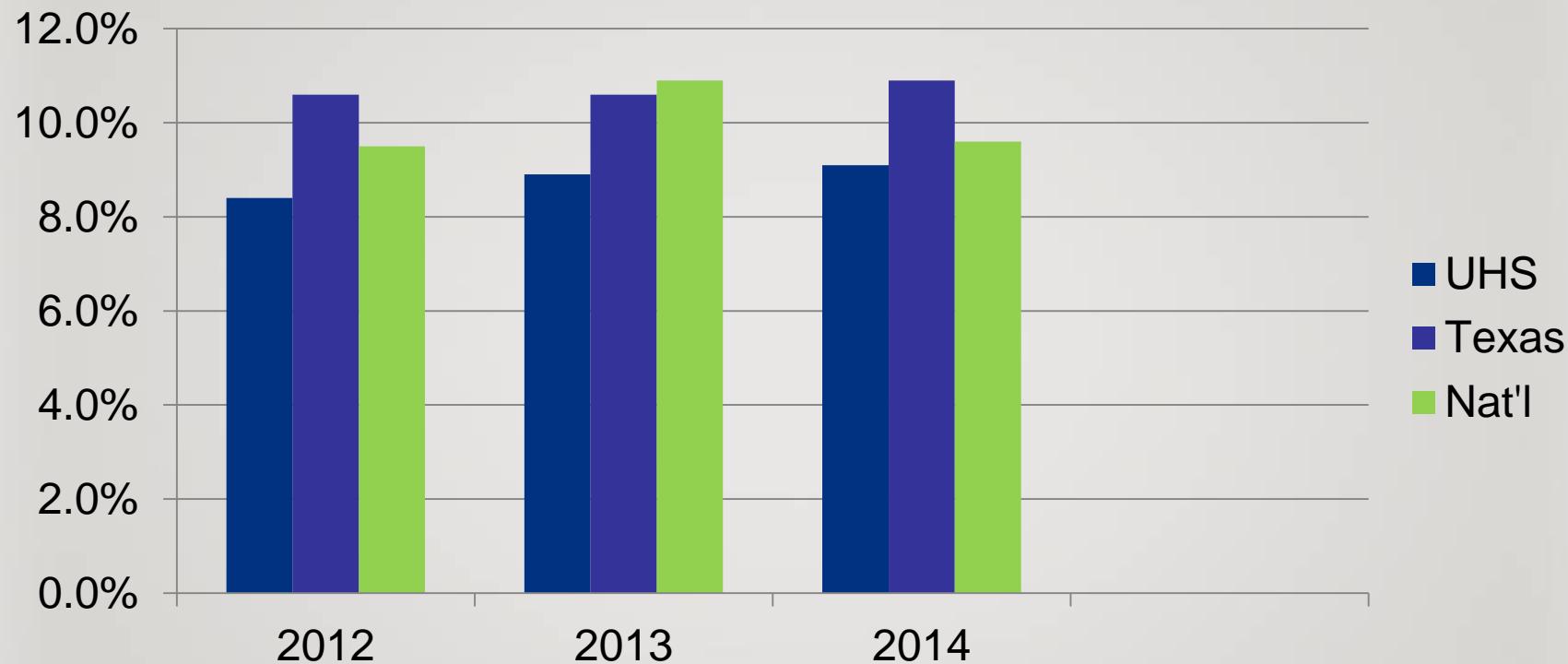
# Benefits to NFP Program

---

- ▶ 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.

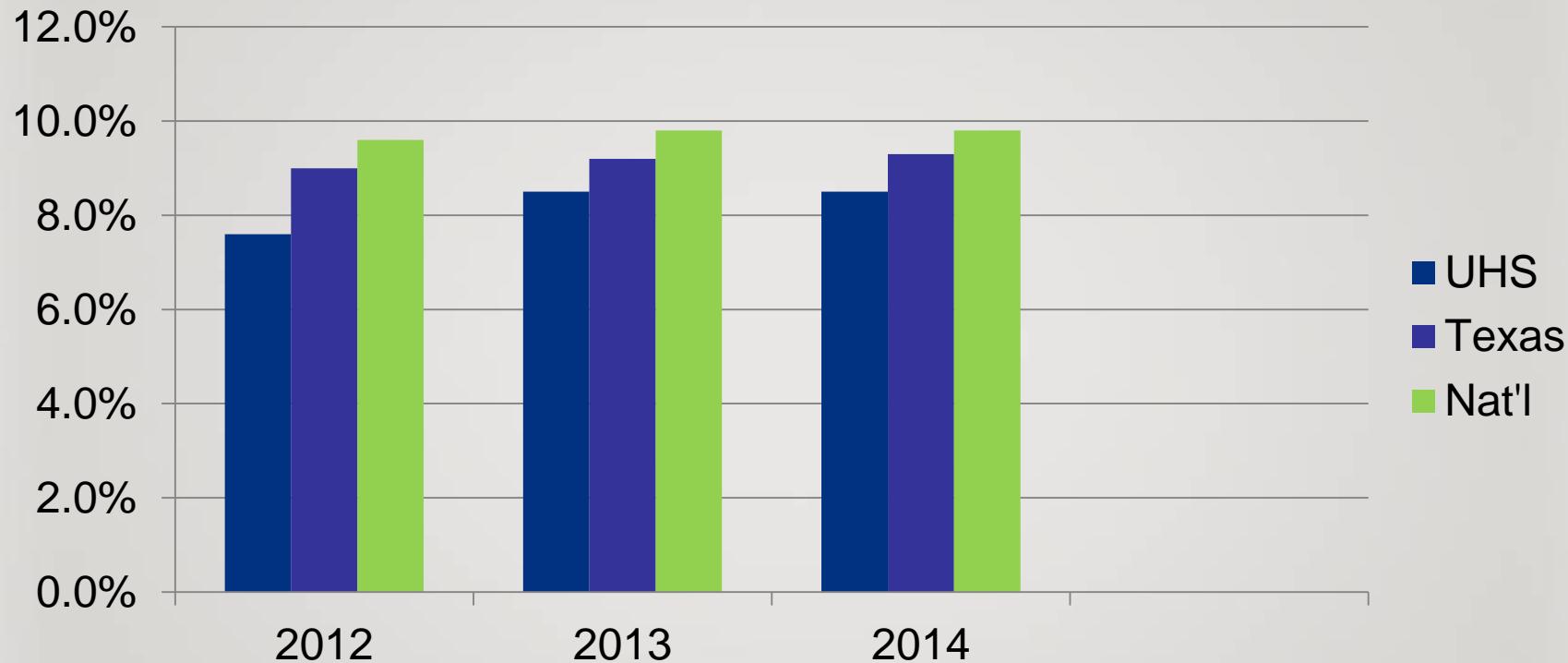
# UHS-NFP PREMATURE BIRTH RATE

---



# UHS-NFP LOW BIRTH WEIGHT

---



University  
Health System  
[www.UniversityHealthSystem.com](http://www.UniversityHealthSystem.com)



## Characteristics of Nurse-Family Partnership Implementing Agencies

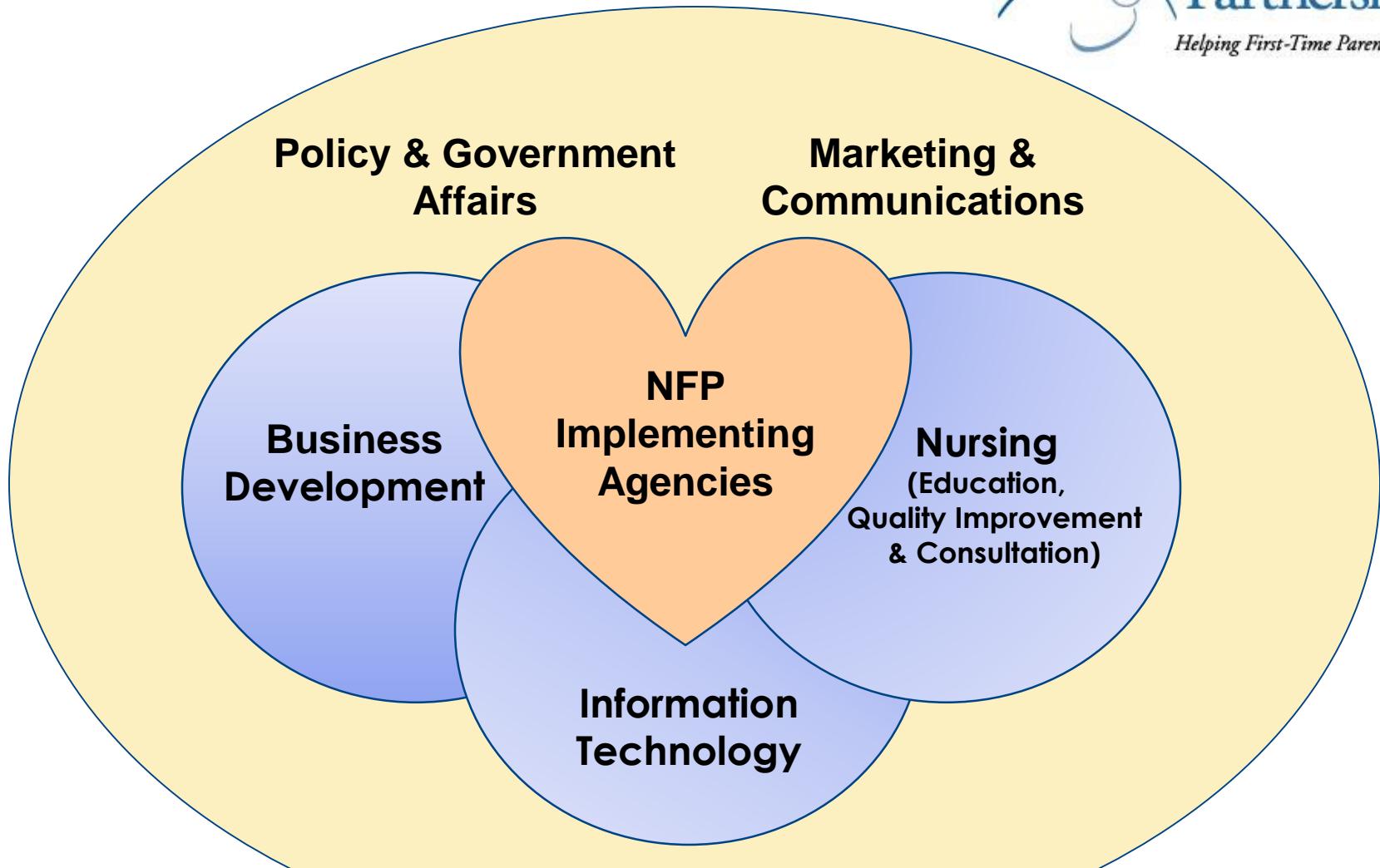
- Strong reputation
- Excellent working relationships
- Committed
- Flexible and supportive of nursing staff
- Financially stable
- Effective
- Mission driven
- Focused on success



## 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



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](http://www.supportnfpfamilies.org)



## For More Information

Nurse-Family Partnership  
National Service Office  
1900 Grant Street, Ste 400  
Denver, Colorado 80203

[www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)

Matthew Wallace

[Matthew.wallace@nursefamilypartnership.org](mailto:Matthew.wallace@nursefamilypartnership.org)

O: 303.865.8373

C: 225.400.1700

Laura Misuk

[Laura.misuk@nursefamilypartnership.org](mailto:Laura.misuk@nursefamilypartnership.org)

O: 303.865.8397

C: 817.600.1464