

Small, Independent, and Out in Front

People in New Hampshire are proud of being out front on important issues. It naturally follows that the state's small size and iconoclastic nature have made it a pioneering site in transforming health care delivery.

In 2010, **Life Long Care, PLLC** in New London, New Hampshire, became the first nurse-led primary care practice in the United States to achieve Level III patient-centered medical home recognition from the National Committee for Quality Assurance (NCQA). "The recognition made a huge difference among peers," says Sean Lyon, MSN, APRN, the family nurse practitioner who serves as Life Long Care's Patient-Centered Medical Home project director. "It helps bring recognition not only to what we've done, but to the incredible number of people who have been working on this for years to get to this point. It's opening doors. It's giving us a stronger voice."

Lyon is using that stronger voice to bring what he calls "the nurse practitioner primary care platform" to a wider audience that includes policy groups, large health care companies, and legislators. How can an independent practice wield such clout? Chalk it up to New Hampshire, where innovation is embraced, connections work, and improved health care has become a rallying cry statewide. In fact, Life Long Care's roots are in a demonstration program under the New Hampshire Citizens Health Initiative, and founder Kitty Kidder, APRN, was president of the New Hampshire Nurse Practitioner Association when she began the practice in 2003.

"In New Hampshire, nothing stands in the way of nurses' authority. The culture expects advanced practice nurses to be taking care of communities."

– Sean Lyon, MSN, APRN

At least in part, advanced practice registered nurses (APRNs) in New Hampshire owe their expansive scope of practice to Kidder. She was instrumental in securing the right to practice without physician oversight for the state's APRNs. "When I opened my practice in 2003, I wanted to provide an office where patients felt comfortable, safe and at home, and where staff could experience a healthy workplace and a



sense of shared ownership," says Kidder. "I also wanted to demonstrate that a nurse practitioner primary care practice could achieve high patient satisfaction, with outcomes comparable to our physician colleagues."

New Hampshire remains one of only 14 states to place few restrictions on the role of advanced practice registered nurses. Nurse practitioner-run facilities are equally common in rural and urban areas. "People tend to look at it from a competitive standpoint, physician vs. nurse," says Lyon. "But that's like comparing physical therapists to occupational therapists. They are two independent professions separate from one another. In fact, nurses are filling the gap, meeting the physician shortage and showing that we provide primary care differently."

Conventional wisdom holds that small practices such as Life Long Care, who lack the administrative support of a large primary care network, are at a disadvantage in the NCQA application process. Sean Lyon disagrees. For him, Life Long Care can operate with more agility in an environment in which "almost every group out there looks at quality improvement from the perspective of a large organization. With eight employees, we can cut through things quickly. Independent

health care providers like us can move like a speedboat. We don't function by committee. I understand how some see economies of scale benefits by being larger, but not us. We would lose the nimbleness and the innovation."

The practice's small size and independence are also reflected in its patient-centered culture. The staff view their patients as partners in care and strive to provide patients with the knowledge and skills to enable them to be responsible for their own health, make informed decisions about their health, and become their own advocates. This culture is also expressed in things as simple—and unusual—as oversized flannel patient gowns, cheerful handprints decorating the walls, and antique furniture in the waiting area. "It is important to us that patients feel they are a part of our family, not just a number," says Monique Rossignol, MSN, APRN.

Local organizations have been instrumental in helping the practice to gain medical home accreditation and conduct continuous quality improvement. Lyon and Kidder used the Center for Medical Home Improvement's TAPPP™ framework to create a gap analysis and report that mapped areas for improvement. The practice continues to be part of major demonstration projects. In 2009, Life Long Care became part of the New Hampshire Citizens Health Initiative's Multi-Stakeholder Patient-Centered Medical Home Pilot project. The two-year pilot is a collaboration of the Initiative, the Center for Medical Home Improvement, and the four private New Hampshire health plans: Anthem Blue Cross Blue Shield, CIGNA, Harvard Pilgrim Health Care, MVP Health Care and NH Medicaid.

Technology plays a major role, too, beginning with electronic medical records that include automatic pop-ups to support care management; electronic prescribing; secure e-mail communication; and registries for congestive heart failure, non-insulin-dependent diabetes mellitus, asthma, and coronary artery disease. A Web-based virtual education project, under development, promises to help patients manage chronic diseases and has already resulted in a reduction in hospital visits.

Tracking performance on NCQA goals has given these practitioners deep insight into their patient population, the way they deliver care, and even the cost efficiencies possible

in the patient-centered primary care home model. For patients with diabetes, it has meant greater control of HgbA1c. For patients with hypertension, it has meant consistent monitoring of serum creatinine, an inexpensive way of evaluating kidney function. Instead of the expected cost of \$182 or more per episode of care, for 2008, Life Long Care was able to provide care at a per-episode cost of only \$116.*

The greatest challenge ahead? "There is a shortage of advanced practice registered nurses trained to practice primary care," says Lyon. "How to advance that specialty is the next big question. 'Nurse-led' becomes irrelevant if there are no nurses to lead."

**Based on preliminary data trending while recognizing that this data has not been annualized or risk adjusted.*

Life Long Care

An APRN-owned practice in New London, New Hampshire

Patients: 2,500

Payer mix: 69% commercial
23% Medicare
2% Medicaid
5% self-pay
1% other

Staff: 3 Advanced Practice Registered Nurses
1 Registered Nurse
1 Certified Medical Assistant
1 Office Manager
2 Receptionists

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