

## **Clinical Nurse Specialists – Practitioners Contributing to Primary Care:**

### **A Briefing Paper**

As the need grows for more practitioners of primary care, it is important to recognize the Clinical Nurse Specialist (CNS) as a practitioner who can contribute services to primary care as an independent practitioner or as a member of a primary care team. The Institute of Medicine has defined primary care as the *“the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”*<sup>1</sup>

CNSs are educated with a specialty focus and have competencies to diagnose and treat disease related symptoms and functional problems as well as risk behaviors caused by factors other than disease. In primary care and/or home settings, CNSs provide services required for the provision of the full spectrum of care. These include but are not limited to: prenatal services, transitional care from hospital or rehabilitation facility to home, psycho-educational self-care counseling and coaching to manage chronic disease, gerontological services, palliative care in the promotion of comfort/quality of life, foot care, wound care, and stress-related illness counseling, mental health counseling and psychotherapy.

CNSs prescribe pharmaceuticals when medications are necessary to promote comfort, when persons with chronic diseases require a pharmaceutical adjustment, or in care of individuals with mental illness who require psychopharmacological agents. CNSs have prescriptive privileges in 38 states.

CNS practice as expert clinician in a specialty area is manifested in the care of patients in the context of their family and community. A few specific examples of CNS contributions to primary care are presented below.

CNSs are important members of the primary care teams including nurse practitioners, physicians, nurse midwives and physician assistants, and are reimbursed by Medicare as primary care practitioners, billing for their services using CPT Evaluation and Management Codes.

### **Prenatal Care**

CNSs have demonstrated improved outcomes when providing home care to mothers with a high risk of delivering low-birth weight infants and for early discharge of very low birth weight infants with follow-up.<sup>2</sup> They are also effective members of the prenatal care team and have been shown to have the greatest client satisfaction and the lowest cost per visit when providing prenatal care.<sup>3</sup> Other studies have shown how very low birth weight infants can be discharged early (transitioning to the home environment) from expensive neonatal intensive care units when the CNS is providing follow-up care after discharge.<sup>4</sup>

### **Preventive and Wellness Care**

CNSs improve access to wellness and preventive care by identifying early those at risk for costly chronic diseases, such as diabetes and heart failure, and provide care to keep people healthy and prevent chronic conditions. A wellness company, owned and managed by Clinical Nurses Specialists, provides ongoing care to employees to help them stay healthy and to lower their risk for the development of disease. An employer, who has engaged the services of these CNSs, experienced decreased health care costs and noted an annual increase in the health insurance premiums in single digits, as opposed to previous double digit increases.<sup>5</sup>

### **Psychiatric/Behavioral Health Care**

CNSs provide behavioral health care to individuals in private practice and to communities through special programs. The Insight Program, which was implemented by CNSs in a community setting to address depression in women, had a statistically significant and clinically relevant improvement in scores on all tools used.<sup>6</sup> Another study demonstrated that CNSs also work as members

of the primary care team in providing care to improve the recognition of depression and its initial management in a VA.<sup>7</sup>

### **Chronic Conditions Care**

CNSs have distinguished themselves as effective coaches of those with chronic illness by promoting self-care and reducing the costs of the illness. Several studies document their efforts in the care of the chronically ill, including those with heart failure, asthma, chronic pulmonary disease and epilepsy<sup>7</sup>. In addition, CNSs have developed and demonstrated the effectiveness of their community programs that identify those with COPD early slowing down the progression of their disease.<sup>8</sup>

### **Geriatric Care and Coordinators of Care across Settings**

CNSs have demonstrated their effectiveness in transitioning care from hospital to home by preventing readmissions as documented in a study of discharge planning from hospital to home care for the elderly. Studies have also shown that programs developed by CNSs assist congestive heart failure patients with self-care to prevent hospital readmissions.<sup>9, 10, 11, 12, 13, 14</sup>

### **Palliative Care**

Palliative Care/Hospital CNSs are essential members of interdisciplinary palliative care teams. They educate nurses, social workers, case managers and physicians on concepts of palliative care, establish policies and protocol, and provide consultation throughout healthcare systems to assure that quality care is delivered for dying patients and their families.

It is important that CNSs are recognized as contributing to the care of patients as providers to whom primary care practitioners can easily refer patients or as members of established primary care teams. It is critical that CNS services are reimbursable when contributing to the care of patients in the primary care system. Otherwise, there will be an unintended consequence of depriving patients of the care they require from CNSs.

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