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Increasing psychiatric mental health nurse practitioner workforce in rural & frontier Eastern Oregon: outcomes, lessons learned, and next steps

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Keywords

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Abstract

Background

Access to behavioral health services present significant challenges for rural and frontier populations and health providers. Compared with their urban counterparts, rural communities continue to face higher healthcare disparities and unmet mental health needs.¹ Factors contributing to this issue include, but are not limited to, social isolation, significant geographical distances, general scarcity of resources, severe shortages in the healthcare workforce, and the absence of provider specialization.

In a 2021 report, the Oregon Office of Rural Health published a state-wide full-time equivalency (FTE) for mental health providers (1.25 FTE per 1,000 people), its poorest since 2018.^{2,3} All of the 24 service areas that were found to have no mental health providers (0 FTE) were rural or frontier communities. For communities in eastern Oregon, the shortage and availability of mental health professionals is alarming and there is an acute need for healthcare providers with training and expertise to diagnose and treat mental illness. Oregon health professionals have suggested that, due to the shortage and lack of available mental health professionals, many mental health needs in the eastern Oregon region and around the state are un-or-under diagnosed because of inadequate distribution of providers.⁴ In eastern Oregon many patients in need of mental health services present to the primary care clinics or emergency departments. Delivering care to patients in this environment is especially complex and puts a strain on the already scant resources available in these rural and geographically isolated communities.

Meeting the behavioral health needs of rural communities amidst chronic workforce shortage is challenging. In 1971, Congress developed the AHEC (Area Health Education Centers) program to recruit, train, and retain healthcare workforces serving rural and underserved populations. Regional AHECs are uniquely positioned to further the development of interprofessional practices and training opportunities in rural areas. Northeast Oregon AHEC (NEOAHEC) is an independent non-profit organization primarily serving eleven counties in eastern Oregon. Of the counties in the NEOAHEC service area, ten of the eleven counties have fewer providers than the state average and four counties have multiple communities with no service provider.

Methods

In 2019, NEOAHEC received funding from the Healthy Oregon Workforce Training Opportunity grant to implement a program focused on increasing the Psychiatric Mental Health Nurse Practitioner (PMHNP) workforce in eastern Oregon. To support the PMHNP, NEOAHEC assembled a dedicated network including primary mental health programs, primary care clinics, hospitals, and an academic health center. Partners included the Greater Oregon Behavioral Health Inc., Eastern Oregon Coordinated Care Organization, and the Oregon Health & Science University (OHSU) School of Nursing (SON).

The PMHNP program used an evidence-based approach to replicate OHSU's SON educational model for deployment to SON Regional Campus sites. Qualified nurses, embedded in the region, matriculated into the PMHNP distance education program adapted to be delivered with minimal travel outside the learner's community. Learners were supported through scholarships, technical assistance, and retention of their license as PMHNPs in the eastern Oregon region.

Rapid Cycle Quality Improvement processes were employed to evaluate learner assessments and program evaluation data. Importantly, data processing was designed for rapid cycle reviews to enable improvements, enhancements, sustainability, and replicability of project elements. Data were anonymously collected through an optional, annual student evaluation survey. The evaluation instrument included questions related to the student's experience in the PMHNP program using a Likert scale from strongly disagree to strongly agree, as well as free-text response elements regarding learner experiences.

Preliminary Results

Four qualified applicants were admitted into the OHSU SON PMHNP distance program in eastern Oregon in the 2020 and 2021 admission cycles. (N=8). OHSU SON Doctorate of Nursing Practice students enrolled in a distance program were surveyed in years 1 and 2 and results were aggregated. A total of 5 distance students completed in the end-of-year evaluation in 2021 and 8 in 2022.

Preliminary results of the evaluation data collected in 2021 and 2022 indicated that the overall satisfaction with the remote asynchronous and the in-person synchronous sessions were similar and the majority of the categories. Respondents indicated lower satisfaction with "connection with other students".

Finally, through support from the grant network students were able to leverage multiple state funded tuition assistance programs illustrating the importance of technical assistance for rural frontier, and underserved learners in navigating, co-mingling, and maximizing the financial incentives available increasing the statewide distribution of incentive funding. While the project team was able to conduct an initial analysis of the existing program data, further thematic analysis of qualitative responses will help to identify additional topics of interest associated with program improvement and unmet learner needs. Data collection instruments will be examined to ensure they meet the needs of the program long term.

Discussion and Conclusion

Outcomes that indicated the success of this project were to increase the mental health workforce in eastern Oregon, to replicate an educational model for deployment of the OHSU SON PMHNP program across the state, and identification of the essential components needed to expand this model to other academic health professions programs. One important challenge this project encountered included staffing shortages due to the COVID-19 Pandemic. Members of the project team, who were assigned to student outreach and grant coordination, experienced staffing re-assignments associated with the pandemic response. While these challenges initially impeded the evaluation process for this project, data collection was still accomplished. Further analyses are ongoing to determine how the eastern Oregon distance PMHNP program has supported students and where improvements can be made. By intentionally developing this initiative, to meet the needs identified by the region, NEOAHEC and its partners have been able to sustain support for this project long-term. The project is on track to add 12 new PMHNPs to the region over the next 8 years.

Learning Outcomes

1. Identify the educational model necessary to successfully expand the OHSU PMHNP academic program to a virtual model meeting students' needs in rural and frontier Eastern Oregon. Differentiate between the roles of the regional network collaborating to expand the OHSU PMHNP program.
2. Discuss the essential ingredients to expand other academic programs to serve rural and frontier Oregon.

References

1. Andrilla CHA, Patterson DG, Garberson LA, Coulthard C, Larson EH. Geographic Variation in the Supply of Selected Behavioral Health Providers. *Am J Prev Med.* Jun 2018;54(6 Suppl 3):S199-s207. doi:10.1016/j.amepre.2018.01.004
2. Oregon Office of Rural Health. Oregon Areas of Unmet Health Care Needs. 2021. Accessed Jan, 2023. <https://www.ohsu.edu/sites/default/files/2021-09/2021%20Areas%20of%20Unmet%20Health%20Care%20Needs%20Report%20.pdf>
3. Oregon Office of Rural Health. Oregon Areas of Unmet Health Care Needs. 2019. Accessed Jan, 2023. <http://www.mentalhealthportland.org/wp-content/uploads/2019/11/2019-Areas-of-Unmet-Health-Care-Needs-Report.pdf>
4. Rice J, Hofmann C. An Analysis of Obstacles to Effective Collaborative and Integrated Care In Eastern Oregon Coordinated Care Organization's Service Region. 2018.