



Improving Health Outcomes for Children with Medically Complex Illness through Nurse Practitioner-Led Care Coordination

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DESCRIPTION

Children with Medical Complexity (CMC) are a subgroup of children with chronic illnesses and special healthcare needs who have complex medical conditions involving several different body systems. These patients require the services of multiple specialists and rely on assistive technological devices on a regular or ongoing basis. While CMC account for less than 1% of the paediatric population, their health-care costs far outstrip those of their peers, accounting for nearly one-third of all paediatric health-system expenditures. Children with chronic conditions may benefit from more intensive care coordination and focused attention. Nurse Practitioners (NP) contribute to the removal of these barriers by providing comprehensive, cost-effective care in the medical home, specialty clinics, and hospital settings.

Care that includes a nurse practitioner as part of a multidisciplinary team has been shown to improve health outcomes and increase family satisfaction. A nurse practitioner is a licensed provider who has received extensive training to practice independently in a variety of healthcare settings. NPs receive advanced level training in pharmacology, pathophysiology, physical assessment, and clinical diagnosis as part of their education. CMC medical care is multifaceted, frequently requiring multiple specialists, therapies, and treatment regimens. These children require close supervision and frequent medical attention. With their specialized training, NPs can effectively coordinate and provide timely medical care to these vulnerable patients. When compared to care provided by physician colleagues in similar roles, care provided by NPs has been shown to be cost-effective, with increased patient satisfaction, and results in equal or better outcomes. NPs are able to effectively coordinate care between the primary and hospital teams, specialists, and home care services due to their advanced education and knowledge. NPs can also manage or co-manage CMC care during inpatient stays and participate actively in the discharge process. NPs can be effective CMC care coordinators. Care coordination is the organization of all aspects of a patient's care among multiple providers that usually takes place outside of provider visits. Care coordination

activities include communicating with home health providers and family caregivers and exchanging information with specialists on a timely basis. Care coordination in paediatric encompasses not only medical needs, but also developmental, educational, dental, social, and financial concerns. Each of these factors is critical to achieving optimal health and wellness. The NP's frequent communication with families can result in proactive rather than reactive treatment. Early treatment and management of acute illness has the potential to reduce the severity of the illness and unnecessary hospitalization. While coordination of care is an essential component for achieving optimal health in all children, it is especially important in CMC due to their extensive medical needs. Because of their higher level of clinical acuity, NPs are better prepared than registered nurses to provide this level of care in CMC.

Incorporating NPs as the primary source of care coordination has been shown in several trials to improve patient outcomes. Care coordination provided by NPs resulted in a decrease in the number of unmet needs and improved satisfaction with patient care and health in one Randomized Controlled Trial (RCT). Another important aspect of CMC care coordination is providing a link between the Primary Care Provider (PCP) and pediatric specialists. CMC frequently involve multiple organ systems, necessitating the care of multiple specialists, with the average CMC being seen by six different paediatric specialists. The ever-expanding CMC population has resulted in an increased demand for paediatric subspecialists. Incorporating NPs into outpatient specialty clinics that previously relied solely on physician providers would most likely increase appointment availability and patient access. The average appointment wait time was 3-4 weeks, and patient satisfaction was low. The clinic was able to more than double the number of referrals seen in a month to 62% by expanding the role of the nurse practitioner. Patient satisfaction increased, and patients were pleased with the care provided by the NP, which frequently included more face-to-face time and patient education. Furthermore, incorporating NPs into a complex care clinic improved communication and reduced care fragmentation between specialists and primary care.

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Reduced provider-patient ratio allowed NPs more time to interact with specialists, preventing further fragmentation of care and improving communication between specialists and families. CMC are at a higher risk of acute exacerbations of their chronic illnesses, which may necessitate hospitalization, due to the chronic and complex nature of their conditions. Incorporating nurse practitioners in both CMC hospital care and the discharge process is one way to effectively address both of these goals. Incorporating NPs into the acute care setting as onsite providers and care coordinators resulted in higher staff satisfaction, shorter lengths of stay, and lower overall healthcare costs. NPs can also play an important role in ensuring safe discharges. Safe discharges begin with clearly defined discharge criteria that ensure that necessary supplies, private duty nursing, and medications are obtained on time and that discharge is not delayed. Discharges must be thorough, complete, and involve

families in order to avoid unnecessary adverse events at a time when these already medically fragile patients are more vulnerable. Each of these measures, designed to improve hospital-to-home transition, has been shown to be performed safely and effectively by a nurse practitioner. Another critical period for CMC is the transition from paediatric to adult clinicians. As technology and medicine advance, the proportion of CMC who survive to adulthood has increased to 90%. Transitioning to adult medicine has historically been associated with lower levels of patient and family satisfaction, feelings of uncertainty and abandonment, and care fragmentation. To have a positive impact on the process, strong communication skills and empathetic listening are required. Using a comprehensive model led by a nurse practitioner that begins transition discussions in early adolescence and continues into adulthood has been shown to improve the transition experience.