The Role of Nurses in Diagnosis & Treatment of FASD

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Nursing in the US

- 3.1 million RNs in the US as of 2011 – one of the largest segments of the U.S. workforce

- 1 nurse for everyone 100 people in U.S

- 13% of nurses hold masters or doctoral degree

- 10 nurses to every 3 physicians
Unique Contributions

• Focus on family systems – health and well-being of one member affects the whole family
• Health maintenance & promotion
• Patient education
• Team based care
• Addressing unmet health needs
• Present across many settings:
  workplace, college health, private practices, public health agencies, schools, home care, mental health agencies, jails, hospitals, maternity care, industry, nursing education . . . .
Nurse Practitioners

• Masters or Doctoral degree
• Licensed by state of practice AND national organization (American Nurses Credentialing Center (ANCC) or American Academy of Nurse Practitioners (AANP))
• Specializations include (among others):
  o Pediatric Primary Care
  o Adult Primary
  o Family Health
  o Women’s Health
  o Psychiatric-Mental Health
  o Certified Nurse Midwife
  o Acute Care
NP Scope of Practice

- Assess, diagnose, treat acute illness & injury
- Assess, diagnose, treat and manage chronic illness
- Prescribe medications and other treatments (including DEA controlled substances)
- Order, perform, and interpret diagnostic testing (ie. Lab work, x-rays)
- Manage patients’ overall care
- Provide individual therapy, group therapy, counseling
- Variations in independent practice by state
NPs: What do they do??

• 127,000 NPs working in patient care (2012), half in primary care
• 23,000 new NPs graduate each year
• 89.2% of NPs are certified in an area of primary care
• Primary Care NPs are much more likely than primary care physicians to:
  o Practice in urban or rural settings
  o Provide care in a wide range of community settings
  o Treat uninsured patients
  o Treat other vulnerable populations
• 75% of NPs accept Medicaid

Unique contributions of NP approach & training

NP training & professional culture places emphasis on certain areas:

- Diagnosis & management of chronic conditions
- Psychosocial contributors to illness (ie. addiction, poverty, trauma)
- Health promotion and maintenance
- Family systems
- Care for underserved populations
Rochester Experience

2013:
Training

• Online training for physical measurements & dysmorphology
• Gained inter-rater reliability for facial measurements with 2 experts in the field
• Self-training (NOFAS and others have great online materials!)
• Individual mentoring re: Executive functioning, behavioral support techniques, integrating diagnosis, treatments
• Learning from others at national conferences
Progression of Clinical Services

2013:
1 pt/month
Multiple visits

2014:
2 pts/mo
Streamlined visits
4-digit code
Standardized notes & family materials

2015:
• interdisciplinary evals/mo (7-17yr) 2/mo
• NP only evals in foster care clinic 2/mo
• NP led diagnostic clinic for kids <6yr
• NP led ongoing care, med mgmt

2016:
Moved to IOM criteria for diagnosis
interdisciplinary evals 2/mo
NP foster care evals 2/mo
NP clinic pts 6/mo
Fully trained 1 DBP in FASD dx (4pts/mo)
Mentoring 4 MDs, 4 NPs
Mentored 1 psychiatric NP
2017

- Interdisciplinary evals: NP/PhD with trainees for 7-16 year olds (2/mo)
- NP only new patient evals (9/mo)
- MD (DBP) evals (~4/mo)
- Neuropsych testing (2/mo)
- NP follow-up (20/mo)
- Initial training to adult NP and MD
Broadening the Reach

• Family Night
• Family run facebook group
• Involving families in research studies
• Families Moving Forward as a clinical service
• Community agency partnership for training of school teams
• Training of adult providers
• Training of developmental & behavioral pediatrics MD and NP teams
Challenges

• NYS level departments of adoption and disability services require MD or PhD signature on diagnostic reports for:
  o Adoption subsidy
  o Office for People with Developmental Disabilities

• Creating time for practicing NPs to receive training & mentoring

• Empowering NPs to feel skilled & competent, feel like they can make a difference
Wrap Up

• RNs and NPs – there are lots of them!
• Both RNs and NPs are in the places children and adults with FASD are, where pregnant women are
• NPs have a unique training background and approach to care that may help to meet unmet needs for diagnosis and treatment of children and adults with FASD
• Use nurses to help meet the gaps in services – prevention, diagnosis, and treatment
MEDICINE of the HIGHEST ORDER