

THE EVER-EVOLVING ROLE OF NURSING in Leading Patient Care



Sarah Price, MSN-Ed, RN, Deputy Director of Public Health Integration for the National Association

of Community Health Centers (NACHC), says the 12 years she spent providing care as a nurse at Unity Health Care — a Federally Qualified Health Center in Washington, D.C. — informed how she approaches her role as a leader in the field. On one level, that’s because Price can empathize with other nurses. But she also believes there is an inherent connection between being a good nurse and being an effective leader.

“Nursing is a multifaceted job, and it requires a lot of flexibility, not to mention innovation and creative thinking,” Price says. “Those things are also critical for any kind of leadership.”

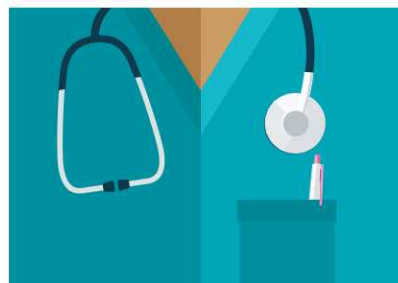
Given these ties, it may not be surprising that in her time in community health, Price has seen

nursing assume more of a care-leading role. Nurses are more independent than they used to be, she says, and this frees them to do more care management and coordination for patients.

“Part of the job is as much helping patients between office visits, helping them to be autonomous, as providing immediate care,” she says.

“Nurses have done that for a long time, but it wasn’t part of their main role until about 10 years ago. Now it’s critical.”

The role of the nurse is not changing in a vacuum, according to Price. As health centers adjust to rising trends in value-based care, nurses — with their heightened focus on care management and coordination —



are critical in the transition. Price points to how nurses help keep track of patients’ progress between office visits as one example.

“Instead of, say, starting a patient on a medication and losing track of them until their next appointment, a nurse will see them between office visits and check in on the patient regularly,” she says. “It’s all part of the move toward continual maintenance care instead of episodic care.”

Considering that continual maintenance care is associated with better health outcomes, it makes sense that community health centers would want to recruit and retain nurses. Price underscores the value of the time that nurses spend with each patient. Many states allow organizations to bill for this time, which enables nurses to devote more of their time to patient interaction. This improves patient retention and satisfaction and also benefits the health center. It also increases recognition of the value of nurses.

Price also feels it is important that nurses be able to work to the full extent of their abilities. “Nurses should always be able to work to the top of their license,” she says, “but they should also have training and infrastructure to enable that.” Part of this includes advocating for strong nursing leadership at the top. “Nursing leadership infrastructure is very lively in community health centers, and it’s critical to advocating for structure and training,” she says.

When it comes to starting out as a nurse, Price believes it’s a myth that nurses need hospital experience. “If [as a nurse] you

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want to be in a space where patients actually spend more time, community health centers are a fantastic space to start or change a career,” she says. “It combines hands-on patient care with a broader lens of care management, and it’s great for people who want to improve community health from a population or advocacy view.”

Ultimately, the most important thing to Price is finding and following a passion.

“As a nurse, you could switch jobs every year and you’d be fine — and there are so many avenues, especially in community health,” Price says. “Whatever you decide, always ask, ‘What is going to help me grow the most? What gives me passion?’” ♦



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