NATIONAL ASSOCIATION OF Community Health Centers

Fact Sheet

September 2013

Expanding Access to Primary Care: The Role of Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in the Health Center Workforce

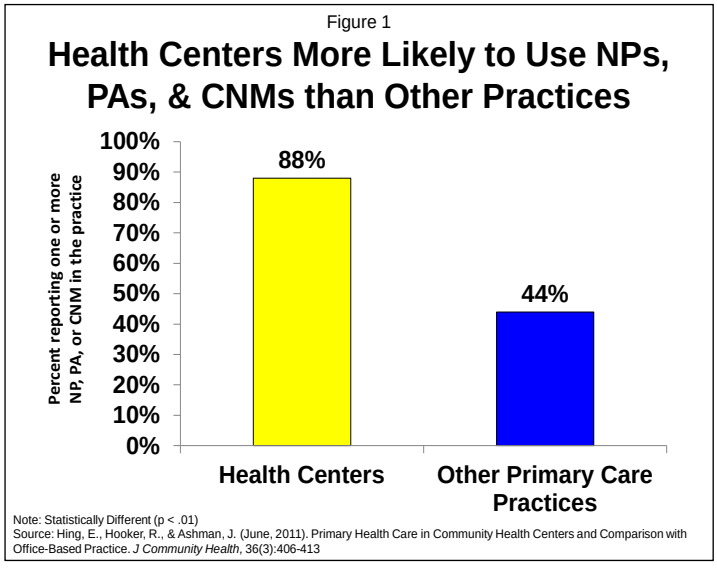
The use of nurse practitioners (NPs), physician assistants (PAs), and nurse midwives (CNMs) can improve access to care, improve patient outcomes, and reduce health disparities,[1,2] all while promoting a more efficient and cost-effective primary care system. However, this concept of care is not universally emphasized in physician practice as most physicians are trained to work autonomously.[3] NPs, PAs, and CNMs are often underutilized in primary care practices at a time when many communities face shortages of primary healthcare providers.[4]

THE HEALTH CENTER MODEL

Community, Migrant, Homeless, and Public Housing Health Centers are non-profit healthcare providers that exist to serve low-income and medically underserved communities. Also known as Federally Qualified Health Centers (FQHCs), health centers operate under the direction of patient-majority governing boards, which ensures accountability to the surrounding community and payers. Health centers care for all patients regardless of their ability to pay and offer a broad scope of primary and preventive care services that meet the specific needs of their community.

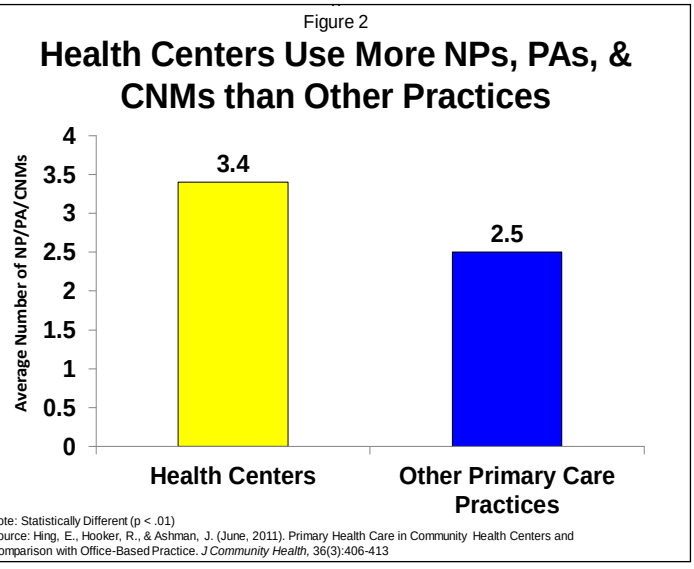
Health centers' unique delivery model utilizes multiple health professionals with varied skills to increase capacity, reduce barriers, and thereby amplify access to essential, comprehensive primary care in their communities. Health centers are increasingly using NPs, PAs, and CNMs in the provision of primary and preventive care. For example, **health centers are twice as likely to employ at least one NP/PA/CNM compared with other provider settings** (Figure 1)**.** As a result, they employ on average more NP/PA/CNMs than other primary care practices (Figure 2). The latest statistics show that a third of health center medical visits are to NP/PA/CNMs.[5]

Figure 1



Note: Statistically Different ($p < .01$)
Source: Hing, E., Hooker, R., & Ashman, J. (June, 2011). Primary Health Care in Community Health Centers and Comparison with Office-Based Practice. *J Community Health*, 36(3):406-413

Figure 2



Note: Statistically Different ($p < .01$)
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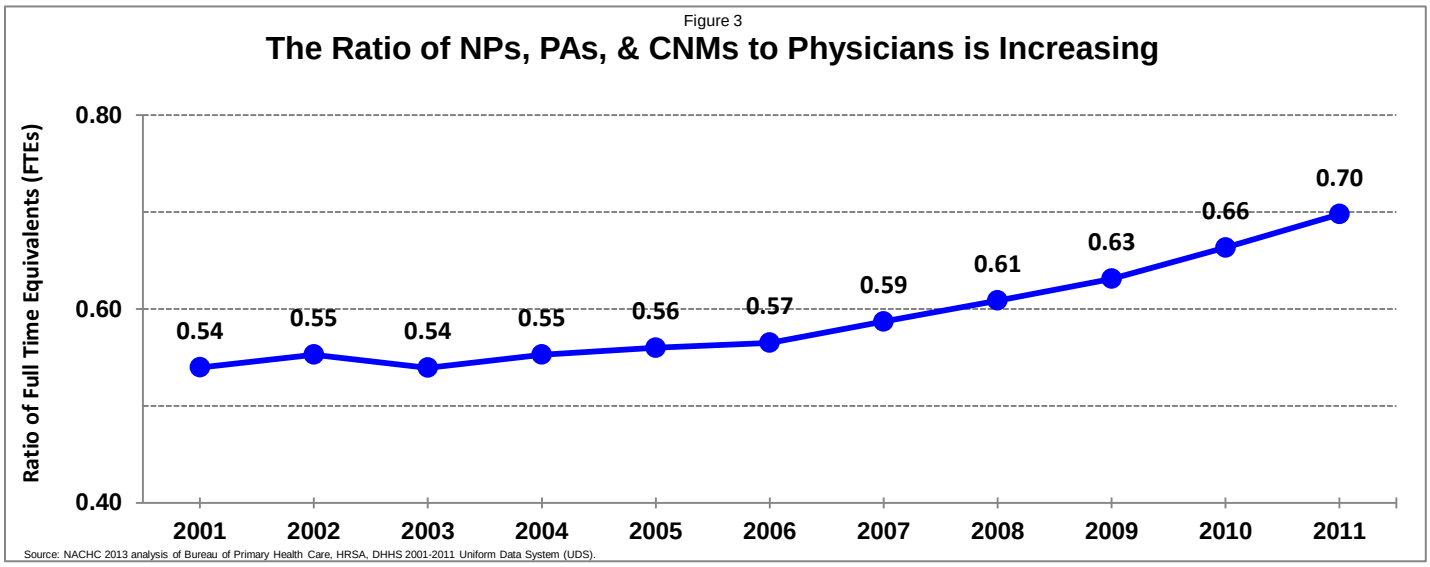
THE ROLE OF HEALTH CENTER NPs, PAs, AND CNMs

By employing staffing models that utilize NP/PA/CNMs, health centers help meet the demand for expanded access to comprehensive primary and preventive care. For example, **the majority of NPs and PAs at health centers provide health education and/or counseling services, compared to a smaller percentage of physicians who do the same.** Additionally, NPs treat more young and/or female patients than physicians, while PAs see patients with more new, acute health issues. The majority of visits to CNMs involve preventive care services.[6] Research also shows that services delivered by NP/PA/CNMs contribute to lower per-patient costs of care, generating significant savings to patients, payers, and taxpayers.[2]

A SHIFTING STAFFING MODEL

The composition of health centers' patient care teams is changing. The combined number of NPs, PAs, and CNMs working in health centers is steadily increasing in relation to the number of physicians (Figure 3). **As of 2011, there was an average of 7 NP/PA/CNMs for every 10 physicians practicing in health centers.** [5] From 2001 to 2011, health centers' diverse staffing model has helped expand access to care from 10.3 million to more than 20 million patients.[7] Current trends suggest that health centers will continue to demand increasing numbers of NPs, PAs, and CNMs to meet the swell of new demand for health center care expected under the Affordable Care Act.

Figure 3



Health center's diverse staffing model is essential for addressing primary care needs in low income and medically underserved communities. Critical roles are also played by other providers not traditionally seen in primary care settings, including: dentists, behavioral health specialists, pharmacists, community health workers, health educators, case managers, translators, and many other staff members. In order to support the expansion of primary care, federal and state programs, such as the National Health Service Corps, are necessary to boost workforce supply, place providers in underserved areas, and ensure adequate reimbursement for services.

[1]Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Health centers' diverse staffing has become essential for addressing primary care needs in low income and medically underserved communities.Academies Press; 2001. [2]Bauer JC. (2010). Nurse practitioners as an underutilized resource for health reform: evidence-based demonstrations for cost-effectiveness. *J Am Acad Nurse Prac*, 22:228-231. [3]Chesluk, B. J., & Homboe, E. S. (2010). How teams work–or don't–in primary care: A field study on internal medicine practices. *Health Aff*, 29(5), 874–889. Margolius, D., & Bodenheimer, D. (2010). Transforming primary care: From past practice to the practice of the future. *Health Aff*, 29(5), 779–784. [4]Hing, E., Hooker, R., & Ashman, J. (June, 2011). Primary Health Care in Community Health Centers and Comparison with Office-Based Practice. *J Community Health*, 36(3):406-413. [5]NACHC analysis of Bureau of Primary Health Care, HRSA, DHHS,2011 Uniform Data System (UDS). [6]Hing, E., & Hooker, R. (July 2011). Community Health Centers: Providers, Patients, and Content of Care. *Data Brief*, National Center for Health Statistics, No. 65. [7]NACHC, 2013. NACHC analysis of Bureau of Primary Health Care, HRSA, DHHS,2001 and 2011 Uniform Data System (UDS). Includes patients of federally-funded health centers, non-federally funded health centers, and expected patient growth.

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