

COMMUNITY HEALTH CENTER EXPANSION: ROLES OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

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Research Objective:

Since their creation as part of the War on Poverty in the 1960's, Community Health Centers (CHCs) have filled an important role in providing health care to underserved populations in the United States. Recent infusions of federal support have expanded this role, and demands on CHCs are expected to grow with implementation of health care reform under the Affordable Care Act. Nonphysician clinicians have been used extensively in CHCs for decades, but their use has increased, with nurse practitioners (NPs) and physician assistants (PAs) providing 30% of CHC visits in 2006-07. This project examines the roles of NPs and PAs in CHCs from 2006-2010.

Methods:

This study analyzes annual cross-sectional restricted survey data from the National Ambulatory Medical Care Survey (NAMCS) Community Health Center sample from 2006-2010. The NAMCS CHC sample is a representative national sample of CHC providers and patients. We describe provider mix, estimate number of weekly clinical encounters by provider type, and compare nonphysicians with physicians with regard to patient characteristics and patient care attributes. We also examine trends in skill mix use in CHCs. Survey weights are used to produce national estimates.

Findings:

The sample included CHC visits to 1186 physicians NPs, and PAs, representing a national average estimate of 150,100 providers and 36, 469, 000 patient visits per year. For the combined five year sample of 1186 providers, 68% were physicians, 21% were NPs and 9% were PAs. The physician to nonphysician ratio did not change significantly over the five years studied. Our analysis found that types of chronic problems seen varied among the three provider groups, with PA patient conditions often more similar to those of physicians than to those of NPs.

Conclusions:

Results provide detailed information about staffing patterns and deployment of nonphysician clinicians in a setting in which they comprise a large portion of providers and care for populations that carry a large burden of chronic disease.

This project is relevant to current issues related to the implementation of healthcare reform, access to care for vulnerable populations, costs of healthcare, and expected workforce shortages. This project describes a system that embodies a potential solution to expected primary care provider shortages— staffing models that utilize high proportions of nonphysicians in primary care settings. Since nonphysicians cost less to employ than do physicians, results of this analysis also have implications for addressing costs associated with provider staffing. This information will be useful to health care administrators and workforce planners in other settings as they face the difficulties of providing care to growing numbers of patients with chronic disease and seek solutions to anticipated workforce shortages.