Nurse Practitioners as Leaders in Primary Care: Current Challenges and Future Opportunities

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Tine Hansen-Turton, MGA, JD
CEO, National Nursing Centers Consortium
Executive Director, Convenient Care Association
Today’s Presentation

- A broad overview of the coverage and access challenges facing our health care system.
- Identify the limitations of health reform efforts.
- Understand how nurse-managed health centers (NMHCs) can strengthen reform efforts and increase access to primary care services.
- Discuss some of the challenges facing NMHCs.
- Understand the role of retail-based convenient care clinics in increasing primary care access.
Crisis of Access

- **47 million Americans** are uninsured, including 1 in every 8 children.
- **70% of Americans** report they can’t get same-day appointments with their PCP.
- **29% of Medicare recipients** (11.6 million people) have a hard time finding a PCP who accepts their insurance.
- **30% of Americans** lack a regular source of primary care.
- **About half of all emergency room visits were non-emergent in nature** or otherwise treatable in primary care settings.
Health Care is in Crisis

- Limited access to routine and preventive care.
- Millions of consumers do not have an established physician relationship or health insurance.
- Health care costs are rising at unsustainable rates.
- Consumers are increasingly pressed for time and are demanding convenience.
- These issues will worsen as the primary care physician shortage grows.

**Painful Fall?**

Percentage of U.S. third-year internal medicine residents going into primary care

Sources: Academic Medicine, New England Journal of Medicine
What is Being Done to Help

First phase: health insurance expansion

Since 2006, Massachusetts has gone from having as many as 650,000 uninsured residents to having 167,300 in 2008 (the lowest rate of uninsured residents in the nation).

Source: http://commonhealth.wbur.org/wbur-posts-and-stories/2008/12/states-uninsured-rate-is-down-to-26
Does Coverage = Care?

Experiences in Massachusetts suggest not…


- Numbers dwindle for primary care doctors: Medical students in US choosing other specialties (AP, Sep. 10, 2008).

Reform in Massachusetts

- In August 2008, S. 2863 was passed ("An act to promote cost containment transparency, and efficiency in the delivery of quality health care").

- Intended to address new issues raised by increased access to health insurance

- Focused on:
  - Health IT
  - Care Coordination
  - Pay-for-Performance
  - *Increased utilization of non-physician providers*
Reform in Pennsylvania

Pennsylvania Governor Edward G. Rendell signs first pieces of the “Prescription for Pennsylvania” health care reform plan into law at the University of Pennsylvania School of Nursing, July 2007.
Chronic Care Initiative

- In Pennsylvania, the Governor’s Office of Health Care Reform, along with physicians, nurses, and insurers, has successfully begun the implementation of the Chronic Care Model and the Patient Centered Medical Home across Pennsylvania.

- By June 2009, more than 400 primary care practitioners were involved in four learning collaboratives, *transforming care for more than 750,000 patients.*
Data from Southeastern Pennsylvania (2010)

Overall, the outcomes for nurse-led and physician-led practices were comparable.

Highlights

- Project Salud achieved best-in-region outcomes for controlling blood pressure among diabetic patients
- Six nurse-managed health centers consistently scored better than the aggregate on outcomes measures collected by the Commonwealth
- VNA Community Services’ pediatric clinic achieved best-in-region outcomes for percentage of asthmatic patients with flu shots, percentage of asthmatic patients on controller medications, and percentage of parents provided with smoking cessation counseling

Source: Commonwealth of Pennsylvania, Governor’s Office of Health Care Reform. March 2010 (diabetes) and June 2010 (pediatric asthma).
“Health reform legislation will dramatically increase the number of Americans with health insurance. We need to make sure that we are using our existing primary care workforce – including nurse practitioners – to meet the new demand.”

- Ann S. Torregrossa, Director of the Pennsylvania Governor’s Office of Health Care Reform
NPs and NMHCs Can Help Meet the Increased Demand for Care

Second phase – Health care provider expansion

- Approximately 80,000 nurse practitioners now provide primary care.

- Nurse practitioners are by far the fastest growing group of primary care professionals in the country (compared to physicians, dentists, and physician assistants).*

- Approx. 70% of all NMHCs offer primary care.

Innovations that Work

Nurse-Managed Health Clinics & Convenient Care Clinics

- Nurse-Led Care can help expand the capacity of the primary care system
Now is the Time to Invest in NMHCs

- The federal government has created a Massachusetts-style health reform plan.

- Health insurance reform will strain our existing primary care network.

- Governors are looking to **emerging health care models** and **non-physician providers** to increase access to quality health care and reduce expensive, unnecessary emergency room usage without increasing burdens on state budgets.

- Lawmakers (and the President) are ready to invest in health workforce development and primary care in a way that they have not in the recent past.
NMHCs: An Overview
Nurse-Managed Health Center

Background

*Increased awareness and prominence over past 30-40 years:*

- Increasing emphasis on care in communities and health disparities/vulnerable populations.
- Development of the advanced practice nursing role.
- Bring the best of nursing to the community.
- Need for faculty and student practice sites.
- Need for faculty and student research sites.
What is a Nurse-Managed Health Center (NMHC)?

- An accessible service site that delivers family and community oriented primary/wellness care.
- The majority of care is provided by nurses—a team of Nurse Practitioners and Nurse Midwives (Advanced Practice Nurses) and other health professionals.
- Direct access to APN care.
- Dominant theme: nurses control their own practice and provide the patient/client care.

Other models:
- School-Based Centers
- Wellness centers
NMHCs Generally

Currently over 250 nurse-managed health centers operate throughout the United States, serving diverse communities in urban, rural, and suburban locations.

Source: NNCC Member Survey, 2008
NMHCs Are Community-Based

Locations: public housing developments, churches, schools, community centers, and homeless or domestic violence shelters
NMHCs and Workforce Development

Year 1: 26 NMHCs
- 1,491 total students
- Median 42/center

Year 2: 25 NMHCs
- 1,467 total students
- Median 45/center

Year 3: 2- NMHCs
- 1,435 total Students
- Median: 55/center

Source: Institute for Nursing Centers (INC)
Geographical Location

Source: Institute for Nursing Centers (INC) three year study of academic NMHCs
Rural vs. Urban Location

Source: Institute for Nursing Centers (INC) three year study of academic NMHCs
Services Provided

- Primary Care
- Mental/Behavioral Health
- Family Planning
- Prenatal Services
- Disease Prevention
- Health Promotion
Most Common NMHC Diagnoses

- Hypertension
- Depression
- Diabetes
- Child Health Exam
- Hyperlipidemia
- Adult Health Maintenance Exam
- Obesity
- URI
- Asthma
- Normal pregnancy
NMHCs Offer a Diverse Staff of Health Professionals

**Health care providers:**

- Nurse Practitioners – 20%
- Advanced Practice Nurses – 23%
- RNs – 9%
- Therapists and social workers – 6.5%
- Outreach workers – 4%
- Collaborating physicians – .5%
- Administrative Staff – 12%
- Health educators, students and others – 25%
NMHCs Serve Clients Across All Age Groups
NMHC Payer-Mix

- Medicaid: 37%
- Medicare: 8%
- Private/commercial: 7%
- Uninsured: 2%
- Other: 46%
NMHCs and Cost

- The average primary care encounter cost for NMHCs is 10% less than other types of providers.

- The average personnel cost for NMHCs is 11% less than the personnel costs for other types of providers.
NMHCs in Primary Care

Centers report:

- High patient satisfaction
- ER use 15% less than aggregate
- Non-maternity hospital days 35-40% less
- Specialty care cost 25% less than aggregate
- Prescription cost 25% less than aggregate
- NMHCs see their members an average of 1.8 times more than other providers
Challenges to NMHCs

- Patchwork of reimbursement in the U.S. and addressing the uninsured.
- NMHCs are challenged to be financially sustainable in a very complex health care system that doesn’t consistently recognize nursing for reimbursement purposes.
- NP policy issues (scope of practice, reimbursement regulations) vary state by state.
Challenges in Managed Care

- A national survey conducted by the National Nursing Centers Consortium in Summer 2009 found that nearly half (48%) of all major managed care organizations in the U.S. do not credential nurse practitioners as primary care providers.

- Many of the MCOs not credentialing NPs are Medicare and Medicaid plans.

- These policies limit patients’ flexibility to choose NPs for their primary providers, limiting access to care.
Challenges with Medical Home Demonstrations

- Nurse practitioners cannot currently participate in some CMS-directed “medical home” initiatives.

- In the fall of 2008, 13 Senators wrote a letter to the Secretary of Health and Human Services requesting that nurse practitioners be included in the demonstration projects.

- NCQA’s Patient-Centered Medical Home certification product line can only be used to accredit physician-led practices.
Support HIT Initiatives for NPs

- The American Recovery and Reinvestment Act of 2009 authorizes the Centers for Medicare & Medicaid Services (CMS) to provide reimbursement incentives for eligible professionals who are successful in becoming “meaningful users” of electronic health record (EHR) technology.

- The meaningful users definition must be broad enough to include NPs who often do not qualify for EHR incentives.
What Patients Say About NMHCs

- “And it gives you more continuity of care. Because you have your specific provider that sees you on a regular basis, they’re quite familiar with your health care needs.”

- “And they will follow-up and call you. That is like getting the doctor to come out in the middle of the night.”

- “It is good because it is a neighborhood clinic and the neighborhood side of it means that it is accessible to people”

- “If the clinic was not here it would be a real disaster, you can believe that.”

Source: Quotes taken from NMHC patient focus groups in the state of Michigan.
Recommendations

- Invest in new models of care – like nurse-managed health centers – Congress needs to appropriate the $50 million it authorized for the clinics in the Health care reform legislation

- Include nurse-managed health clinics and NPs as primary care providers in demonstration projects and quality collaboratives

- Encourage insurance companies to credential NPs as primary care providers – Aetna just changed its national policy

- Encourage a practice environment that allows NPs and advanced practice nurses to perform all of the functions permitted under state scope of practice regulations and beyond
Support Innovation in NP-Led Care

Convenient Care Clinics
Retail-Based Convenient Care Clinics

Accessibility
- The majority are run by nurse practitioners.
- Located in high-traffic retail outlets.
- Extended weekday and weekend hours.
- No appointments necessary.
- Visits take 15-20 minutes.

Affordability
- Transparent pricing; prices are clearly posted.
- Services cost between $40 and $75.
- CCCs accept many insurance plans.
Top Treatments at CCCs

1. Sore throat
2. Common Colds/Cold Symptoms
3. Flu Symptoms
4. Cough
5. Sinus Infection
6. Allergies
7. Immunizations
8. Blood Pressure Testing

Source: 2008 Market Strategies International report
Positive Primary Care Impact

- Third-party data from RAND Health and other sources support the value of convenient care:
  - Equal to or better than primary care physician practices, urgent care centers, and emergency departments in terms of quality and cost.\(^1\)
  - Accessible within a 10-minute drive for 1/3 of Americans.\(^2\)
  - Reaching segment of the U.S. population that currently goes without care (up to 60% of clinic patients do not have a regular source of primary care).\(^3\)

High Clinical Quality

- Clinics adhere to CCA Quality and Safety Standards, and are either certified or accredited by a third party.
- Clinics use electronic health records and evidence-based practice guidelines to achieve consistently excellent outcomes.

Patients Want Change

- The Deloitte Center for Health Solutions concludes that consumers are taking a more active role in their health care, and are willing to seek out and use innovative approaches to care.

  - “[T]o consumers, health plans and employers [the clinics] offer an important care alternative with a strong value proposition.”

  - Deloitte Center for Health Solutions. Retail clinics: Update and Implications (2009).
New Focus on Consumers

“The essential element behind disruptive innovation is customers who demand products and services that provide more value and are more affordable than the current ones.”

“We need to see disruption as a virtue. Continuing to allow the perpetuation of the status quo will not improve Americans’ health status.”

For More Information

Tine Hansen-Turton, MGA, JD
215-731-7140 (phone)
tine@nncc.us

National Nursing Centers Consortium
www.nncc.us

Convenient Care Association
www.ccaclinics.org