



Three Steps to Maximize the Potential of Existing Primary Care Providers

“[Retail clinics] are a disruptive innovation worthy of note to health plans, providers and policy makers because consumers have already embraced the concept. Their potential is profound; their growth untapped.”

Paul H. Keckley, PhD, Deloitte Center for Health Solutions

President-Elect Obama has repeatedly expressed his commitment to health care reform, and has made access to health insurance a priority for his administration. However, while universal insurance coverage will begin to address some of our nation’s most pressing health issues, barriers to health care access will persist — and may even increase — if universal insurance coverage is achieved in the United States.

Nurse practitioners are positioned to dramatically expand access to primary and preventive health care throughout the United States. In recent years, a series of “disruptive innovations” in the health care sector have capitalized on nurse practitioners’ ability to provide high-quality care in independent settings such as Convenient Care Clinics (also known as retail clinics) and Nurse-Managed Health Centers. Nurse practitioners who practice in these independent settings already reach over 6 million people annually, and have the potential to reach many more.

Research in *Health Affairs* and other peer-reviewed journals has documented that retail clinics and Nurse-Managed Health Centers provide accessible, affordable care to millions of Americans without threatening continuity of care. In this White Paper, the National Nursing Centers Consortium, a non-profit organization comprised of Nurse-Managed Health Centers throughout the country, sets forth three steps to maximize the untapped potential of these providers.

Three Steps to Maximize the Potential of Existing Primary Care Providers

Action Item #1: Address gaps in our health insurance system which make it difficult for nurse practitioners to be reimbursed for care. Many insurers do not recognize nurse practitioners as primary care providers despite the fact that they are capable of acting as such in all 50 states. By facilitating and encouraging policy changes among managed care insurers that are more inclusive of non-physician primary care providers, the government can help ensure that Americans have access to a broader pool of cost-effective primary care providers.

Action Item #2: Ensure that nurse practitioners are included in “medical home” initiatives and other quality improvement projects. Nurse practitioners are excluded from “medical home” initiatives, despite the fact that Nurse-Managed Health Centers serve as primary care homes for hundreds of thousands of individuals. We must ensure that nurse practitioners have the same opportunities as physicians to take part in projects and collaboratives designed to improve patient outcomes.

Action Item #3: Protect the government’s investment in Nurse-Managed Health Centers. Nurse-Managed Health Centers that are affiliated with academic schools of nursing serve a high percentage of uninsured patients, but cannot qualify for the enhanced resources that are available to traditional Federally Qualified Health Centers (FQHCs). By supporting increased funding for this innovative model of care, the government can encourage the sustainability of existing primary care access points.



Three Steps to Maximize the Potential of Existing Primary Care Providers

Our Health Care Crisis Cannot be Solved by Insurance Alone

Health care delivery, especially for low-income, uninsured and vulnerable populations, is strained by the demands of increasing chronic health issues, downward trends in third party payments, and health care provider shortages. President-Elect Obama has repeatedly expressed his commitment to health care reform, and has made access to health insurance a priority for his administration. However, while universal insurance coverage will address some of these issues, many of these problems will persist even if universal insurance coverage is achieved in the United States.

In Massachusetts, for example, passage of a universal insurance plan has overwhelmed the health care system's existing supply of primary care physicians. As of 2008, only 52% of internists in Massachusetts were accepting new patients.¹ One out of every three family physicians is no longer accepting new patients.² These figures have gotten significantly worse since 2006, with the Massachusetts Medical Society now reporting that family and internal medicine specialties in the Commonwealth are in "critical" condition.³

In the face of acute primary care physician shortages and steady

reductions in the number of physicians who are willing to accept Medicaid and Medicare, it is unclear whether our existing primary care system will be able to meet the needs of a universally-insured nation.

A survey conducted by the Kaiser Family Foundation in October 2008 found that nearly one-third of all people report that someone in their family has postponed getting needed medical treatment in the past year because of cost of care.⁴ This figure has increased by 7 percentage points in the previous 8 months, indicating that the economic downturn has already had a significant impact on access to health care for many Americans.⁵ As more low-income workers are impacted by the downturn, America's low-income and uninsured families are likely to experience even greater difficulty accessing health care.

Disruptive Innovations Have Created New Opportunities to Expand Access to Care

Nurse practitioners are positioned to help address primary and preventive care needs in diverse communities throughout the country. In recent years, a series of "disruptive innovations" in the health care sector have capitalized on nurse practitioners' ability to provide high-

quality primary and preventive care in independent settings such as Convenient Care Clinics (also known as retail-based clinics) and Nurse-Managed Health Centers. The nurse practitioners who practice in these independent settings already reach over 6 million people annually, and they have the potential to reach many more. Research in *Health Affairs* and other peer-reviewed journals has documented that retail based clinics and Nurse-Managed Health Centers provide safe, accessible, affordable care to millions of Americans without threatening continuity of care.⁶

Nurse practitioners are by far the fastest growing group of primary care professionals in the country (compared to physicians, dentists, and physician assistants).⁷ In 2006, the American College of Nurse Practitioners estimated that there were nearly 145,000 nurse practitioners in the United States.⁸ In 2007, nurse-managed primary care and wellness clinics recorded over 2,500,000 encounters with low-income and underserved patients.⁹ Since 2000, nurse practitioners have

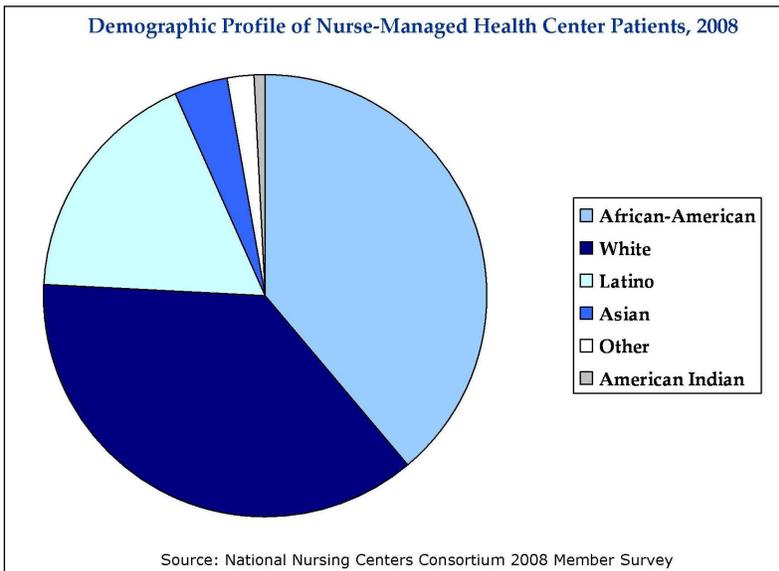
Annual Percentage Change in Number of Primary Care Professionals (per capita)	
Nurse Practitioners	+ 9.44%
Physician Assistants	+ 3.89%
Primary Care Physicians	+ 1.17%
Dentists	+ 0.12%

Source: GAO, February 12, 2008
Compares data from mid-1990s to mid-2000s

also practiced in retail-based health clinics, which provide care for common episodic ailments.¹⁰ In all 50 states, nurse practitioners may legally prescribe medication and provide comprehensive services similar to those of a primary care physician.¹¹

Meanwhile, experts have expressed great concern about the nation's supply of primary care physicians, and their ability to meet the needs of patients throughout the United States. The current shortage of primary care physicians is likely to increase during the next twenty years, resulting in a shortage of as

many as 44,000 physicians in the fields of general internal medicine and family medicine by the year 2025.¹² As the average American grows older and develops more issues with chronic disease, it is especially important that policy-makers think about innovative ways to increase the number of primary care access



points and the availability of cost-effective care.

Nurse-Managed Health Centers are community-based, non-profit health centers that are staffed and run by advanced practice nurses (primarily nurse practitioners). They represent an innovative delivery model for primary and preventive care, especially for low-income and vulnerable populations. These health centers are positioned to significantly expand the capacity of the nation's health care delivery system in a cost-effective and affordable way, but their true potential remains untapped.

Research shows that Nurse-Managed Health Centers provide safe high-quality care to our most vulnerable citizens. Research has also shown that nurse practitioners provide high-quality primary care with similar patient outcomes to physicians.¹³ A federally funded demonstration project that compared Nurse-Managed Health Centers to traditional safety-net health centers found that Nurse-Managed Health Centers experienced higher patient retention rates, and Nurse-Managed Health Center patients expressed a high level of satisfaction with care provided.¹⁴ Patients who received care from nurse practitioners in Nurse-Managed Health Centers also experienced higher rates of generic medication fills and lower hospitalization rates than patients of like providers.¹⁵

Nurse-Managed Health Centers are well-suited to address the increasingly complex needs of patients with chronic illnesses. There is no cure for chronic diseases such as asthma, diabetes and hypertension. After diagnosis, effective management of

these conditions requires a complex, combination of therapeutic measures, clinical support, lifestyle changes, health monitoring, and active participation on the part of patient.

Given these many intersecting factors, it is not surprising that studies have found that holistic care provided by an engaged, interactive, interdisciplinary health care team is most effective at producing good outcomes in patients with chronic diseases.¹⁶ Nurse-Managed Health Centers take a comprehensive, team-based approach to primary care. They are cost-effective safety net providers that offer a full range of health services to low-income and uninsured patients. This holistic, patient-centered approach makes them uniquely suited to providing care to people with chronic illnesses.

The Full Potential of Nurse-Managed Health Centers is Waiting to Be Tapped

There is already a foundation for Nurse-Managed Health Centers to meet the needs of urban, rural, and suburban communities throughout the United States. Currently there are over 250 Nurse-Managed Health Centers located throughout the United States. Many of these centers are affiliated with academic schools of nursing, and received initial start-up funding as faculty practice arrangements through the HRSA Division of Nursing. However, these centers have not reached their full capacity to provide care. For this reason, we suggest the following three steps to maximize the potential of these existing primary care providers.

Three Steps to Maximize the Potential of Existing Primary Care Providers

Action Item #1: Address gaps in our health insurance system which make it difficult for nurse practitioners to be reimbursed for care.

Nationally, only 53% of managed care insurers recognize nurse practitioners as primary care providers, despite the fact that they are capable of acting as such in all 50 states.¹⁷ In some cases, this situation is exacerbated by the fact that the NCQA (National Committee on Quality Assurance) health plan accreditation process does not make it clear that insurers are permitted to recognize nurse practitioners as primary care providers. In addition, existing federal laws designed to prevent Medicaid and Medicare managed care insurers from discriminating against providers on the basis of licensure are currently unenforced.¹⁸ By facilitating and encouraging policy changes among managed care insurers that are more inclusive of non-physician primary care providers, the government can help ensure that Americans have access to a broader pool of cost-effective primary care providers.

Action Item #2: Ensure that nurse practitioners are included in “medical home” initiatives and other quality improvement projects.

Nurse practitioners are currently excluded from participating in a number of “medical home” initiatives, despite the fact that Nurse-Managed Health Centers serve as full-fledged primary care homes for hundreds of thousands of individuals. 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 Medicare Medical Homes demonstration project, which currently limits participation to physician-directed practices. In addition, NCQA’s new Patient-Centered Medical Home certification product line can only be used to accredit physician-led practices. Nurse practitioners already provide primary care using a holistic, team-based approach like the one set forth in the Chronic Care Model and “medical home” models of care. As their numbers grow, it is important to ensure that nurse practitioners have the same opportunities as primary care physicians to take part in collaboratives and initiatives designed to improve primary care outcomes.

Action Item # 3: Protect the government’s investment in Nurse-Managed Health Centers.

Nurse-Managed Health Centers that are affiliated with academic schools of nursing serve a very high percentage of uninsured patients, but they cannot qualify for the enhanced resources that the federal government makes available to traditional Federally Qualified Health Centers (FQHCs). This is because they are legally controlled by the Board of Trustees of their respective universities, and cannot meet the governance requirements of the FQHC program. Because of this, the federal government risks losing its initial investment in these health centers. Many Nurse-Managed Health Centers have been forced to close for lack of sustainable funding. Of the 70 Schools of Nursing that received federal funding from HRSA Division of Nursing to establish Nurse-Managed Health Centers from 1993-2001, (39%) have closed. By supporting

increased funding for this innovative model of care, the government can encourage the sustainability of existing primary care access points and help health centers offset the high costs of providing care to uninsured, low-income and vulnerable families.

Conclusion

Nurse-Managed Health Centers are a growing movement of innovative safety net health care providers that can help increase access to health care. They are eager to increase their reach, and provide care more efficiently and effectively to low-income and vulnerable individuals. The three action items outlined in this White Paper represent a cost-effective way to maximize our nation's existing health care resources, and provide high-quality, accessible, and affordable care to our nation's most vulnerable residents.

Citations

- 1 Massachusetts Medical Society, "2008 Physician Workforce Study: Executive Summary," available at: www.massmed.org/workforce.
- 2 *Id.*
- 3 *Id.*
- 4 The Henry J. Kaiser Family Foundation, "Kaiser Health Tracking Poll: Election 2008" (October 2008), available at: http://www.kff.org/kaiserpolls/h08_posr102108pkg.cfm (last visited December 1, 2008).
- 5 *Id.*
- 6 A. Mehrota, et al., *Retail Clinics, Primary Care Physicians, and Emergency Departments: A Comparison Of Patients' Visits*, HEALTH AFFAIRS, 2008; T. Hansen-Turton, *The Nurse-Managed Health Center Safety Net: A Policy Solution to Reducing Health Disparities*, NURSING CLINICS OF N. AMERICA, 2005.
- 7 Statement of A. Bruce Steinwald, Health Care Director, United States Government Accountability Office, Testimony Before the Committee on Health, Labor, Pensions, U.S. Senate, February 12, 2008, available at: <http://www.gao.gov/new.items/d08472t.pdf> (last visited December 1, 2008).
- 8 American College of Nurse Practitioners, What Is a Nurse Practitioner?, <http://www.acnpweb.org/i4a/pages/index.cfm?pageid=3479> (last visited December 1, 2008).
- 9 National Nursing Centers Consortium, *The Nurse-Managed Health Clinic Investment Act of 2007*, <http://www.nncc.us/policy/NMHCAct.pdf> (last visited December 1, 2008).
- 10 T. Hansen-Turton, et al., *Convenient Care Clinics: the Future of Accessible Health Care*, DISEASE MANAGEMENT, 2007.
- 11 A. Ritter and T. Hansen-Turton, *The Primary Care Paradigm Shift: An Overview of the State-Level Legal Framework Governing Nurse Practitioner Practice*, THE HEALTH LAWYER, 2008.
- 12 Health Affairs web exclusive, *Press Release: The United States Faces A Shortage Of Generalist Physicians To Provide Primary Care For Adults*, April 2008. Available at: <http://www.healthaffairs.org/press/marapr0810.htm> (last visited December 1, 2008).
- 13 M.O. Munding, et al., *Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians*, JAMA, 2000; E. Lenz, et al., *Primary care outcomes in patients treated by nurse practitioners or physicians: Two-year follow-up*, MEDICAL CARE RESEARCH AND REVIEW, 2004.
- 14 T. Hansen-Turton, *The Nurse-Managed Health Center Safety Net: A Policy Solution to Reducing Health Disparities*, NURSING CLINICS OF N. AMERICA, 2005.
- 15 *Id.*
- 16 A.C. Tsai, et al., *A Meta-Analysis of Interventions to Improve Chronic Illness Care*, AMERICAN JOURNAL OF MANAGED CARE, 2005.
- 17 T. Hansen-Turton, A. Ritter, and R. Torgan, *Insurers' Contracting Policies on Nurse Practitioners as Primary Care Providers: Two Years Later*, POLICY, POLITICS, AND NURSING PRACTICE, 2008.
- 18 42 C.F.R. §438.12 (2007) [Medicaid]; 42 C.F.R. §422.205 (2007) [Medicare Advantage]. In the 109th Congress, two bills (HR 2716 and S 1515—"The Medicaid Advanced Practice Nurse and Physician Assistants Access Act") were introduced in an attempt to reform reimbursement and managed care contracting policies within the Medicaid program, but the bills died in committee.