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

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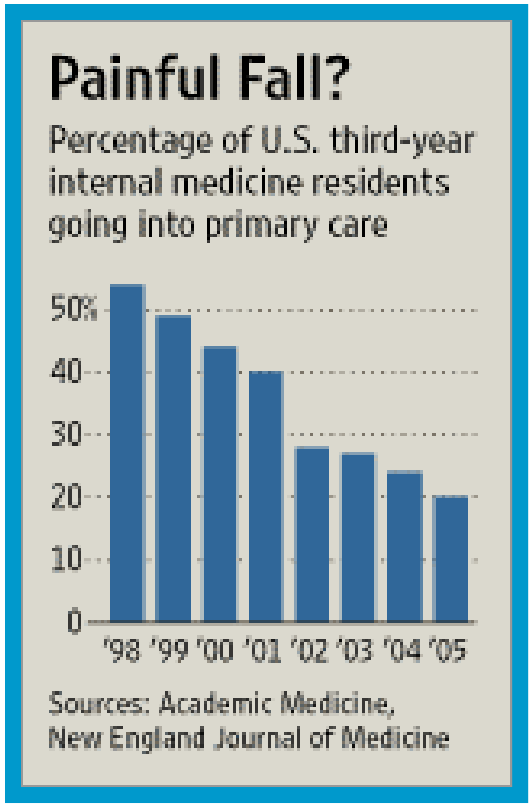
The State of U.S. Health Care



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- Health Care is in Crisis
- What is being done to help:
  - 2007 States expand coverage (MA)
- Does Coverage = Care?
- What have we learned from MA:
  - Workforce development and NPs are critical to the success of reform
- Reform in MA vs. Reform in PA
  - PA utilizes NPs to expand workforce capacity
  - PA institutes Chronic Care initiative with 400 PCPs and *750,000* patients

Models and Innovations that Work

- **The federal government wants to institute a MA-style health reform plan that will put tremendous strain on our existing primary care network**
- **Nurse Managed Health Centers can help expand capacity**
  - **NMHC have grown in prominence over the last 40 years**
  - **Currently 250 centers across the nation and growing**
  - **Staffed by a NPs, other advanced practice nurses, RNs, therapists and social workers, outreach workers, collaborating physicians health educators, students and administrative personnel**
  - **Offer low-cost high quality community-based primary care, behavioral health, prenatal and wellness services**
  - **1/3 are independent non-profits and 2/3 are affiliated with academic institutions**
  - **Important clinical sites for nursing education**

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NMHC Revenues and Costs

NMHC Revenue

- 46% of NMHC patients are uninsured
- 37% of NMHC patients are on Medicaid
- 7% have private insurance
- 8% of NMHC patients are on Medicare
- 2% are self pay

NMHC Costs

- The average primary care encounter cost for NMHCs is 10% less other types of providers.
- The average personnel cost for NMHCs is 11% less than the personnel costs for other types of providers.

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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

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Challenges to NMHCs

- Patchwork of reimbursement in the U.S. and addressing the uninsured
- A national survey conducted in Summer 2009 found that nearly half (48%) of all major managed care organizations in the U.S. do not credential/contract with nurse practitioners as primary care providers
- NCQA's new Patient-Centered Medical Home certification product line can only be used to accredit physician-led practices – but Joint Commission just approved certification for a primary care home that includes NPs and PAs
- Nurse practitioners cannot currently participate in some CMS-directed "medical home" initiatives

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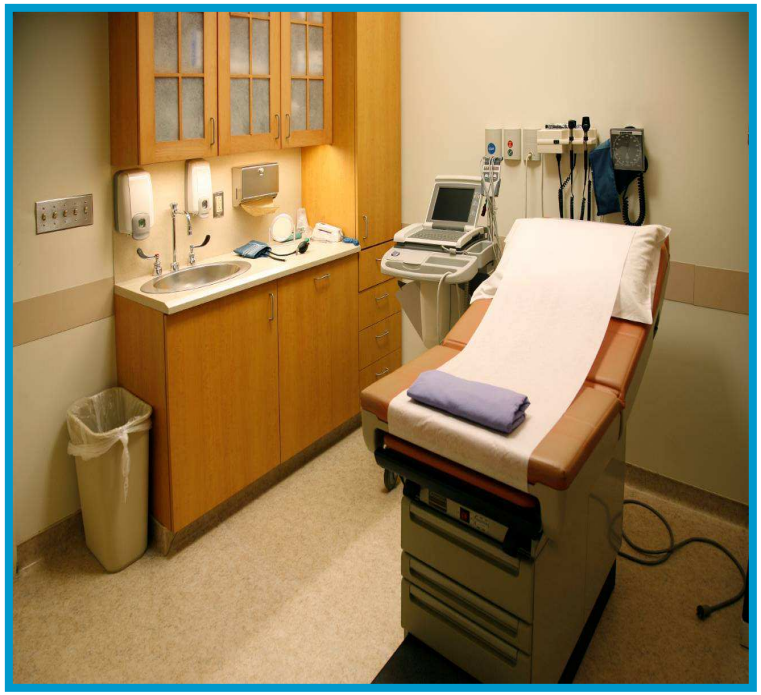
Convenient Care Clinics



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Accessibility

- Services primarily by NPs
- Located in retail outlets with retail service hours .
- No appointments necessary – 15-20 minute visits

Affordability

- Transparent pricing; prices are clearly posted .
- Services cost between $40 and $75.
- CCCs accept insurance

Quality

- Use EMRs and evidence-based medicine

Rand Study: Primary Care Impact

- Third-party data from RAND Health and other sources support the value of convenient care:
  - On par with 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]

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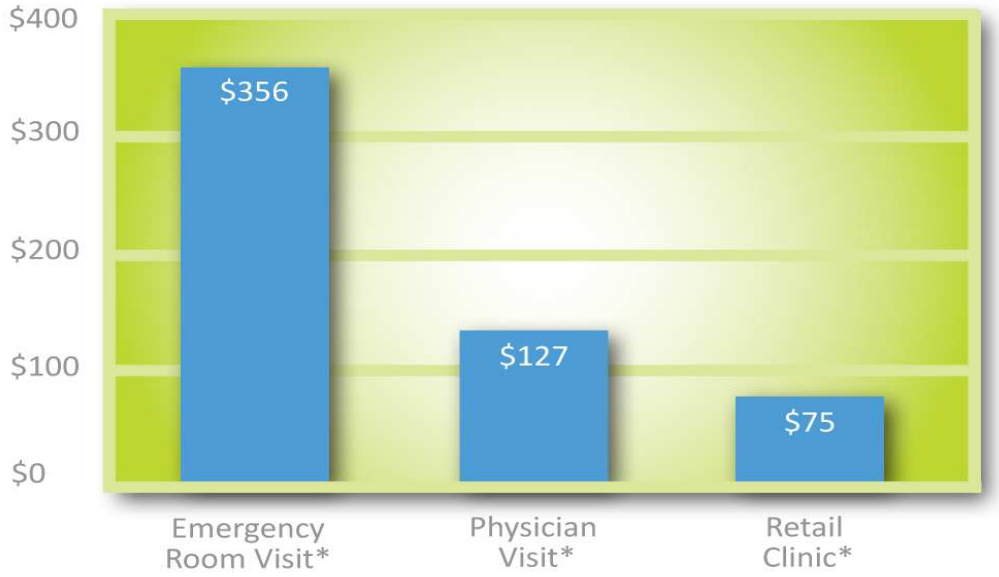
1. Mehrotra A., Hangsheng L., et al. *Comparing Costs and Quality of Care at Retail Clinics With That of Other Medical Settings for 3 Common Illnesses*. Annals of Internal Medicine 151 (2009): 321-328.

2. Rudavsky R., Pollack C.E., & Mehrotra A.. The Geographic Distribution, Ownership, Prices, and Scope of Practice at Retail Clinics. Annals of Internal Medicine 151 (2009): 315-320.

3. Mehrotra A., Wang M.C., et al. Retail Clinics, Primary Care Physicians, and Emergency Departments: A Comparison of Patients' Visits. Health Affairs 27(5) (2008): 1272-1282.

CCC Cost Savings



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FACT:

40% of patients seen at CCCs would have gone to ERs or urgent care clinics; 20% would have forgone care (which frequently would have resulted in a more serious illnesses).

Recommendations

- **Support new models care**, such a nurse-managed health centers, retail-based convenient care clinics and others that broaden access to quality care
- Recommend that **CMS include Medical Home and Performance-based Demonstrations that include NMHCs and NPs as primary care providers**
- **Encourage managed care organizations/insurance companies to credential NPs as primary care providers**
- 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 and **look to MA for a model law for NP care**

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Bottom-line: 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."

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Lee, P.V. Making Space For Disruption: Putting Patients At The Center of Health Care, *Health Affairs* 27, no. 5 (2008): 1345-1348.

For More Information

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