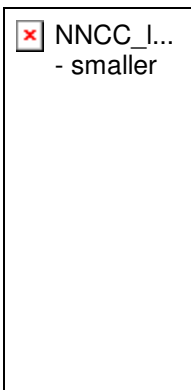


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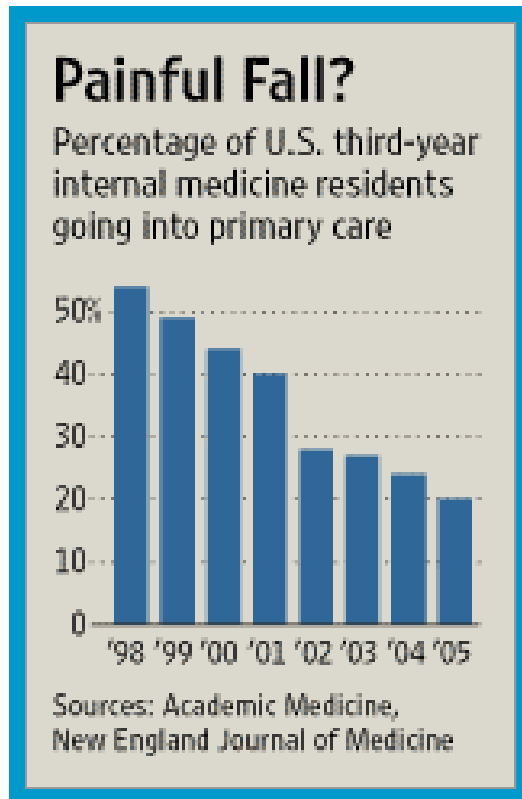
# **Nurse Practitioners as Leaders in Primary Care: Current Challenges and Future Opportunities**

**Institute of Medicine Forum on the Future of Nursing  
Philadelphia, PA  
December 3, 2009**

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Executive Director, Convenient Care Association**



# 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

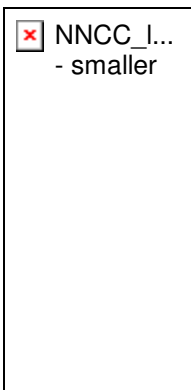
• Reform in MA vs. Reform in PA

- PA utilizes NPs to expand workforce capacity
- PA institutes Chronic Care initiative with 400 PCPs and 750,000 patients

# Models and Innovations that Work

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- § **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**



# NMHC Revenues and Costs

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## 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.

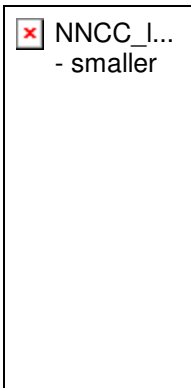


# NMHCs in Primary Care

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## Centers report:

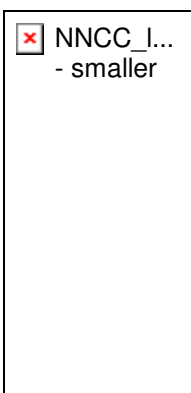
- § High patient satisfaction
- § ER use 15% less than aggregate
- § Non-maternity hospital days 35-40% less
- § Specialty care cost 25% less than aggregate
- § Prescription cost 25% less than aggregate
- § NMHCs see their members an average of 1.8 times more than other providers



# Challenges to NMHCs

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- § 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



## 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

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# Rand Study: Primary Care Impact

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- § 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.<sup>1</sup>
  - § Accessible within a 10-minute drive for 1/3 of Americans.<sup>2</sup>
  - § 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).<sup>3</sup>



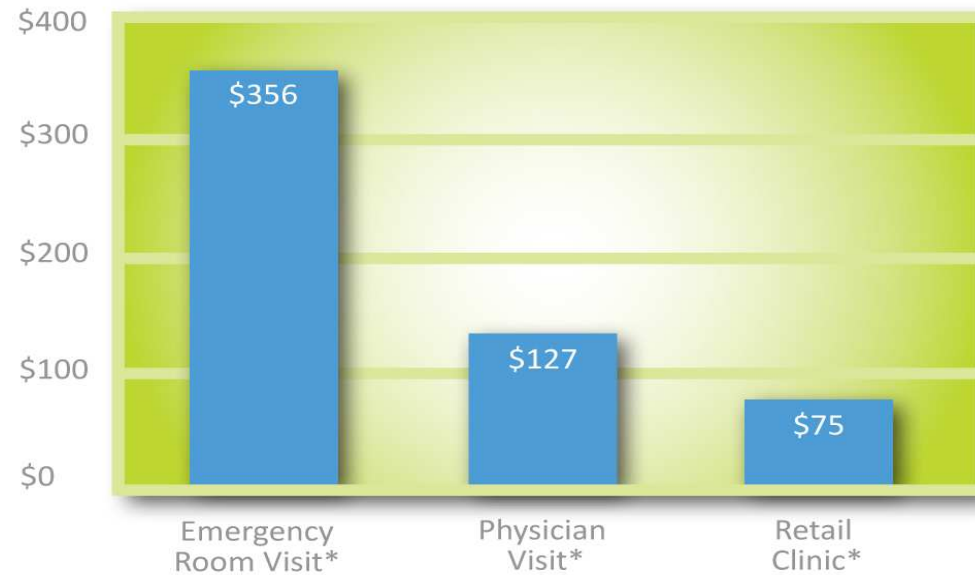
1. Mehrotra A., Hangsheng L., et al. *Comparing Costs and Quality of Care at Retail Clinics With That of Other Medical Settings for 3 Common Illnesses*. *Annals of Internal Medicine* 151 (2009): 321-328.

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:**

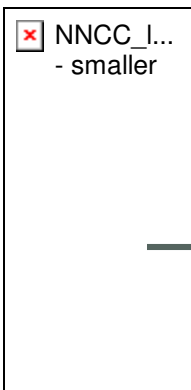
*40% of patients seen at CCCs would have gone to ERs or urgent care clinics; 20% would have forgone care (which frequently would have resulted in a more serious illnesses).*

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# Recommendations

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- § **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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# For More Information

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