
Expanding Access By Maximizing Existing Providers

New Health Care Models That Feature Nurse Practitioners in Independent Roles

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**NATIONAL
NURSING CENTERS
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Keeping Our Nation Healthy

Overview

- **Millions of uninsured, low-income and vulnerable people do not have access to health care**
- **Current physician shortage is only predicted to worsen**
- **Community-based nurses are first responders – can assess patients and prescribe medication (in case of influenza outbreak, for instance)**

Overview

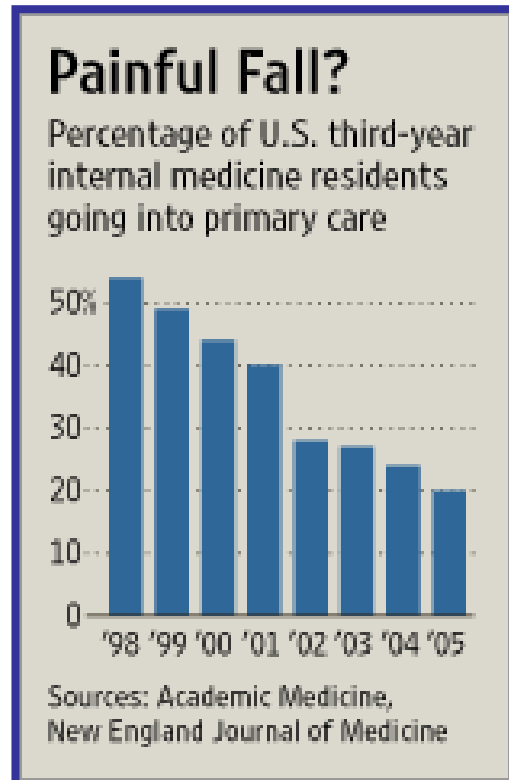
- **Community-based nurse practitioners are a key solution to today's pressing health care issues**
- **Whether handling a flu epidemic or increasing access to care for the underserved, nurse-managed health centers are a solution in plain sight**
- **Nurse-managed health centers are effective, safe, affordable and accessible, but they are not being used to their full potential**
- **Increased governmental support of this emerging model of care can help them reach their potential and improve health care throughout the country**

That Was Then



- Lifelong physician-patient relationship.
- Physician as trusted authority in community.
- Physicians responsible for primary care for whole family.

This is Now



- **Limited access to routine and preventive care.**
- **Millions of consumers do not have an established physician relationship or 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.**

A 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.

This is Next

- 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.
- What is being done to help? Our healthcare reform platform focuses on insurance coverage.

Source: *Health Affairs*, 2008.

Does Coverage = Care?

Experiences in Massachusetts suggest not...

- Across Mass., wait to see doctors grows: Access to care, insurance law cited for delays (*Boston Globe*, Sep. 22, 2008).
- Numbers dwindle for primary care doctors: Medical students in US choosing other specialties (*AP*, Sep. 10, 2008).
- Workforce Study Confirms Shortage of Primary Care Physicians (*Mass. Med. Soc.*, Aug. 2007).

Thinking Outside The Box

Increased reliance on non-physicians:

- Nurse Practitioners (NPs)
- Physician Assistants (PAs)

In non-traditional settings:

- Nurse-managed health centers (NMHCs)
- Convenient care clinics (CCCs)



Non-Physician Provider Trends

- Approximately 80,000 (out of 145,000) **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).

Sources: American College of Nurse Practitioners (www.acnpweb.org); Statement of A. Bruce Steinwald, Health Care Director, United States Government Accountability Office, Testimony Before the Committee on Health, Education, Labor and Pensions, U.S. Senate, 2008.

Public Perception

- There is widespread acceptance of nurse practitioners as independent health care providers.
- A survey of consumers found that 83% of respondents believe that nurse practitioners provide care that is similar in quality to physicians, and over 87% of respondents believe that nurse practitioners provide “more personalized care” than physicians.

Source: Brown DJ. Consumer perspectives on nurse practitioners and independent practice. *J. Am. Acad Nurse Pract.* 2007 Oct.; 19(10): 523-9.

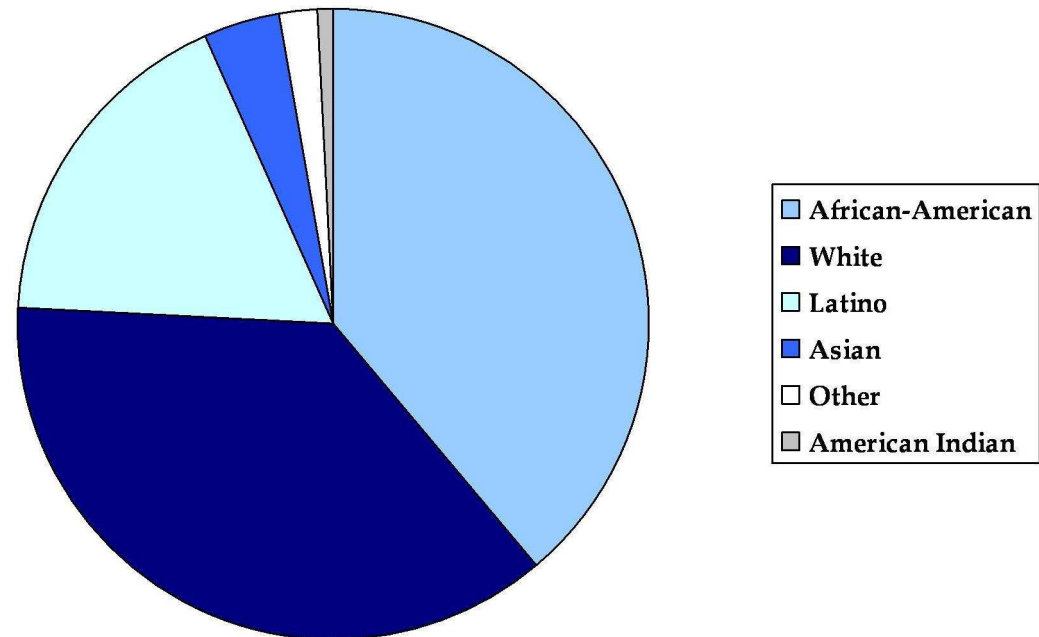
Nurse-Managed Health Centers

- **NMHCs are community-based health clinics, which are managed by nurses in partnership with the communities they serve.**
- **Most are either independent non-profits or academically-based clinics affiliated with schools of nursing.**
- **NMHCs provide a full range of health services, including primary care, health promotion, and disease prevention, to low-income, underinsured, and uninsured clients.**
- **They record over 2.5 million annual client encounters.**
- **This care is provided by nurse practitioners, clinical nurse specialists, registered nurses, health educators, community outreach workers, health care students and collaborating physicians.**
- **NMHCs also act as important teaching and practice sites for nursing students and other health professionals.**



Nurse-Managed Health Centers

- 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

Convenient Care Clinics

Accessibility

- Located in high-traffic retail outlets.
- Extended weekday and weekend hours.
- No appointments necessary.
- Visits take 15-20 minutes.

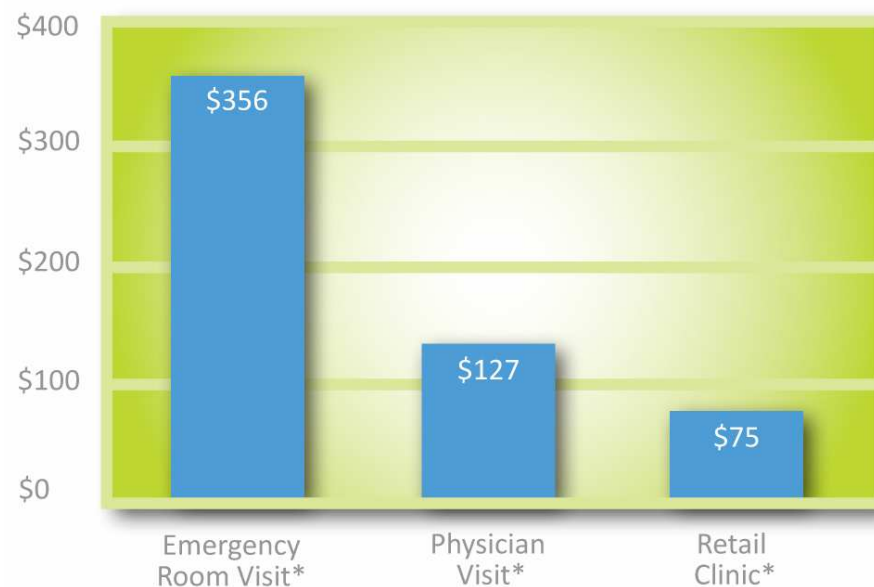
Affordability

- Transparent pricing, with all prices posted clearly.
- Services cost between \$40 and \$70.
- CCCs accept many 3rd Party Insurance Plans.

Convenient Care Clinics

Industry Drivers:

- Patients love the convenience and accessibility, and also applaud the quality.
- Payers and employers recognize the cost- and time-effectiveness of the model.
- Policymakers respond to the focus on wellness, prevention, and access.



Opportunities for Innovation in Healthcare Reform

1) Increase access to nurse practitioners by improving insurer policies

-To date only 53% of managed care companies credential NPs

2) Support existing nurse-led practice models (including retail clinics and nurse-managed health centers)

Opportunities for Innovation

3) Include NPs in evidence-based practice models, such as “medical home” demonstration projects

-The current CMS demonstration does not include NPs

4) Invite new players to join the health reform discussion

Opportunities for Innovation

5) Create more efficient infrastructure for health care administration

-i.e. state credentialing agencies

6) Increase opportunities for health IT implementation

-NPs were excluded from the Medicare Stimulus funds for IT

Innovation Out of Crisis



First phase – health insurance expansion

- ***Good news*** - since 2006, Massachusetts has gone from having as many as 650,000 uninsured residents to having 167,300 today (the lowest rate of uninsured residents in the nation)

- ***Bad news*** – there were not enough providers to meet services demand

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
 - Increased utilization of non-physician providers
 - Pay-for-Performance

Reform in Pennsylvania



Governor Rendell looked to emerging health care models, and non-physician providers in general, as a way to increase access to quality health care and reduce expensive, unnecessary emergency room usage.

Reform in Pennsylvania



Introduced in 2007, the “Prescription for Pennsylvania” was premised on the idea that that access to health care would increase if state laws were changed to “free nurse practitioners to do anything they are capable of doing.”

Reform in Pennsylvania

- Called for approximately 49 statutory / regulatory changes, many of which amended outdated language to allow NPs to practice to the full extent of their scope of practice
- Allows for greater involvement of NPs and other non-physician providers in chronic care and rapid response
- **Chronic Care Initiative**: 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 will be involved in four learning collaboratives, transforming care for more than 750,000 patients.

Pennsylvania & Massachusetts

- **Massachusetts** invested in insurance access *before* ensuring it had the infrastructure to handle increased demand for services.
- In **Pennsylvania**, Governor Rendell learned to invest in health care infrastructure *first*, setting the stage for insurance reforms in the future.

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 or boost U.S. international economic competitiveness.”

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



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A Call for Action

- **Nurse-managed health centers are a demonstrated success!**
- **We call on the federal government to:**
 - **Increase funding for nurse-managed health centers (through grants and incentives)**
 - **Expand the concept of the medical home to include nurse practitioners**
 - **Create a credentialing clearinghouse to eliminate unnecessary administrative costs**
 - **Include nurses and nurse practitioners in health care reform decisions.**
- **Increasing support of nurse-managed health centers is consistent with President Obama's call to double the number of community health centers**
- **President Obama should look to Pennsylvania Governor Rendell's example, and build health care workforce infrastructure BEFORE expanding insurance**
- **If it doesn't include nurses and nurse practitioners, it's not real health care reform!**

For More Information

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