

# Community Health Centers Employ Diverse Staffing Patterns That Can Provide Productivity Lessons For Medical Practices

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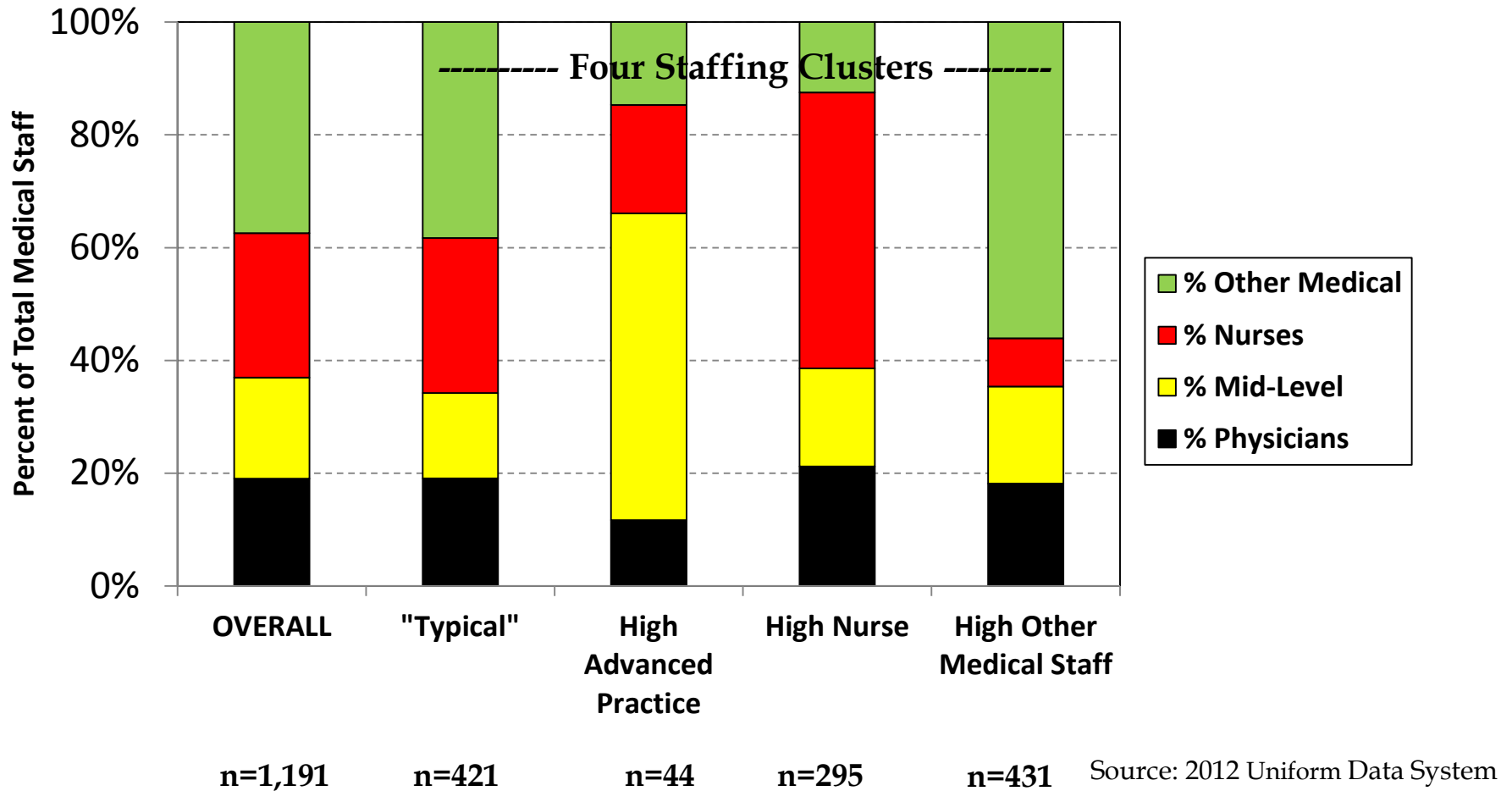
# Transforming Primary Care Practice

- Pending shortage of primary care physicians and quality improvement efforts will require expanded use of non-physician clinicians in team-based care.
- Community health centers (CHCs) have been doing this for many years.
- CHCs in medically underserved areas. Often had adjust due to problems hiring and retaining primary care physicians, while maintaining quality of care.
- CHC experience is instructive for other group practices. Number of physicians in CHCs comparable to general medical practice size. Difference is use of non-physician staff.

# Medical Staffing and Productivity

- Key issue in staffing is productivity: how staffing affects the number of medical visits and revenue.
- Productivity usually measured by # visits (or patients) per physician (or advanced practice clinician). Other staff are not counted.
- But in typical visit a medical asst may take vitals, doctor may evaluate and diagnose, and nurse might draw blood or provide education.
- From joint productivity basis, we could say MD produces 75% of visit, med asst 10% and nurse 15%, together creating 1.0 visit.

# Medical Staff Composition in Community Health Centers: Overall and for the Four Staffing Clusters





# Marginal Productivity by Staff and Cluster: # Additional Weighted Visits per Staff Person

|                          | Physicians | Advanced Practice Staff | Nurses | Other Medical Staff |
|--------------------------|------------|-------------------------|--------|---------------------|
| Overall CHCs             | 2994**     | 1584**                  | 292    | 548**               |
| "Typical"                | 3370**     | 1546**                  | 347    | 265                 |
| High Adv Practice        | 2761**     | 2287*                   | 4      | -727                |
| High Nurse               | 2086**     | 198                     | 1407** | 357                 |
| High Other Medical Staff | 2923**     | 1664**                  | -788   | 744**               |

\*  $p < .01$ , \*\*  $p < .001$

Based on OLS regression with no constant and with robust standard errors

# Conclusions

- Medical practices can use more non-physician staff to increase visits, although physicians contribute most to productivity.
- No clear optimal staffing pattern. Productivity seems similar across different staffing patterns.
- Some issues regarding roles of nurses and other medical staff (e.g., medical assistants)
- Need finer-grained look to see how staff interact to form teams and why different arrangements are used.