Longitudinal Analysis of Electronic Health Record Adoption on Staffing Mix in Community Health Centers

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OBJECTIVE
To assess how the medical staffing mix changed over time with the adoption of electronic health records (EHRs) in community health centers (CHCs).

DATA/SETTING
CHCs within the fifty states and DC.

DESIGN/METHODS
We used the Uniform Data System, an administrative data set of Section 330 federal grant recipients, to estimate the change in the share of total medical staff full-time equivalents (FTE) by provider category—physicians, nurse practitioners (NPs)/physician assistants (PAs), nurses, and other medical staff (e.g., medical assistants and nurse aides)—between 2007 and 2013 using fractional multinomial logit.

RESULTS
All CHCs have reduced the share of physicians and nurses on staff while increasing the share of NPs/PAs and other medical staff. CHCs with EHRs have a significantly lower share of physicians and higher share of other medical staff than CHCs without EHRs throughout the study period, while no significant differences were consistently found among nurses and NPs/PAs.

CONCLUSIONS
EHRs appear to influence staffing allocation in CHCs such that other medical staff may be used to support adoption of EHRs as well as be leveraged as an important care provider.

Key Words: electronic health records, community health centers, patient centered medical homes

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