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

OVERALL | "Typical" | High Advanced Practice | High Nurse | High Other Medical Staff
--- | --- | --- | --- | ---
% Physicians | % Other Medical | % Nurses | % Mid-Level | % Physicians
n=1,191   n=421   n=44   n=295   n=431

Source: 2012 Uniform Data System
## Marginal Productivity by Staff and Cluster:

### # Additional Weighted Visits per Staff Person

<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
<th>Advanced Practice Staff</th>
<th>Nurses</th>
<th>Other Medical Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall CHCs</td>
<td>2994**</td>
<td>1584**</td>
<td>292</td>
<td>548**</td>
</tr>
<tr>
<td>“Typical”</td>
<td>3370**</td>
<td>1546**</td>
<td>347</td>
<td>265</td>
</tr>
<tr>
<td>High Adv Practice</td>
<td>2761**</td>
<td>2287*</td>
<td>4</td>
<td>-727</td>
</tr>
<tr>
<td>High Nurse</td>
<td>2086**</td>
<td>198</td>
<td>1407**</td>
<td>357</td>
</tr>
<tr>
<td>High Other Medical Staff</td>
<td>2923**</td>
<td>1664**</td>
<td>-788</td>
<td>744**</td>
</tr>
</tbody>
</table>

* 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.