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

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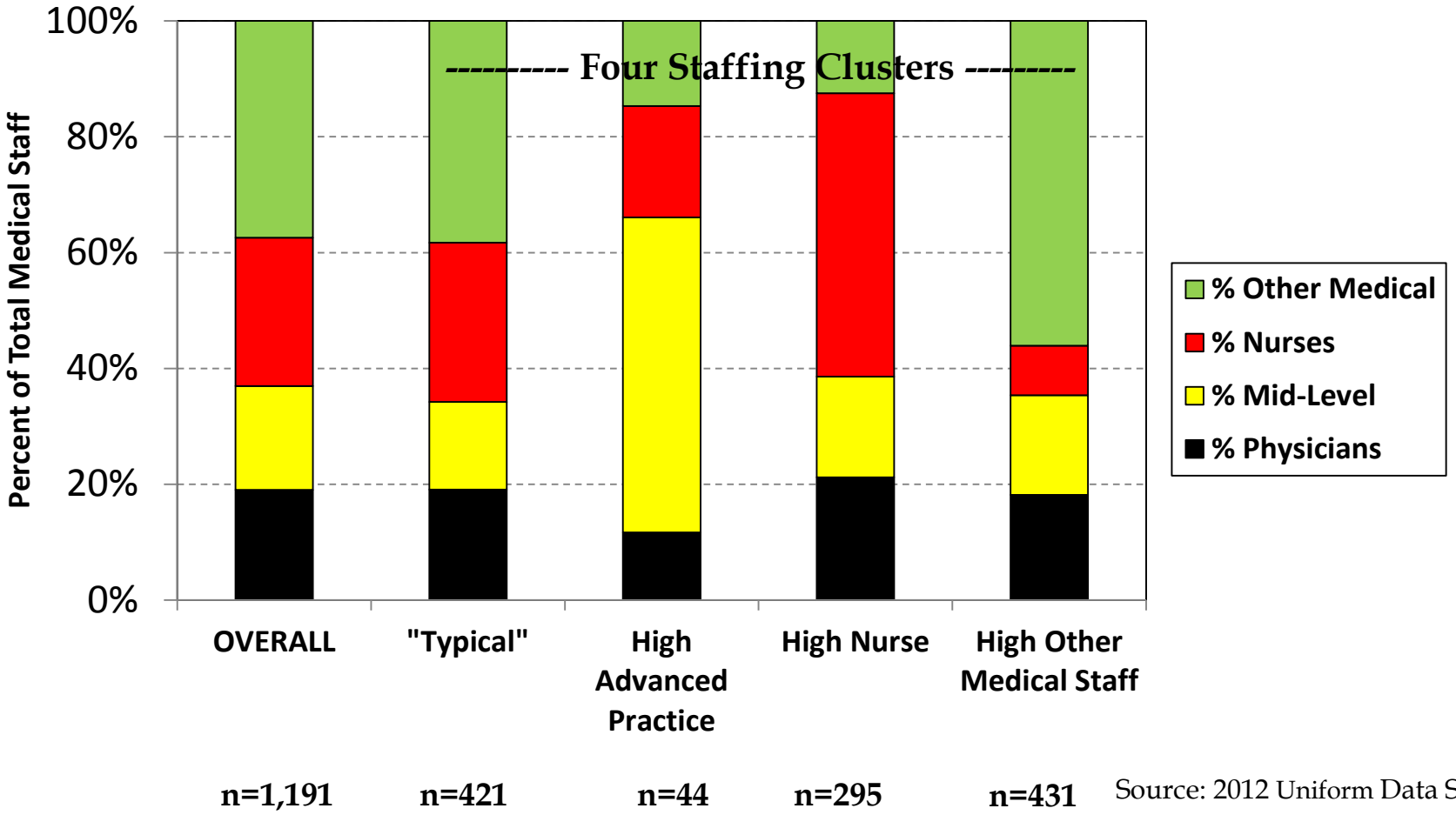
Transforming Primary Care Practice

- 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



Source: 2012 Uniform Data System

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.