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Nurse practitioner and physician assistant staffing in the patient-centered medical homes in New York State

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ABSTRACT

Background: A cornerstone of patient-centered medical homes (PCMHs) is team-based care; however, there is little information about the composition of staff who deliver direct primary care in PCMHs.

Purpose: The purpose of this study was to examine the number and distribution of primary care physicians (PCPs), nurse practitioners (NPs), and physician assistants (PAs) in PCMH and non-PCMH practices located in New York State ($N = 7,431$).

Method: Practice based ratios of primary care NPs and PAs to PCP were calculated and compared by PCMH designations. Designated PCMHs had more NPs and PAs per PCP relative to non-PCMHs. The ratios of NPs to PCPs were almost twice as high in PCMHs compared with non-PCMHs (0.20 and 0.11), and ratios were similarly different for PAs to PCPs (0.16 and 0.09, respectively). The multivariate analyses also support that higher NP and PA staffing was associated with PCMH designation (i.e., there was one additional NP and/or PA for every 25 PCPs).

Discussion: The growth of PCMHs may require more NPs and PAs to meet the anticipated growth in demand for health care. Policy- and practice-level changes are necessary to use them in the most effective ways.

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Introduction

The patient-centered medical home (PCMH) is an enhanced model of primary care that provides whole-person, accessible, comprehensive, ongoing, and coordinated care (PCPCC, 2014a). Medical homes are also foundations for a health care system that gives more value by achieving the triple aim (i.e., improved quality, better experience, and lower cost), and gain broad support from both the private and public sectors (AHRQ, 2014; PCPCC, 2014b). As of October 2014, more than 10% of primary care practices, approaching 8,386 altogether, are recognized as PCMHs by the National Committee for Quality Assurance (NCQA), which has the nation's largest PCMH recognition program (NCQA, 2014b). To earn NCQA recognition, practices must meet rigorous standards for addressing patient needs such as enhanced after-hours and online access, long-term patient and provider relationships, shared decision making, patient engagement on health and health care, team-based care, better quality and experience of care, and lower cost from reduced emergency department and hospital use (NCQA, 2014a). Incentive payments are typically aligned with such PCMH standards to support reform in the delivery of primary care.

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One such effort was implemented in New York State's Medicaid program in July 2010. To improve health outcomes for Medicaid beneficiaries through better coordination and integration of care, the NY Medicaid program provided enhanced payments for providers achieving NCQA PCMH recognition (New York State Department of Health, 2013). There are over 5 million Medicaid beneficiaries and over 13,000 primary care providers who participate in the NY Medicaid program. Since 2010, the number of PCMH providers who received NCQA recognition increased from 633 to 4,461.

Primary Care Workforce Innovations in PCMHs

A cornerstone of PCMHs is team-based care in which staff work collaboratively with patients and their caregivers to achieve coordinated and high-quality care (Peikes et al., 2014). This practice redesign has resulted in a combination of transforming the roles of the existing staff and adding new staff to primary care (Friedman et al., 2014; Taylor, Machta, Meyers, Genevro, & Peikes, 2013). Consistent with the PCMH emphasis on care coordination, practices at times hired new staff, such as care managers/coordinators, who were not traditionally part of a primary care practice. A recent study on staffing patterns of primary care practices reports that designated PCMHs were more likely to have dedicated care managers/coordinators compared with non-PCMH practices (Peikes et al., 2014). Some large practices expanded the roles of nurses, pharmacists, social workers, health educators, and behavioral health professionals (O'Malley, Gourevitch, Draper, Bond, & Tirodkar, 2015). However, many primary care practices do not have nurses, pharmacists, or social workers on site. The typical practice consists of one or more primary care physicians (PCPs), sometimes with the addition of nurse practitioners (NPs) or physician assistants (PAs), and unlicensed support staff, in particular medical assistants. Thus, in many cases, medical assistants seem to be taking on a range of new and enhanced tasks, including care management activities (Ladden et al., 2013), health navigation/coaching (Nelson, Pitaro, Tzellas, & Lum, 2010; Willard-Grace et al., 2013), various forms of panel management (i.e., evidence-based preventive and chronic care based on standing orders; Baker et al., 2009; Kanter, Martinez, Lindsay, Andrews, & Denver, 2010), and data/documentation management in registries (Bodenheimer, Willard-Grace, & Ghorob, 2014).

To meet the increased needs and expectations of primary care, particularly team-based care, involving advanced clinical care staff such as NPs and PAs is perhaps most important to achieve the goals of transforming primary care practices embedded in PCMHs (Everett et al., 2013). NPs and PAs have long been providing clinical care in primary care practices, often working together in teams with a physician. The use of NPs and PAs may continue to accelerate with the growth of PCMHs because it allows them to accommodate patients and enable care coordination, thereby ensuring physicians more time to devote to complex cases. Staffing a practice in this way can provide better access to primary care and some services more efficiently and effectively than physicians alone. The team-based care involving more advanced clinical care staff is thought to provide more cost-effective care and improve access options for patients as more people gain health insurance coverage, thereby averting a PCP shortage. Recent empirical studies also showed that delegating some tasks from physicians to NPs and PAs within the team-based environment could overcome excessive panel size and might lessen the need for more PCPs (Altschuler, Margolius, Bodenheimer, & Grumbach, 2012; Auerbach et al., 2013; Green, Savin, & Lu, 2013).

Health care delivery transformation requires health care workforce transformation. The emerging PCMH models typically use a team-based approach. Despite growing calls for team-based care, thus far, there are no staffing requirements and/or recommendations for practices that are interested in transforming to a PCMH from NCQA or other recognition organizations (Patel et al., 2013). Better teamwork may change the right mix of staffing needed to care for a population. However, there is little information about the number and distribution of staff who deliver direct primary care within the practice. The main purpose of this study was to examine how PCMH staffing differs from non-PCMH practices, in particular, the use of primary care NPs and PAs.

I conducted analyses for the state of NY because the health care delivery system in NY is undergoing rapid transformation driven in large part by federal and state health reform initiatives.

In NY, like most states, the shortage of a primary care workforce has been cited as a main concern. In 2013, of those providers actively practicing in NY, 23,660 physicians, 5,760 NPs, and 2,880 PAs provided primary care services (The Center for Health Workforce Studies, 2014). Practices across NY reported recruitment and retention difficulties for a wide array of primary care providers. In addition, more than 1 million uninsured New Yorkers are expected to obtain new health insurance coverage (New York State Health Foundation, 2010). Providers are under growing pressure to find the most cost-effective and efficient workforce models to serve the growing number of New Yorkers seeking accessible and high-quality health care services. Given the growing demand for primary care, it is critical to identify the health professions who currently deliver direct primary care services. The findings will inform state stakeholders on health workforce development strategies.

Methods

This is a cross-sectional and observational study to examine primary care NP and PA staffing in PCMHs versus non-PCMHs using the data for all office-based