
Nurse-Managed Health Care: Quality Health Care for the Un and Under- insured at an Affordable Rate

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Nurse-Managed Health Care



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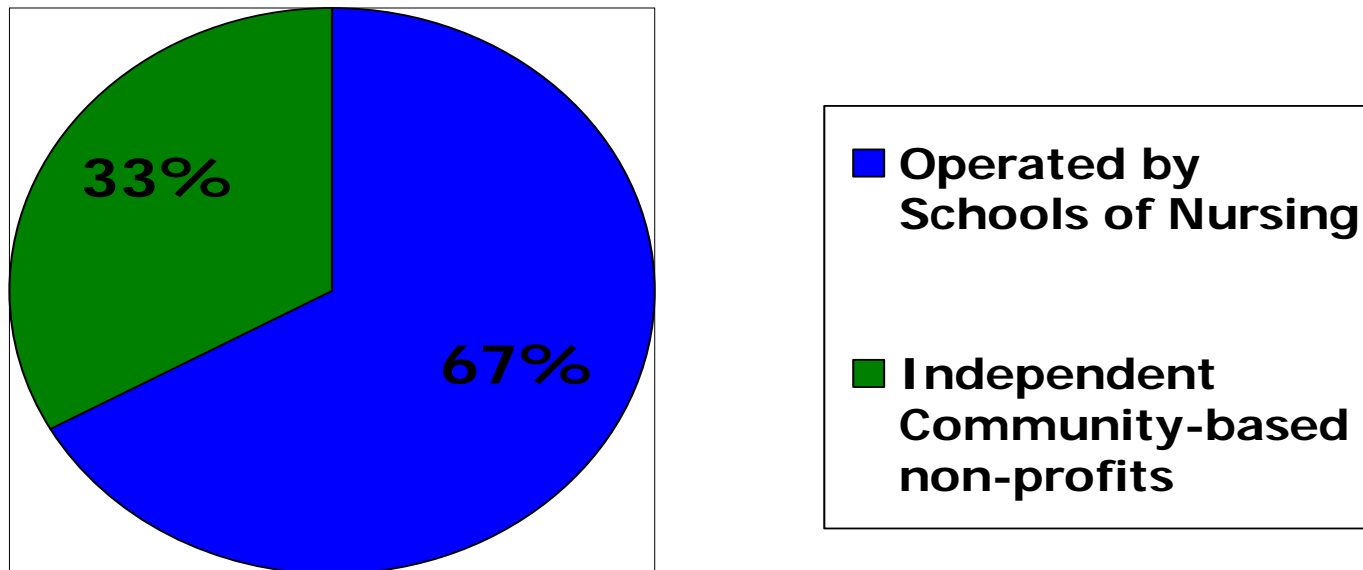
Keeping Our Nation Healthy

New Healthcare Trends with Nursing at the Forefront:

Nurse-Managed Health Centers

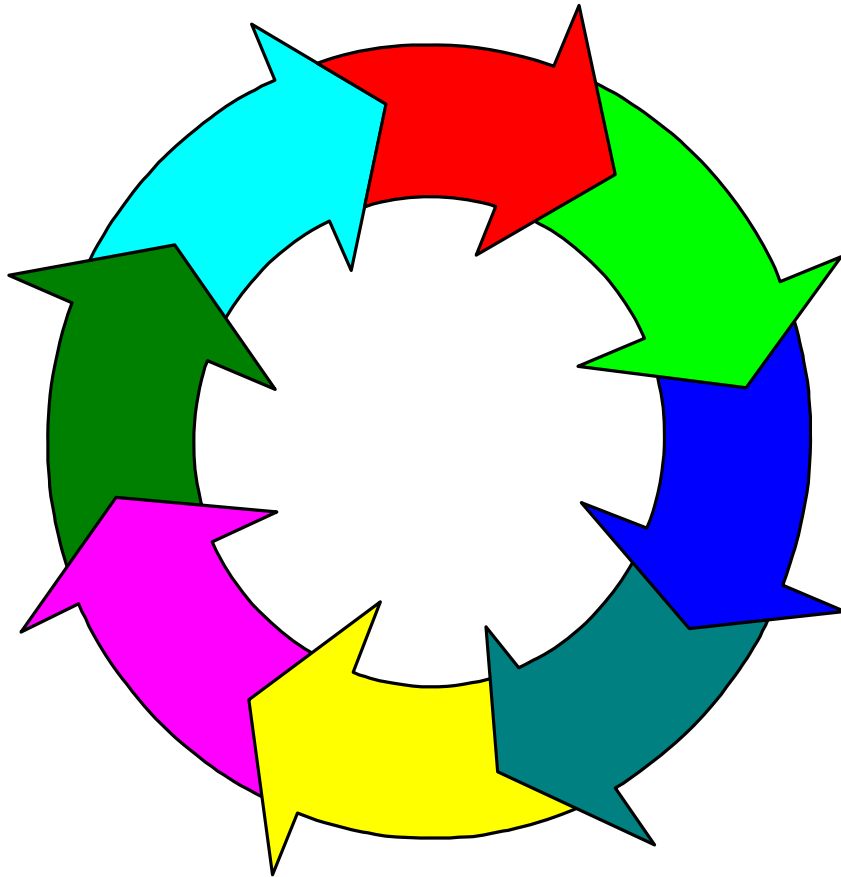
www.nncc.us

Member Centers Are Community-Based



Locations: public housing developments, churches, schools, community centers, and homeless or domestic violence shelters

Service Provided



- Primary Care
- Mental/Behavioral Health
- Family Planning
- Prenatal Services
- Disease Prevention
- Health Promotion

Major Reported Patient Health Problems

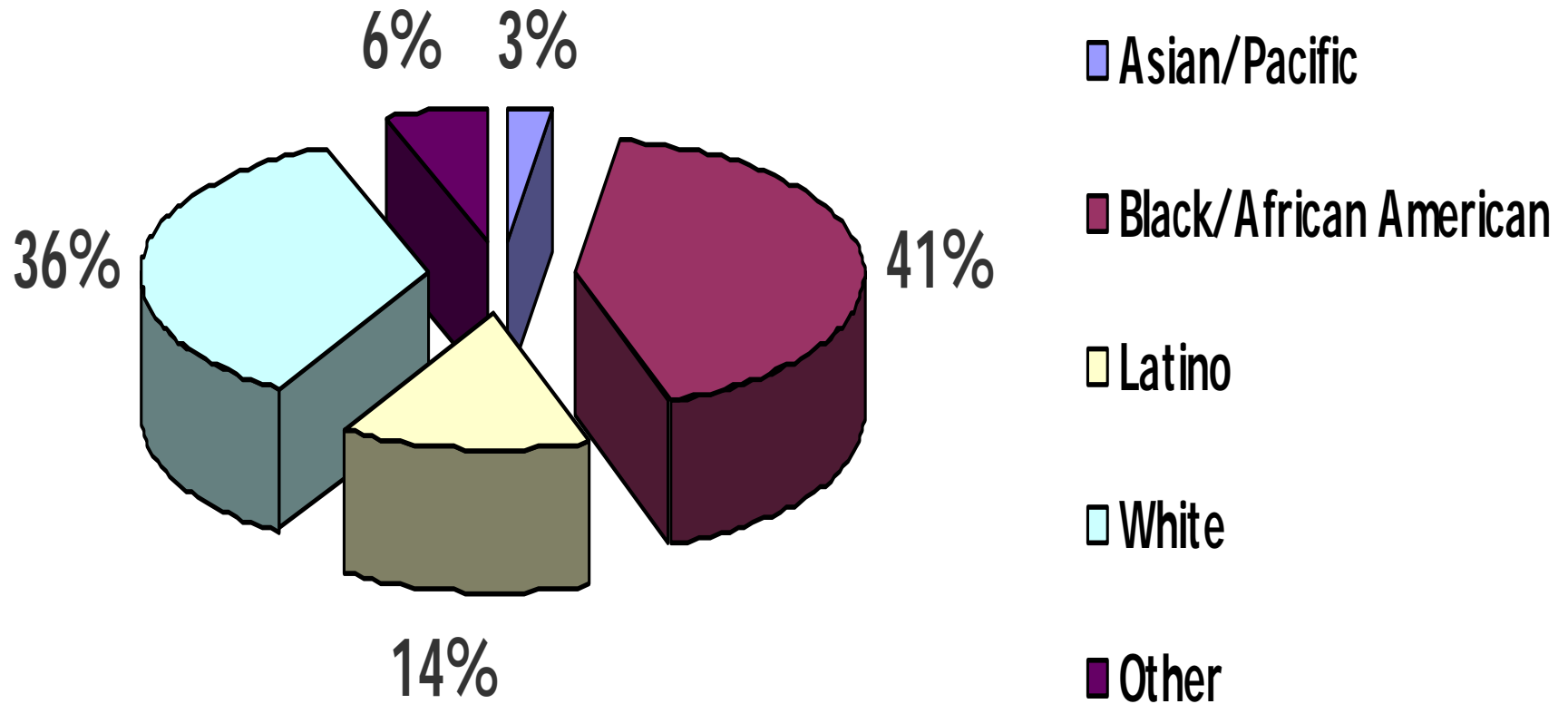
- Asthma
- Cancer
- Cardiovascular diseases
- Depression/suicide
- Diabetes
- Family Planning
- HIV/AIDS
- Lead poisoning
- Obesity
- Smoking
- STDs
- Substance abuse
- TB
- Truancy
- Teen pregnancy
- Violence

Centers Offer a Diverse Staff of Health Professionals

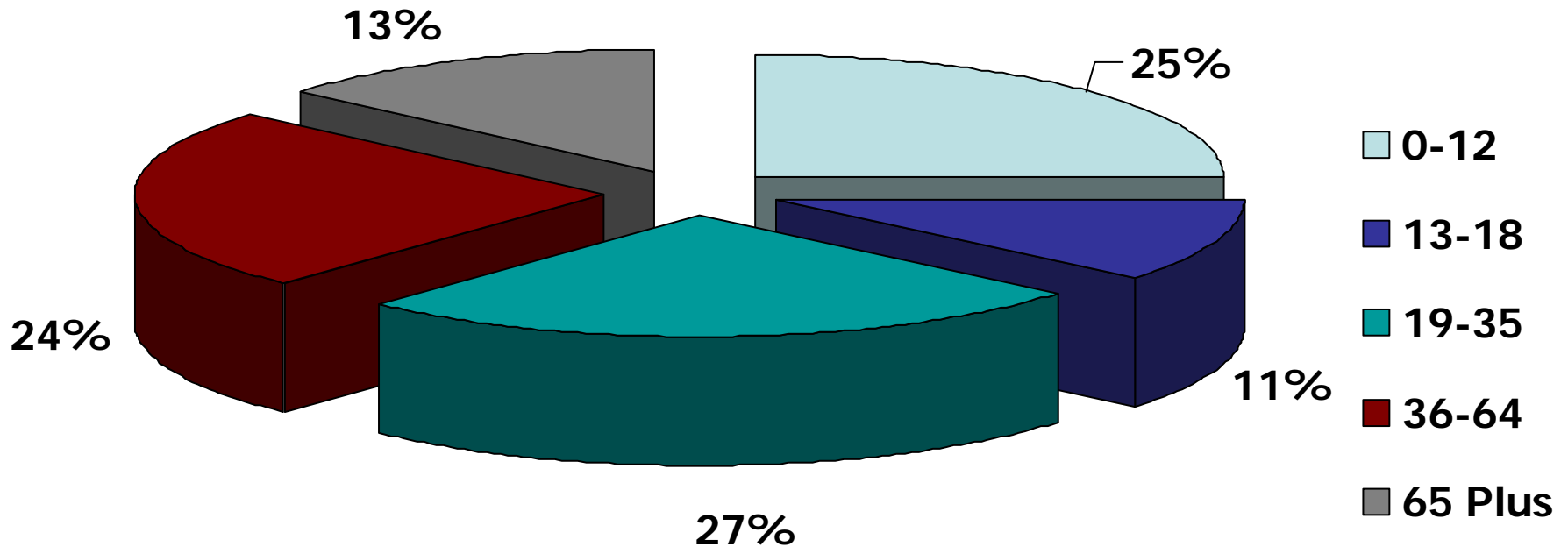
Health care providers:

- Certified Registered Nurse Practitioners – 20%
- Advanced Practice Nurses – 23%
- RNs – 9%
- Therapists and social workers – 6.5%
- Community outreach workers - 4%
- Collaborating physicians - .5%
- Administrative Support Staff - 12% of total
- Health educators, students and others – 25%

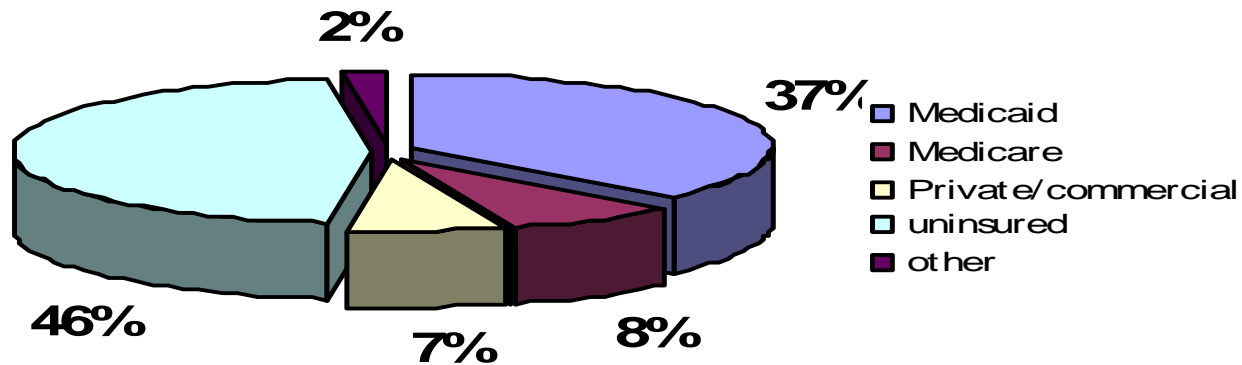
Member Centers Serve a Range of Clients



Member Centers Serve Clients Across All Age Groups



Patient Payor-Mix



Nurse-Managed Health Centers Provide Cost Effective Care

- **The average primary care encounter cost for NMHCs is 10% less other types of providers.**
- **The average personnel cost for NMHCs is 11% less than the personnel costs for other types of providers.**

Nurse-Managed Health Center Outcomes in Primary Care (Cont.)

Quality of Care- There are two principal U.S. studies which show that the care provided by nurse practitioners is comparable to that of physicians.

1) **the Office of Technology Assessment (OTA) case study**

- In 1986, the U.S. Senate commissioned OTA to conduct a study assessing the contributions of nurse practitioners and physician assistants to the nation's health care needs
- The study concluded that the care provided by NPs is equivalent to that of Physicians

2) **The Munding Study**

- In 2000 the Journal of the American Medical Association published a study of 1,316 primary care patients that were randomly assigned to either an NP or physicians in an ambulatory care situation
- The study concluded that where NPs had the same authority, responsibilities, productivity, administrative requirements, and patient population as primary care physicians, patients' outcomes were comparable

CMS Evaluation of NMHCs as SafetyNet Providers

CMS evaluation report, Spring 2005.

The first evaluation NNCC has done that describes the work of nurse-managed health centers.

Report Conclusions:

1. Nurse-Managed Health Centers are Safety-net Providers;
2. Nurse-Managed Health Centers provide a Medical Home for the Underserved;
3. Nurse-Managed Health Centers Struggle Financially & Need Cost-Based Reimbursement to be Sustainable; and
4. Nurse-Managed Health Centers should be Recognized as Safety Net Providers and are viable Partners with the Federal Government to Reduce Health Disparities.

Reasons for Better Patient Outcomes

- Location, Location, Location: Services are accessible in the community where people live
- More time with patient (nursing model of care)
- Intensive case management
- Affordable care & built-in incentives
- Culturally appropriate services
- Solicit input & listen to community needs/builds trust
- Health promotion and disease prevention focus

Barriers to Sustainability

- Many insurers undervalue the work of primary care nurse practitioners.
- Of the 232 managed care plans included in a 2007 NNCC nationwide survey of credentialing policies, **only 53% credential NPs as primary care providers.**
- Even among insurers that credential NP primary care providers, many reimburse NP primary care providers less than physicians for providing the same services.

Barriers to Sustainability

Many nurse-managed health centers:

- Cannot access enhanced government funding available to traditional community health centers.
- Have a unique governance structure that is linked to their role in nursing education. Because of this, they do not qualify for FQHC status and enhanced funding.

Current Legislative Activity

- **The Nurse-Managed Health Clinic Investment Act of 2007 (S. 2112).** S. 2112 would create a federal grant program to be administered by the Health Resources and Services Administration's Bureau of Primary Health Care.
- Would create \$50 million in new funding for nurse-managed health centers providing primary care to vulnerable or medically underserved populations.

Policy Victories: Rx for PA



- In Summer 2007, Governor Edward G. Rendell signed into law HB 1253, part of his health care reform plan.
- Rendell's health reform plan was one of the first to encourage the practice of advanced practice nurses in a broader range of settings.
- Rendell's goals: "To unleash the potential of advanced practice nurses" and increase access to health care.



Nurse-Managed Care is High Quality Care



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Value added of nurse-managed health centers...

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Typical site – within inner city public housing



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Nurse-managed practices: Outcomes in primary care

Compared to other primary care practices:

- High patient satisfaction
- ER use is 15% less
- Non-maternity hospital days are 35-40% less
- Specialty care cost 25% less
- Prescription cost 25% less
- NMHCs see their patients an average of 1.8 times more

“States reported to be failing in women’s health” (Reuters, October 17, 2007)

- Healthy People 2010 Objective
 - Women who receive Pap test within the three preceding years 97%
 - 92% have Pap test and clinical breast exam
7/1/2006-6/30/2007

Children lack adequate health care.

(The Seattle Times, October 11, 2007)

- Healthy People 2010 Objective
 - 80% receive all recommended vaccines
 - 94% as up to date as possible for 2 year olds

Diabetes Mellitus

- Healthy People 2010 Objective
 - Increase to 50% the adults with diabetes that have a HgbA1C at least once a year
 - 100% of diabetic adults seen had a HgbA1C within one year
 - One center, part of the Diabetes Health Disparities Collaborative, that serves the chronically homeless has been able to keep diabetics' HgbA1Cs at 7

Outcomes of NNCC Initiated Wellness Programs

- Lead Safe Babies
- Asthma Safe Kids
- Cognitive Therapy
- Students Run Philly Style
- Stay Quit, Get Fit

Lead Safe Babies

- Healthy People 2010 Objective
 - Eliminate elevated blood lead levels.
 - Using control and intervention populations within the same census block groups, achieved a relative risk reduction of 42.2% in blood lead levels = or >10 micrograms/deciliter (7/1/2004-6/30/2006)

Funded by the EPA, CDC, HUD and Philadelphia Public Health Department

EPA funded Mural *Lead Harms*



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Asthma Safe Kids

- Healthy People 2010 Objective
 - Reduce hospitalization rates for pediatric asthma by 25%
 - Reduced hospitalizations 8% 7/1/2005-6/30/2006 and 3% in 7/1/2006-6/30/2007 – two cohorts, each followed over 3 months.
 - 85% increase in using mattress cover
 - 75% increase in using pillow cover

Funded by EPA and STEPS to a Healthier U.S.



Cognitive Therapy

- Healthy People 2010 Objective
 - Increase to 50% the number of adults diagnosed with depression who receive treatment
 - Mean of nurses on Cognitive Therapy Awareness improved from 55%-82%
 - Older adult patient depression scores were unchanged
 - Anxiety scores improved by 28%

Funded by Pew Charitable Trusts in collaboration with the Beck Institute for Cognitive Therapy

Students Run Philly Style

Healthy People 2010 Objective

- Increase proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 minutes or more.
 - 32 teens, ages 14-19, completed the Philadelphia Marathon 11/18/2007
 - 47 youths completed the half marathon event
- Funded by the Robert Wood Johnson Foundation & local funding partners

Stay Quit, Get Fit

U.S. Public Health Service guidelines encourage all health care providers to integrate identification of tobacco users and delivery of cessation services into their practices.

- Integrate tobacco cessation counseling and fitness with primary care, at a nurse-managed health center.
- Providers take participant health readings throughout.
- Primary care providers receive training, reinforce cessation messages with patients.

Funded by the American Legacy Foundation.

Convenient Care Clinics: Accessible, Affordable Healthcare

**Tine Hansen-Turton, MGA, JD
Executive Director, CCA
Vice President, PHMC**



Convenient Care Providers

Small health care clinics, based in convenient locations accessible to the public, which are primarily staffed by:

- Nurse Practitioners (NPs);

Clinics may also be staffed by:

- Physician assistants (PAs); and/or
- Physicians (MDs or DOs)



The CCC Model

- **Affordable** – Low overhead and low start-up costs
- **Basic care** – Limited to 25-35 common treatments (sore throat, cold, flu, rashes, etc.), vaccinations, and physicals
- **Short visits** – 15 minutes maximum
- **Accessible** – Open on nights and weekends
- **Efficient** – Industry-wide use of Electronic Medical Records
- **Transparent pricing** – The consumer knows what the visit will cost before the visit begins
- **Effective Communication** – The consumer leaves with his or her own electronic health record



Convenient Care Clinics

A Convenient Care Clinic located in a Walgreens in Kansas City:



What are Convenient Care Clinics *NOT*?

- **CCCs are NOT full-service medical facilities.** They provide a limited range of services.
- **CCCs are NOT resources for ongoing primary care.** Patients who need follow-up care are referred to primary care providers.

Approximately 30% of patients seen in CCA Member Clinics say they do not have a primary care provider that they usually go to for healthcare. In these cases, clinic staff connect patients with local primary care providers and encourage patients to develop a relationship with a healthcare home.



Why do we need Convenient Care Clinics?

- CCCs **complement the established health care delivery system** by giving consumers an accessible and affordable option for non-emergency and preventive care.
- CCCs **provide an entry point into the health care system for consumers** who are having difficulties accessing traditional medical providers.
- CCCs **provide referrals to primary care providers**, nearby free clinics, or nearby Emergency Rooms when patients present conditions that are outside of the clinic's limited scope, or when ongoing care is necessary.
- The Convenient Care industry is emerging as **an effective answer to many of the cost and access difficulties facing traditional health care practices** across the United States.
- CCCs provide **cost-effective, quality care that allows patients to be treated quickly so that they can return to their everyday lives.**



What does the “typical” convenient care clinic consumer look like?

April 2007 study* finds 2 demographic groups that embrace the concept:

- Consumers who use clinics because they are fast, convenient and offer quick access to routine healthcare. These users are generally Caucasian, upper income and are privately insured.
- Consumers who use clinics because they have no insurance, they lack a primary care provider, or because they want to save money. These consumers typically come from minority backgrounds, have lower incomes and are on Medicaid or uninsured. Retail clinics offer these consumers a less costly alternative to emergency rooms and traditional health care providers.

*Market Strategies Inc., ‘Retail Clinics: Health Care Evolution or Revolution?’, April 2007.



Consumers and Convenient Care Clinics

**CCA Members boast a 98%
consumer satisfaction rate.**

Real consumer feedback from CCA Members' patient surveys:

“Without having insurance, seeking medical treatment can be very expensive. I was happy that the cost was something I could afford and still get good care.”

“Imagine – a patient-oriented, reasonably priced service! Keep up the innovative thinking!”

“I never knew about this until today. Affordable health care for minor illness is great. I might have waited until I was really sick before I sought help otherwise.”

“As a mother of 5, this service is a godsend! I knew [my son] had strep and didn't have to go through all the usual hassle and overcharging from the usual doctor's office. Plus, being a weekend, your service gave me an option to bypass urgent care which would have had a \$250 copay! I am so grateful for this option in health care.”



Partnerships & Synergies with the Medical Community

CCCs benefit the Medical Community in the following ways:

Overflow outlet for

- busy physician practices
- evening/weekend/holiday coverage
- overburdened emergency rooms

Easier access to health care

- particularly for those individuals without a PCP, without insurance, and/or in underserved areas
- connects individuals without a PCP to a medical home

Earlier access to health care

- reduces illness severity and spreading of infections
- encourages preventive care
- reduces overall health care utilization



Partnerships & Synergies with the Medical Community

CCCs are an entryway into the health care system for consumers who have trouble accessing traditional health care providers.

- Approximately 30% of CCC patients say they do not have a primary care provider that they usually go to for healthcare.
- CCCs complement the established health care delivery system by:
 - Giving consumers an accessible and affordable option for non-emergency and preventive care;
 - Referring patients to primary care providers when their conditions are outside of the scope of CCC practice or when ongoing care is necessary.



Partnerships & Synergies with the Medical Community

CCCs reduce strain on overburdened emergency rooms, and reduce overall health care costs by providing basic health care when traditional providers are unavailable.

- Nationally over 1/3 of CCC patients report that they would have gone to the emergency room or an urgent care center had there not been a CCC available.
- Over half of all care provided in emergency rooms could be provided in another setting.
- Managed care companies are realizing that CCCs present a cost-effective way to handle non-emergency illnesses that arise when traditional providers are unavailable.



Partnerships & Synergies with the Health Systems

- Many large, non-profit health systems have created subsidiary Convenient Care Clinics that benefit from the health system's reputation, infrastructure and physician referral network.
- Health systems view CCCs as an opportunity to decrease inappropriate use of hospital ERs, and increase access to basic health care services and preventative care.
- **CCA's Health System Members include:**
 - **AtlantiCare (New Jersey)**
 - **Aurora Health System (Wisconsin)**
 - **Geisinger Medical System (Pennsylvania)**
 - **Memorial Health System (Indiana)**
 - **Sutter Health (California)**



Convenient Care Association

FOR MORE INFORMATION:

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