

Community Health Centers Use Diverse Staffing Which Can Provide Productivity Lessons for Medical Practices

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OBJECTIVE

Community health centers are at the forefront of ambulatory care practices in their use of nonphysician clinicians and team-based primary care. We examined medical staffing patterns, the contributions of different types of staff to productivity, and the factors associated with staffing at community health centers across the United States.

DATA/SETTING

We used the 2012 Uniform Data System (UDS) records for 1,191 community health centers to identify number of medical visits and medical patients served. UDS data was also merged with count-level Area Health Resource File data and state-level data on nurse practitioners' scope of practice.

DESIGN/METHODS

We identified four different staffing patterns: typical, high advanced-practice staff, high nursing staff, and high other medical staff. Overall, productivity per staff person was similar across the four staffing patterns.

RESULTS

We found that physicians make the greatest contributions to productivity, but advanced-practice staff, nurses, and other medical staff also contribute. Patterns of community health center staffing are driven by numerous factors, including the concentration of clinicians in communities, nurse practitioner scope-of-practice laws, and patient characteristics such as insurance status.

CONCLUSIONS

Our findings suggest that other group medical practices could incorporate more nonphysician staff without sacrificing productivity and thus profitability. However, the new staffing patterns that evolve may be affected by characteristics of the practice location or the types of patients served.

Key Words: community health centers, staffing, productivity