

How Do Nurse Practitioner-led Patient-Centered Medical Homes Differ from Other Patient-Centered Medical Homes?

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OBJECTIVE

The patient-centered medical home (PCMH) is an enhanced model of primary care and has grown substantially over time. Although initially established as a physician-centric model, the PCMH has evolved to include models led by other clinicians, specifically nurse practitioners (NPs). Currently there are almost 400 NP-led PCMH practices recognized by the national accreditation body such as the National Committee for Quality Assurance (NCQA). However, little is known about whether and to what extent NP-led PCMHs differ from other physician-led PMCHs. The goal of this study is to understand whether there are differences in where and how these two PCMH models operate. We explore the level of PMCH achievement, clinical staff composition, the population and geographic areas they serve, and associations with state-level NP scope of practice laws and Medicaid expansion status.

METHODS

We used data from the NCQA on 11,870 practices recognized as PCMHs by May 2016, and linked it to the Area Resource Files. We defined an NP-led PCMH as practices with no physicians in a given location. We tested for differences across the two practice types using independent samples t-test and a chi-square test.

RESULTS

We identified 391 NP-led PCMHs and 11,479 physician-led PCMHs. NP-led PCMHs have smaller clinical staffs (1.7 vs. 4.9) and lower rates of Level 3 recognition (57% vs. 75%) than physician-led PCMHs. More NP-led PCMHs are providing services in rural (9.5% vs. 1.5%) and primary care health professional shortage areas (19.5% vs. 3.7%). They are most prevalent in states with expansive NP scope of practice laws. However, there is no significant variation between the two practice settings regarding the current status of state Medicaid expansion decisions.

CONCLUSIONS

With the current and growing shortage of primary care workforce, NPs are key to the design of several emerging models of primary care including PCMHs. Our findings suggest that NP-led PCMHs may be filling an important gap in terms of serving populations with primary care provider shortages, and that scope of practice laws may enable their ability to do this. We also find that NP-led PCMS are smaller and lag behind physician-led PCMHs in achieving the highest level of recognition. Policy and program leaders may wish to consider ways to help spread the NP-led PCMH model, and identify ways to help them advance to Level 3 recognition.

Key Words: patient-centered medical home, nurse practitioner, staffing