Health Workforce Policy Brief
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CEO Perspectives on Factors Determining Medical Staff Configurations in Community Health Centers

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BACKGROUND

New payment incentives are encouraging an increasing number of primary care practices to take the steps necessary to be certified as patient-centered medical homes (PCMH). Despite this growing interest in team-based care, little is known about how leaders of primary care facilities decide on the types of providers and support staff to hire, and how they organize their roles to best serve patients. To gain insight into the decision-making process, researchers from George Washington University's Center on Health Policy focused on community health centers (CHCs), the federally funded safety net facilities that provide comprehensive primary care services to 21 million low-income Americans every year.

METHODS

Researchers used quantitative data from the Uniform Data Systems, the annual reporting system for community health centers, to identify sites that had the highest ratios of different types of medical and enabling staff. They then conducted semi-structured interviewed with 19 CEOs from these diverse CHCs.

FINDINGS

Common themes include the identification of major environmental factors, perceptions of the value of specific professional characteristics, and the ideal distribution and relative roles of professionals that CEOs say they consider when making staffing decisions. Figure 1 provides a preliminary framework for the range of factor they describe as influencing their decisions.

CEOs identified three major environmental factors that influence their hiring decisions: supply of physicians, scope of practice regulations for nurse practitioners, and relative wages. CEOs generally viewed scope of practice laws for all levels of professionals as too restrictive but indicated that they did not greatly affect hiring decisions. With regard to providers, nearly all CEOs reported that a balance of physicians and advanced

KEY FINDINGS

1. The fact that CEOs did not consider NPs "second best" and actively sought a balance between physicians and advanced practice providers could change how planners think about the staff mix in primary practices.
2. CEOs believe there is an intrinsic value to LPNs and associate degree RNs from community colleges. This finding suggests that there may be a significant opportunity for community colleges to alter their curricula to focus on primary care as an important job sector for their graduates.
3. Findings suggests that workforce planning occurs at the local level and reflects not just issues of supply and demand, but also issues such as relative wages and scope of practice. The preliminary framework developed by the GW researchers could be useful in helping planners to identify additional criteria that should be considered in making health workforce projections.

practice staff was the ideal, except in extremely remote locations where it was nearly impossible to attract or retain doctors. CEOs in the study sample did not consider advanced practice providers as substitutes for physicians or as "physician extenders." Instead, they noted the intrinsic value of nurse practitioners, physician assistants and certified nurse midwives as particularly well suited to certain patients who preferred them.

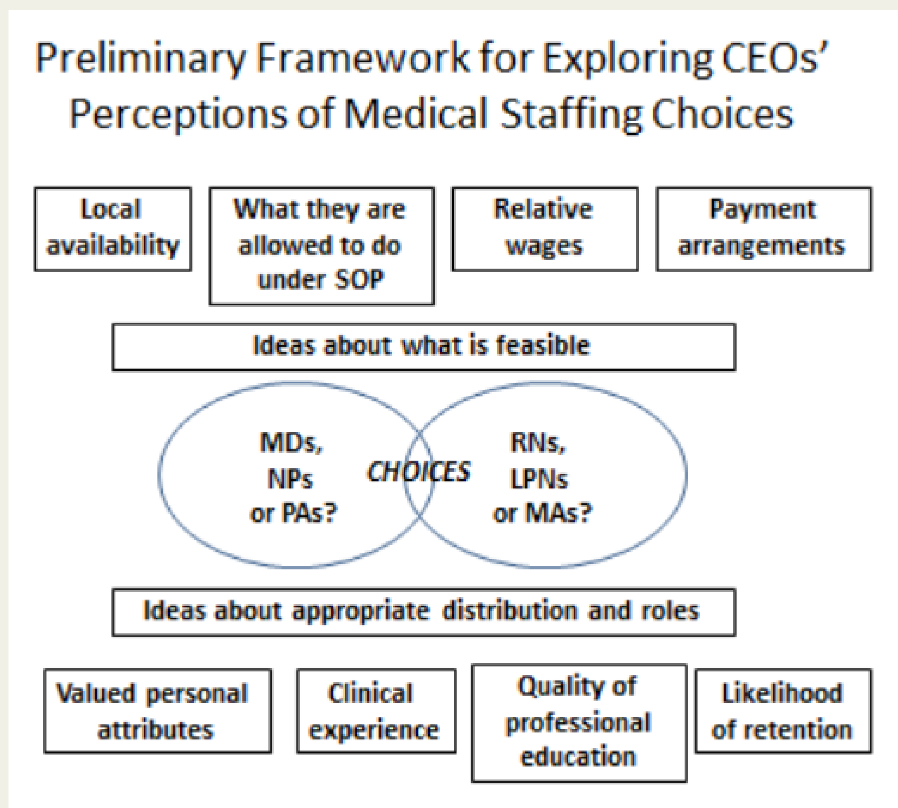
The decision-making process for hiring clinical support staff such as registered nurses, licensed practical nurses, medical assistants and community health workers, adheres to a similar framework as for providers. CEOs in areas with large non-English speaking communities described the important role of medical assistants who speak those languages. On the other hand in rural largely white areas, CEOs often emphasized the advantages of nurses over medical assistants, in particular LPNs whom they supported in their studies to become RNs.

CONCLUSION

This study adds ground-level insight into national or state-level analyses of the primary care workforce, which tend to focus on single health professions or assume certain ratios of professionals. Community health centers utilize a variety of staffing models that are heavily influenced by local supply, scope of practice rules and wages, while still managing to provide high-quality, cost-effective and team-based care. Although this study did not establish the effectiveness of any given model, it highlights the variability of CEOs' staffing decisions and adds insight into factors that can be considered in future primary care workforce supply and demand projections.

POLICY IMPLICATIONS

This study provides the basis for identifying key factors that should be considered in modeling workforce projections models. These include 1) data on the relative wages of professions that in substitutable groups; 2) local labor supply which can lead to substitution within groups.



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