Health Workforce Abstract
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Use of Temporary Providers in Primary Care in Federally Qualified Health Centers

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ISSUE

The use of temporary health care providers, such as locum tenens and on-call providers, has increased in the US in recent years, but data is lacking on their use in federally qualified health centers (FQHCs) that often face extreme difficulties and delays in recruiting staff. Temporary providers might be an important staffing solution for FQHCs, both to bridge to permanent hires and to maintain patient service in more challenging health professional shortage and recruitment areas, including rural areas. However, an important question remains on whether temporary providers were generally used to fill vacancies in FQHCs, especially rural FQHCs that face more severe staffing problems. This study provides a landscape of temporary provider usage in FQHCs and identifies factors associated with their use.

METHODS

Using 2013-2017 data on 1,028 FQHCs from the Uniform Data System, we described trends in the number and percent of FQHCs that used temporary primary care physicians and advanced practice providers (nurse practitioners, physician assistants, and certified nurse midwives). We used descriptive statistics to compare facility and patient characteristics between FQHCs that did and did not use temporary providers, and constructed a multivariate linear probability model to identify factors associated with their use.

FINDINGS

Overall, slightly over one-third of FQHCs used temporary providers from 2013 to 2017. During this period, the use of temporary family physicians declined, while the use of nurse practitioners and physician assistants increased. Compared to centers that did not use temporary providers, centers that used temporary providers were larger and less rural. Multivariate regression analysis showed that neither health professional shortage area facility score (a measure of the severity of provider shortage) nor the local primary care provider supply was a predictor of temporary provider usage in FQHCs. Instead, temporary providers were more likely to be used in clinics with higher regular primary care staff-to-patient ratio (i.e., less provider shortage).

DISCUSSION

Temporary providers can be a staffing solution to bridge vacancies for permanent staff, especially in rural and underserved areas that are often in short supply of health care providers. Our study shows relatively widespread use of temporary primary care providers in FQHCs during recent years. At the core of our hypothesis was the idea that FQHCs use temporary providers when there is no other staffing option, and therefore, in high shortage facilities, the probability of using temporary providers would be higher. However, we did not find such evidence that high shortage facilities were more likely to use temporary providers, but found that clinics with higher regular staff levels (i.e., less provider shortage) were more likely to use temporary providers. Nonetheless, in rural FQHCs particularly, we found none of these measures was associated with temporary provider usages. Possible explanations associated with these findings might be the risks of their use on quality and costs, or the competition across different types of FQHCs, for example, rural vs urban centers, small vs large centers, or the unwillingness of temporary providers to work in underserved areas. A question, therefore, emerges from this study regarding whether temporary providers are increasingly being used for reasons other than filling vacancies. In light of the widespread use of temporary providers in FQHCs, future study should understand the business model for their use in specific contexts, as well as their impact on quality.

Key Words: workforce, primary care, federally qualified health centers, rural, underserved areas, locum tenens.

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