# Who Provides Primary Care in the United States: Going Beyond Physician-based Care

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# **Agenda**

What do we know from NAMCS and NHAMCS

Gaps in workforce data

2013-2015 NAMCS Workforce questions

2014 exploratory studies of NPs and PAs

#### **National Surveys of Ambulatory Care**

#### National Ambulatory Medical Care Survey (NAMCS)

- Physician estimates
- Patient visits to non-federal office-based physicians
- Patient visits to community health centers (CHCs) beginning in 2006

# National Hospital Ambulatory Medical Care Survey (NHAMCS)

- Patient visits to emergency departments (EDs) and outpatient departments (OPDs)
- Patient visits to ambulatory surgery centers (ASCs) beginning in 2009
- Patient visits to free-standing ASCs beginning in 2010

# NAMCS & NHAMCS Findings

National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) List of Publications (updated 3/2/2015)

This list includes reports produced within the National Center for Health Statistics as well as journal articles and books using NAMCS and NHAMCS data. Selections are listed by topic in chronological order, beginning with the

http://www.cdc.gov/nchs/data/ahcd/namcs\_nhamcs\_publication\_list.pdf

# Journal Articles--Descriptive

#### CHCs vs. Physician Offices

Characteristics of Ambulatory Care Patients and Services: A Comparison of Community Health Centers and Physicians' Offices

> Leiyu Shi, I Lydie A Jenn Jinshe

Primary Health Care in Community Health Centers and Comparison with Office-Based Practice

Esther Hing · Roderick S. Hooker · Jill J. Ashman

#### CHCs vs. Physician Offices vs. OPD

US Primary Care Delivery After the Health Center Growth Initiative

Comparison of Health Centers, Hospital Outpatient Departments, and Physicians' Offices

Leiyu Sbi, DrPH, MBA, MPA; Lydie A. Lebrun, PbD, MPH; Li-Mei Hung, PbD; Jinsbeng Zbu, MEc; Jenna Tsai, EdD

# Journal Articles--Analytic

#### MD, PA, NP comparisons in CHCs

Nurse practitioners, physician assistants, and physicians in community health centers, 2006–2010

Perri Morgan a,\*, Christine Everett a, Esther Hing b

Time spent with patients by physicians, nurse practitioners, and physician assistants in community health centers, 2006–2010

Perri Morgan a,\*, Christine M. Everett a, Esther Hing a,b

Physician Assistant Division, Department of Community and Family Medicine, Duke University Medical Center, United States
 Division of Health Care Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention, United States

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b National Center for Health Statistics, Centers for Disease Control, USA

# Journal Articles--Analytic

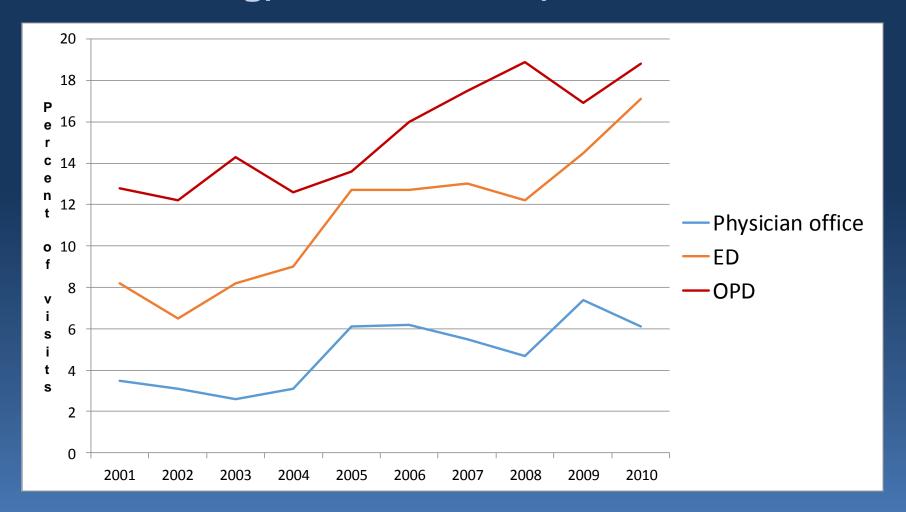
#### QI Performance—CHC vs. Office-based

#### Federally Qualified Health Centers and Private Practice Performance on Ambulatory Care Measures

L. Elizabeth Goldman, MD, MCR, Philip W. Chu, MS, Huong Tran, MS, Max J. Romano, BA,

	No. of patient visits (n)		FQHC	PCP	FQHC vs PCP.	FOLIC va DCD	
Quality measure	FQHC	PCP	% <sup>a</sup>	% <sup>a</sup>	unadjusted OR (95% CI)	FQHC vs PCP, AOR (95% CI) <sup>b</sup>	
Antithrombotic use in atrial fibrillation	30	156	60	61	1.06 (0.50, 2.24)	2.04 (0.33, 12.7)	
Ace inhibitor use in congestive heart failure	130	446	51	37	1.96 (1.24, 3.07)*	2.95 (1.65, 5.27)*	
Aspirin use in CAD	134	466	57	44	2.87 (1.39, 5.93)*	5.08 (1.98, 13.1)*	
eta-Blocker use in CAD	123	440	59	47	2.01 (1.18, 3.42)*	3.11 (1.58, 6.16)*	
Statin use in CAD	1108	3624	48	46	1.11 (0.81, 1.51)	1.25 (0.90, 1.75)	
Inhaled corticosteroids in asthma in adults	378	703	61	54	1.28 (0.86, 1.92)	1.05 (0.65, 1.71)	
Inhaled corticosteroids in asthma in children	196	595	66	64	1.08 (0.66, 1.76)	0.98 (0.53, 1.81)	
Depression treatment	969	1872	48	43	1.06 (0.83, 1.35)	0.80 (0.60, 1.06)	
No use of benzodiazenines in depression	830	1578	91	84	1.77 (1.16, 2.69)*	2.35 (1.38, 3.99)*	

# Percentage of visits seen by a PA or NP\* by setting, United States, 2001-2010



<sup>\*</sup>NP visits in physician offices and OPD includes nurse midwife visits. SOURCES: National Ambulatory Medical Care Survey & National Hospital Ambulatory Medical Care Survey

#### NAMCS/NHAMCS sample differences

# NP and PA visits underestimated in non-CHC physician office visits

- NAMCS samples physicians' scheduled visits during week
- Visits to NPs or PAs with separate patient panels are excluded

Sample of visits seen by NPs or PAs are nationally representative only in CHCs, hospital outpatient departments (OPDs) and emergency departments (EDs)

- All visits within OPD clinics and EDs are sampled
- Visits to NPs and PAs are sampled directly within sampled CHCs
- CHC data limited by small sample size

## More Comprehensive Picture of Primary Care Delivery

# Changing landscape on primary care delivery

- CHC oversampling in 2006
- Health Care Workforce Questions in 2013-2015
- Exploratory Studies on NPs/PAs

# Health Care Workforce Items: NAMCS 2013-2015

#### Items included CHC oversampling in 2006

- Clinical staff composition
- Roles and responsibilities
- NPs, PAs, CNM practices
- Certification status of practice as a Patient-Centered Medical Home

# **Clinical Staff Composition**

		1 OTHEROWIT				
23.	Give FLASHCARD H (p. 22 Flashcard Booklet) and ask: part-time providers are on staff at the office lo NOTE: Please include the sampled provider in more hours per week. Part-time is less than 30 of full-time and part-time providers.	cation where you have the the total count of staff belo	most office visits? ow. Full-time is 30 or			
	Type of Provider	Number Full-time (≥ 30 hours)	Number Part-time (<30 hours)			
	Physicians (MD and DO)					
	Non-Phy	sician Clinicians				
	Physician Assistant (PA)					
	Nurse Practitioner (NP)					
	Certified Nurse Midwife (CNM)					
	Other	Nursing Care				
	Registered nurse (RN) (not an NP or CNM)	<b>6</b>				
	Licensed Practical Nurse (LPN)					
	Certified Nursing Assistant/Aide (CNA)	1				
	Allied Health					
	Medical Assistant (MA)	1				
	Radiology Technician (RT)					
	Laboratory Technician(LT)	1				
	Physical Therapist (PT)					
	Pharmacist (Ph)					
	Dietitian/Nutritionist (DN)					
		Other				
	Mental Health Provider (MH)					
	Health Educator/ Counselor (HEC)					
	Case Manager (not an RN)/Certified Social Worker (CSW)					
	Community Health Worker (CHW)					

# **Roles and Responsibilities**

24.	At the office location where you have the most office visits, which	Mark (X) all that apply.			
	type of provider most commonly performs the following tasks?  Mark (X) all that apply.	i I			Task is
	Based on the staff selected in <b>Question 23</b> , a drop-down list will be made available for each of the following questions <b>a-m</b> , but will only contain those selected providers as well as "Unknown" and "Task is not performed in this office" if needed.	Yes	No	Unknown	not performed in this office
a.	Records body measurements (such as height and weight) and vital signs (such as BP, temperature, heart rate)	11 🗆	2 🗌	3 🗌	4 🗌
b.	Performs office-based testing such as EKG and hearing/vision testing (do not include laboratory testing)	1 -	2 🗆	3 🗆	4 🗆
C.	Draws blood for lab testing	11 🗆	2	3 🗌	4 🗌
d.	Provides immunizations (includes both childhood and adult)	1 🗆	2	3 🗌	4 🗌
e.	Conducts cancer screenings (such as breast, cervical, and prostate screenings)	11 🗆	2 🗆	3 🗆	4 🗆
f.	Provides behavioral health screenings (such as depression, alcohol and substance abuse)	1 1	2 🗆	3 🗌	4 🗌
g.	Provides counseling services (such as diet/nutrition, weight reduction, tobacco cessation, stress management)		2 🗆	3 🗆	4 🗌
h.	Manages the routine care of patients with chronic conditions (such as hypertension, asthma, diabetes)	10	20	3 🗌	4 🗌
i.	Writes refill prescriptions for medications	11 🗔	2 🗌	3 🗌	4 🗌
j.	Enters patient information into medical/billing records		2 🗆	3 🗌	4 🗆
	Performs imaging tests (such as X-rays and ultrasounds)		2	3 🗌	4 🗌
I.	Makes referrals (for example, to specialty care, or to community-based services)	1 1	2 🗌	3 🗌	4 🗌
m.	Contacts patients, who are transitioning from hospital or nursing home back to the community	1 🗆	2 🗌	3 🗌	4 🗌

# **PA/NP/CNM-Related Questions**

25.	The following questions concern the mid-level providers practicing at the location where you have the most office visits.	Yes, always	Yes, sometimes	No	Unknown/ Not applicable
a.	Physician Assistant (1) Are PA(s) supervised by someone consite?	1 🗆	2 🗌	з	4 🗌
	(2) Do you sign-off on the medical records of the patients the PA(s) see(s)?	1 🗆	2 🗌	з 🗌	4 🗆
	(3) Do the PA's patients have a separate log from your patients?	1 🗆	2 🗆	3 🗌	4 🗆
	(4) Is your approval required before the PA(s) prescribe(s) medication?	1 🗆	2 🗌	з 🗌	4 🗌
b.	Nurse Practitioner (1) Are NP(s) supervised by someone on-site?	1 -	2 🗆	з 🗆	4 🗌
	(2) Do you sign-off on the medical record of the patients the NP(s) see(s)?	1 -	2 🗆	з 🗌	4 🗌
	(3) Do the NP's patients have a separate log from your patients?	1 🗆	2 🗌	з 🗌	4 🗆
	(4) Is your approval required before the NP(s) prescribe(s) medication?	1 🗆	2 🗌	з□	4 🗆
	(5) Do/does the NP(s) bill for services using their own NPI number?	1 🗆	2 🗆	з 🗌	4 🗆
c.	Certified Nurse Midwife (1) Are CNM(s) supervised by someone on-site?	1	2 🗌	з	4 🗆
	(2) Do you sign-off on the medical record of the patients the CNM(s) see(s)?	1 🗆	2 🗆	з 🗌	4 🗆
	(3) Do the CNM's patients have a separate log from your patients?	1 🗆	2 🗌	3 🗌	4 🗆
	(4) Is your approval required before the CNM(s) prescribe(s) medication?	1 🗆	2 🗌	3 🗌	4 🗆
	(5) Do/does the CNM(s) bill for services using their own NPI number?	1 🗆	2 🗆	з 🗆	4 🗆

#### **PCMH Certification Status**

22. Is your practic patient-center	ce certified as a red medical home?	a Yes – By whom  1 The Accreditation Association for Ambulatory Health (AAAH)  2 The Joint Commission 3 The National Committee for Quality Assurance (NCQA)  What is the level of certification for the NCQA?  (a) Level 1 (b) Level 2 (c) Level 3  4 Utilization Review Accreditation
	 	Commission (URAC)
		5 ☐ Other – <i>Specify</i> 6 ☐ Unknown
		ь □ No c □ Unknown

### **Collecting Data from NPs/PAs**

#### No nationally representative data

On NPs/PAs, their practice, their services

#### Use current NAMCS frame, procedures

- NAMCS current frame: AMA and AOA master files
- Physicians are sampled and visits they saw are sampled

# **NP/PA Exploratory Studies**

Conducted Fall 2013-Spring 2014
Funded by Assistant Secretary for Planning and Evaluation (ASPE)

#### Purpose

- Feasibility of collecting data on practices characteristics and visits
- Test NAMCS survey procedures

#### Methods

#### Convenience sample

NPs and PAs in ambulatory settings

#### Practice and Visit Data

- Modified NAMCS induction interview
- Collected up to 30 visits at each NP/PA practice

#### Debriefing

- Questionnaire completed by NPs. PAs and Interviewers
- In-person meeting with Census and NCHS

## **Key Results**

- 7 NPs, 5 PAs completed induction interviews Items
- 217 Patient Record Forms completed
  Feasible to collect data on NP/PA practice
  characteristics and health care delivered
  - However, modification to the current NAMCS survey would be necessary

#### **Areas of Modification to NAMCS**

Recruitment
Visit sampling procedures
Induction interviews

- Difficult sections
- Need tailoring for NP/PA practices

#### Recruitment

#### Challenges

- Gaining supervisor/owner approval
- Concerns data confidentiality and time required to participate

#### Suggestions

- Develop strategies and materials to gain approval of NP's/PA's supervisor/practice owner
- Continue to address NP's/PA's concern about data confidentiality and time commitment

## **Visit Sampling Procedures**

#### Challenges

Validity of patient visit data

#### Suggestions

- Train interviewers to work effectively with office staff to identify NP/PA visits
- Build in extra time to separate out NP/PA visits

#### **Revisions to Induction Interview**

#### **Difficult Sections**

- EHR capabilities
- Patient health insurance/care revenue
- Patient load and visits seen at the practice

#### Suggestions

Train interviewers to obtain practice information from administrative staff

#### **Revisions to Induction Interview**

#### Some items need tailoring for NPs/PAs

- Physicians supervision/sign off on medical records
- "Supervision" can be regulatory or organizational
- Solo vs. non-solo practice and practice ownership

#### Suggestions

Revise questions to be less physician-centric

#### Conclusion

#### NAMCS expansion efforts

- CHC oversampling/non-physician clinicians
- Health care workforce items
- NPs/PAs exploratory studies

Result in a more complete picture of the changing primary care workforce and the health care they deliver

# Thank you!

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