

Nurse-Managed Health Centers: A Promising Model to Ensure Access for the Underserved

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Safety-net providers are an essential source of health care for vulnerable populations, including the uninsured, the underinsured, and undocumented immigrants. Cuts in Medicaid funding further threaten this already fragile infrastructure. Policymakers, advocates, and foundations can all play a role in shoring up safety net providers. Over the past decade, the Independence Foundation, a private foundation located in Philadelphia, has made a series of strategic investments, totaling approximately \$20 million, in nurse-managed health centers, an emerging and promising type of safety-net provider. This article explains what nurse-managed health centers are, describes the lessons learned by our foundation in supporting development of a nurse-managed health center network in Philadelphia, and offers some thoughts about how to nurture their development elsewhere.

WHAT IS A NURSE-MANAGED HEALTH CENTER?

As the name suggests, nurse-managed health centers are directed by nurses in partnership with the communities served and have emerged as critical safety-net providers of primary health care for thousands of Americans. Currently, 250 of these centers operate across the country. While many of these health centers trace their immediate roots to changes in legislation during the 1960s that allowed nonphysician providers, such as certified registered nurse practitioners (CRNPs), to provide primary care services, the nursing model of holistic care dates back to the 1890s.

Nurse-managed health centers focus care on patients, their families, and their communities. Their patient populations have traditionally been those individuals who are underserved and are least likely to be engaged in ongoing health care services for themselves and their family members. Health problems or potential health problems are not viewed in isolation, but within the context of societal, environmental, and cultural influences that have impacted the client's past and present health and that have the potential to impact future health. Nurse-managed health centers address health disparities by providing accessible, comprehensive, primary care and

community health programs aimed at health promotion and disease prevention, in addition to behavioral health and home-care services. Patients are connected with resources that address and correct the forces that have negatively affected their health. Services are provided by CRNPs, serving as primary care providers with full prescriptive powers; clinical nurse specialists; nurse midwives; registered nurses; health educators; community outreach workers; social workers; and collaborating physicians. These professionals view their patients as partners in care and strive to provide patients with the knowledge and skills to empower them to assume responsibility for their own health, make informed decisions about their health, and become their own advocates.

Nurse-managed health centers are located where their patients reside and conduct their daily business, typically in medically underserved areas in urban, rural, and suburban communities. They provide care in public housing developments, community recreation centers, shopping malls, schools, and homeless shelters. One of the key, unique innovations of nurse-managed health centers is their focus on prevention and early detection of more extensive and costly health problems. Nurse-managed health centers also address nursing workforce issues and are used as training sites for health professions students interested in community-based health care.

With support from the Independence Foundation since 1993, a strong network of nurse-managed health centers has developed in Philadelphia, including a formal organization, the National Nursing Centers Consortium (NNCC), whose mission is to make nurse-managed health centers sustainable. Supporting both the establishment and operation of individual nurse-managed health centers along with an organization that has supported their growth and development and influenced changes in state and federal policies have been important investments for the Independence Foundation.

LESSONS LEARNED ALONG THE WAY

When supporting safety-net providers, such as nurse-managed health centers, it is critical for funders and other decisionmakers to understand the utilization of health care services at these

sites, such as which patients with which diseases utilize services at a higher rate and where efforts need to be specifically targeted. To enable the centers to collect these data, the Independence Foundation committed \$500,000 for the purchase of an electronic practice management and medical record system deployed in eight nurse-managed health centers in the Philadelphia region and managed by the NNCC. These eight centers form a practice-based network that is managed by the NNCC. Ongoing support for this network has been provided by grants from the Independence Foundation and from Independence Blue Cross of Philadelphia.

The purchase of the data system and the establishment of a practice-based research network, have enabled the nurse-managed health centers to generate important data about their patients and overall utilization of health care services. More importantly, it positioned the NNCC to receive a federal grant from the Centers for Medicare and Medicaid Services (CMS) to conduct an evaluation of the centers.

The resulting report described the approximately 22,000 clients served and the services provided by the 11 nurse-managed health centers included in the evaluation. Of the patients included in the evaluation, 35 percent were uninsured, 40 percent were covered by Medicaid, 17 percent had commercial health insurance, and just 9 percent received Medicare benefits. In the only migrant nurse-managed health center that was part of the assessment, 99 percent of the population served was uninsured. Among the patients seen in urban nurse-managed health centers, 53 percent reported being employed, 33 percent reported being unemployed, and 14 percent reported being students. Ironically, patients who were employed were less likely to have insurance than those who were unemployed and eligible for Medicaid.

The NNCC worked with a local insurer to compare select population-based measures of quality and health care resource utilization of nurse-managed health centers to those of like providers, including federally funded community health centers. The report found that nurse-managed health centers fit the Institute of Medicine's (IOM) definition of safety-net provider, providing care for a significant number of patients at risk for experiencing health disparities. Consistent with their mission to offer care to patients regardless of their ability to pay, 35 percent to 50 percent of patients that nurse-managed health centers provide care to are uninsured and have limited ability to pay for their care. Like other IOM-defined safety-net providers, nurse-managed health centers provide a full range of health care services, including primary care, preventive care, and behavioral health care. In fact, the evaluation found, that in comparison with like providers, nurse-managed health centers:

- have higher rates of generic medication fills and lower rates of hospitalization;
- are on par in the rate of emergency room visits;
- are on par in the use of appropriate medications for people with asthma; and
- provide similar enabling services without the same level of funding.

Health disparities disproportionately affect minority populations; poor people; and, in some cases, women, and lead to increases in the four most common causes of death: heart disease, cancer, stroke, and diabetes. The CMS evaluation found that the most common health problems treated in nurse-managed centers were hypertension, diabetes, asthma, obesity, and mental health, underscoring the prevalence of health disparities within these vulnerable populations

The results of this evaluation suggest that nurse-managed health centers are a promising source of care for vulnerable populations. They focus on the needs of the underserved and provide comprehensive primary care and preventive health services comparable to those in community health centers. Further, nurse-managed health centers integrate behavioral health with primary care, which is important as the first signs of mental health problems are often identified within the primary care setting. The findings also suggest that nurse-managed health centers directly address health disparities. Preventive health, such as immunizations, screenings, and health education, is considered one of the most critical factors in eliminating health disparities and a hallmark of nurse-managed centers.

Based on the evaluation, the report made the following important policy conclusions. Nurse-managed health centers:

- are safety-net providers;
- provide a medical home for the underserved;
- should be formally recognized as safety-net providers and viable partners with the federal government to reduce health disparities; and
- due to their precarious financial position, need cost-based Medicare and Medicaid reimbursement in order to be sustainable.

The report is now being circulated in the U.S. Congress with the goal of obtaining federal resources for these emerging safety-net providers.

LOOKING TO THE FUTURE

Although nurse-managed health centers hold great promise as safety-net providers, their future, along with that of other safety-net providers continues to be economically threatened. With soaring health care costs and severe cuts in Medicaid being considered at the state and federal levels, all safety-net providers are at risk. Without essential government and foundation support from health grantmakers, the uninsured and underinsured may lose their only source of care and America will be facing an even greater health care crisis.

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