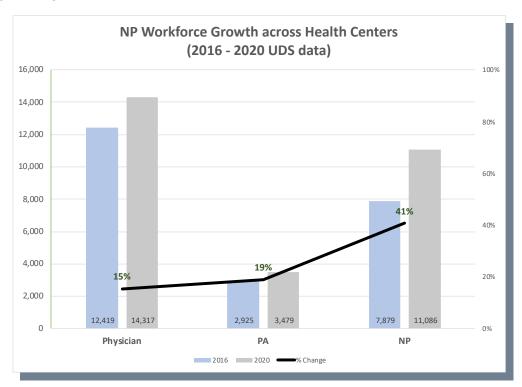
NURSE-LED HEALTH CARE AND HEALTH CENTERS

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PURPOSE

The purpose of this brief is to provide a comprehensive overview of nurse-managed health centers and nurse-led care and emphasize its role on improved provision of primary care and to highlight the importance of nurse leadership. Analysis of Uniform Data System (UDS) data from 2016 to 2020, demonstrates a 41% increase in the utilization of nurse practitioners (NP) in comparison to a 15% growth for physicians across health centers. Opportunities exist for health centers to optimize the growth in the NP workforce to improve health care access, population health outcomes, and health equity for communities made vulnerable by social and systemic injustice.



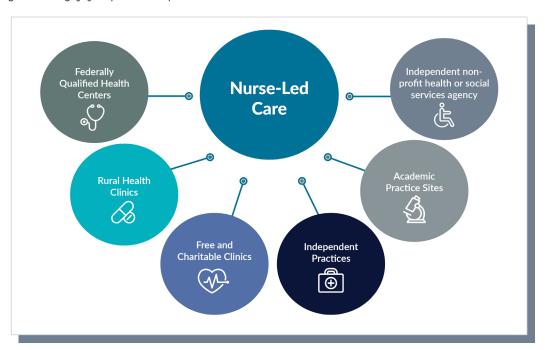
HISTORY OF NURSE-LED CARE

Nurse-Managed Health Clinics (NMHCs) are nurse practice arrangements, managed by advanced practice nurses. They provide a full range of health care services, including primary care, wellness services, and behavioral health care to the residents of rural and urban communities, regardless of a person's ability to pay. Nurse-led care is one evidence-based model that has emerged as a high-quality cost-effective model for health care delivery. While not all nurse-led care models (some may utilize an interprofessional model of care) are considered NMHCs, all NMHCs are considered nurse-led.



NMHCs and nurse-led care models are grounded in the nursing model of care which emphasizes the protection, promotion, and optimization of health along with the prevention of illness. The following principles demonstrate critical elements of nursing care to deliver improved outcomes for patients, staff, and the healthcare community.

- 1. Commitment to nurse-leadership
- 2. Proactive coordination of patient care
- 3. Working as a collaborative member of the larger healthcare community
- 4. Adoption of interdisciplinary care teams and/or adoption of care team workflows
- 5. Integration of enabling services into practice
- 6. Engagement of patients and families
- 7. Creating a fulfilling, joyful practice experience for all staff



NURSE-LED CARE IS INCREASING ACROSS HEALTH CENTERS

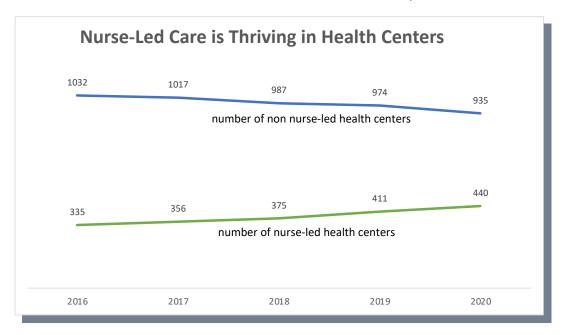
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- 60% of medical full-time employees (FTE) represent NPs and certified nurse midwives (CNM)
- 55% of medical visits are provided by NPs and CNMs

Parameters were developed through assessment of UDS staffing and patient-visit data from self-identified NMHCs; health center organizations or individual sites may incorporate nurse-led care with a lower proportion of FTEs or patient-visits.

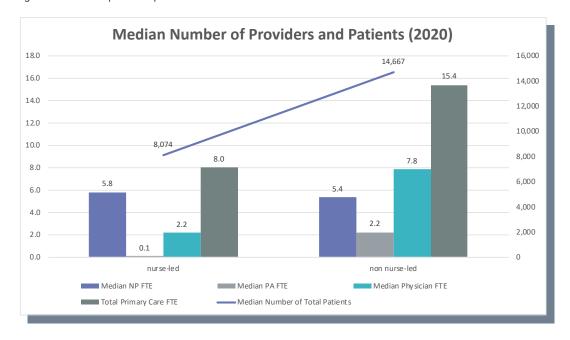
NURSE-LED CARE GROWTH

Among Health Center Program grantees, the number of health centers using a nurse-led model grew from 335 to 440 between 2016 and 2020, while non-nurse-led models decreased from 1,032 to 935 over that same time period.

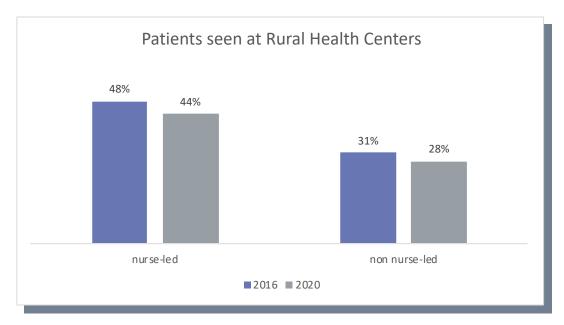


DEMOGRAPHICS

Smaller: Health centers representing nurse-led models of care tend to be smaller than their non-nurse-led counterparts in median staffing FTEs and unduplicated patients.



Rural: Nurse-led models of care are increasing across rural health centers. In 2020, 44% of rural patients were served by a nurse-led model of care compared to 28% on non-nurse-led models of care. Of all the rural patients served by health centers, the number served by a NMHC rose from 19% in 2016 to 29% in 2020.



National: The national picture of the utilization of nurse-led care, reveals interesting trends at the state level, where certain states are heavily dependent on NMHCs to deliver the majority of health care services. The figure below shows the number of NMHCs by state as a proportion of total health centers. NMHCs make up a large proportion of total health centers, in some cases 100%, demonstrating that NMHCs are critical to meeting Health Center Program goals for those states.

Nurse-Led Health Centers by State

