Robert Wood Johnson Foundation

nursing research network

RESEARCH BRIEF • JANUARY 2010

Title: Nurse Managed Health Centers (NMHCs)

Authors: Christine Kovner and Salimah Walani

Purpose: To describe NMHCs as a source of primary care.

Background:

Providing health insurance to an additional 30 million people will likely make
access to care a problem because of inadequate availability of primary care
providers to meet the expected increase in demand. Nurse managed health
centers (NMHCs) (a.k.a. nursing practice arrangements) are a well established
model that could be expanded, especially in underserved areas.

Key Findings:

- NMHCs are community based primary healthcare services, under the leadership
 of an advanced practice nurse. They emphasize health education, health
 promotion, and disease prevention, and their target population is usually the
 underserved. Unlike "Minute Clinics," which are also led by nurse practitioners,
 these centers are not-for-profit and usually have sliding scales for payment.
 A few NMHCs are Federally Qualified Health Centers.
- The National Nursing Centers Consortium is a member organization of NMHCs. Of the members, most (74%) are associated with academic nursing programs and in addition to meeting the healthcare needs of under-served populations, these centers serve as training facilities for student nurses.
- There are at least 200 NMHCs currently operating in 37 states with an estimated 2 million patient encounters per year.
- About 60% of patients seen in these centers are either uninsured or have Medicaid.
- There is some evidence that if NMHCs operated at full capacity, the cost of care per visit would be less expensive than medical care in the same geographic area.
- There is some evidence that NMHCs had higher rates of generic medication fill and lower rates of hospitalizations than like providers such as community health centers.
- A major barrier to sustaining NMHCs is many managed care organizations' unwillingness to credential nurse practitioners as primary care providers, limiting the ability of these centers to get reimbursement from private insurers. In a recent study only 53% of managed care responders (66% response rate) credentialed nurse practitioners and of these only 56% reimburse primary care NPs at the rate as primary care physician.

Table: Table 1. Examples of Nurse Managed Health Centers

Robert Wood Johnson Foundation

nursing research network

References:

Institute for Nursing Centers. (n.d). Frequently asked questions. Retrieved from, www.nursingcenters.org/consumer.html

McNeal, G. (2009). Healthcare Reform, Nurse-Managed Centers, and Nursing Workforce Diversity. *ABNF Journal*, 20(4): 91.

National Nursing Centers Consortium. (2008). 2008 Annual Report. Retrieved from, http://nncc.us/NNCC_Publications/NNCCAnnualReport08.pdf

Hansen-Turton, T., Ritter, A., Rothman, N., & Valdez, B. (2006). Insurer Policies Create Barriers to Health Care Access and Consumer Choice. *Nursing Economics*, 24(4): 204-11, 175. (Document ID: 1118040371).

Hansen-Turton, T., Ritter, A., & Torgan, R. (2008). Insurers' contracting policies on nurse practitioners as primary care providers: Two Years Later. *Policy Politic & Nursing Practice*; 9(4): 241-248.

Turkeltaub, M. (2004). Nurse-Managed Centers: Increasing Access to Health Care. *Journal of Nursing Education*, 43(2): 53-4. Retrieved December 17, 2009, from ProQuest Medical Library. (Document ID: 546517341).