

CEO Perspectives on Factors Determining Medical Staff Configurations in Community Health Centers

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OBJECTIVE

While financial incentives to adopt team-based care are mounting, little is known about how leaders of primary care organizations make decisions regarding medical staff configurations. This study explores perceptions of CEOs of community health centers (CHCs) that have a variety of staff configurations.

DATA/SETTING

We used the 2012 Uniform Data System to identify a maximum variety sample of CHCs with unusually high proportions of advanced practice providers, nurses, medical assistants, case managers, or community health workers.

DESIGN/METHODS

We conducted semistructured interviews with CEOs at 19 selected CHCs about factors that influenced their medical staff configuration decisions.

RESULTS

We found that CEOs considered two major dimensions in their decisions: choice and balance of providers (physicians versus nurse practitioners [NPs] and physician assistants [PAs]) and configuration of clinical support staff. Across these decision domains, CEOs consider contextual issues (e.g., local labor supply, wage gaps between professions, scope of practice regulations, local payment policies, and institutional history), as well as their own perceptions of individual attributes, the quality of specific professions, and the likelihood of retention. Strong preferences emerged for a balance among physicians and NPs/PAs and the inclusion of nurses with "stackable" degrees.

CONCLUSIONS

This study provides a preliminary framework for understanding how CEOs at CHCs weigh staffing options in a variety of contexts. This framework can serve to inform research on the comparative effectiveness of different staffing configurations and improve national and state workforce projection models.

Key Words: community health centers, staffing, primary care