As millions of previously uninsured individuals gain access to health coverage, one-fifth of Americans live in areas that are already experiencing a shortage of primary care providers. Policymakers across the nation are seeking innovative ways to expand the health care workforce. Nurse Practitioners (NPs) can provide this sought-for solution. More than 30 years of research provides evidence that NPs and NP-led nurse-managed health clinics (NMHC) have demonstrated the capacity to expand access to high-quality, evidence-based primary and preventive care.

**Nurse Practitioner-Led Primary Care Expanding Access**

- As of January 2014, the Health Resources and Services Administration has designated 5,991 primary care Health Professional Shortage Areas, reflecting limited access to care experienced by nearly 60 million individuals.

- According to the American Academy of Nurse Practitioners, 89% of NPs are trained in primary care and more than 75% practice in primary care settings. Based on HRSA's National Sample Survey of Nurse Practitioners, 60,407 NPs practiced primary care in 2012.

- HRSA's 2012 survey of nurse practitioners also reports that approximately 10% of NPs practice in federal clinics, rural health clinics and/or NMHCs. This amounts to approximately 15,000 NPs extending access to primary care.

- NMHC data collected by the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care’s Uniform Data System from 2012 indicates that 95% of NMHC patients are low-income and 64% are racial and/or ethnic minorities.

- A 2013 RAND Corporation study projected that greater use of nurse-managed health centers could alleviate pressures on the primary care workforce.

- According to the Robert Wood Johnson Foundation, NPs are the primary care providers most likely to be working in rural or remote areas.

**NPs Provide High-Quality, Cost-Effective Primary and Preventive Care**

- A systematic review of 18 years of literature on advanced practice registered nurses (APRN) concluded that APRNs, including NPs, provide effective and high-quality patient care.¹

- In 2009, researchers showed that nurse practitioners provide care of equivalent quality to physicians at a lower cost, while achieving high levels of patient satisfaction and providing more disease prevention counseling, health education and health promotion activities than physicians.⁶
A worksite clinic run by a single nurse practitioner resulted in **direct medical cost savings of nearly $2.18 million** over a two-year period, without including indirect savings related to reduction of lost productivity and absences.iii

Clinics run by nurse practitioners create **cost savings** associated with reduced use of emergency rooms, urgent care centers, hospitals and emergency medical services.iv

Nurse-managed clinic patients have **higher rates of generic medication fills** at pharmacies and **lower rates of hospitalizations** when compared to patients of similar providers.v

A 2011 study published in Nursing Administration Quarterly found that overall, quality measures for NMHCs compared favorably with **national benchmarks**, particularly in the area of chronic disease care management.

After insurance reform in Massachusetts, the state demonstrated **savings of $4.2 to $8.4 billion over a 10-year period** from increased use of nurse practitioners.vi

### NMHCs Developing the Nursing Workforce

A 2012 study by the Rand Corporation predicts that the **overall number of trained NPs will increase by 94%**, from 128,000 in 2008 to 244,000 by 2025.

According to the American Association of Colleges of Nursing’s 2012-2013 Enrollment and Graduations Survey, 79,659 **qualified applications were turned away** from entry-level baccalaureate and graduate nursing programs in 2012.

NMHCs often serve as **clinical education sites for nurses and other healthcare providers** such as physicians, physician assistants, pharmacists, and social workers. 96% of respondents to NNCC’s 2012 membership survey reported that their NMHCs serve as training sites for students in nursing and other health profession programs.

### Types of Students Completing Clinical Rotations in Nurse-Managed Health Clinics

<table>
<thead>
<tr>
<th>Type of Student</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse (RN)</td>
<td>44%</td>
</tr>
<tr>
<td>Nurse (BSN)</td>
<td>29%</td>
</tr>
<tr>
<td>Nurse (NP, APRN)</td>
<td>17%</td>
</tr>
<tr>
<td>Med/PA Student</td>
<td>3%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>3%</td>
</tr>
<tr>
<td>Social Worker</td>
<td>2%</td>
</tr>
</tbody>
</table>

2012 NNCC Member Survey

### About the National Nurse-Led Care Consortium

A 501(c)(3) nonprofit that supports nurse-managed health clinics in the United States, National Nurse-Led Care Consortium (NNCC) works to advance nurse-led health care through policy, consultation, programs and applied research to reduce health disparities and meet people’s primary care and wellness needs. NNCC leads the way in providing consultative services to develop best in class nurse-led health centers, including expansion of existing centers and improvement of systems and workflows. The nation’s 250 nurse-managed health clinics reduce health disparities by providing high-quality comprehensive primary health care, health promotion and disease prevention services to uninsured, underinsured and vulnerable patients in rural, urban and suburban communities.

For more information, please contact Law and Policy Manager, Brian Valdez at (215) 731-7145 or brianv@nncc.us.

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viii Id.