**South Carolina Nurse-Managed Health Centers: Open Access Scheduling Practices and the Influence on the Number of Patient Care Encounters that Affect Sustainability**

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The nurse-managed health center (NMHC) model provides care for the most vulnerable populations in our society. Healthcare services derived from this model range from health promotion and disease prevention to chronic disease management for primary care across the lifespan. Providing economical, quality primary healthcare is a major concern in today’s health delivery market. Adding to that concern is the shortage of primary care medical physicians in our nation. By 2025, there will be a nationwide physician shortage of 130,600. South Carolina ranks 41st in the nation in primary care physician supply.

Enrollment in nurse practitioner programs is growing each year in across the nation and in South Carolina. Currently, there are over 655 Advanced Practice Registered Nurse (APRNs) Nurse Practitioner (NP) students enrolled in SC’s educational programs (AACN, 2016). NPs focus on health promotion, disease prevention, and health education and counselling. Therefore, NMHCs are one solution to alleviating provider shortages, increasing access to primary care, and reducing system costs.

NMHCs face significant financial instability in today’s healthcare environment. These clinics, often partly funded by grants, need patient care encounters to generate stable, re-occurring revenue. Thus, it is imperative to increase the number of patient care encounters at NMHCs to ensure NMHCs’ survival and viability. The purpose of this quality improvement project is to focus upon open access scheduling practices of South Carolina NMHCs and its influence on the number of patient encounters.
The appraised literature showed positive changes in practices that use open access scheduling with fairly high levels of evidence. Overall, the use of open access scheduling has a positive effect on productivity for primary care practices. The increase in productivity enables primary care practices to generate more income.

Seven (n=7) SC NMHCs that provided primary care were surveyed to ascertain patient scheduling practices and the number of patient encounters generated in each practice. Responses to the survey were received from 6 of the 7 SC NMHCs contacted (response rate of 86%). Fifty percent of the NMHCs surveyed provide open access scheduling. The data showed that the NMHCs that provide open access scheduling generate an average of 19.33 patient care encounters per day versus 12.66 patient care encounters per day in NMHCs that do not provide open access scheduling. Further research is needed to look at nurse practitioner satisfaction, patient satisfaction, staff satisfaction, and revenue generated in NMHCs that provide open access scheduling.