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WWC Staff, Staffing Patterns, and Productivity Issues

- While WWCs have variable arrangements for primary and specialty care, all are concerned about assuring *comprehensiveness* and *continuity of care*.
- The majority of physicians working in WWCs are general obstetrician-gynecologists. Family planning and internal medicine physicians also work in WWCs on a regular basis. WWC Directors report that 2-14 primary care physicians work in Centers on a full-time or part-time basis.
- WWCs have variable arrangements for specialty services. Some Centers identified specialists as members of their staffs. One Center reported 6.5 specialists, but most WWCs have fewer. Sometimes non-staff specialists utilize the WWC to see patients, and sometimes patients are referred to specialists associated with a sponsoring hospital.
- Six WWCs have at least a part-time psychosocial staff position. The remaining WWCs all expressed a desire for such a position. Generally, Centers with psychosocial personnel are able to offer a fuller array of services — especially services related to mental health, substance abuse, and domestic violence.
- Expanded nursing roles and responsibilities are evident within the majority of WWCs. Midwives and general nursing staff are recognized as vital to the success of Centers, and they have significant roles in clinical care, patient education, and health promotion and prevention activities. Some WWCs are helping to educate and train nurses.
- A few WWCs monitor productivity and furnish sponsors with productivity data.
- Some WWCs want to attract more patients, but others believe they cannot serve more patients without increasing their staffs (and sometimes space as well).

Recommendations Regarding Personnel Issues:

- WWCs represent “models” for delivery of preventive, early detection and primary care services. Therefore, WWCs are encouraged to participate in the education and training of those preparing to become physicians, nurses, and allied health workers. This will help ensure that future health professionals understand the importance of prevention and promotion of health and “wellness.”
- While the roles of nurses have generally been upgraded and expanded, WWCs are encouraged to use nurses even more effectively. Additionally, WWCs should consider designating nurses as care (or case) managers who facilitate continuity of care and coordination of services for a defined patient group. This would enable WWCs to appropriately serve more complex patients, ensure coordination of care (especially when it is necessary to refer patients for specialty care delivered elsewhere), and help maintain stability in the patient base.

- WWCs not yet having psychosocial personnel are encouraged to add them to their staffs. When this is not possible, a Center should have arrangements with a provider of such services. All WWC medical and nursing personnel should have sufficient training to recognize psychosocial needs among patients and facilitate referral and access to psychosocial services.
- As a measure consistent with the efficient and effective use of resources, it is recommended that WWCs monitor and ensure adequate productivity, applying a continuous quality improvement approach to do this. Each WWC should, at a minimum, establish measures for clinical activities and educational offerings.