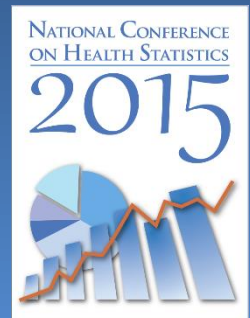# 2015 National Conference on Health Statistics

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Agenda

The nurse practitioner (NP) landscape

- **What roles do NPs play in the delivery of primary care?**

- **How are these roles similar/different than other practitioners?**

Availability of data for research

- **What are the primary sources of NP data?**

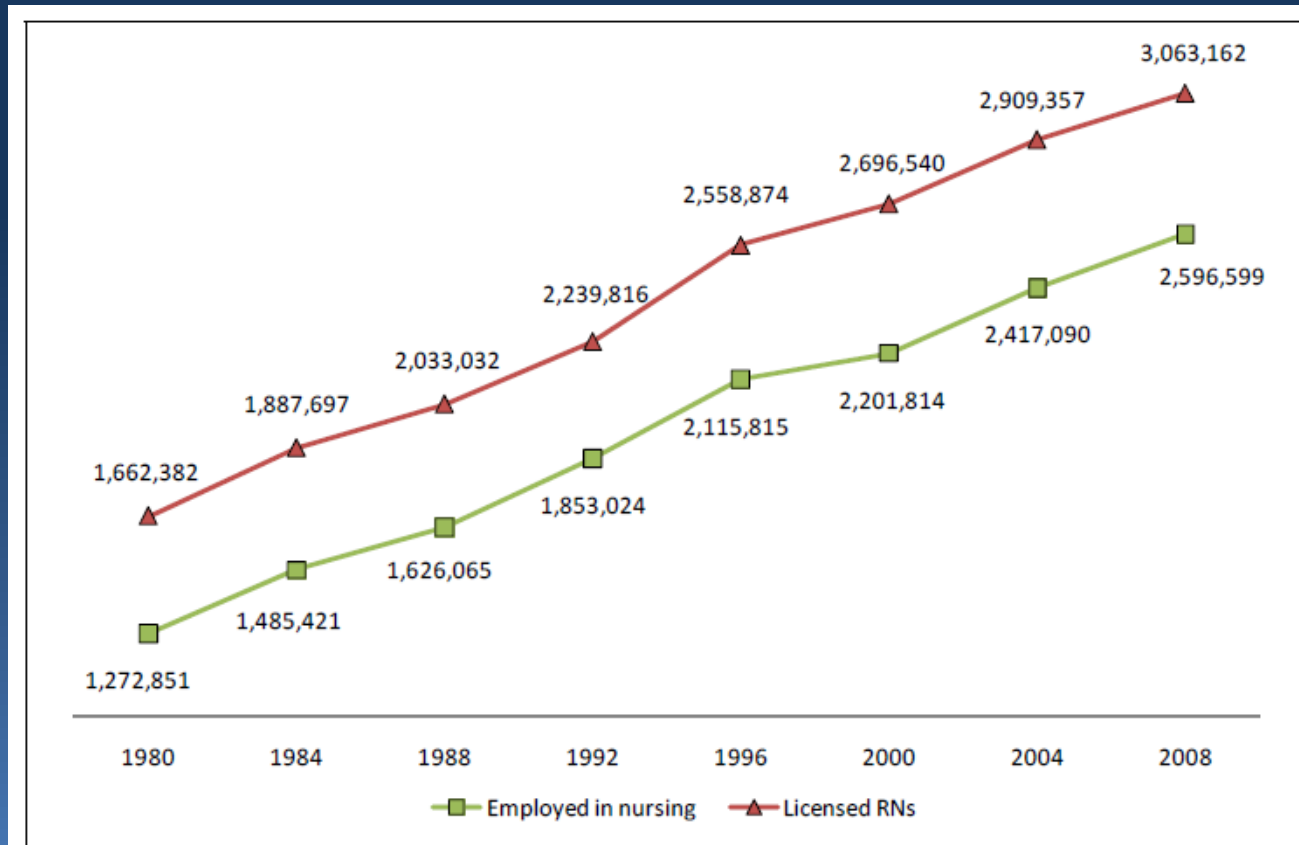- **What data are needed and what limits their availability?**

There are more than 3 million RNs in the U.S.

A. TRUE

B. FALSE

Nursing Today—3.1 Million Largest Health Care Workforce

Source: 1980-2008 National Sample Survey of Registered Nurses

The term "advanced practice nurse" refers to nurses who...

A. Are in the process of becoming "registered"

B. Have advanced education and specialized clinical training

C. Must be employed and supervised by a physician

D. Are independent practitioners

Advanced Practice Registered Nurse

Broad classification that includes nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists

- **Have advanced education and specialized clinical training**
  - Certifying boards currently require a minimum of a master's degree
- **Licensed to deliver care consistent with their areas of expertise and state laws that govern their scope of practice**
- **Diagnose and manage common acute and chronic diseases, order diagnostic tests, prescribe medications, and perform minor procedures**

In the U.S., approx. 250,000+ (8.2%) RNs prepared as APRNs (2008)

Which of the following is not an abbreviation for an advanced practice RN (APRN)?

A. CNM

B. CNP

C. **CFRN**

D. CRNA

NPs—Largest Group of APRNs

Other combinations, 3,420, 2.2%

NP/CNS, 16,370, 10.3%

NP only, 138,558, 87.5%
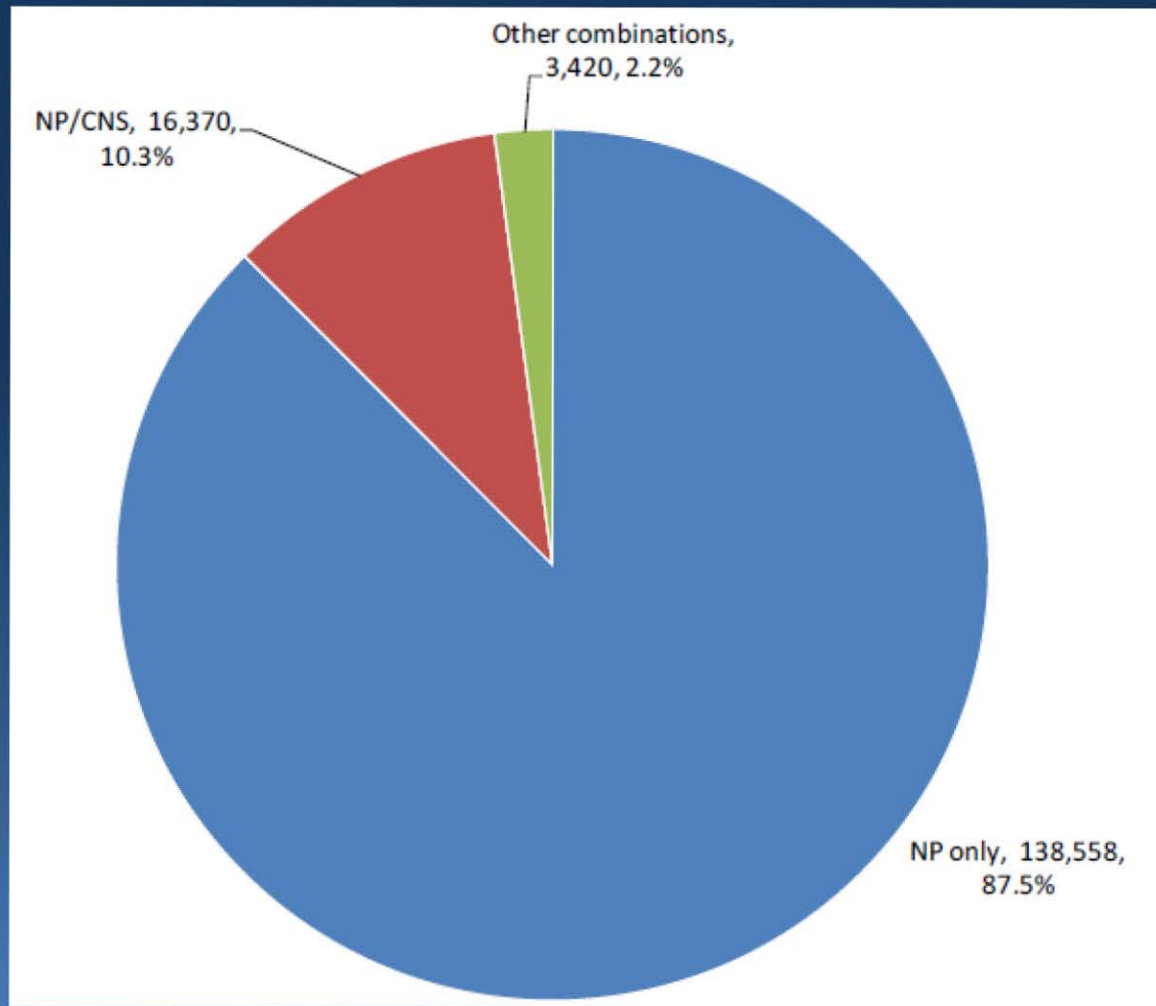
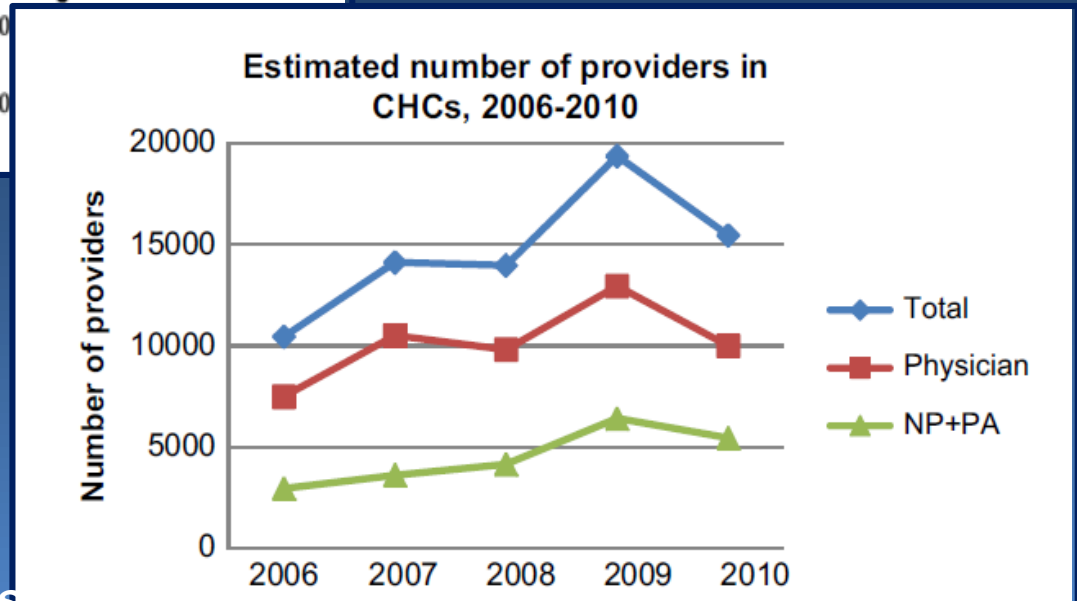*Source:* 2008 National Sample Survey of Registered Nurses, HRSA

Decades of Growth in the Nurse Practitioner Workforce
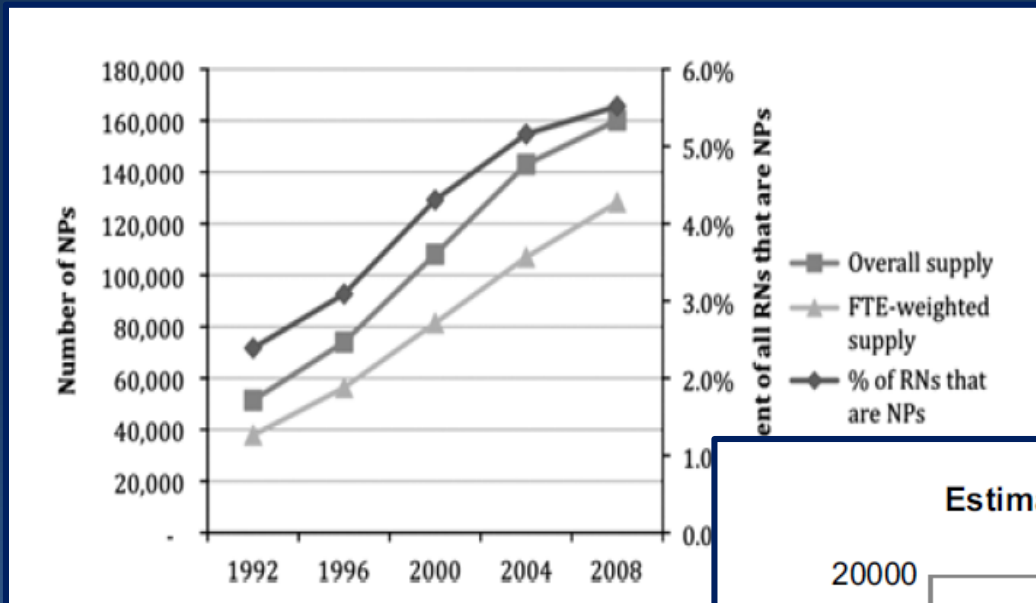
Source: Auerbach, 2012

Source: Morgan, Everett, Hing, 2014

NPs—Fastest Growing Primary Care Workforce

Supply of Primary Care Professionals					
	Number of primary care professionals		Number of primary care professionals per 100,000 people		Average annual percentage change per capita
	Base year	Recent year	Base year	Recent year	
Primary care physicians	208,187	264,086	80	90	1.17
Physician assistants	12,819	23,325	5	8	3.89
Nurse practitioners	44,200	82,622	16	28	9.44
Dentists	118,816	138,754	46	47	0.12

Source: GAO, 2008

Nurse Practitioners
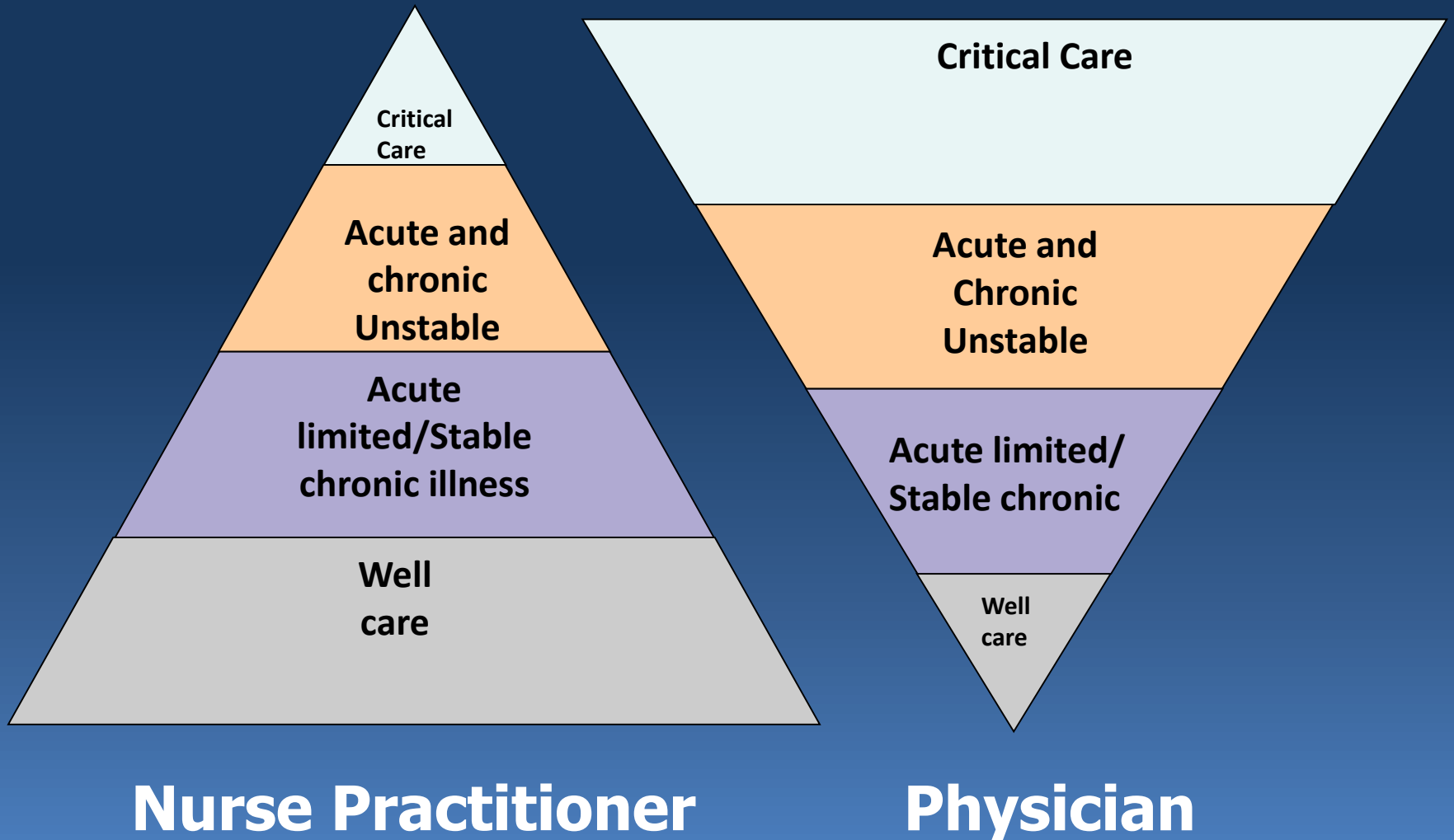# As Primary Care Practitioners

- **Estimated 200,000+ NPs nationwide** *(AANP National NP Database, 2014)*
- **Work across populations with "roots" in rural/frontier health and primary care—e.g., family practice**
- **70–80% practice in primary care—(i.e., pediatrics, adult health, geriatrics, women's health)**
- **20% practice in rural settings**
- **7,000 new graduates annually; 4 out of 5 prepared to deliver primary care**
- **Provide a range of services including:**
  - Counseling and educating patients and their families
  - Caring for common medical problems and chronic conditions
  - Providing preventive care—physical exams, screenings and immunizations

NP Practice Patterns

	Services provided to:				
	Most patients	Some patients	Few patients	No patients	Total
	Percent				
Counsel and educate patients and families	85.6	11.9	2.0	0.5	100.0
Conduct physical examinations and obtain medical histories	83.9	11.0	2.9	2.2	100.0
Prescribe drugs for acute and chronic illnesses	80.4	12.3	3.6	3.7	100.0
Order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies	75.4	17.6	4.9	2.1	100.0
Diagnose, treat, and manage acute illnesses	68.3	21.0	7.1	3.5	100.0
Diagnose, treat, and manage chronic illness	60.9	24.2	10.0	4.9	100.0
Provide preventive care including screening and immunizations	55.0	19.8	15.1	10.1	100.0
Provide care coordination	53.3	30.2	12.7	3.8	100.0
Make referrals	46.1	41.4	10.2	2.3	100.0
Perform procedures	26.2	30.3	25.8	17.7	100.0

Model for MD/NP Practice

Nurse Practitioner pyramid (apex up):
- Critical Care
- Acute and chronic Unstable
- Acute limited/Stable chronic illness
- Well care

Physician pyramid (apex down):
- Critical Care
- Acute and Chronic Unstable
- Acute limited/Stable chronic
- Well care

Which is true?

- **Most states require physician oversight of NPs**

- **NPs are reimbursed at 90% of the physician fee schedule under Medicare**

85%

Restrictions in Scope of NP Practice

Source: AANP; http://www.aanp.org/images/documents/state leg reg/stateregulatorymap.pdf

Key:

- fully independent
- reduced practice
- restricted practice

Existing Sources of NP Data

Category/Type	Examples of Existing Source(s)
Public health, safety, quality, disparities	**NCHS** *(National Ambulatory Medical Care Survey [NAMCS], National Hospital Ambulatory Medical Care Survey [NHAMCS])*, **AHRQ**
Care delivery	**VA, IHS, DOD, providers, retail clinics**
Payment, reimbursement, billing, cost of care, claims	**CMS (Medicare & Medicaid), private insurers**
Labor market conditions and trends, workforce planning and policy	**HRSA, DOL (BLS), state nursing workforce centers, educational institutions, employers**
Occupational licensing, regulation, enforcement	**state boards of nursing, DEA**
Self-regulation, professionalism	**professional organizations and societies, credentialing bodies, educational institutions**

Data Limitations and Other Challenges in NP Research

Historical focus on physician workforce and relative size of NP workforce

- **Exclusion of non-physicians and/or aggregation of dissimilar practitioners**
- **Confounded by emergence of team-based care**

Billing/payment practices

- **Incentive to bill "incident to"→NP invisibility**
- **Number of payers and variation in data collection and availability**
- **Heighted by emergence of performance-based payment**

Data Limitations and Other Challenges (cont.)

Variation in regulatory restrictions and physician oversight
- **"Patchwork" of scope of practice policies**

Limitations of survey data
- **Response rate, sample size**
- **Definitional issues**
- **Documentation adequacy**
- **Self-report, recall bias**

Scope and availability of proprietary data

Optimizing NP Data Availability

1. Adopt new paradigm—provision of care by a complement of clinicians
2. Establish data collection best practices
3. Modify and standardize data collection vehicles
4. Decouple care from billing/payment
5. Secure additional funding and resource support