2016 Nurse Practitioner Survey Report

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Executive Summary

Nurse practitioners (NPs) have provided high quality health care services to patients across the nation for more than 50 years. NPs provide mental health, primary and acute care, are qualified to meet the majority of patients’ health care needs, and truly are the future of health care in America. In Oregon, NPs promote a comprehensive approach to health care, emphasize the overall health and wellness of patients, and advocate for change in Oregon's health care system. The Nurse Practitioners of Oregon (NPO) is the leading non-profit organization which supports NPs in their practice in Oregon.

Between November 2015 and February 2016, the members of NPO and all licensed NPs in Oregon were invited to participate in the NPO Nurse Practitioner (NP) Survey. The survey was offered to 2708 Oregon NPs and was completed by 399 (response rate of 14.7%).

The prior NPO NP Survey was conducted in 2012 and the response rate then was 25%. The survey topics explored respondents’ information, demographics, practice profiles compensation and third party reimbursement, benefits, and professional issues. Responses to the survey were submitted by the participants electronically and managed by the staff of the Oregon Nurses Association.

Given that the survey reflects only the opinions and answers from 399 NPs practicing in Oregon, caution should be used in generalizing these findings to all NPs. All data presented herein are approximations and almost all numbers are rounded to the closest whole number.
Information about Participants

Demographic content were collected from participants which will be reported here.

Average Age

The average age of participants was approximately 57 years old and 31% were between 51 and 60 years of age and 35% were over 61 years of age. Approximately 18% were between the ages of 27 and 40 years of age. These statistics are important and suggest that about two thirds of NPs in Oregon are approaching retirement age. Of interest, when asked about retirement plans, 25% of participants planned to retire in the next 1 to 5 years and another 19% planned to retire within 6-10 years. Perhaps some promising news about the NP workforce in Oregon is that about 55% did not indicate any immediate plans for retirement.

Years Practicing as NP

When asked how many years they have been practicing in Oregon, almost 10% noted only practicing in Oregon less than one year, while 40% noted practicing in Oregon 1-10 years, and 50% have been practicing in Oregon 11 years or more.

There were similar results when participants answered how long they had been practicing as an NP with over 63% practicing for 11 years or more while approximately 37% reported practicing 10 years or less.

Employment Status

In regards to employment status, 73% of NPs work full-time, 23% work part-time, and approximately 4% work on an on-call basis.

Practice Hours per Week

When asked about the total number of hours spent practicing each week, 33.5% reported working 31-40 hours per week. Graph 1 shows the breakdown of reported hours practicing per week.
Employee vs. Independent
Almost 80% of participants reported they are employees, over 2% work as a partner in a practice, 13% were business owners of a practice, and over 5% are independent contractors. In the 2012 survey, 10% noted owning their own practice, suggesting there is an increasing trend in NPs owning their own practice.

NP Certifications
Over 56% have a Family Nurse Practitioner certification, followed in number by almost 18% with a Psychiatric Mental Health NP certification and over 14% with an Adult Nurse Practitioner certification.

Graph 2: NP Certifications

National Organizations
Over 87% of participants note being members of the American Academy of Nurse Practitioners and 12% as members of the American Psychiatric Nurses Association.

Geographic Regions of Practice
Participants were asked to identify the geographic location, by county in Oregon, of their practice site and the following counties were identified and rank ordered by percentage of participants practicing in that county. Only counties which were identified by participants are listed.

<table>
<thead>
<tr>
<th>County</th>
<th>Participants</th>
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<tbody>
<tr>
<td>Multnomah</td>
<td>28%</td>
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<tr>
<td>Lane</td>
<td>9%</td>
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<tr>
<td>Jackson</td>
<td>8%</td>
</tr>
<tr>
<td>Marion</td>
<td>7%</td>
</tr>
<tr>
<td>Washington</td>
<td>7%</td>
</tr>
<tr>
<td>Clackamas</td>
<td>5%</td>
</tr>
<tr>
<td>Deschutes</td>
<td>3%</td>
</tr>
<tr>
<td>Douglas</td>
<td>3%</td>
</tr>
<tr>
<td>Klamath</td>
<td>3%</td>
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<tr>
<td>Josephine</td>
<td>2%</td>
</tr>
<tr>
<td>Clark</td>
<td>&lt;1%</td>
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<tr>
<td>Clatsop</td>
<td>&lt;1%</td>
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<tr>
<td>Coos</td>
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<td>Lincoln</td>
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<td>Linn</td>
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<td>Umatilla</td>
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<td>Wallowa</td>
<td>&lt;1%</td>
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Practice Related Findings

Participants were asked a series of questions that focused on their practice.

Practice Setting and Specialty

NP participants characterized their practice setting as follows: Hospital/system owned (36%), multiprofessional clinic (29%), independent/sole practitioner (19%), partnership with a physician or other providers (16%), long-term care/nursing home (3%), hospice/palliative care (3%), and home health (2%).

Of interest, when asked about the settings in which they practice, about 73% noted they physically worked in a clinic or private office and 21% worked in a hospital setting. Respondents could choose multiple settings in which they practice and may work in various settings, but the majority do practice at least in part in clinic/private office or hospital settings.

Participants reported that approximately 40% provided specialty care only, 37% provided primary care only, and 23% provided a combination of both primary and specialty care combined.

Workers Compensation

Interestingly, 78% reported not currently treating workers compensation patients. Of these NPs not treating workers compensation patients, 76% noted that administrative hassles are the biggest challenge in working with workers compensation patients and another 44% noted the 90-day timeline to treat patients as a challenge as well. These results suggest that if there was a desire to have NPs increase the number of workers compensations patients, there should be an intent to lessen administrative hassles and decrease the 90-day timeline to treat these specific patients.
NP Practice Trends

Participants were asked to anticipate whether certain practice issues would increase, stay-the-same, or decrease in the next 3-5 years. The only practice area where participants predicted an increase was in the “number of patients.” Interestingly, participants noted that most practice issues would stay the same as their current practice. As reference, none of the activities were anticipated to decrease according to participants.

<table>
<thead>
<tr>
<th>Practice Issues Predicted to Stay the Same</th>
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<tbody>
<tr>
<td>• Number of work hours</td>
</tr>
<tr>
<td>• Consultation with other health care providers</td>
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<tr>
<td>• Referrals to other providers</td>
</tr>
<tr>
<td>• Visit length</td>
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<tr>
<td>• Documenting care in an electronic record system</td>
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<tr>
<td>• Multidisciplinary practice with care groups</td>
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<tr>
<td>• Collaboration with caregivers (RN, case manager, community health workers)</td>
</tr>
<tr>
<td>• Providing telehealth/telemedicine services to your existing service</td>
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</tbody>
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NP Satisfaction

NPs were asked how satisfied they were with their current practice. A majority of participants (56%) were “satisfied” and 25% were “completely satisfied”. Eleven percent were neutral, while 6% were “dissatisfied”, and 2.5% were “completely dissatisfied”. These results suggest a majority of NPs are satisfied at some level with their current practice with only a low number of NPs dissatisfied. Dissatisfaction with practice can sometimes lead to transition of NPs to other employment settings, creating difficulty in retaining these NPs.

Important Practice Issues

NPO and ONA work continuously on issues important to NPs. To better understand the impact of these issues on NP practice, participants were asked to rank various issues on which NPO/ONA have taken action. The following were designated as most important:

1. Insurance reimbursement
2. Ordering Durable Medical Equipment (such as shoes for diabetic patients)
3. Authority to order home health
4. Achieving NP placement on state/local health boards
Other Related Findings

Professional Liability Insurance
In the area of professional liability insurance, 65% reported they do not carry an individual policy, while 35% do. Almost 60% who said they were covered by an employer policy, didn’t know the specifics of the employer’s professional liability insurance policy.

“Tail coverage” is a policy that covers an incident that occurred in practice if NPs have left the practice or are no longer practicing. Of those using the employer’s professional liability insurance, 44% said the employer included this “tail coverage”, 10% don’t offer it, and 45% say they don’t know if their current employer has tail coverage.

These findings are concerning, as they suggest a significant number of NPs don’t carry their own private liability insurance and are unclear about the specifics of their employer’s policies.

New Graduate NP Education and Clinical Experience
Participants were asked three questions specific to their experience as NP students. These questions and results are as follows:

- Was your clinical preparation for practice adequate? 73% said “yes” and 27% said “no”.
- Did your educational institution provide clinical placement? 63% said “yes” and 37% said “no”.
- Would you find a post-graduate residency program useful or desirable? 74% said “yes” and 26% said “no”.

These results suggest that when the participants were NP students, a majority felt their time spent in clinical was adequate and that their educational institution provided that clinical placement. A large majority of participants thought that a post-graduate residency program would be useful in the future.

Continuing Education
Currently, NPs are required to complete 45 contact hours in the two years prior to renewal in order to relicense as an NP in Oregon. Participants were asked the number of hours of continuing education they completed each year and the average was 83 hours per year.

In 2015, the Oregon Health Plan increased coverage for medical transition services for transgender-identified people in our state. We asked respondents how comfortable/experienced they are in providing transition-related care such as initiating and monitoring cross-sex hormone therapy and lifespan health maintenance and screening in transgender patients.

Interestingly, 38% reported “average” to “very high” levels of experience/comfort while 63% reported below average to very low experience/comfort with providing transition-related care to transgender patients. Of concern, 27% reported the lowest level of experience/comfort, possibly suggesting that more education is needed for those NPs who might provide care to transgender patients.
Salary and Compensation

Similar to the 2012 NPO NP Survey, participants provided important salary and reimbursement information.

The average salary was reported as approximately $86,000 annually for NPs, with salaries ranging from less than $25,000 to greater than $200,000.

Graph 4 provides annual gross salary for the 2016 survey.

Approximately 39% of participants reported annual salaries ranging from $105,000-$199,999, 18% ranging from $95,000 to $104,999, and 11% ranging from $85,000 to $94,999.

Of interest, in the 2012 survey, the highest percentage of respondents reported salaries between $65,000 and $94,900. In 2016, the highest percentage of respondents reported salaries between $105,000 and $199,999. In fairness, the categories that participants could select in the 2016 survey were different than the 2012 survey, yet a majority of the participants in the 2016 survey noted making a salary greater than $105,000. This data suggests that salaries for a majority of the participants in the current survey was at least $10,000 greater ($105,000 minus $94,900).

When participants were asked what method they are reimbursed for patient services as a NP, approximately 57% said salary, 36% said hourly, and 10% said fee per case. Around 15% said they received salary based on productivity bonus (percent based), productivity bonus (collections based), and Relative Value Units.
Reimbursement Billing

Given that Oregon is the only state which has Nurse Practitioner Payment Parity Law, participants were asked how reimbursement billing happened for services they provided. Approximately 75% noted services offered to patients was billed under the NPs name. Interestingly, some 12% didn’t know whether or not the services they provided were billed under their name.

Graph 4 displays the top insurance carriers that NPs submit billing to for their practice. Of importance, participants were asked to list the top 6 companies they submit to for reimbursement. The top 3 insurance companies that NPs submitted the most for billing included: Oregon Health Plan (77%), Medicare (70%), and Providence (60%).

![Graph 5: Top Insurance Carriers that NPs Submit Billing for Their Practice](image)

Summary

Thank you to everyone who participated in the 2016 NPO Nurse Practitioner Survey. The information provided helps capture a snapshot of the NPs who are currently practicing in Oregon and many of the issues they are facing in their practice.

The full set of results are available free to NPO members and NPs who participated in the survey.

If you are interested in receiving a copy of the full results, please contact the Nurse Practitioners of Oregon via email at NPO@oregonrn.org or by phone at (503) 293-0011.