

ABSTRACT

Purpose: The health care delivery system in New York State (NYS) is rapidly changing, as providers aim to improve population health, enhance the patient experience, increase quality of care and patient safety, and improve the cost-effectiveness of the health services provided. As the demand for both primary health care and preventive services grow, there is concern about the adequacy of the supply of health care practitioners, including physicians, nurse practitioners (NPs), physician assistants (PAs), and midwives, especially for underserved areas and vulnerable populations, such as Medicaid beneficiaries. The purpose of this study was to better understand the demographics of NPs, and their contribution to health care in NYS.

Methods: Data for this research were obtained from responses to a mandatory NP recertification survey received between September 1, 2015, and September 30, 2016, with questions following the federal minimum data set. Since NPs must recertify every 3 years, this sample represented slightly over one-third of all NPs in NYS. Redundant submissions (ie, individuals with more than one certification), as well as those from NPs practicing outside of NYS, were removed from this analysis. The analysis was based on more than 4,400 NPs actively practicing in NYS. Practice addresses were used to determine the county and region of practice. Downstate counties included New York City, Long Island, and Rockland and Westchester counties in the lower Hudson Valley. The remaining counties were considered Upstate.

Findings: Slightly less than 89% of the state's active NPs reported working in a position requiring an NP certification. A higher percentage of NPs reported working Upstate (93%) compared to Downstate (87%). Additionally, there were more NPs per capita Upstate (73 per 100,000) compared to Downstate (56 per 100,000). NPs were less racially/ethnically diverse than the state's population, especially for Hispanics/Latinos, and more than 23% of NPs were 60 years of age or older, including 30% in Upstate NY and 20% in Downstate NY. Well over half of the state's active NPs worked in health centers, clinics, or hospital outpatient settings. While over 60% of NPs in NYS reported delivering 30 hours or more of primary care services per week, slightly less than one-third of them work in primary care specialties in ambulatory care sites as defined by federal shortage area guidelines. Finally, most active NPs completed their NP and registered nurse (RN) education in NYS.

Implications: Mandatory data collection from NPs in NYS has allowed researchers to better understand the impact of NPs on health care. Findings indicate that the NP workforce in NYS is not as diverse as the population, creating potential issues in access to care. Given that most NPs are trained in NYS, communities in NYS should focus on educating and retaining RNs to become NPs, to alleviate potential shortages and to create a culturally competent workforce that better reflects the patient population. Additionally, a broader definition of primary care may be needed to accurately understand the impact of NPs on access to primary care services.

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INTRODUCTION

Effective January 1, 2015, all nurse practitioners (NPs) in New York State (NYS) were required by law to provide information on themselves and their practice at the time of recertification. NPs in NYS are licensed as RNs, then certified as NPs, and they may be certified under one or more of 16 different NP specialties, including acute care, women's health, school health, oncology, and pediatrics, among others. NPs with more than one specialty certification are required to initially certify and then recertify for each certification held.

This analysis includes a profile of NPs that recertified in NYS between September 1, 2015 and December 31, 2016. Funding for this project was provided by the New York State Department of Health.

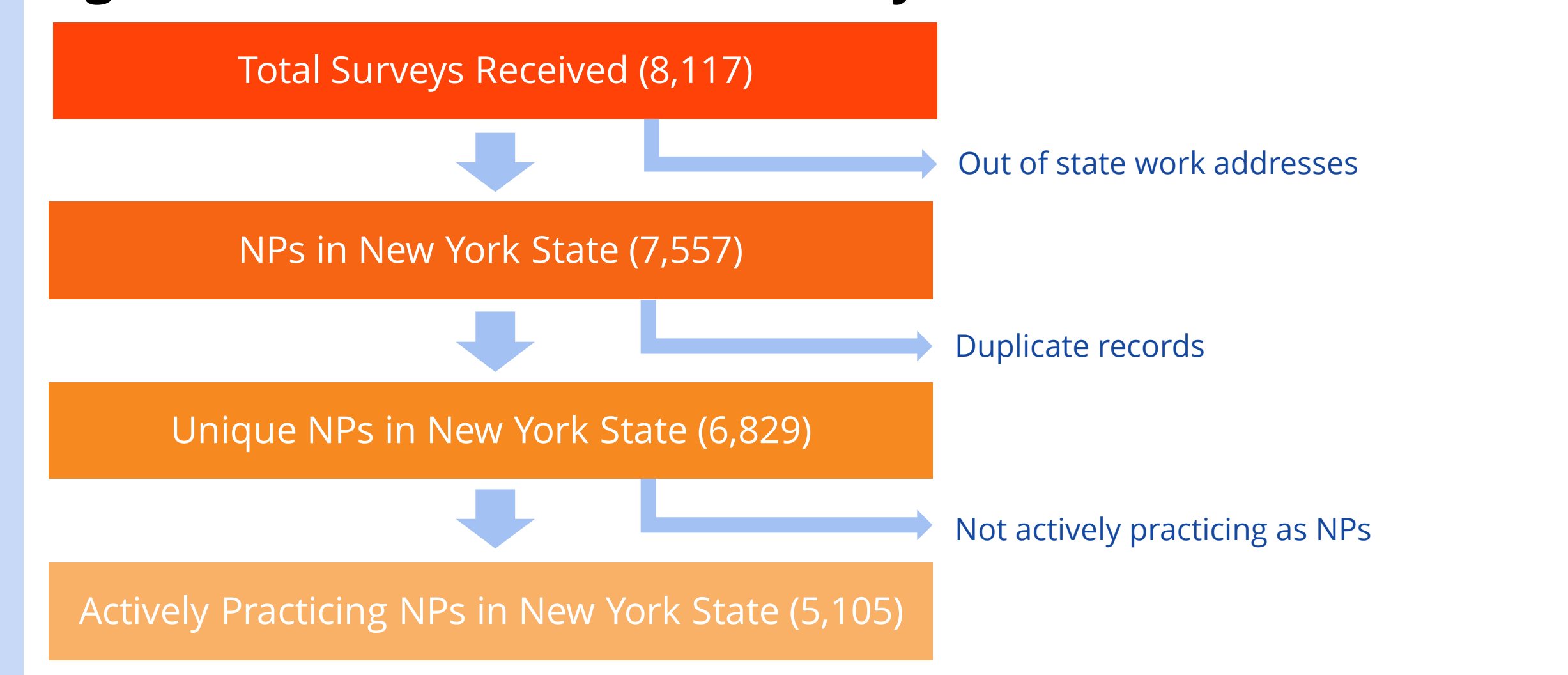
METHODS

A short survey was developed, based on federal minimum data set guidelines for health workforce data collection, that asked NPs about their demographic, educational, and practice characteristics, as well as questions about their relationship with collaborating physicians. The survey was embedded in the online NP recertification materials; a paper copy of the survey was available to NPs unable to complete the survey online. Data collection on NPs began on September 1, 2015, and has been collected and compiled quarterly since then.

Health Resources and Services Administration (HRSA) shortage area guidelines were used to define primary care based on specialty (adult health, pediatrics, women's health, etc) and ambulatory care setting (private practice, freestanding health clinic, hospital outpatient clinic, etc).

The analysis presented is based on responses to the NP recertification survey received for the last quarter of 2015 and for all of 2016. Since NPs must recertify every 3 years, this analysis represents approximately 45% of all NPs in NYS. Redundant submissions (ie, individuals with more than one NP certification) as well as those NPs practicing outside of New York were removed.

Figure 1. Count of NPs in the Analysis

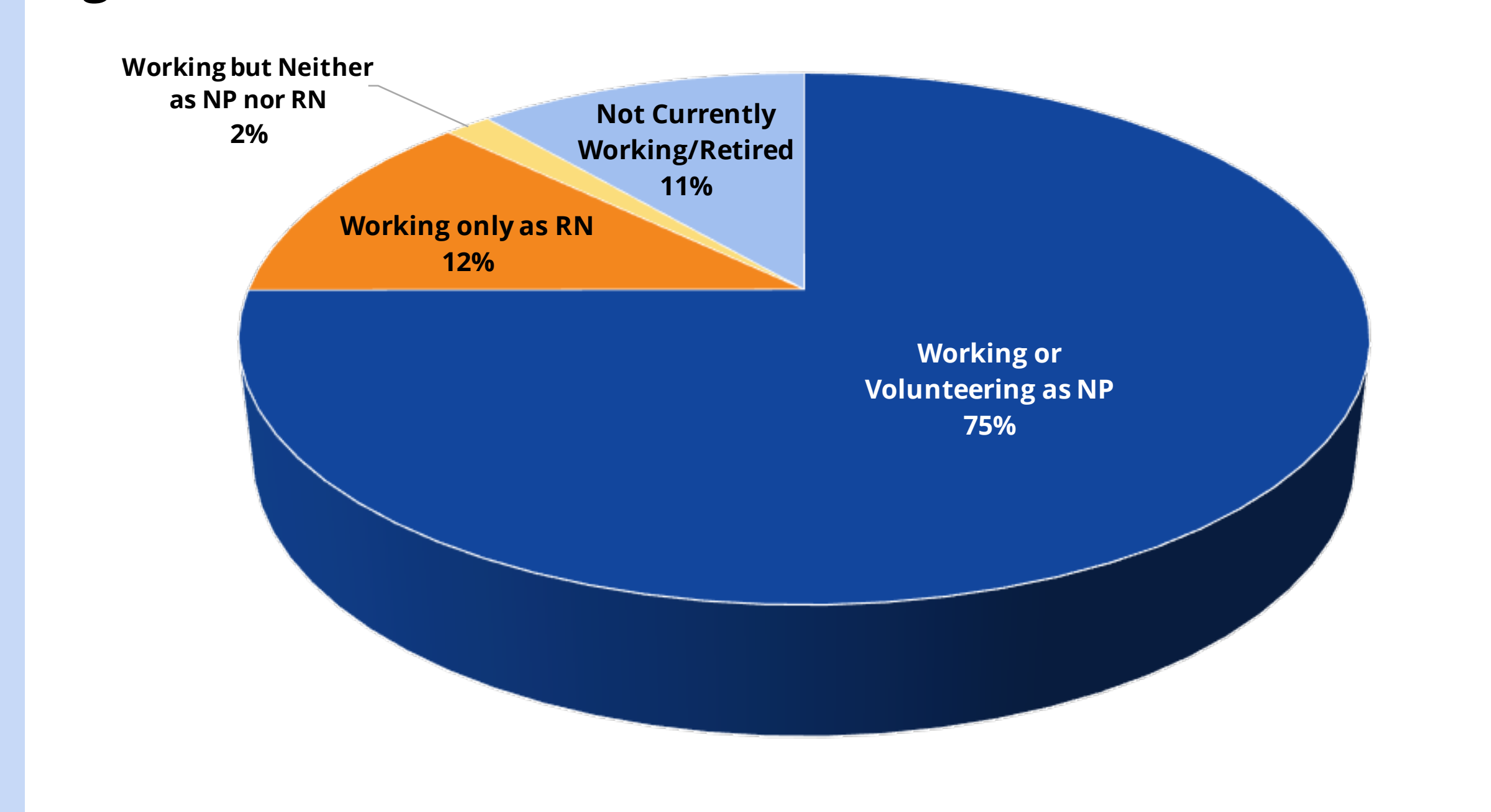


RESULTS

Seventy-five percent of NPs certified in NYS are actively working as NPs.

Seventy-five percent of NPs certified in NYS were actively working as NPs. Another 12% were working as RNs. The remainder were either retired, not currently working, or working neither as an NP or RN.

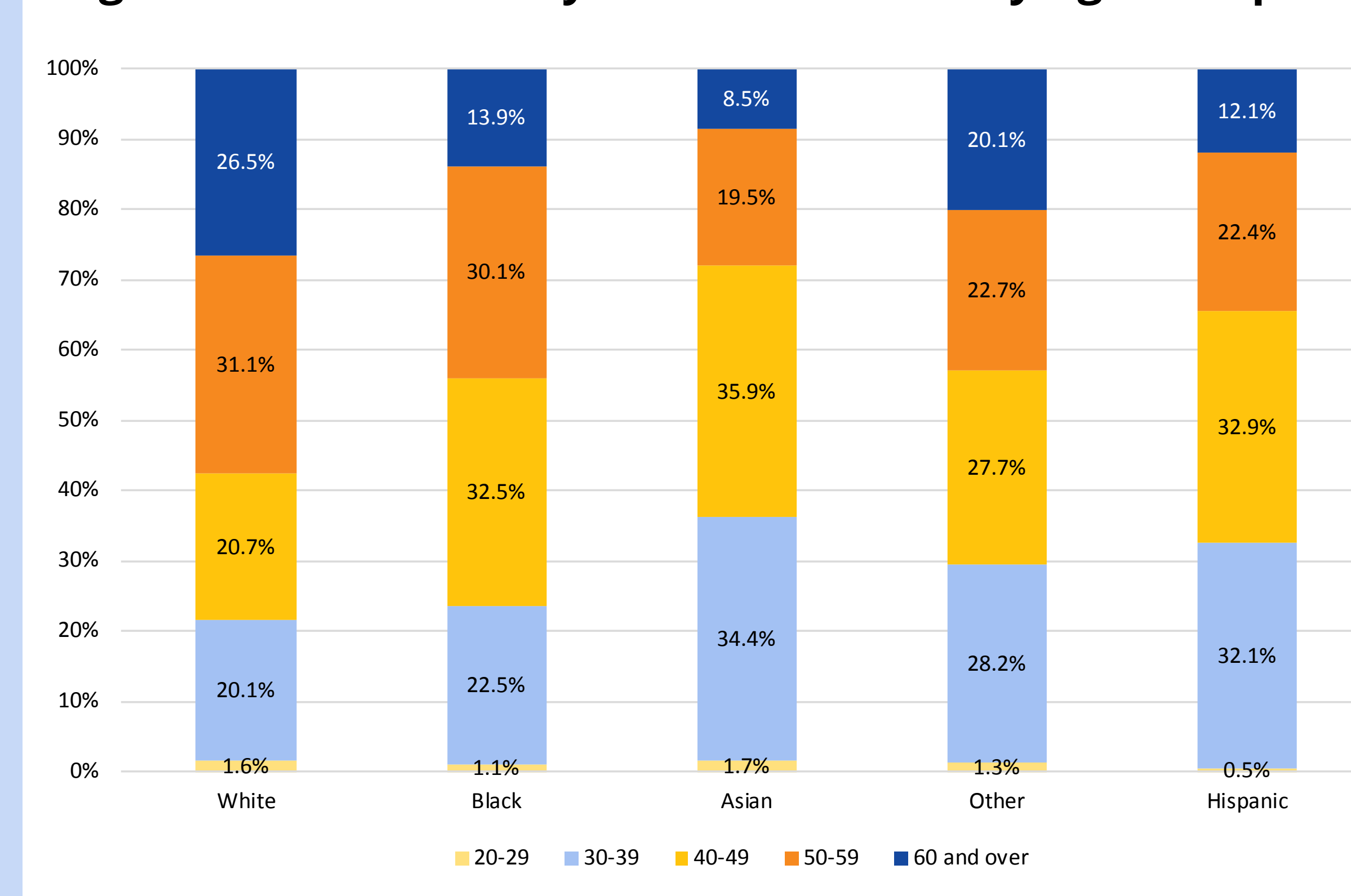
Figure 2. Work Status of New York NPs



Active NPs in New York are less diverse compared to the general population, and NPs who are older are less diverse than NPs who are younger.

Nearly 71% of active NPs in New York State were White, non-Hispanic compared to 55% of the general population. NPs who are Hispanic (5%) or Black, non-Hispanic (11%) were underrepresented compared to their representation in the general population (19% and 14%, respectively). A larger percentage of NPs who were White, non-Hispanic were older than 50 compared to other races and ethnicities. In contrast, a higher percentage of NPs who were racial and ethnic minorities were between the ages of 30 and 49 than NPs who were White, non-Hispanic.

Figure 3. Race/Ethnicity of New York NPs by Age Group

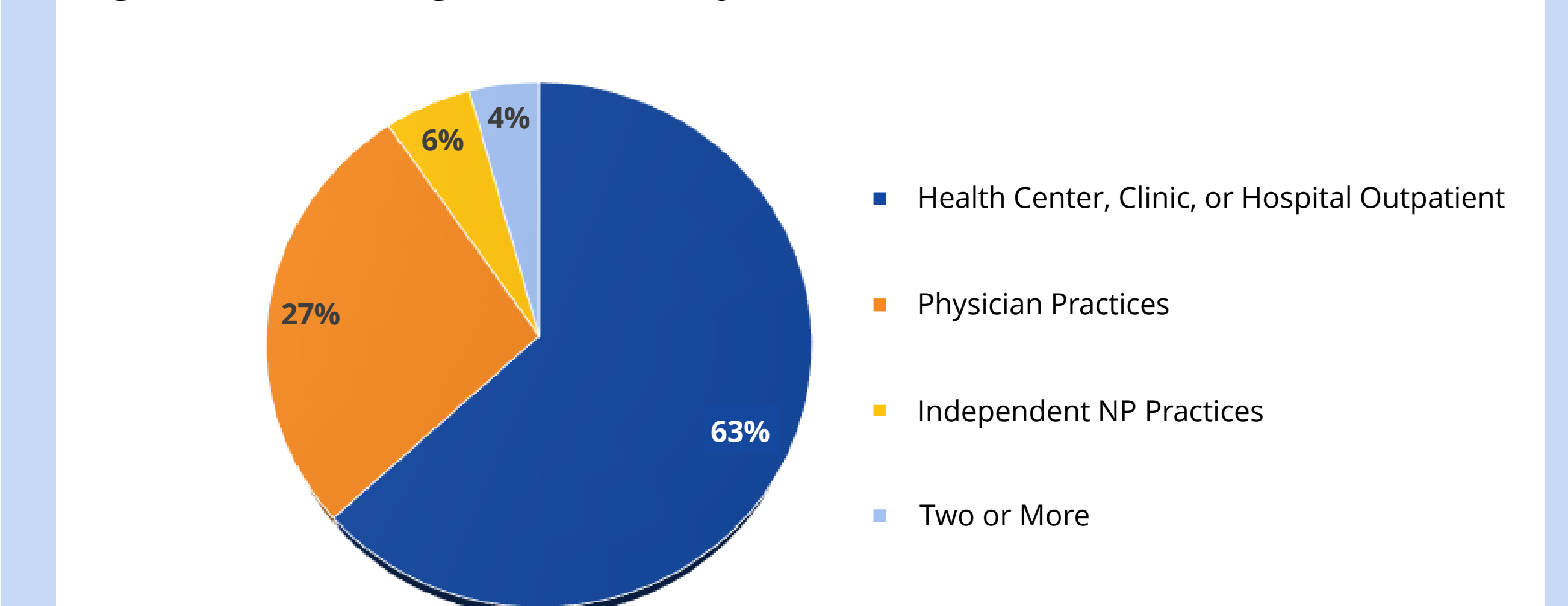


RESULTS

One-third of active NPs in New York are in primary care.

One-third of active NPs in New York were working in primary care, based on the Health Resources and Services Administration's definition of primary care for shortage designations. Of those NPs, 63% worked in health centers, clinics, and hospital outpatient settings, and 27% worked in private physician practices. Only 6% of active NPs worked in independent NP practices.

Figure 4. Settings of Primary Care NPs in New York



CONCLUSION

NPs in New York do not represent the racial/ethnic composition of the population, with much less racial and ethnic diversity in the NP population than in the general population. Additionally, older NPs were less racially and ethnically diverse than younger NPs.

The majority of NPs work in ambulatory care settings, including free-standing clinics, hospital outpatient clinics, physician practices, and independent NP practices. However only about one-third of NPs are practicing in primary care when considering both practice specialty and practice setting.

DISCUSSION

NPs provide a substantial amount of health care services in New York State, though the exact nature of this care is unclear. NPs can be certified in one or more specialties, but work in a different specialty in the community. While the majority of NPs indicate primary care certifications, when setting is considered, significantly less NPs are practicing in primary care.

Required recertification data such as these assist stakeholders in better understanding the current NP workforce and the impact of age, diversity, location, and practice characteristics on access to care.