

ABSTRACT

Background: The Nurse practitioner Modernization Act, passed in 2015, allows NPs with more than 3,600 hours of experience to establish collaborative relationships and practice autonomously. Prior to this law, all NPs were required to have written practice agreements and protocols with physicians for the length of their careers. It is important to identify the factors that influence the type of arrangements NPs have with physicians.

Methods: This study is based on 19,422 survey responses collected from January 1, 2016 through December 31, 2018. NPs with out-ofstate work addresses, holding more than one specialty certification were excluded to establish an unduplicated count of active NPs. A total of 11,867 active NPs were identified for this analysis, of which 9,835 reported having more than 3,600 hours of qualifying practice experience. Two subdatasets were created that included NPs having written a practice agreement with a physician (Group A), and NPs with a collaborative practice relationship (Group B). An independent T-test was conducted to identify statistically significant differences between NPs' age between groups' population and race/ethnicity, as well as a descriptive statistics to compare NPs demographic, specialty, and setting characteristics.

Results: Of all active NPs in the state who have more than 3,600 hours of practice experience, 71% reported having a collaborative practice relationship, while 28% have a written practice agreement with a physician. The ratio of Asian NPs is slightly different than the total NP population ratio between two the groups, while all other races/ethnicities are similar. NPs' practice setting are among the characteristics found to be slightly different between groups. The percentage of NPs in ambulatory care settings (65.8%) in group A is slightly higher than group B, while the percentages of NPs in hospital inpatient (18.6%) and long-term care (5.6%) settings are higher in group B. Finally, differences in the percentage of NPs with collaborative practice relationships and written practice agreements varies among regions.

Discussion: There has been an increasing number of NPs that are willing to establish autonomy based on collaborative practice relationships. The results support that organizational characteristics and settings are potentially strong factors in NPs' choices to enter into collaborative practice relationships with physicians. In addition, this study supports the need for further research on organizational requirements that might influence NP's decision to choose the type of practice relationships with physicians.

CONTACT

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- the length of their careers
- characteristics

- unduplicated count of active NPs

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Comparison of Nurse Practitioners With Collaborative Relationships Versus Written Practice Agreements With Physicians In New York

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INTRODUCTION

The Nurse Practitioner Modernization Act, passed in 2015, allows nurse practitioners (NPs) with more than 3,600 hours of experience to establish collaborative relationships and practice autonomously

Prior to this law, all NPs were required to have written practice agreements and protocols with physicians for

Practice characteristics may influence the type of agreement more than individual demographic

Organizational culture may contribute to even more variation in NP practice arrangements with physicians than either practice or individual characteristics

It is important to identify the factors that influence the type of arrangements NPs have with physicians

METHODS

This study is based on 19,422 survey responses collected from January 1, 2016 through December 31, 2018

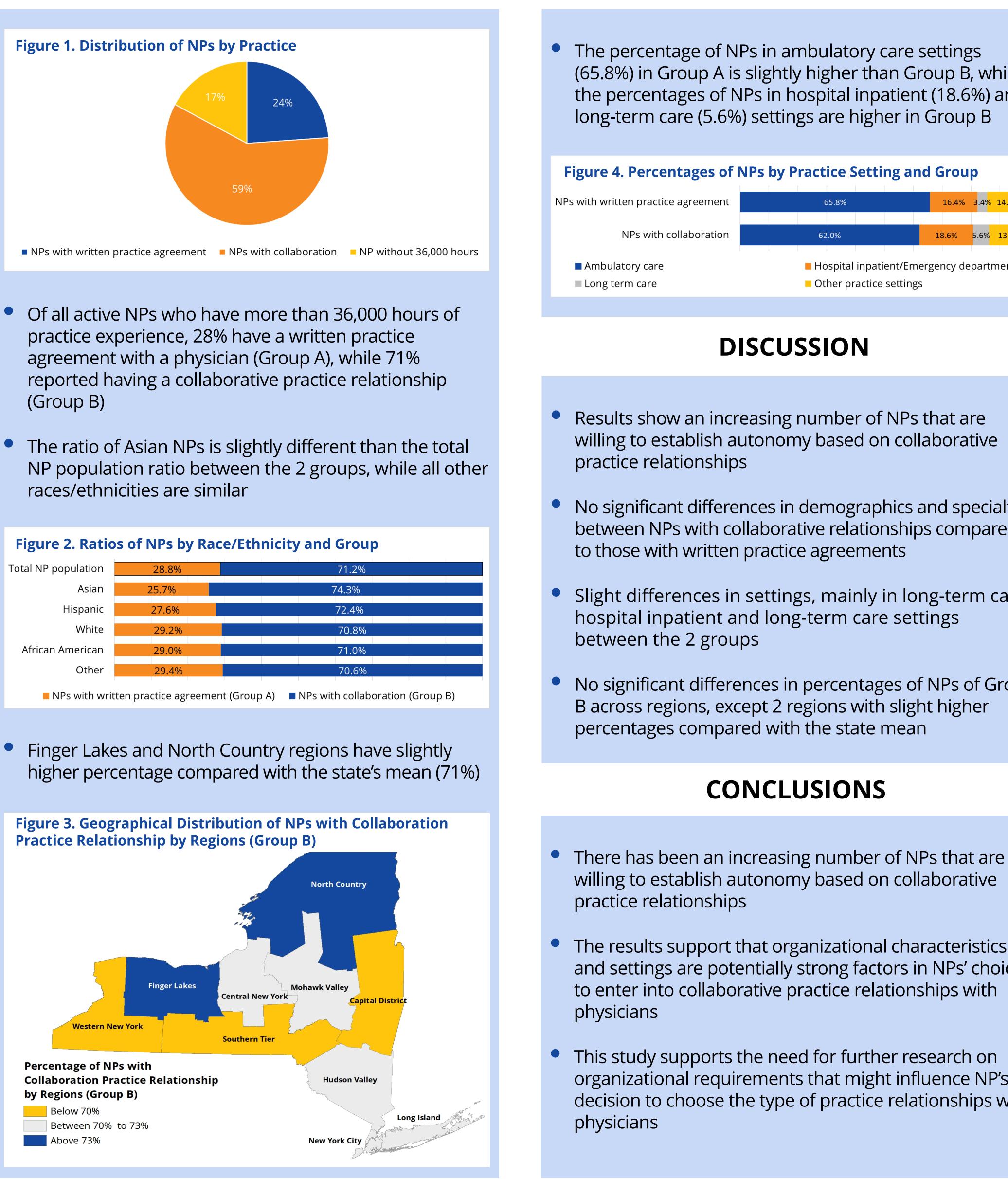
NPs with out-of-state work addresses, holding more than one specialty certification, were excluded to establish an

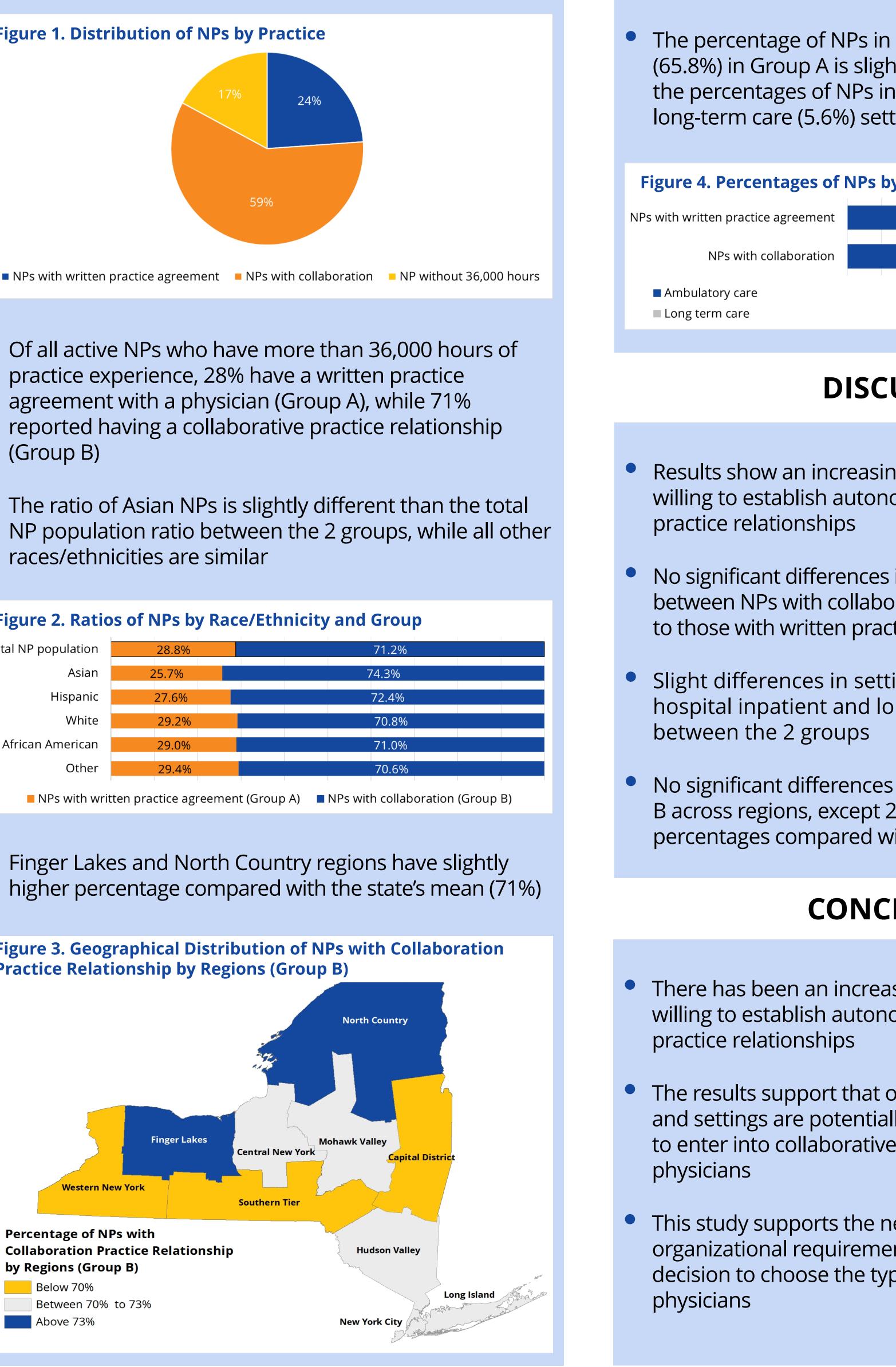
Two sub-datasets were created that included NPs having written a practice agreement with a physician (Group A), and NPs with a collaborative practice relationship (Group B)

An independent T-test was conducted to identify statistically significant differences between NPs' age, between groups' population, and race/ethnicity

Descriptive statistics was conducted to compare NPs demographic, specialty, and setting characteristics

RESULTS





RESULTS (Cont.)

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(65.8%) in Group A is slightly higher than Group B, while the percentages of NPs in hospital inpatient (18.6%) and long-term care (5.6%) settings are higher in Group B 16.4% 3.4<mark>% 14.4%</mark> 65.8% 18.6% 5.6% 62.0% Hospital inpatient/Emergency department Other practice settings

DISCUSSION

willing to establish autonomy based on collaborative

No significant differences in demographics and specialties between NPs with collaborative relationships compared

Slight differences in settings, mainly in long-term care,

No significant differences in percentages of NPs of Group

CONCLUSIONS

willing to establish autonomy based on collaborative

The results support that organizational characteristics and settings are potentially strong factors in NPs' choices to enter into collaborative practice relationships with

This study supports the need for further research on organizational requirements that might influence NP's decision to choose the type of practice relationships with