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 NPs with more than 3,600 hours of experience to establish collaborative practice 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.

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

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

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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 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 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 NP age between groups’ population and race/ethnicity, as well as a descriptive statistics to compare NPs' demographic, specialty, and setting characteristics.

RESULTS

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.

• Of all active NPs who have more than 3600 hours of practice experience, 28% have a written practice agreement with a physician (Group A), while 71% reported having a collaborative practice relationship (Group B)

• The ratio of Asian NPs is slightly different than the total NP population ratio between the 2 groups, while all other races/ethnicities are similar

DISCUSSION

Results show an increasing number of NPs that are willing to establish autonomy based on collaborative practice relationships

No significant differences in demographics and specialties between NPs with collaborative relationships compared to those with written practice agreements

Slight differences in settings, mainly in long-term care, hospital inpatient and long-term care settings between the 2 groups

No significant differences in percentages of NPs of Group B across regions, except 2 regions with slight higher percentages compared with the state mean

CONCLUSIONS

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 NPs decision to choose the type of practice relationships with physicians.