The Experience of Nurse Practitioners in New York after the Nurse Practitioners Modernization Act

Presented by: David Armstrong, PhD
Project Director
Center for Health Workforce Studies
School of Public Health | University at Albany, SUNY
dparmstrong@albany.edu

June 11, 2020
Center for Health Workforce Studies

• Established in 1996

• Based at the University at Albany School of Public Health

• Committed to collecting and analyzing data to understand workforce dynamics and trends

• Goal: Assisting health workforce planners to understand issues related to the supply, demand, distribution, and the use of health workers
Better Information for Better Outcomes

• Center for Health Workforce Studies (www.chwsny.org)
  o NP Re-registration Survey (mandatory since 2015)
  o Annual Survey of RN Education Programs in New York

• Oral Health Workforce Research Center (www.oralhealthworkforce.org)

• Health Workforce Technical Assistance Center (www.healthworkforceTA.org)
  o Extensive Webinar Library
  o Health Research Alert System (promotes Health Workforce Research Centers)
Today’s Presentation

• COVID-19 and the Nurse Practitioner Workforce in New York

• Nurse Practitioners Modernization Act

• A Profile of New York State Nurse Practitioners
  o Supply and Distribution
  o Demographics
  o Practice Setting

• Are Qualified NPs in New York Establishing Collaborative Practice Relationships with Physicians?
COVID-19 and the Nurse Practitioner Workforce in New York
Making Better Use of the Existing Health Workforce

• Regulatory restrictions were relaxed to allow for the rapid deployment of health care workers

• Executive orders allowed nurses and other health care professionals licensed in another state to practice in New York

• Executive orders also made changes to the scope of practice requirements of health care professionals
  o NPs could practice without a formal written agreement or collaborative practice relationship with a physician
What Happened to NPs during the Pandemic?

• NPs in New York City were redeployed in the larger hospital systems
  o NPs with acute care certification were a priority
  o NPs with some acute care experience were redeployed as part of a team
  o NPs with no acute care experience (in some cases) were redeployed as RNs

• Primary care services and elective procedures were suspended throughout the state during this time
  o Some health care providers (including NPs) were furloughed

• NOW: A new normal is emerging
  o NPs are gradually resuming their previous roles
  o Executive orders allowing regulatory flexibility are expired or expiring
Nurse Practitioners Modernization Act
Nurse Practitioners Modernization Act

- The Nurse Practitioners Modernization Act (NPMA) was passed in 2014 and went into effect on January 1, 2015
  - Other states have passed similar legislation

- Allows NPs with more than 3,600 hours of clinical experience to have a collaborative practice relationship with a physician (or a licensed facility) instead of a written practice agreement

- Mandated NP data collection

- The NPMA provided experienced NPs with more autonomy
What Is a Written Practice Agreement?

• Prior to the NPMA, for an NP to practice in New York they had to enter into a written practice agreement with a physician

• Written practice agreement provisions include:
  o Patient referrals
  o Emergency absences of NP and/or physician
  o How to resolve disagreements
  o Periodic review of patient records by the physician
  o Identification of written protocols that the NP will use
  o Etc.
What Is a Collaborative Practice Relationship?

• A collaborative relationship refers to when an NP communicates with a physician regarding patient care and/or referrals

• Qualifying NPs who want to enter a collaborative relationship must complete a 2-page attestation form

• NPs must also be able to document the collaborative relationship upon request
  o Emails, phone records, contracts, etc.
Nurse Practitioner Form NP-CR
Collaborative Relationships Attestation Form

To be completed by Certified Nurse Practitioners who have Collaborative Relationships Pursuant to Education Law §4852(2)(b)

Instructions
This form must be filled out and signed by nurse practitioners (with more than 3,600 hours of qualifying nurse practitioner practice experience) who choose to practice and have collaborative relationships - instead of practicing in accordance with a written practice agreement with a collaborating physician. Once completed, a nurse practitioner must keep this form at the nurse practitioner's practice location and provide it to the New York State Education Department upon request. The nurse practitioner must ensure that information on this form is current, and should complete a new Form NP-CR, as appropriate, to update information. Nurse practitioners who practice in accordance with a written practice agreement with a collaborating physician do not have to fill out a Form NP-CR.

1. Provide your name exactly as it appears on your current New York State Education Department issued nurse practitioner registration certificate(s)

2. Provide your nurse practitioner registration number(s)

3. Identify the nurse specialty area(s) of nurse practitioner practice in which you are certified by the New York State Education Department
   - [ ] Acute Care
   - [ ] Adult Health
   - [ ] College Health
   - [ ] Community Health
   - [ ] Family Health
   - [ ] Geriatrics
   - [ ] Holistic Care
   - [ ] Neonatology
   - [ ] Obstetrics/Gynecology
   - [ ] Oncology
   - [ ] Pediatrics
   - [ ] Palliative Care
   - [ ] Pathology
   - [ ] Psychiatry
   - [ ] School Health
   - [ ] Women's Health

4. By placing your initials below, you attest that you are certified as a Nurse Practitioner in New York State and have more than 3,600 hours of experience practicing as a licensed or certified nurse practitioner pursuant to the laws of New York State or another State or working as a nurse practitioner for the United States veterans administration, the United States armed forces or the United States public health service.

   Place Initials here

5. By placing your initials below, you attest that you have collaborative relationships with one or more New York State licensed physicians qualified to collaborate in the specialty involved or with a New York State Department of Health licensed hospital that provides services through licensed physicians qualified to collaborate in the specialty involved and having privileges at such institution. A collaborative relationship means that you communicate, as required by New York State Education Department regulation, with the qualified physician for the purposes of exchanging information, as needed, in order to provide comprehensive patient care and to make referrals as necessary.

   Place Initials here

6. By placing your initials below, you attest that you maintain current and accurate documentation supportive of your collaborative relationships and, upon request by New York State Education Department, you will produce evidence of the collaborative relationships, such as: (a) an agreement or an arrangement with a hospital or a physician practice pursuant to which you may transfer or refer patients for care; (b) written communications or records of consultations and communications for referral; (c) documentation of employment relationships with a physician practice or a hospital: hospice program, licensed home care services agency or licensed mental health care facility with a physician medical director; or (d) documentation of contractual relationship with a physician, physician practice, or a hospital, pursuant to which you provide professional services, or (e) other please describe.

   Place Initials here

7. Identify by name and license number physicians with whom you are currently engaged in collaborative relationships. If you have a collaborative relationship with a New York State Department of Health licensed hospital, include the name and address of the hospital.

   [ ]

8. (Optional) You may provide additional information regarding your collaborative relationships here

   [ ]

Attestation
I acknowledge that if reasonable efforts to resolve any dispute that may arise with a collaborating physician, or in the case of collaboration with a hospital, with a physician having professional privileges at such hospital, about a patient's care are not successful, the recommendation of the physician shall prevail.

I attest, to the best of my knowledge, all information provided by me on this form are true as of the date of my signature below.

Signature of Nurse Practitioner
Date

Print Name

Nurse Practitioner Form NP-CR, Page 1 of 2, Revised 5/17
The NPMA Provides NPs More Autonomy

• The NPMA is scheduled to sunset on June 30, 2021

• Plans to introduce legislation that enhances and extends current law
  o Allow experienced NPs to serve as collaborators to less experienced NPs
  o Get rid of the 2-page attestation form
A Profile of New York State Nurse Practitioners
New York NP Re-Registration Survey

• NPs are required to renew their license every 3 years
  o Certification in 17 different specialty areas

• New York NP Re-registration Survey
  o 22-question survey
  o Demographics, education, and practice characteristics

• The survey has been mandatory since September 2015
  o Mandated by the NPMA

• > 95% response rate to the survey
## Identifying Active NPs in New York, 2016-2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Included</th>
<th>Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveys Received</td>
<td>19,423</td>
<td></td>
</tr>
<tr>
<td>Duplicates, Out of State Addresses</td>
<td></td>
<td>2,048</td>
</tr>
<tr>
<td>New York State Addresses</td>
<td>17,015</td>
<td></td>
</tr>
<tr>
<td>Not Working/Retired</td>
<td></td>
<td>3,138</td>
</tr>
<tr>
<td>Working, but not as an NP</td>
<td></td>
<td>2,010</td>
</tr>
<tr>
<td>Providing Patient Care</td>
<td>11,867</td>
<td></td>
</tr>
</tbody>
</table>
There Are 60 NPs per 100,000 Population in New York

NPs per 100,000 Population, 2016-2018

- Finger Lakes: 90
- Central New York: 88
- Western New York: 67
- Long Island: 64
- Southern Tier: 61
- New York State: 60
- Mohawk Valley: 59
- New York City: 56
- Capital District: 56
- North Country: 47
- Hudson Valley: 46
92% of NPs in New York Are Female

Gender of NPs, 2016-2018

- Female: 92%
- Male: 8%

www.chwsny.org
New York’s NPs Are Less Diverse Than the Population

Race/Ethnicity of NPs Compared with State Population, 2016-2018

- White: NP Workforce 70%, New York State Population 56%
- Black/African American: NP Workforce 12%, New York State Population 14%
- Asian/Pacific Islander: NP Workforce 10%, New York State Population 8%
- Hispanic: NP Workforce 5%, New York State Population 19%
Younger NPs Are More Diverse Than Older NPs

Race/Ethnicity by Age, 2016-2018

- Less than 40:
  - White: 63%
  - Black/African American: 15%
  - Asian/Pacific Islander: 7%
  - Hispanic: 11%

- 40 to 49:
  - White: 61%
  - Black/African American: 12%
  - Asian/Pacific Islander: 7%
  - Hispanic: 15%

- 50 to 59:
  - White: 72%
  - Black/African American: 13%
  - Asian/Pacific Islander: 4%
  - Hispanic: 7%

- 60 and older:
  - White: 82%
  - Black/African American: 8%
  - Asian/Pacific Islander: 4%
  - Hispanic: 3%
Education and Training

• 91% of NPs report holding a master’s degree or post-master’s certificate as their highest NP degree
  o 6% report a doctorate as their highest NP degree

• 90% of NPs received their NP training in New York
More Than One-Third of NPs Work in Primary Care Outpatient Settings

Practice Setting, 2016-2018

- Primary Care Outpatient Settings: 24%
- Hospital Inpatient/ED: 19%
- Physician Practices: 15%
- Health Centers (Including FQHCs): 9%
- Independent NP Practices: 4%
- Hospital Outpatient Primary Care: 3%
More Than Half of NPs Work 40+ Hours per Week

<table>
<thead>
<tr>
<th>Patient Care Hours</th>
<th>Age 20-29</th>
<th>Age 30-39</th>
<th>Age 40-49</th>
<th>Age 50-59</th>
<th>Age 60+</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>1%</td>
<td>4%</td>
<td>5%</td>
<td>6%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>10-19</td>
<td>3%</td>
<td>4%</td>
<td>6%</td>
<td>6%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>20-29</td>
<td>7%</td>
<td>10%</td>
<td>11%</td>
<td>11%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>30-39</td>
<td>25%</td>
<td>25%</td>
<td>23%</td>
<td>22%</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>40-49</td>
<td>57%</td>
<td>49%</td>
<td>42%</td>
<td>41%</td>
<td>31%</td>
<td>42%</td>
</tr>
<tr>
<td>50+</td>
<td>8%</td>
<td>8%</td>
<td>13%</td>
<td>14%</td>
<td>11%</td>
<td>11%</td>
</tr>
</tbody>
</table>
More Than 60% of NPs in Hospital Settings Work 40+ Hours per Week

<table>
<thead>
<tr>
<th>Patient Care Hours</th>
<th>Prim Care Outpatient Settings</th>
<th>Hospital Inpatient/ED</th>
<th>Physician Practices</th>
<th>Health Ctrs/FQHCs</th>
<th>Indep NP Practices</th>
<th>Hospital Outpatient Prim Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>5%</td>
<td>4%</td>
<td>4%</td>
<td>5%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>10-19</td>
<td>6%</td>
<td>3%</td>
<td>8%</td>
<td>7%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>20-29</td>
<td>12%</td>
<td>8%</td>
<td>16%</td>
<td>11%</td>
<td>17%</td>
<td>7%</td>
</tr>
<tr>
<td>30-39</td>
<td>27%</td>
<td>24%</td>
<td>24%</td>
<td>23%</td>
<td>19%</td>
<td>25%</td>
</tr>
<tr>
<td>40-49</td>
<td>41%</td>
<td>48%</td>
<td>37%</td>
<td>44%</td>
<td>21%</td>
<td>48%</td>
</tr>
<tr>
<td>50+</td>
<td>8%</td>
<td>13%</td>
<td>10%</td>
<td>10%</td>
<td>18%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Defining Primary Care

• A “primary care NP” is defined as an active NP who works in one or more of the following specialties:
  o General Practice
  o Family Practice
  o General Internal Medicine
  o Obstetrics/Gynecology
  o General Pediatrics

• And works in one of the following outpatient settings:
  o Federally Qualified Health Centers
  o Hospital Outpatient Primary Care
  o Physician Practice
  o NP Independent Practice
One-Third of Active NPs in New York Are Primary Care NPs

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Primary Care NPs</th>
<th>Specialty Care NPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>Total</td>
<td>34%</td>
<td>66%</td>
</tr>
</tbody>
</table>
NPs in Shortage Areas

• 42% percent of NPs actively practicing in New York State work in primary care health professional shortage areas

• About half of NPs working in shortage areas are age 50 and older and one quarter are age 40 and below (comparable to NPs working in non-shortage areas)
Are Qualified NPs in New York Establishing Collaborative Practice Relationships with Physicians?
Identifying Active NPs in New York, 2015-2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveys Received</td>
<td>14,172</td>
</tr>
<tr>
<td>Duplicates Submissions</td>
<td>-1,495</td>
</tr>
<tr>
<td>Out of State NPs</td>
<td>-982</td>
</tr>
<tr>
<td>Inactive NPs</td>
<td>-1,708</td>
</tr>
<tr>
<td>Active NPs Practicing in NY</td>
<td>9,987</td>
</tr>
<tr>
<td>Active NPs With More Than 3,600 Hours of Qualifying Experience</td>
<td>6,907</td>
</tr>
</tbody>
</table>

Research Brief: *Are Qualified NPs in New York Establishing Collaborative Practice Relationships with Physicians?*
77% of NPs (> 3,600 Hours of Exp) in New York Have Collaborative Relationships

Practice Experience of NPs, 2015-2017

- Collaborative Relationships: 77%
- Formal Written Agreement: 23%
NPs Aged 65 or Older Were Less Likely To Report Collaborative Practice Relationships

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total NPs</th>
<th># of NPs With Collaborative Relationships</th>
<th>% of NPs With Collaborative Relationships</th>
<th>Likelihood Compared To Reference Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;34</td>
<td>665</td>
<td>522</td>
<td>79%</td>
<td>+33%</td>
</tr>
<tr>
<td>35-44</td>
<td>1,528</td>
<td>1,205</td>
<td>79%</td>
<td>+46%</td>
</tr>
<tr>
<td>45-54</td>
<td>1,865</td>
<td>1,428</td>
<td>77%</td>
<td>+30%</td>
</tr>
<tr>
<td>55-64</td>
<td>2,129</td>
<td>1,622</td>
<td>76%</td>
<td>+30%</td>
</tr>
<tr>
<td>&gt;65 (Reference Grp)</td>
<td>691</td>
<td>497</td>
<td>72%</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>6,878</td>
<td>5,274</td>
<td>77%</td>
<td>--</td>
</tr>
</tbody>
</table>
Black/African American NPs Were Less Likely To Report a Collaborative Practice Relationship

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total NPs</th>
<th># of NPs With Collaborative Relationships</th>
<th>% of NPs With Collaborative Relationships</th>
<th>Likelihood Compared To Reference Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>741</td>
<td>550</td>
<td>74%</td>
<td>-19%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>589</td>
<td>465</td>
<td>79%</td>
<td>+25%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>341</td>
<td>267</td>
<td>78%</td>
<td>+6%</td>
</tr>
<tr>
<td>Other</td>
<td>291</td>
<td>213</td>
<td>73%</td>
<td>-25%</td>
</tr>
<tr>
<td>White (Reference Grp)</td>
<td>4,936</td>
<td>3,793</td>
<td>77%</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>6,898</td>
<td>5,288</td>
<td>77%</td>
<td>--</td>
</tr>
</tbody>
</table>
NPs Working Less Than 50 Patient Care Hours a Week Were Less Likely To Report Collaborative Practice Relationships

<table>
<thead>
<tr>
<th>Weekly Patient Care Hours</th>
<th>Total NPs</th>
<th># of NPs With Collaborative Relationships</th>
<th>% of NPs With Collaborative Relationships</th>
<th>Likelihood Compared To Reference Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
<td>192</td>
<td>121</td>
<td>63%</td>
<td>-44%</td>
</tr>
<tr>
<td>10-19</td>
<td>328</td>
<td>236</td>
<td>72%</td>
<td>-22%</td>
</tr>
<tr>
<td>20-29</td>
<td>598</td>
<td>447</td>
<td>75%</td>
<td>-16%</td>
</tr>
<tr>
<td>30-39</td>
<td>1,348</td>
<td>1,010</td>
<td>75%</td>
<td>-17%</td>
</tr>
<tr>
<td>40-49</td>
<td>2,666</td>
<td>2,079</td>
<td>78%</td>
<td>-8%</td>
</tr>
<tr>
<td>50+ (Reference Grp)</td>
<td>1,749</td>
<td>1,382</td>
<td>79%</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>6,881</td>
<td>5,275</td>
<td>77%</td>
<td>--</td>
</tr>
</tbody>
</table>
More Findings

• NPs working in independent NP practices were less likely to report collaborative relationships than NP in hospital inpatient/ED settings

• NPs working in specialty practices were more likely to report collaborative relationships
Concluding Remarks
Key Take-Away Points

• The New York NP workforce is varied

• One-Third of NPs in New York work in primary care

• More than 40% work in primary care health professional shortage areas

• Nurse Practitioners Modernization Act
  o Allows experienced NPs to have collaborative relationships
  o Mandatory NP data collection
  o Requires data to be publicly available
Contact Information

• For more information, please email me at: dparmstrong@albany.edu

• Visit us at:
  
  @CHWS_NY

  @Centerforhealthworkforcestudies

  /company/center-for-health-workforce-studies