



Lunch & Learn



American self-employed NPs: an exploratory study

March 27, 2019

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Presented in partnership
by:



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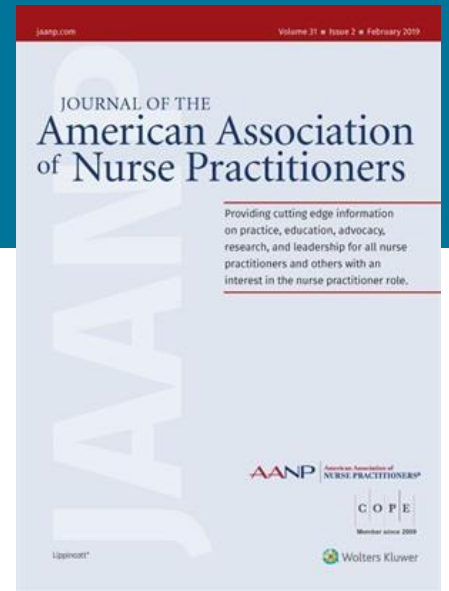


Transforming Clinical
Practices Initiative

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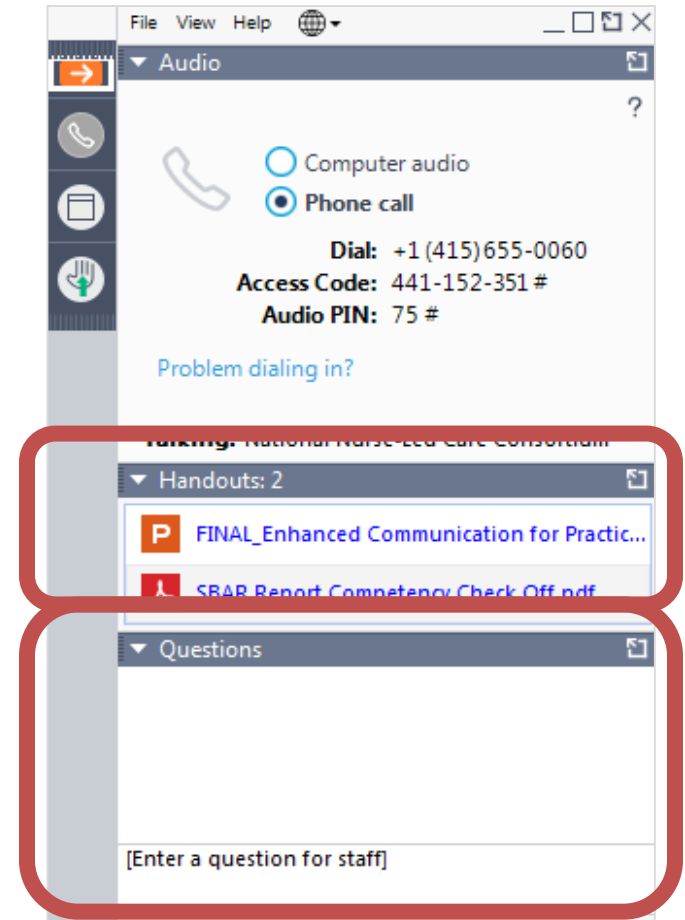
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National Investment in Quality Improvement

- Changes to the health care system are here
- Nurse practitioners (NPs) will play a key role during the critical transition from Fee-for-Service to **Value-Based Reimbursement**
- **NNCC** and the **AANP** have partnered together to create the **Nurse Practitioner Support & Alignment Network (NP SAN)**:
 - Prepare NPs for the upcoming changes to the health care system
 - Provide free continuing education & professional development centered around value-based health care practices
 - Offer key training opportunities that ready practices for **Value-Based Reimbursement**

Preparing NPs for Value-Based Reimbursement

What is the Quality Payment Program?

Began in 2017 as a result of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and requires CMS by law to implement an incentive program referred to as the *Quality Payment Program*, that provides for two participation tracks:

Merit-based Incentive Payment System (MIPS)]

MIPS

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

OR

Advanced Alternative Payment Models (APMs)

Advanced
APMs

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

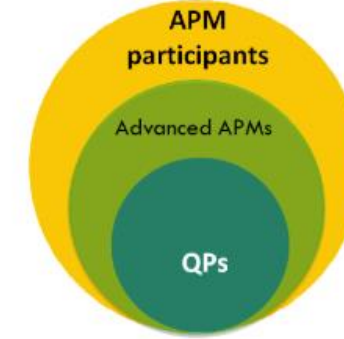
MIPS

vs.

APMs



MIPs vs. APMs Timeline



- Designed for individuals & small practices
- Four (4) performance areas
- Replaces all current incentive programs
- Exempt if practice DOES NOT meet low volume threshold.

- Higher risk model
- Risk is shared throughout the APM
- Number of acceptable payment models is limited
- Rules to being considered a qualified provider (QP)

Where Can I Go to Learn More?

1. CMS QPP website www.qpp.cms.gov
2. NPI Lookup for participation status <https://qpp.cms.gov/participation-lookup>
3. AANP <https://www.aanp.org/legislation-regulation/federal-legislation/macra-s-quality-payment-program>









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American Association of Nurse Practitioners Webinar

March 2019

Catherine Lyden, PhD, FNP-C, MSN-Ed, CCRN-K

Presenter Disclosure

	No (potential) conflicts of interest
	1. Relationships that could be relevant for this presentation
	2. Sponsorship or research funds
	3. Payment or other (financial) remuneration
	4. Shareholders
	5. Other relationships



Objectives

- Discuss the evolution of the nurse practitioner in private practice
- Review the difficulties experienced by nurse practitioners transitioning into private practice
- Identify strategies to overcome barriers to private practice

Nurse Practitioner Role

- In the 1950s and 1960s there was a shortage of rural primary care providers and physicians hired experienced registered nurses to identify and treat the primary care needs of children and families
- In 1965 Loretta Ford partnered with Dr. Henry Silver to create the very first training program for Nurse Practitioners.
- Their program, offered at the University of Colorado, focused on family health issues, disease prevention, and health promotion
- The nurse practitioner was recognized as an autonomous profession integral to the health care team by expanding access to health care in rural and urban areas.

Primary Care Deficit

- America is expected to have a deficit of 52,000 primary care providers nationally by 2025
- Deficit is associated with
 - an overall shortage of primary care providers, especially physicians
 - the maldistribution of health care providers
 - the aging US population who are living longer.
- Current shortage is already affecting patients and communities in every state

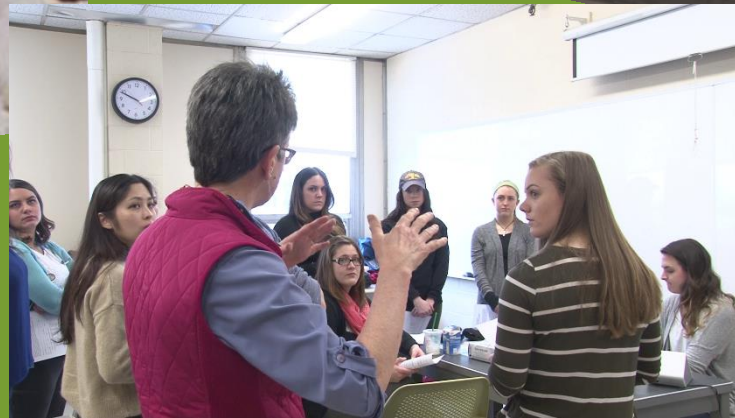
Nurse practitioner role in reducing the deficit

- In 2018
 - 2,975 (12.6%) medical school graduates matched to family medicine a .004% increase from 2017
 - Nurse practitioner graduates from primary care programs totaled 22,585 an 11% growth from 2016
- According to the AANP there are over 270,000 practicing NPs
 - 87% are prepared in primary care
 - 72% deliver primary care
- Nurse practitioners are seen as a panacea for the primary care shortage, as they remain the fastest growing, most commonly found non-physician health care provider in the United States

Quality of Care

- Nurse practitioners provide accessible, comprehensive, continuous, safe and affordable primary care to mainstream and underprivileged populations
- Nurse practitioners have been found to be associated with lower hospital admissions, readmissions, inappropriate ER use
- Research suggests that NPs possess comparable clinical abilities to physicians, provide safe, effective and high quality care indistinguishable from that provided by physicians, and often have stronger communication skills

Health care leaders



Private Practice

- The practice and the practitioner are independent of external policy control other than ethics of the profession and state licensing laws

Nursing Literature Definition of “Private Practice”

- A sole proprietorship, a partnership, or a collaboration where the individual, a health insurance company, or other third party reimburses the nurse or NP for health care provided

History of Private Practice

- 1970s: entrepreneurial NPs entered private practice
- 1980s: an estimated 300 NP owned private practices (OTA, 1981).
- Following passage of the 1977 Rural Health Care Act (P. L. 95-210) Medicare and Medicaid funds became available to pay for qualified NPs working in rural areas.
- The NP could own the clinic and receive reimbursement with onsite physician supervision.

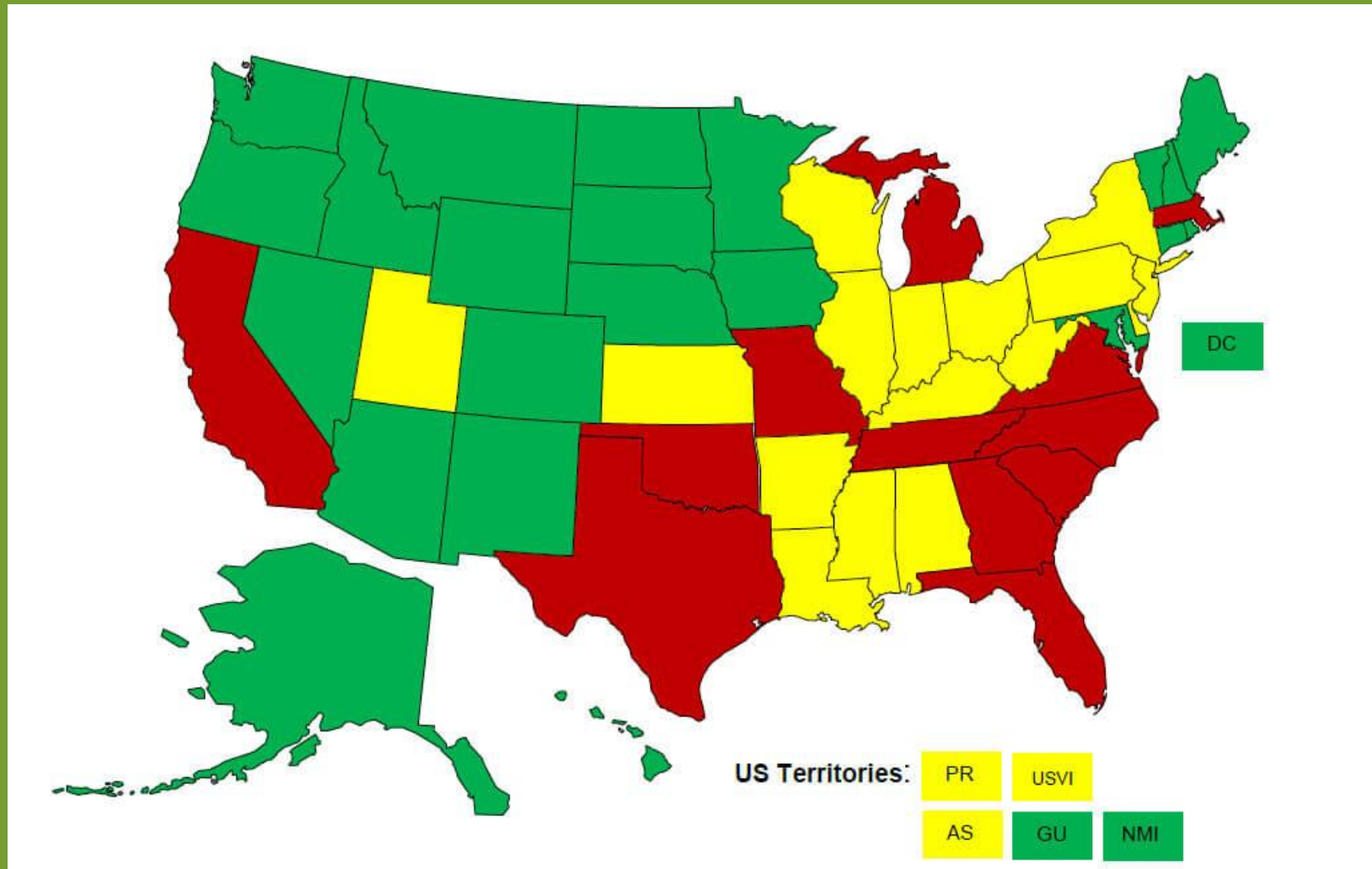
History of Private Practice

- The American Medical Association, while supporting the use of NPs, opposed payment to NP owned or run clinics requiring the payment be made to the supervising physician
- Self-employed NPs in private practice face restricted and reduced practice authority in multiple US states due to external economic, social, jurisdictional, and regulatory barriers that require physician oversight or supervision for some aspect of patient care

Regulatory History

- In 1903, nursing registration laws were enacted New York and North Carolina, by 1921 48 states had laws protecting the title 'nurse' and to regulate licensing
- Scope of practice regulations were passed at the same time by the American Nurses Association (ANA) who agreed with the medical community that diagnosis, and the prescription of treatment, including pharmaceuticals, was a practice of medicine; thus securing the longevity of restrictive nursing practice acts

US State Regulatory Map





Job Satisfaction And Perceived Level Of Empowerment Of Self-employed Nurse Practitioners In Private Practice

Job Satisfaction

- “a multidimensional affective concept that is an interaction of an employee’s expectations, values, environment and personal characteristics, and it is recognized that satisfiers and dissatisfiers are dynamic and relative to the employee”.

Misener Job Satisfaction Model

Job Satisfaction

- Influenced by Motivator Factors (Intrinsic factors)
- Challenge
- Autonomy
- Professional growth



Job Dissatisfaction

- Influenced by Hygeine Factors (Extrinsic factors)
- Collegiality
- Professional interaction
- Time
- Benefits



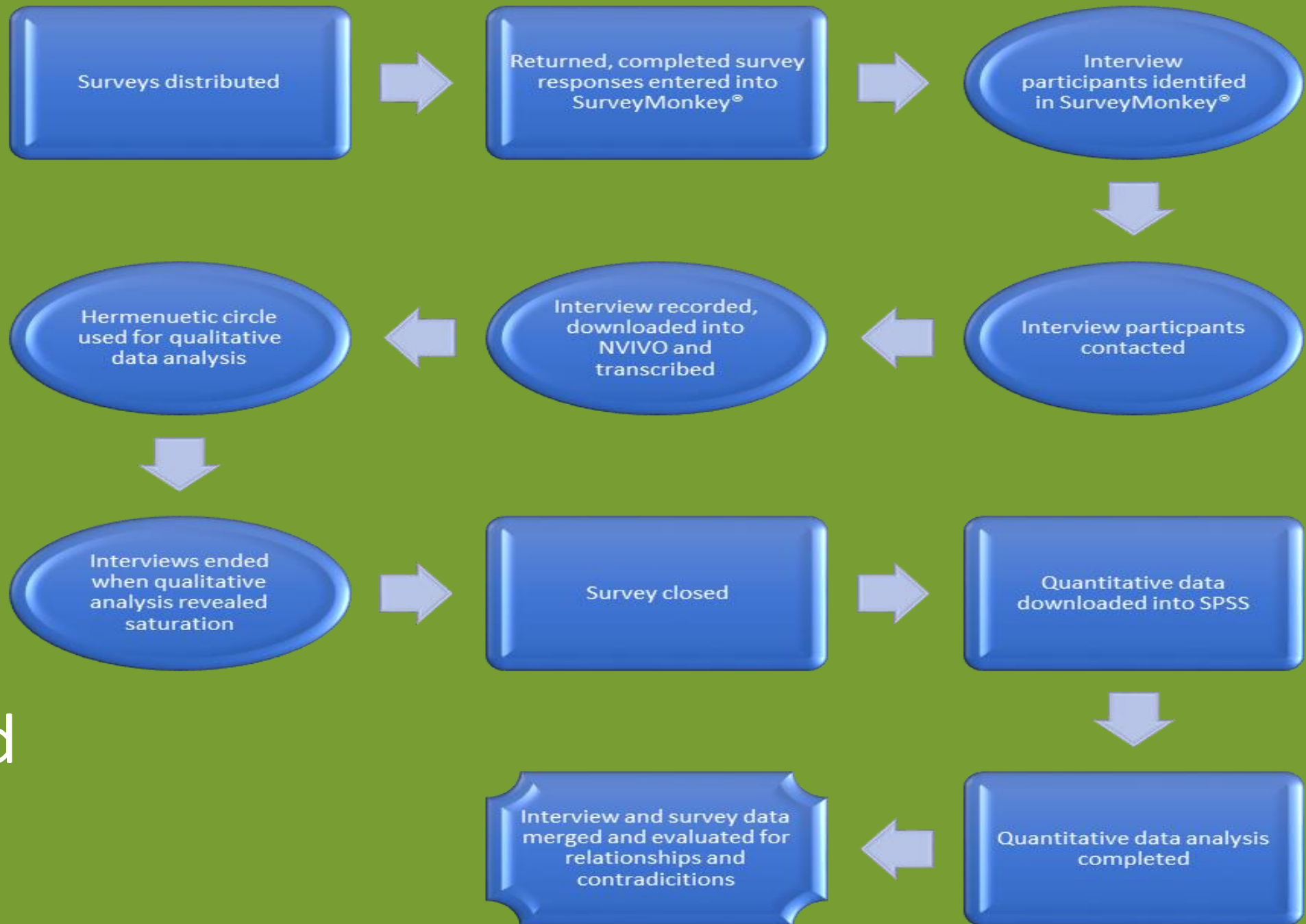
Empowerment

- Possessing control over the circumstances or situation to get the job done
- Informal power
 - related to the individuals' reputation, ability to develop effective relationships and to communicate within the organization.
- Formal power
 - based on the individuals' rank, their level of responsibility, creativity, and decision making

Power affects access to structural factors:

- Information: knowledge about the organizational decisions, policies and goals.
- Support: including advice, emotional support and hands on assistance.
- Resources: access to time, staff and supplies.
- Opportunities: to increase knowledge and skills.

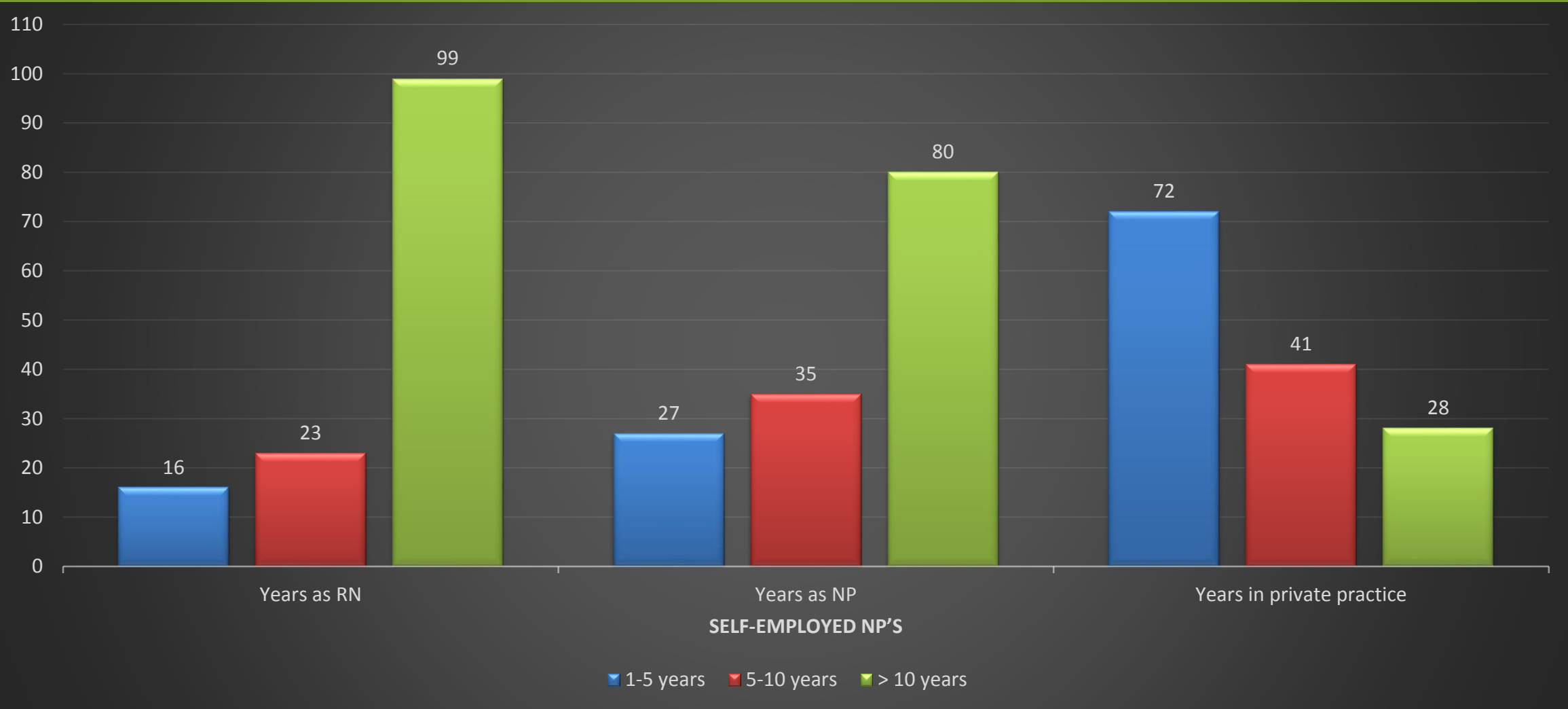
Study Method



Education and Certification

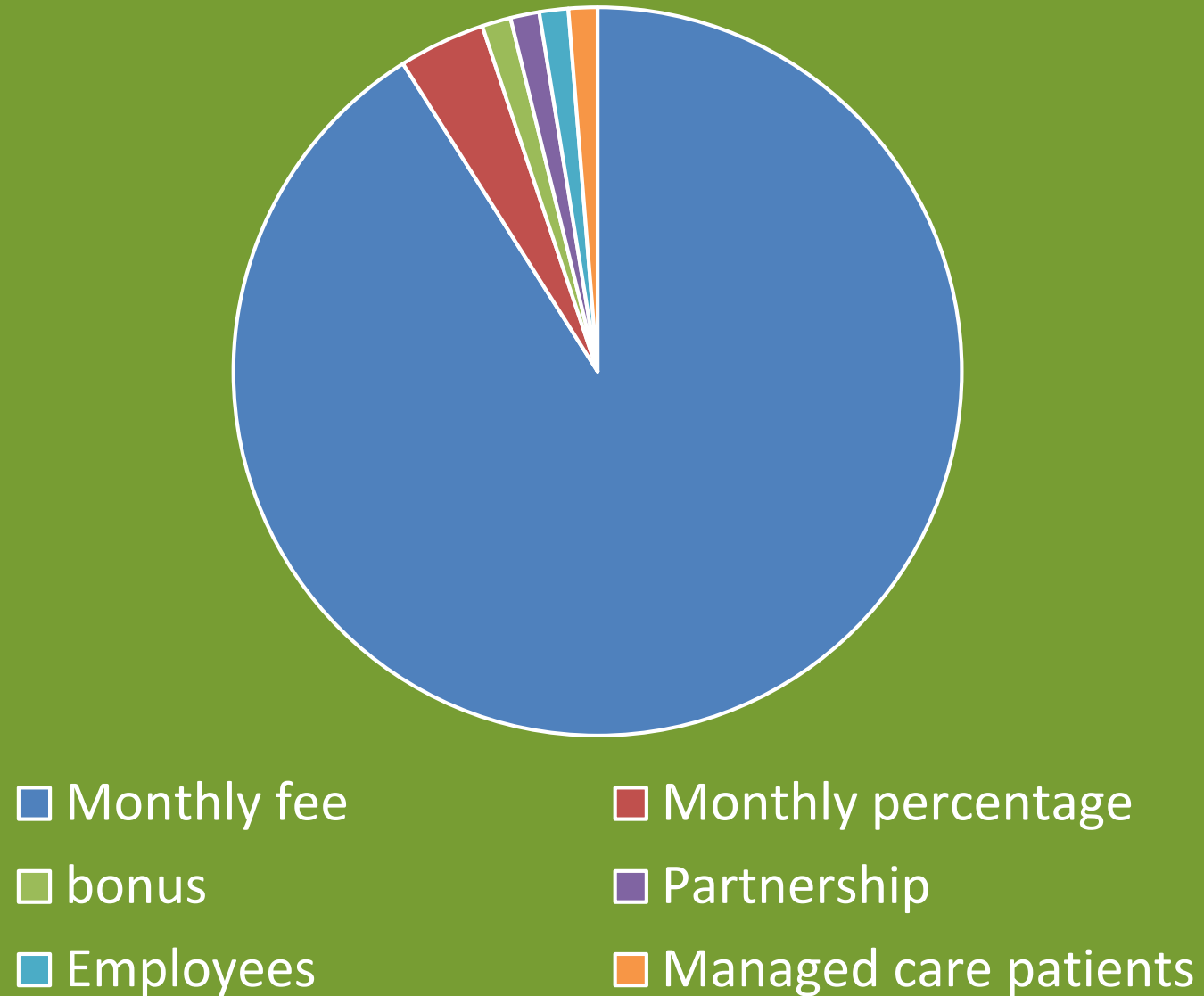
Surveys			Interviews (n = 13)	
Highest Degree (141)	MSN	100 (70%)	MSN	11 (84%)
	DNP	32 (23%)	DNP	2 (16%)
	PhD	9 (6%)		
Certification (140)	AANP	69 (48%)		
	ANCC	45 (31%)		
	Dual	18 (12%)		
	Other	8 (6%)		

Nursing Experience of Self-Employed NPs (N=142)



Surveys			Interviews (n = 13)	
State regulatory environment (n = 142)	Full	60 (42%)	Full	5 (38%)
	Reduced	40 (28%)	Reduced	3 (23%)
	Restricted	42 (29%)	Restricted	5 (38%)
Practice location (n=140)	Rural	64 (45%)	Rural	9 (69%)
	Urban	57 (40%)	Urban	4 (30%)
	Suburban	15 (10%)		
	Multi-site	4 (2.8%)		
Launch practice (n=141)	Yes	130 (91%)	Yes	11 (94%)
	No	11 (8%)	No	2 (16%)
Ownership (n = 142)	Solo	124 (87%)	Solo	11 (84%)
	Co-owner	18 (13%)	Co-owner	2 (16%)

NP Payment (n=82)



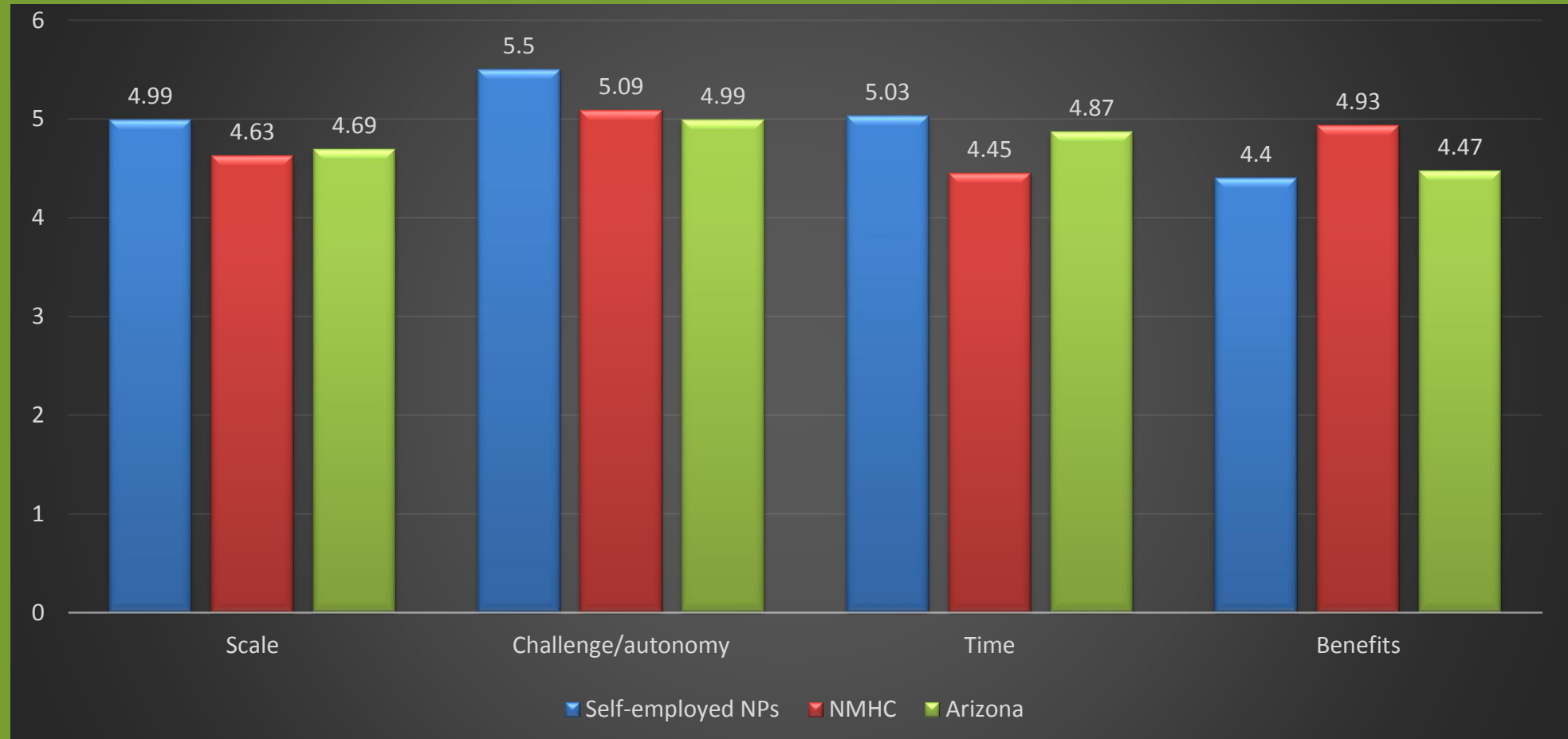
Practice Details (n=142)

- 65% in solo provider practice
- 60% employ an office manager
- 55% employ a billing officer
- 45% employ at least one full-time MA

Primary Reasons for Opening a Practice

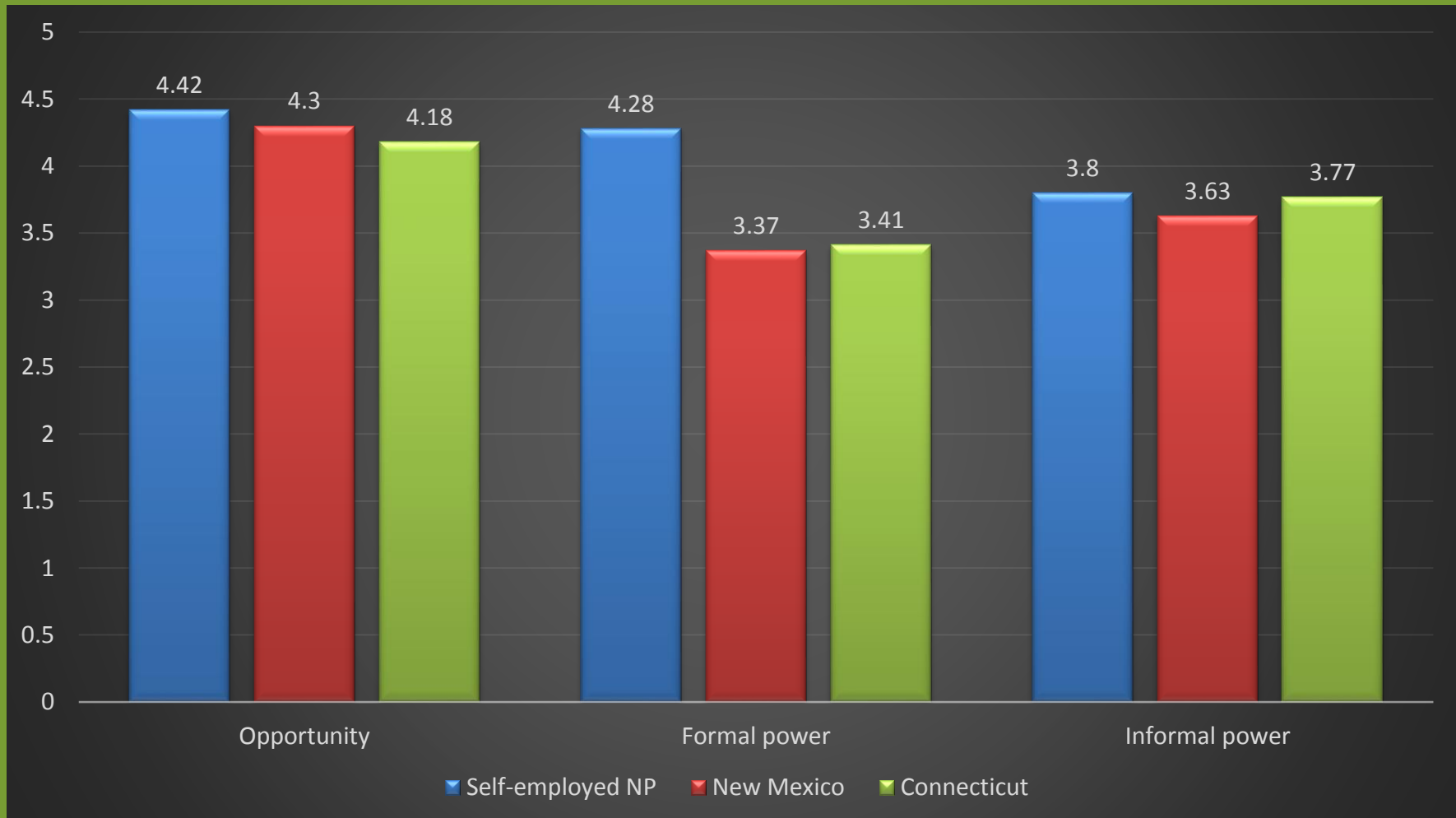
- Autonomy in the interests of patient care
- Personalize and improve patient care outcomes
- Promote new ideas about health and health care.

Cross study comparison of MNPJSS



Nurse Managed Health Centers (Pron, 2013); Arizona, (Schiestel, 2007)

Cross study comparison of CWEQ-II



Qualitative Results

- 13 NPs interviewed
- The majority were female, and had a Master's degree, similar to the survey participants.
- Practices included dermatology, nephrology, pediatrics, three psychiatric practices, five primary care practices, a home care medicine and palliative care, and women's health and wellness.
- State breakdown
 - 5 - full practice authority
 - 3 - reduced practice states
 - 5 - restricted states

Qualitative Codes & Themes

The Journey Begins

- Choosing Private Practice
- Stepping out
- Traversing state scope of practice regulations

Evolving business Acumen

- Lack of formal presentations
- Negotiating relationships and resources
- Navigating billing & insurance companies

Learning day-to-day management of a practice

- Learning from experience – making each dollar count
- Managing the practice ‘human resources’
- Satisfying aspects of owning a private practice are ...
- Dissatisfying aspects of owning a private practice are ...

My practice ‘my way’

- Making practice choices
- Patient outcomes
- Building a business model
- Looking ahead

The Journey Begins

- Stepping out
- Traversing state scope of practice regulations surrounding physician oversight
 - Locating and maintaining
 - Cost

- “NPs gain greater control over the economics of their practice, which is affected by reimbursement, state regulatory model, and the NPs assertiveness, and business and negotiation skills”.

Evolving Business Acumen

- Starting a business
 - Developing skills
 - Accounting
 - Marketing
 - Economics
 - Business law

Learning Day-to-Day Management

- Requires time and energy.
- Managing administrative support in the office was one of the least satisfying aspects of owning a practice.

My Practice 'My Way'

- The NPs were satisfied with their level of autonomy, and sense of accomplishment in being able to run 'my practice my way'.
- Utilized formal power to manage the practice
- Pursued opportunities to grow and expand their practice.

Private Practice



Challenges

- Self-employed NPs face restricted and reduced practice authority in multiple US states due to external economic, social, jurisdictional, and regulatory barriers that require physician oversight or supervision for some aspect of patient care



Economic Barriers

- NPs receive direct reimbursement from Medicaid fee-for-service programs as well as Medicare for services provided
- Medicare reimburses NPs 85% of the physicians fee for the same service
- Third-party reimbursement disparity appears negatively correlated with state regulations
- Top NP Medicare billing states are those with higher numbers of NPs in Health Service areas that do not require physician oversight to provide patient care



Overcoming Economic Barriers

- Preparation
 - Take business classes
- Work with local U.S. Small Business Administration
 - <https://www.sba.gov/>
 - Establishing a business plan
- Learn your market – find your niche
- Do you work part-time and open your practice part-time?



Collaborating Physician

- How will you communicate?
 - Most common telephone – beeper, cell phone, through office manager?
- Identify a reasonable response time – 15-30 mins
- Document in collaborative agreement
- Use electronic communication – EHR, fax for sharing records or follow-up information

Physician Fees

- Buppert recommends:
- determine a reasonable fee
 - review state law to find out the activities required of the physician.
- estimate the hours per year the activities might require
- allot an hourly rate (use the Internet to search for physician pay rates)
- calculate the final total

Physician Fees

Activity	Hours per year	Hourly rate	Annual rate
Review & sign collaborative agreement	1	Based on local rate	
Answer NP's calls/practice questions	4-6 hours	Based on local rate	
Meet with NP	4*		
Chart review	12*		
Annual Total			

Social Barriers

- Historically, physicians have viewed their role as central to health care, preferring a supervisory role over nurses, with some physicians viewing collaboration as undermining their authority
- Interprofessional collaboration can be rewarding and satisfying as well as a tool for growth in knowledge, skills, and self-esteem



Education

- Some physicians believe that NPs lack adequate education, as Medical school requires a bachelors program, then three or four years study
- Since 2012 an increasing number of medical schools have shortened their program to three years
- Texas Tech University Health Sciences Center and New York University accelerated classes have opportunities to move into a full range of specialties including neurosurgery or family practice
- Nurse practitioner education begins with a bachelors degree, a master's APRN degree may take a further two years or more full-time, whereas a DNP degree takes 3 years (year round).
- Specifically for primary care – is the current medical education requirement too long?

Overcoming social and educational barriers

- Educate the public about nurse practitioners
- Discuss plans with others
- Join a local NP group – get together with other NPs in private practice
- Seek out opportunities for interprofessional education and collaboration

Education

- Faculty encourage NP students to consider private practice
- Consider offering business courses in the Master's and Doctoral NP programs
- Nurse Practitioner conferences may want to consider (and continue) to offer business administration sessions
 - Provide opportunities for business owners to share experiences

Jurisdictional

- The Federal Trade Commission recognized that a collaborative or supervisory agreement may restrict true collaboration between providers due to the hierarchal nature of the relationship, therefore impeding innovation, and decreasing productivity while exacerbating the maldistribution of primary care services.
- Research indicates that there is no difference in physician income with changes in regulations allowing nurse practitioners full practice authority



Scope of Practice

- More NPs practice in primary care in states with full practice authority
- NPs need to continue to work with State NP organizations to remove scope of practice restrictions
 - To increase primary care capacity
 - Reduce risk of practice closures due to loss of physician oversight



Regulatory

- Scope of practice regulatory reform focused on supervisory requirements by physicians continues to be a central issue for NPs
- The independence of each SBON has led to differing views on the amount of oversight required for an NP to practice, which can be at odds with local NP groups. State NPAs are dynamic documents and can be opened by the SBON as scope of practice is adjusted.
- Supervisory requirements restrict efficiency and flexibility, NPs are only able to practice where a supervisor is available which may not be where they are most needed

Regulatory

- Each NP needs to understand their state law and be actively involved
- Be involved in
 - Preparation and planning for legislative change
 - Identify and support NP leaders with political ‘knowhow’
 - Communication with key stakeholders and legislators

Impact on liability or malpractice?

- Buppert 2017 indicated a collaborating physician takes on limited liability
- Case review
 - Physicians involved in the care – found liable
 - Physicians not involved in case and fulfilling regulatory supervision requirements - were not found liable
- According to PIAA data (PIAA is a trade association of medical malpractice insurers), closed claims against family medicine and internal medicine between January 2011 through December 2016
 - 67 claims against NPs
 - 1358 claims against physicians

Impact on liability or malpractice?

- Factors impacting NP claims
 - Failure to adhere to SOP.
 - Inadequate physician supervision.
 - Absence of written protocols.
 - Deviation from written protocols.
 - Failure or delay in seeking physician collaboration or referral.
- Consult and refer early
- Complete appropriate new comprehensive exam

<https://www.thedoctors.com/the-doctors-advocate/first-quarter-2018/nurse-practitioner-closed-claims-study/>



CONCLUSION

Private Practice

- Nurse practitioners are in private practice throughout US irrespective of regulatory environment
- Self-employed NPs are empowered and satisfied with private practice
- Viable option for an experienced NP

Private Practice

- Self-employed nurse practitioners in private practice improve patient-centered population health by increasing access to nurse practitioners competent in providing high quality, cost-effective community based care



Any Questions?



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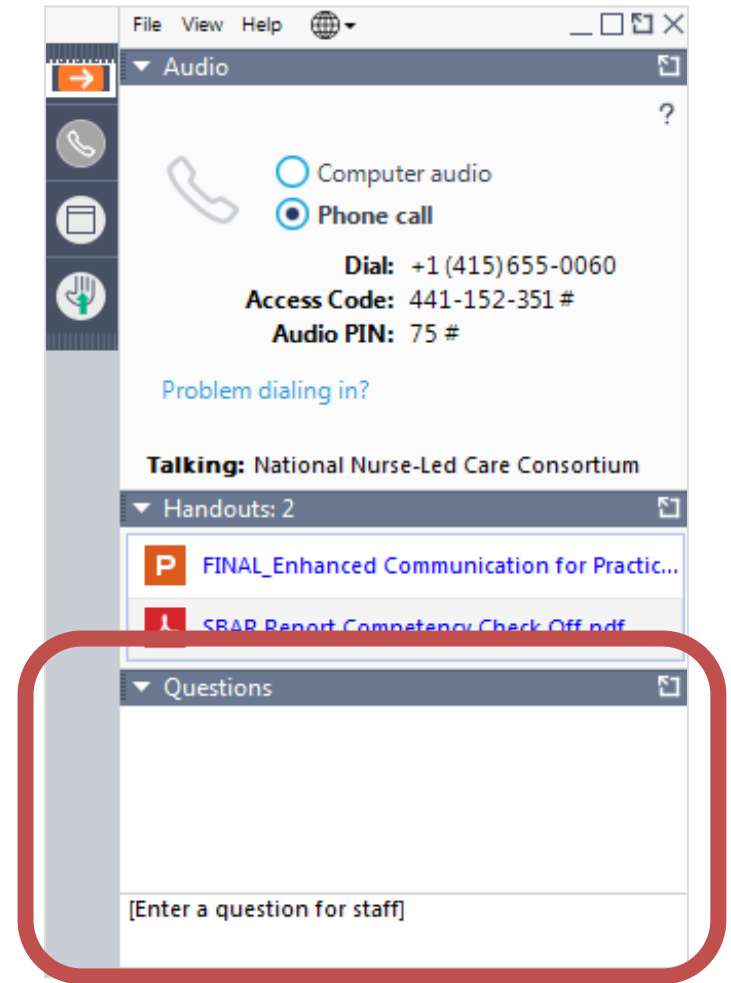


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Other QPP or NP SAN Questions?

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- Email **Joseph Reyes** at jreyes@aanp.org
- Email **Cheryl Fattibene** at cfattibene@nncc.us
- Visit us **online** at <https://www.aanp.org/practice/np-san>
- **Stay up to date** on the latest CE opportunities:
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Coming Up

Successful Transition into NP Practice (Repeat from 2018)



April 10, 2019@5pmEST

Asefeh Faraz, PhD, APRN, FNP-BC

Yale University School of Nursing

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