

3-29-2019

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Jana Zwilling

University of Nebraska Medical Center, jana.zwilling@unmc.edu

Kathryn Fiandt

University of Nebraska Medical Center, kfiandt@unmc.edu

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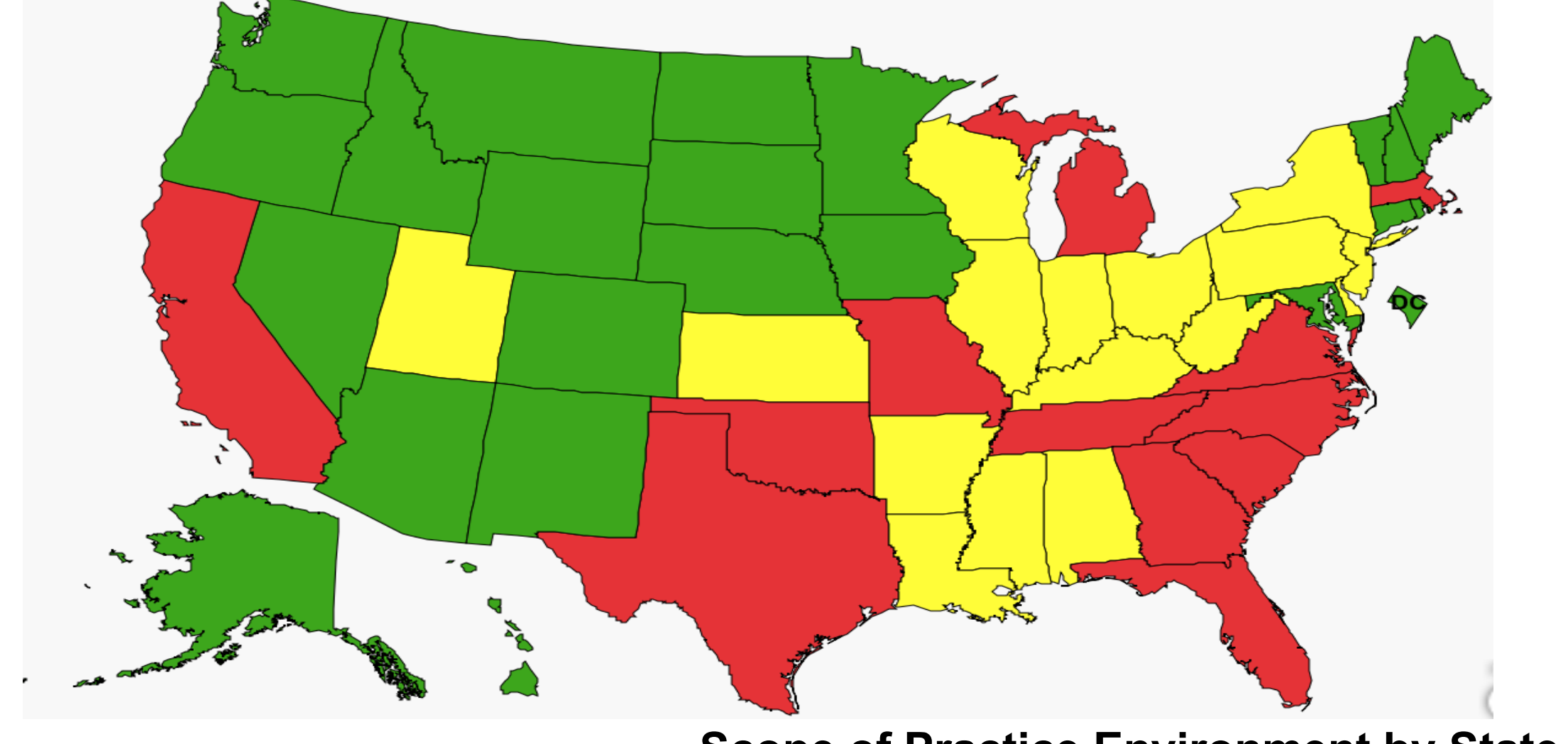
Zwilling, Jana and Fiandt, Kathryn, "Where are we now? Practice-Level Utilization of Nurse Practitioners in Comparison with State-Level Regulations" (2019). *Posters and Presentations: College of Nursing*. 6.
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Where are we now? Practice-Level Utilization of Nurse Practitioners in Comparison with State-Level Regulations

Jana G. Zwilling, MS, APRN, FNP-C and Kathryn Fiandt, PhD, FNP, FAAN
College of Nursing, University of Nebraska Medical Center

Background

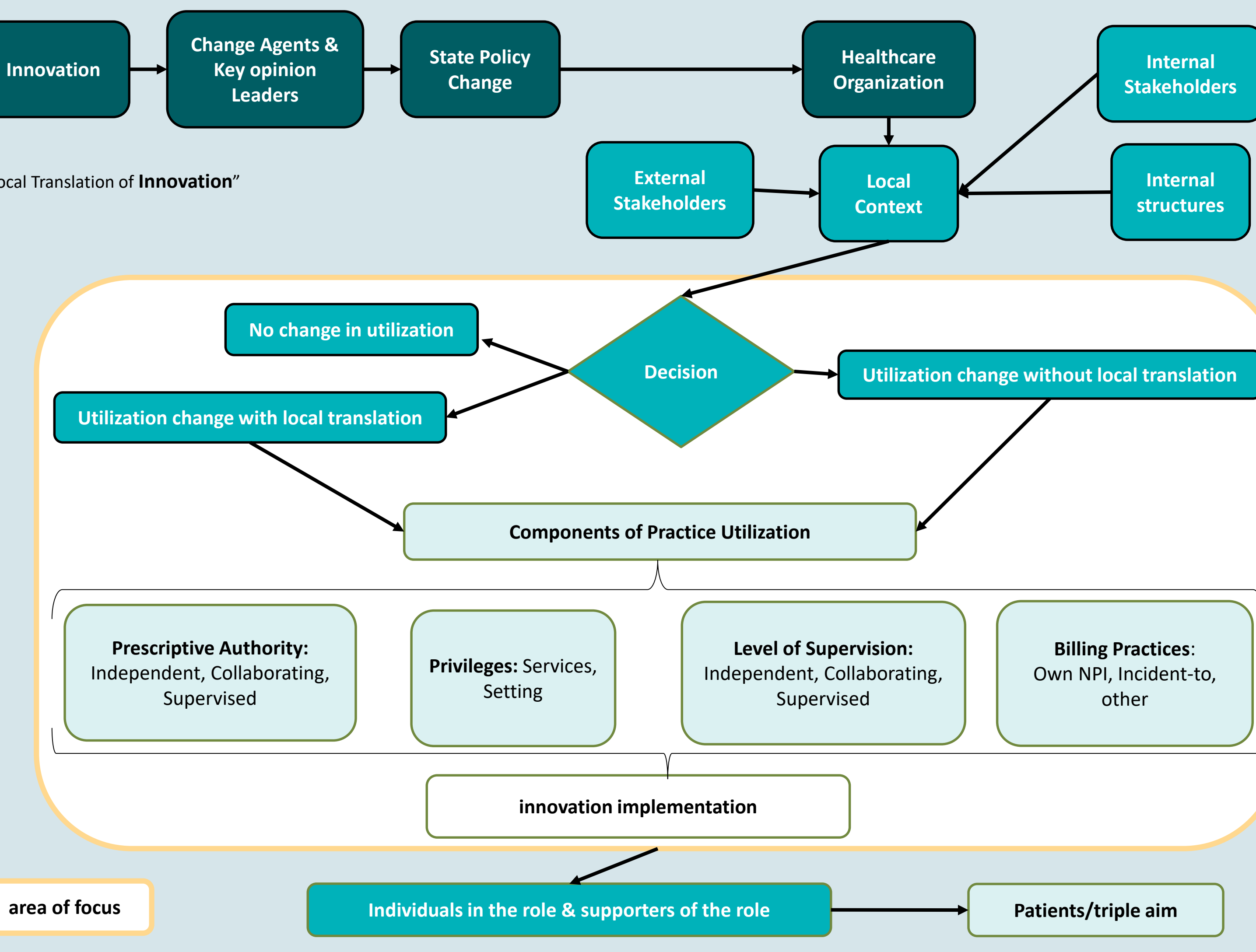


Scope of Practice Environment by State
 Full Practice
 Reduced Practice
 Restricted Practice
American Association of Nurse Practitioners, 2017

- 248,000 licensed Nurse Practitioners in the United States¹.
- 90% of these NPs are certified in a primary care specialty
- high-quality, cost effective care, improve overall access to primary care
- continued variation in regulations of NP practice by state
- some evidence of utilization variability based on organizational factors²

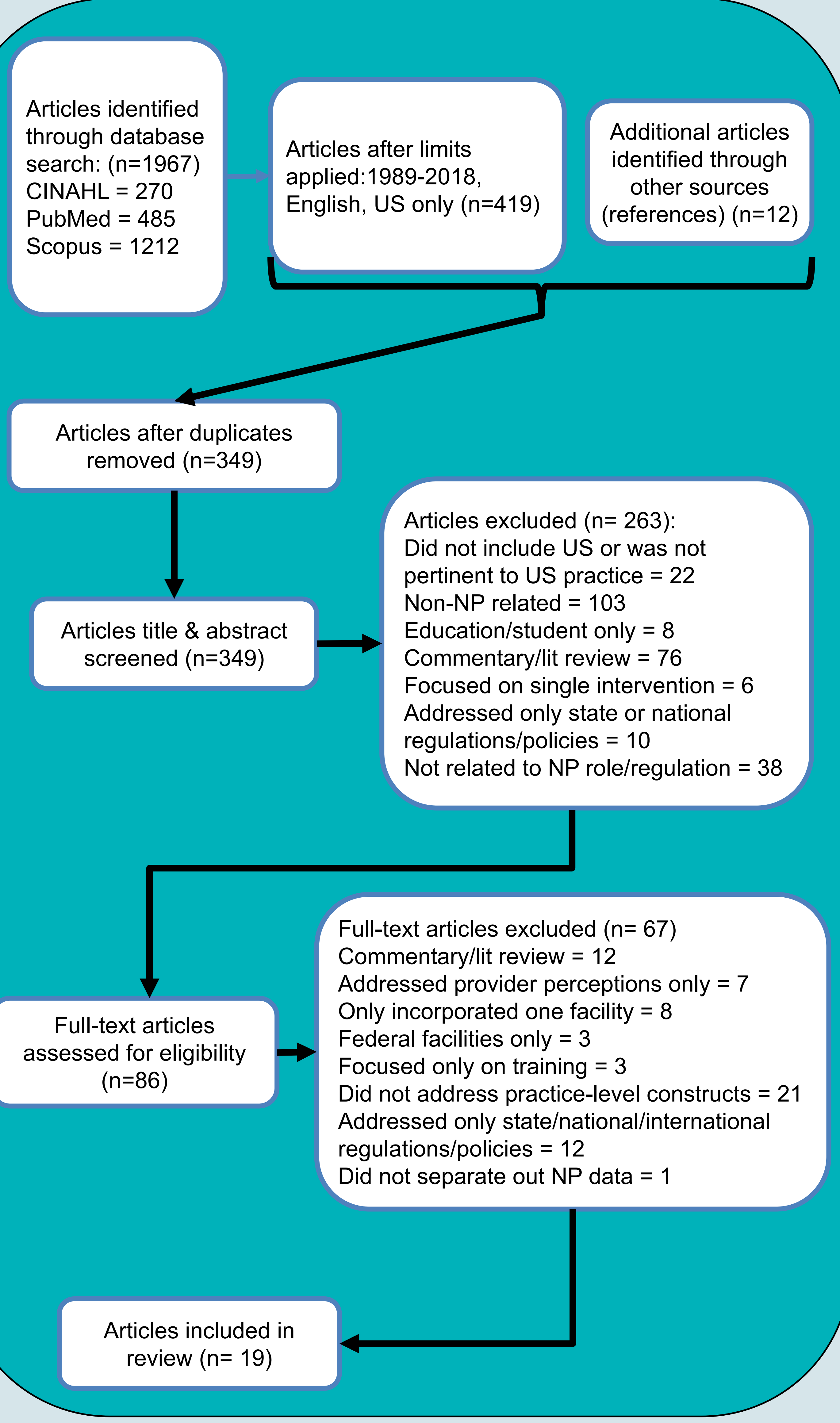
Purpose

The purpose of this integrative review was to synthesize the evidence regarding practice-level utilization of Nurse Practitioners with specific emphasis on potential variations in practice-level utilization in comparison to state-level regulations.



Methods

- Electronic databases: CINAHL, PubMed, and SCOPUS were searched. A manual search of reference lists was also conducted.
- Key words: nurse practitioner, independent practice, full scope of practice, utilization, restriction, role, practice pattern, limitation, credentialing, and privileges



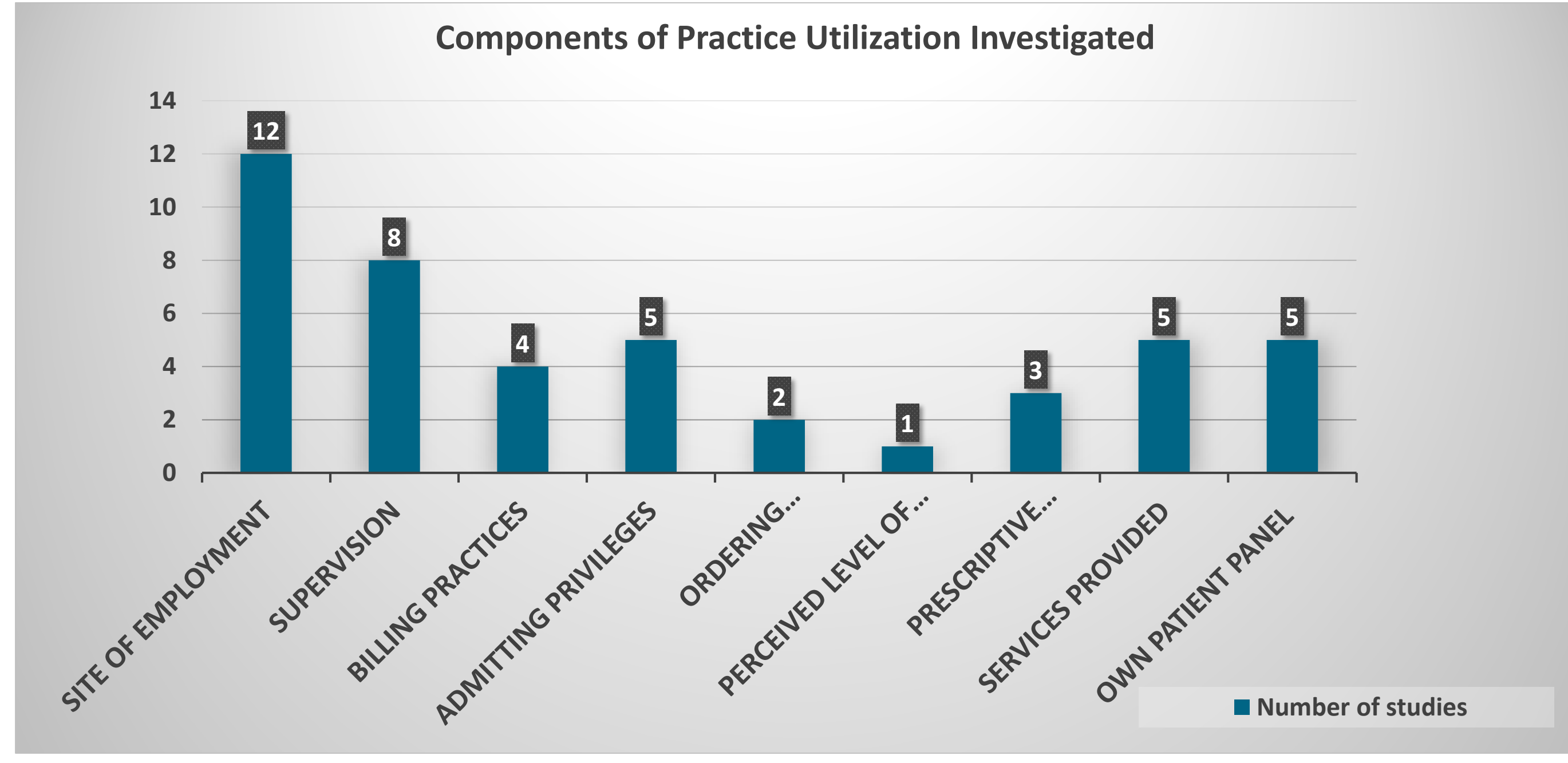
Results

- ### Study Characteristics:
- Published from 1997 to 2018, only two articles prior to 2010.
 - Samples consisted of NPs only, NPs and MDs, NPs and administrators, APRNs, administrators only, and hospital organizations.
 - NP sample sizes between 60 to 13,000.
 - Seven studies included only PCNPs, two used samples of all NP types, one used ACNPs only, one used NNPs only.
 - Nine studies used samples from only one state, six used two states, two used nationwide samples, and one sampled 34 states.
 - Of the NPs sampled, 34% were from suburban areas, 46% were from urban areas, and 20% were rural.

Results

- ### State Regulations:
- Twelve studies either did not address or did not explicitly define the scope of practice in the state or states being included
 - No clear comparison of utilization to state regulation in all but one study.

Practice-Level Utilization:



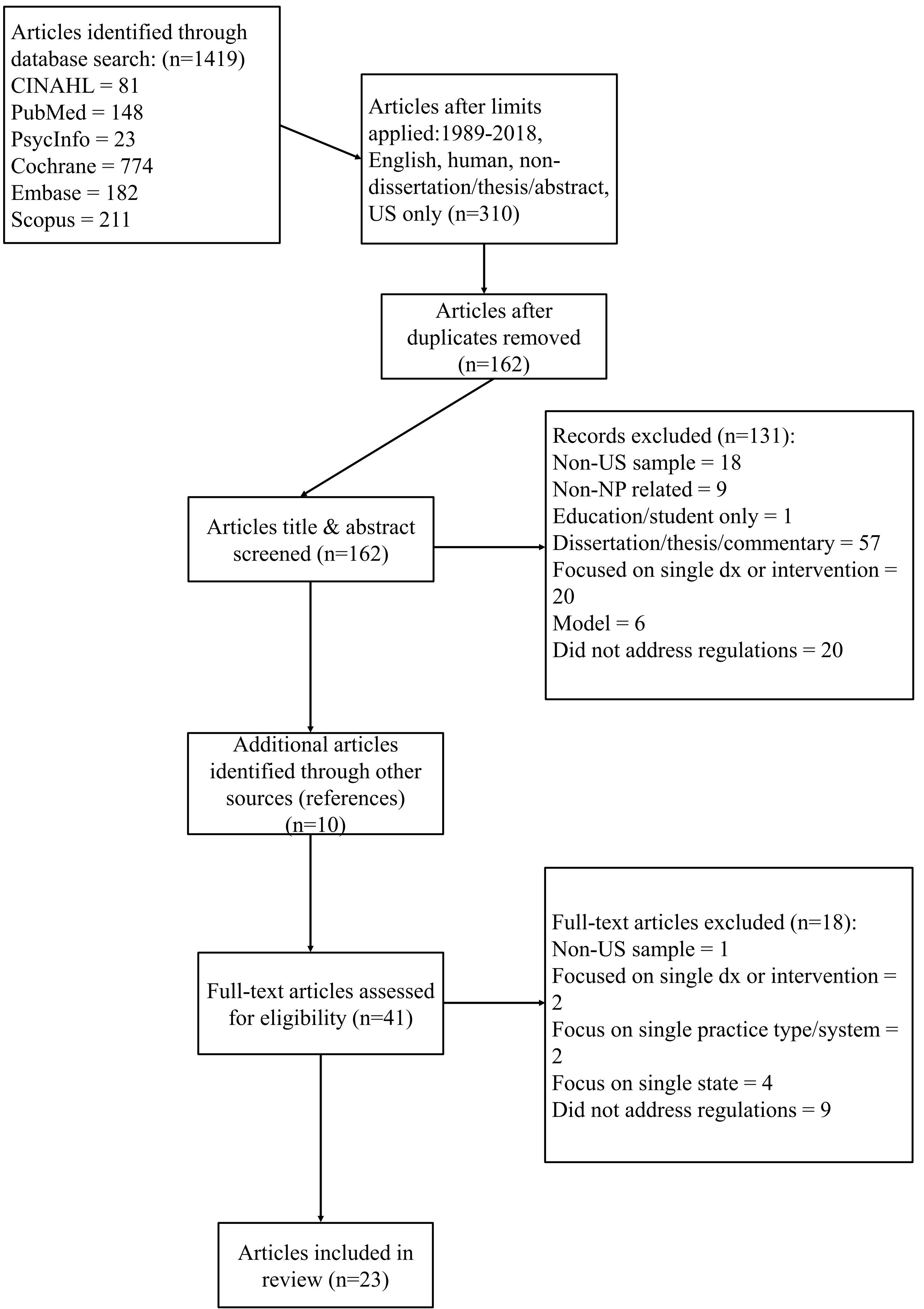
- ### Level of Supervision:
- On average 34.75% of NPs reported no supervision, 56.6% reported a collaborative agreement was in place. 48.5% reported direct supervision by a physician.
 - Up to 75% of rural NPs reported no supervision required.
 - 87%-98% of acute care or specialty NPs reported required supervision of their practice.
- ### Prescriptive Authority:
- Only addressed by three studies.
 - One nationwide study reported 61% of NPs having prescriptive authority, state scope was not defined.

- ### Privileges:
- Few studies specifically defining structured activities of daily clinical practice.
 - Five studies reported admitting privileges, 26.8% of NPs had hospital, 6% with long-term care

- ### Billing Practices:
- Only addressed by four studies
 - 30% of NPs bill under own NPI in collaborative practices
 - 56% of NPs bill under own NPI when not in collaborative practices.
 - Rural NPs have higher rate of own NPI billing, specialty NPs have lower rates of own NPI billing

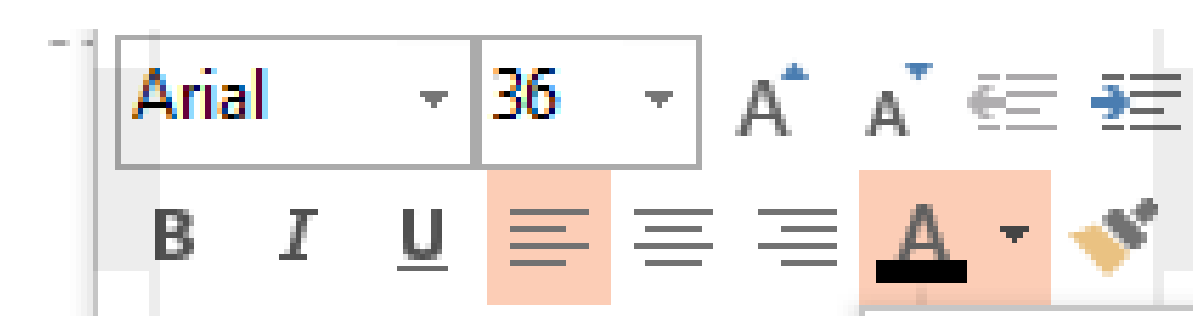
Conclusion

There is a small set of studies exploring the relationship between work environment and support for practice, however, there are no studies that examine the relationship between practice level utilization and state regulations. Given the evidence of the positive impact of NPs and the expansion of state regulations on independent practice, it is essential to identify the impact of practice level restrictions that may result in failure to use NPs at the top of their scope.

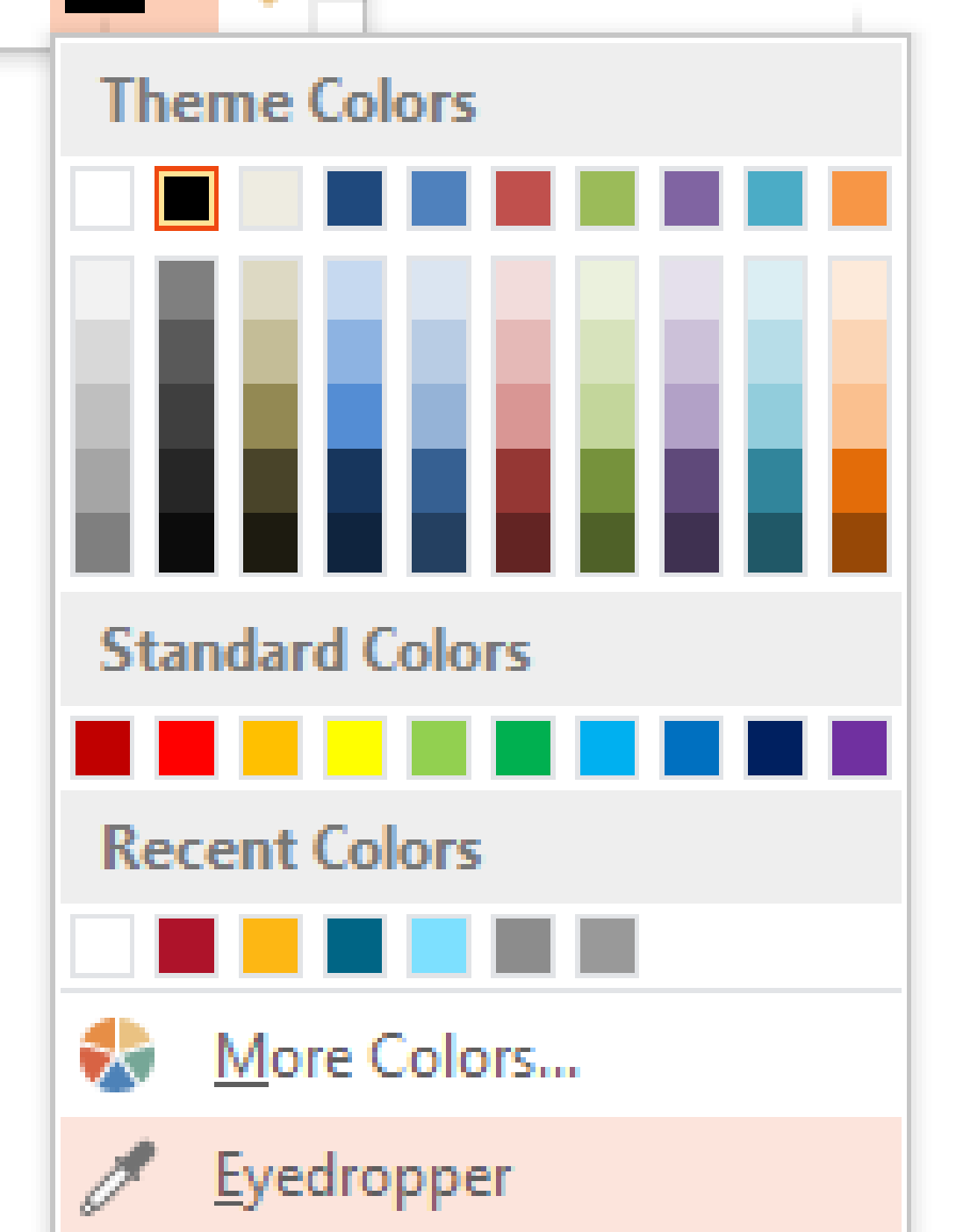


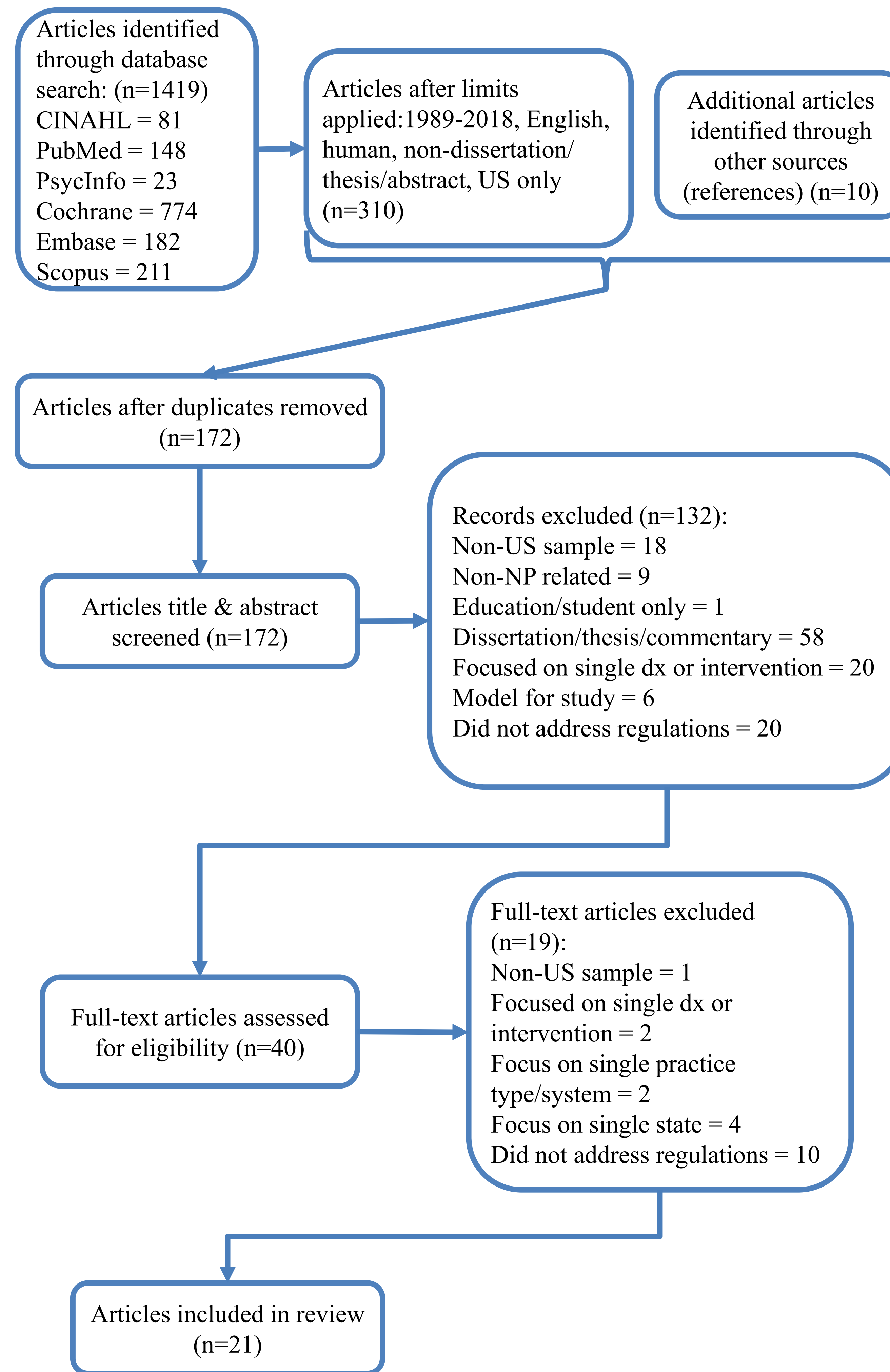
Summary of Results

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Methods

