



PA and NP Workplace Experiences National Summary Report

April 8, 2019



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Dear PA and NP Employers,

Enclosed please find the key findings from the inaugural “PA and NP Workplace Experiences Survey” from the Center for Healthcare Leadership and Management (CHLM). We embarked on this important national initiative to explore the environment in which PAs and NPs practice. Our focus was on hiring and recruitment, onboarding and training, clinical utilization, leadership structure, billing and reimbursement, and productivity reporting and compensation – all key elements to an engaged workforce and excellent patient care.

With the undeniable national physician shortage and the transition to value-based care, your PA and NP workforce is more important than ever. We are experts in PA and NP utilization and recognize that for employers, this workforce plays a critical role in better financial metrics, increased access to care, and excellent patient satisfaction.

We are grateful to the PAs and NPs that took time to complete our survey. Comprehensive reports like this support CHLM's mission of providing employers with strategic and operational guidance on how institutions can best integrate their PA and NP workforce to deliver efficient, high quality team-based care. We have included specific employer recommendations based on this survey's data on pages 8-9.

I hope you find our recommendations useful as you consider your organization's PA and NP structure and policies.

If you have any questions about the report or are interested in finding out more about how CHLM can work with your organization, please don't hesitate to call or email me.

Many thanks –



A handwritten signature in black ink, appearing to read 'J Broderick'.

Jennifer Broderick

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Methodology

A list of 20,000 NPs (nurse practitioners) was purchased from a list rental organization. The list was composed of NPs working in specialties most likely to practice in a hospital setting (including, but not limited to, general surgery, critical care, anesthesiology, oncology), as well as in primary care. Using AAPA's own database, 60,000 PAs (physician assistants) practicing in the same specialties as the NPs were identified.

From those two lists, emails could be sent to a total of 18,120 NPs and 56,549 PAs. Reasons for exclusion included invalid emails, as well as having previously opted out of AAPA emails. The survey was available from August 24, 2018 through October 15, 2018. Due to constraints on the use of the NP mailing list, two emails were sent to the NPs; PAs received a total of four emails.

A total of 3,680 providers participated in the PA and NP Workplace Experiences Survey. This included 230 NPs and 3,450 PAs. A far greater number of PAs compared to NPs took the survey for a variety of reasons, including the number of emails sent and the established relationships between AAPA and the PA community.

Data were compiled and analyzed in SPSS. Tests of column-proportions and Mann-Whitney tests were conducted to establish significant differences between groups. The overall margin of error is +/-1.64% for the PA population and +/- 6.46% for the NP population.

Measures

Only data based on 5 or more respondents are included.

On the text that follows:

- **"NP"** refers to all NPs and APRNs that responded. Since the list purchased was NP targeted, and for ease of reporting, respondents who indicated "NP/APRN" as their occupation in the survey are referred to collectively as "NP."
- **"Median"** are those at the 50th percentile; i.e., 50 percent of responses are above the median and 50 percent are below the median.
- **"%"** refers to the percentage of respondents who provided the indicated response.

Key Insights from the PA and NP Workplace Experiences Survey

SURVEY DEMOGRAPHICS

The median years total in the profession for respondents was 10 years for PAs and 12 years for NPs.² The median number of years worked at their current employer was almost the same between the provider groups: 4 years for PAs and 5 years for NPs. Most often, respondents reported working in an outpatient clinic or physician office (44%), followed closely by working in a hospital setting (39%). Within the hospital setting, PAs and NPs generally worked in the same set of departments, except for the emergency department, where PAs (22%) were more likely to work than NPs (6%).¹

RECRUITMENT AND RETENTION

Over 3 in 5 respondents *did not* receive a formal orientation

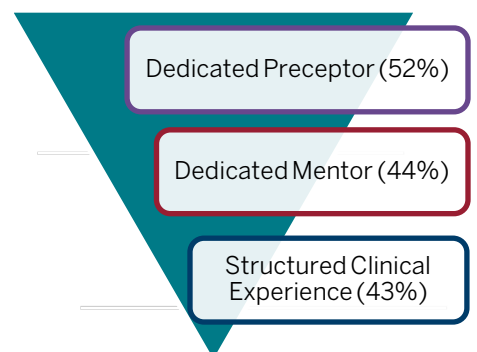
For more than half of all respondents, the following were among the top three considerations when accepting a position:

- The salary and benefits package (91%)
- The culture of the organization (70%)
- Being able to work at the top of their license (56%)

A clear opportunity for improvement by employers would be to offer a formal orientation to the role of PAs and NPs at their institution. Among the survey respondents, 62% said they did not receive this type of orientation.

Among those who received a formal orientation to their PA or NP role, 41% said it lasted less than one month and 42% said it lasted one to three months. The following types of support/education were most likely to be included in their orientation program:

- A dedicated preceptor (52%)
- A dedicated mentor (44%)
- Structured clinical experiences (43%)
- A structured education program (25%)



CLINICAL UTILIZATION OF PAS AND NPS

Nearly 3 in 4 respondents said they are working at the top of their education and experience

1 Differences were statistically significant at the 95% confidence level or higher.

2 Differences were statistically significant at the 99% percent confidence level.

| PA | SCHEDULE OF PATIENTS | NP |
|-----|-----------------------|-----|
| 48% | Own | 53% |
| 16% | Shared with Physician | 12% |
| 5% | Shared with NP/PA | 11% |
| 23% | None | 17% |

Generally, about half of the respondents (both PAs and NPs) reported that they have their own schedule of patients, and another 20% shared a schedule of patients with another PA, NP, or physician. Broadly, more PAs (23%) than NPs (17%) reported that they do not have a patient schedule.² In looking at the patient schedules by specialty, not surprisingly, respondents working in hospitals and urgent care centers most frequently reported not having patient schedules regardless of provider type (hospitals; 41%, urgent care centers; 42%).

Despite the high percentage of PAs and NPs who have their own or shared patient schedules (70%), more than 55% are not provided time in their work schedule to conduct indirect patient-related activities, including electronic health record keeping or follow-up phone calls. Not surprisingly, 48% of all respondents said they are at full capacity with regard to the number of patients they see, and another 20% said they are overextended and overworked.

Almost 70% of respondents reported that their employer utilizes them at the top of their education and experience. This is great news for both the clinicians and their employers. There remains a small percentage (7%) of both PAs and NPs who think that the work they do uses less than half of their education and experience.

One of the few areas where there were differences between the two provider groups were the tasks they perform on a regular basis. Among the patient care tasks that more than half of all respondents perform on a regular basis, significantly more PAs than NPs reported that they:

- Order and interpret diagnostic tests and therapeutic modalities¹
- Prescribe non-schedule medications in an inpatient or outpatient setting¹
- Develop treatment plans¹
- Order referrals and consults¹
- Prescribe Schedule II-IV medications in an inpatient or outpatient setting¹
- See urgent visits¹
- Order blood and blood products¹
- Discharges (i.e., write discharge orders, write discharge summary, conduct medication reconciliation)²
- Perform pre-op H+Ps²
- Perform minor surgical procedures¹

Although fewer than half of all respondents said they perform these tasks on a regular basis, significantly more PAs than NPs reported that they:

- Conduct subsequent hospital visits/rounds with progress notes in an inpatient setting²
- Write transfer orders²
- Perform procedures in an inpatient setting²

¹ Differences were statistically significant at the 95% confidence level or higher.

² Differences were statistically significant at the 99% percent confidence level.

- Order conscious sedation²

There were no procedures that a significantly higher percentage of NPs than PAs reported that they performed on a regular basis.

BILLING AND REIMBURSEMENT

Over half of respondents said their pay was not tied to billing, collections, or RVUs

Among the PAs and NPs who perform procedures, PAs are less likely than NPs¹ to bill under their own NPI and more often report that they do not know how the procedures they perform are billed¹. For billing purposes, only 34% of PAs compared to 55% of NPs submit claims under their own NPI; 42% of PAs compared to only 20% of NPs do not know how claims are usually submitted.

Even though half of all respondents reported that claims are submitted under their own NPI or under a combination of their NPI and a physician's NPI, very few said their compensation was based on billing (13%), collections (9%), or RVUs (16%). Remarkably, 57.1% of respondents said their compensation was not tied to any of these productivity measures. Even among respondents who first assist in the operating room, only 39% reported that RVUs were attributed to them for this activity. Furthermore, many PAs and NPs (52%) reported either that they were not given or were not aware of any report or dashboard that tracked either their productivity or other hospital metrics (e.g., hospital infection rates).

The large majority (87%) of all respondents said they have received some education about documentation and coding. Of those who received documentation and coding training, the majority (61%) received training from their current employer; 25% received training from their PA or NP program; and 18% received training from external programs and resources.

Over 70% indicated their employer provides feedback about documentation and coding. Most received this feedback on a semi-regular basis (59% either annually or quarterly). However, 29% said they do not receive feedback on their documentation and coding from their employer.

LEADERSHIP AND GOVERNANCE

Although 40% are interested in leadership, 50% of respondents say there are no leadership opportunities or a career ladder at their place of employment

Among PAs and NPs who were surveyed, only 17% were in a formal leadership role at their place of employment, though another 27% said they were in an informal leadership role. There is, however, great interest in leadership opportunities with more than 40% of those not currently in a formal or informal leadership role interested in a leadership position.

¹ Differences were statistically significant at the 95% confidence level or higher.

² Differences were statistically significant at the 99% percent confidence level.

The most common formal leadership role held by both PAs and NPs was Chief/Lead PA or NP, a position held by 41% of PAs and 24% of NPs. Nevertheless, both PAs and NPs aspire for even higher positions: 26% hope to become an APP director, 12% want to be a department chair, and 18% would ultimately like an executive level/C-suite position. Unfortunately, almost 50% of respondents believe there are no leadership opportunities or a career ladder for PAs or NPs at their current place of employment, and

Nearly half of all providers indicate they have been involved or are currently participating on a committee. The committees that PAs and NPs serve on are generally the same. Peer Review, Quality Assurance, Leadership, and Education committees were among the top most frequently reported committees participated in for both providers.

OVERALL CAREER AND EMPLOYMENT SATISFACTION

Overwhelmingly, providers are fulfilled by their work and would recommend their career to others

The really good news for PA and NP employers, educators, and students is that 85% of the PAs and NPs who responded to our survey would choose to become a PA or NP again. More than 95% say that they feel fulfilled by the work they do, and more than 92% would recommend their career choice to others.

Despite overall high career satisfaction, burnout is a very real concern. Half of respondents have quit their job at least once due to stress, burnout or a toxic workplace, and another 13% are considering quitting for the first time. Further, half of PAs and NPs indicate some level of work exhaustion, and one-third have some symptoms of burnout present.

1 Differences were statistically significant at the 95% confidence level or higher.

2 Differences were statistically significant at the 99% percent confidence level.

Recommendations for Employers

Based on these survey results, employers who strive to recruit and retain a highly productive and motivated PA and NP workforce should consider implementing the following policies, programs, and practices.

HIRING AND RECRUITMENT

- Make sure your salary and benefits package, including paid opportunities for leadership development and funds for licensure and CME, is competitive. PAs and NPs want to advance into leadership positions, and they are eager to undertake the education and training that will help them meet your needs.
- Among your administrators, physicians and other staff, promote a culture of respect and value for the education, training, and skills that PAs and NPs bring to your workplace.

ONBOARDING

- If you want to make sure your PA and NP workforce can hit the ground running, you have to provide the right starting blocks. Consider adopting one or more of these best practices, which many PAs and NPs say their employer provided to them: dedicated preceptors; dedicated mentors; structured clinical experiences; a structured education program; and/or a peer support group. Many of these options can be offered at a low cost and for a limited time, and the payback is likely to exceed the cost.

CLINICAL UTILIZATION

- Ensure that every department fully understands the capabilities of PAs and NPs, and that your policies support the full utilization of their skills. Don't impose unnecessary restrictions on PA or NP activities that will not only demoralize your staff but hurt your bottom line.
- Your PAs and NPs are qualified and eager to have their own patient schedule. Employers should consider letting them; or risk losing them to the many employers who already do. Additionally, allowing PAs and NPs to have their own patient schedule may reduce wait times to appointment and increase patient access to care – two critical factors in patient satisfaction.

LEADERSHIP AND ADMINISTRATION

- Many PAs and NPs want to move into leadership roles. You can help them prepare for these roles by offering leadership training opportunities and non-CME professional development funds. They will reward you with their loyalty and heightened skills.

- A substantial portion of the PA and NP workforce is feeling overworked and burned out. If employers don't address this issue, PAs and NPs are likely to move elsewhere. One important thing employers can do to combat this critical problem is to provide dedicated time, within their normal work schedule, for administrative and management tasks like completing electronic health records or providing feedback to employees they supervise. Additionally, previous research from AAPA has shown that providing better PTO packages can reduce symptoms of work exhaustion.³

BILLING AND REIMBURSEMENT

- PAs and NPs understand that billing is important to your bottom line. Bring them into the process by providing training about how it works at your organization.
- Make sure that patient care and procedures performed by PAs and NPs are billed appropriately under their own NPI. When you attribute the work of PAs and NPs to a supervising physician, you are unable to accurately track the productivity or work flow of your PA/NP workforce.

PRODUCTIVITY REPORTING AND COMPENSATION

- If you reward physicians based on productivity, then you should also be rewarding PAs and NPs on that basis. This may require some important changes to how you collect data and how you bill, but it will benefit your organization's bottom line by improving retention and clarifying the contributions of every employee.
- Develop and share your organization-wide productivity and performance reports with all your employees. If you want them to act like a team and support the organization's goals, they need to understand what you are trying to accomplish.

³ 2018 AAPA Salary Survey