

Longitudinal Nurse Practitioner Prescribing Data— 2004 Cohort

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INTRODUCTION

The Nurse Practitioner (NP) role in the United States continues to flourish. Both anecdotal references and a variety of research studies suggest that NPs as health care providers are now both recognized and accepted by a growing number of patients. The Bureau of Health Professions, Division of Nursing reports that there are currently 102,829 NPs throughout the US practicing in a variety of primary and acute care settings.

(<http://bhpr.hrsa.gov/healthworkforce/reports/rnsurvey/rnss1.htm>) The need to provide medications for their patients has led NPs to seek legislative action so that now NPs in all 50 states have some degree of prescriptive authority.

The pharmaceutical industry has established mechanisms to collect detailed information about physician prescribing practice but little research attention has been directed to the practice parameters of nurse practitioners. Thus, the information in this prescribing survey of NPs makes a valuable contribution to what is known about this group of health care providers.

This research represents the most recent iteration of data collection in a longitudinal study begun in 1997 and is the largest study about NPs of its kind. Since 1997, research data has been collected yearly using the same methodology and questions. The sample is a convenience sample drawn from approximately 800 NP's in conjunction with several national and regional NP conferences. As the sample represents nurse practitioners from throughout the US, the respondents represent a cross-section of nurse practitioners practicing in different state legal environments.

This current study was again conducted by Nurse Practitioner Alternatives, Inc., an NP-owned continuing education and consulting firm. The survey authors are both NP's with over 20 years experience as clinicians and NP educators. This survey is a continuing effort in the crucial work of documenting NP practice. Questions asked closely parallel last year's investigation; in addition, significantly more data was collected regarding specific medications that NPs commonly prescribe.

A notable finding of the survey is the remarkable stability of NP practice patterns throughout the years. In all categories, NPs continue to treat the same types of patients, to place the same importance on preventative issues and to use the same types of medications, though increasingly they have broadened their role to do that in acute care settings including emergency rooms, urgent care settings and out patient surgical centers. There are few statistically significant variances between data on prescriptive practices since the first survey in 1997. In addition, there is no significant difference in the practice statistics of NPs that have been practicing 4 years or less when compared to those with more years of experience.

I. SAMPLE DEMOGRAPHICS

As in the past, over half the sample has less than 10 years of experience as NP's. This reflects the relative newness of this role. In this survey, 89.4% of respondents held a master's degree or higher, which reflects a gradual increase in preparation at this level from that of previous surveys. This reflects the growing emphasis on master's degree educational preparation for NP's over the last 10-20 years. See exhibit I.A.

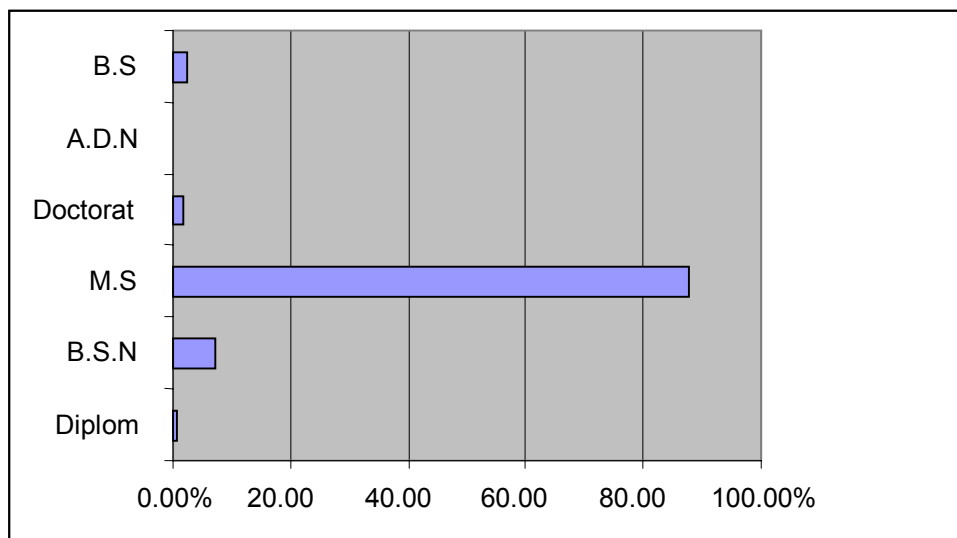


Exhibit I. A, Educational preparation

The majority, 60.1%, of NP's in this survey were practicing in ambulatory settings, including HMO's, school health, and private clinics or offices, including 4.7% who self-described their practices as independent. A relatively small but growing number of NPs describe their practice site as hospital inpatient settings, where 17.6% of this audience was practicing. This is reasonable given the growing trend towards acute care roles for nurse practitioners. A surprising number of respondents (14.7%), however, selected "other" as their practice settings, clearly pointing to the need to obtain more specific details about these settings in future years.

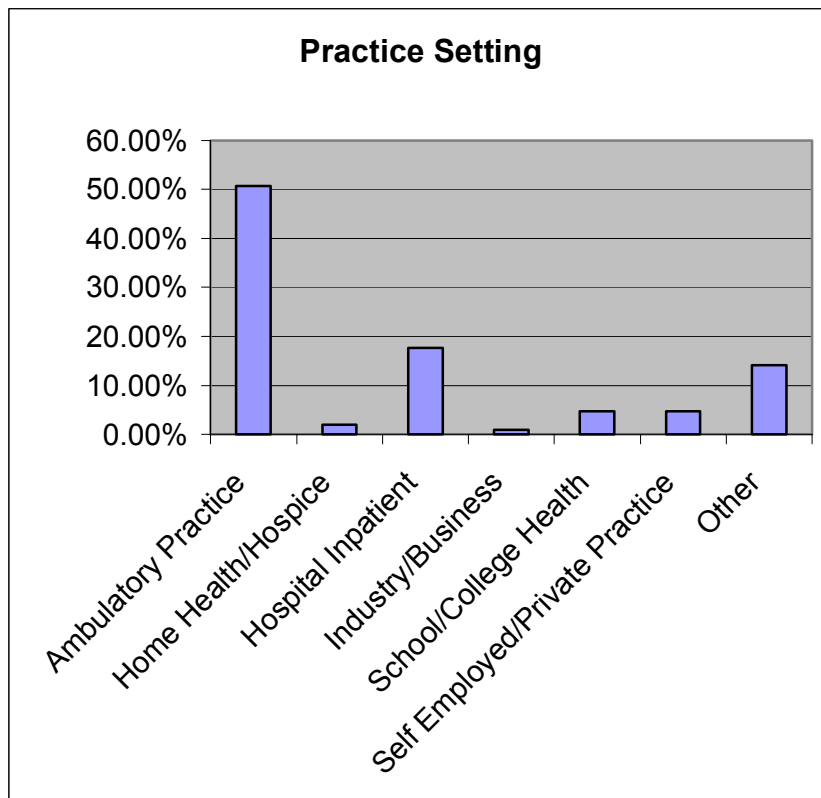
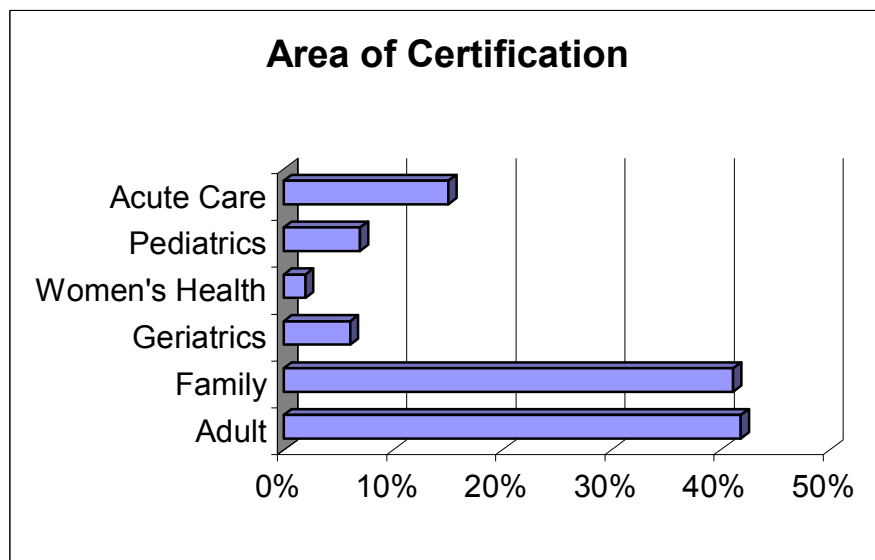


Exhibit I.B Areas of Practice of Nurse Practitioner

Adult (41.9%) and family (41.2%) nurse practitioners (FNPs) made up the largest number of respondents. While pediatric and women's health NP's made up only 7% and 2% respectively of this audience, large numbers of the family NP's in the survey cared for women and children. Refer to table I.D for a sample of types of patients seen. Clearly there is a large overlap in the categories of patients seen by NP's with different types of preparation.



I.C Areas of National Certification for Nurse Practitioner Sample

WHAT TYPES OF PATIENTS DO NP'S SEE?	
Geriatric	18.7%
Adult	50.0%
Women's Health	18.0%
Pediatric	15.3%
Family	38.5%

Exhibit I.D. Types of Patients Seen By Nurse Practitioner Sample

In the 2004 survey, 70.8% of the attendees were in full time clinical practice; 27.7% were in part time clinical practice, and 1.5% were not practicing. For those nurse practitioners who have passed examinations giving them national certification as nurse practitioners, clinical practice is mandatory in order to maintain certification.

II. NURSE PRACTITIONER PRODUCTIVITY:

Table II.A documents the average number of patient encounters per day. As was seen in previous years, a very small number of respondents, 3.8%, saw less than 5 patients per day. These NP's are predominantly in home care or hospice practices where the intensity of the client encounter and the need for travel restrict their ability to see larger numbers. This is compared to 20.8% who saw more than 20 patients per day. The majority of nurse practitioners saw between 11 and 15 patients per day (28.8%) or 16 to 20 patients per day (24.2%). These numbers illustrate the growing demands for increasing productivity with a decrease in time allowed for individual patient encounters.

Table II. A Number of Patient Encounters/Day

Number of Patient Encounters	Percentage
Less than 5	3.1%
6-10	16.7%
11-15	27.8%
16-20	31.2%
More than 20	21.1%
Total	100%

Exhibits II. B-E document the types of patient encounters in an average NP practice. These numbers continue to illustrate the wide variety of patient encounters in NP practice and the continuing importance that NPs place on the health promotion component of their role. There has been a notable, steady, albeit small increase over the 9 years of this survey in the number of patients seen for such chronic health conditions as asthma, hypertension and diabetes. In addition, there has been a significant increase in the number of NPs who report that they do not see any patients for routine health maintenance (17.1% in 1997 vs. 34.1% in 2004); this likely reflects the increased numbers of NPs practicing in acute care settings.

Table II.B Patients Seen for an Acute, Self-Limiting or Episodic Health Problem

Patients Seen for Acute Health Problem	Percentage
None	11.4%
1-25%	23.9%
26-50%	30.6%
51-75%	18.0%
76-100%	16.1%

Table 11.C Patients Seen for a Chronic Health Problem

Patients Seen for a Chronic Problem	Percentage
None	5.9%
1-25%	34.4%
26-50%	23.8%
51-75%	18.4%
76-100%	17.6%

Table 11.D Patients Seen for Health Maintenance Activities

Patients Seen for a Chronic Problem	Percentage
None	34.1%
1-25%	38.4%
26-50%	16.5%
51-75%	6.7%
76-100%	4.3%

Likely reflecting the role orientation of NPs, which places significant emphasis on patient education and counseling, for the first time in 2004, more than 50% of NPs reported that 76-100% of their patient encounters required them to engage in patient education, counseling, teaching

Table 11.E Patients Requiring Education, Counseling*

Patients Seen for a Chronic Problem	Percentage
None	1.9%
1-25%	10.9%
26-50%	12.5%
51-75%	17.1%
76-100%	57.6%

*Medication use, discussion of life-style changes, parenting, stress reduction, smoking cessation, prenatal teaching.

III. NURSE PRACTITIONER PRESCRIBING ACTIVITY:

Again this year, respondents were queried about numbers of prescriptions written in an average day as well as specific medications that they prescribed. They were also asked about numbers of recommendations for OTC drugs that they made in a typical day. This information documents in very clear terms the breadth and depth of medications used by NPs and underscores the importance of pharmaceutical representatives detailing to this type of health care provider. It is also notable that the types and amounts of medications prescribed by NPs has remained remarkably consistent over the years.

Table III. A Average Number of Prescriptions in a Typical Day

Number of Prescriptions	Percentage
None	3.5%
1-5	15.7%
6-15	35.4%
16-25	27.6%
More than 25	17.8%

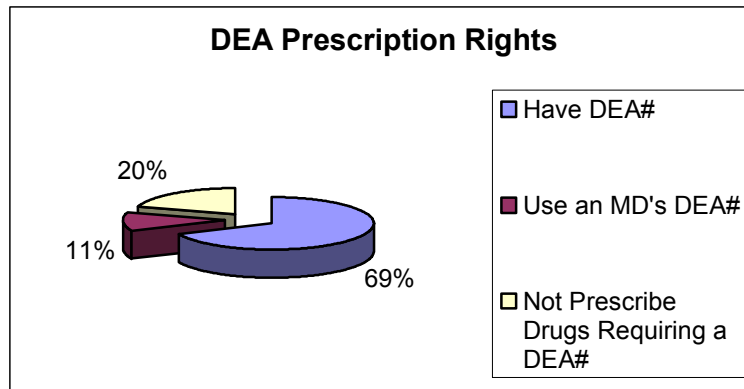
Table III. B Percent of Prescription and Non-Prescription Products Recommended by Brand Name

Number of Prescriptions	Percentage
None	8.3%
1-25%	32.8%
26-50%	26.9%
51-75%	20.9%
76-100%	11.1%

Over 98% of respondents reported that they make these brand name recommendations only after being asked to by their patients. Clearly, patients see their NP as a source of information about both prescription and over-the-counter medications.

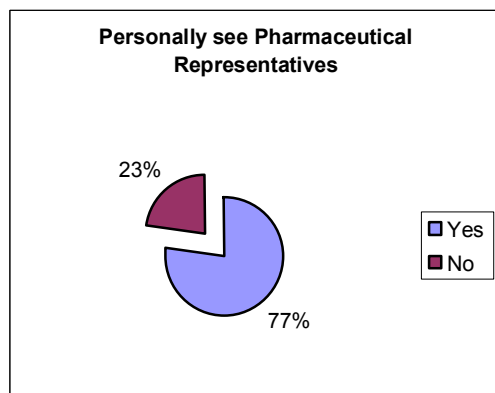
Most state laws allow NPs to write for both legend and controlled substances.

Exhibit III.D. Number of NPs Who Have Own DEA Number



Most state laws allow NPs to write for both legend drugs and controlled substances. Every year of the survey, more NPs have reported that they have their own Drug Enforcement Administration (DEA) number; 69% of this year's respondents have their own DEA number, the largest percentage ever reported. This is a reflection of increasing recognition of the role of NPs as primary care providers. It does not appear to have heralded a significant change in NP prescribing practices, as there has not been a large increase in the number of NPs reporting that they routinely prescribe controlled substances.

Exhibit III.E Percentage of NP's Who See Pharmaceutical Representatives



Nurse practitioners continue to interact with pharmaceutical field representatives in their practice settings. See Exhibit III.E.

Table III.F illustrates that a large percentage of NP's give drug samples to patients at least some of the time. Only 34.2% reported never giving product samples. It should again be noted that there are some populations in which distribution of samples is prohibited (i.e. military settings, prison populations). It is likely that samples are not available in the settings in which NPs report they are not being given.

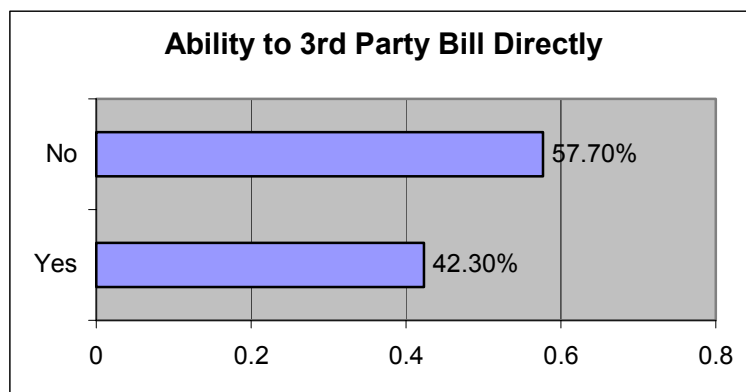
Table III. F Number NPs Distributing Product Samples to Patients

Give Product Samples	Percentage
Frequently	43.3%
Occasionally	22.4%
Never	34.2%

IV. Nurse Practitioner Reimbursement

While 57.7% of the nurse practitioners reported that they had no ability to bill patients on their own, this is a smaller number than in previous years. Despite this ability, the majority of patient encounters continue to be billed under the physician's name rather than under the NPs name.

Exhibit IV.A NP Ability to Direct Bill Under Own Name



Despite the financial dependence on physicians, the majority of patient encounters are managed independently without physician consultation. This year's percentage, 61.5%, documents the growing trend in this area and is the highest percentage of any survey year, as illustrated in Table IV.B. These last

two tables demonstrate that while NP's may have a high degree of professional independence, they are financially tied closely to physicians.

Table IV. B Percentage of Patient Encounters Managed Without Physician Consultation

Independent Patient Encounters	Percentage of Visits
None	2.4%
1-25%	5.6%
26-50%	10.3%
51-75%	20.2%
76-100%	61.5%

NPs may be managing patients without physician consultation for several major reasons: The physician may not be at the same site; the tasks involved are repetitive and do not require physician consultation; or the NP is experienced enough that there is decreased need for the NP to consult directly with the physician.

Most NPs choose to practice with physician groups and many work under state requirements that they have a collaborative agreement with a physician consultant. Few NPs enter into solo practice and no NP practices without consultation and appropriate referral to the physician community.

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