



Professional Profile of
NPs and PAs

Nurse Practitioners and Physician Assistants
Market Insights Series

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Introduction to Mid-Level Providers

The expanding role of advanced nurse practitioners (NPs) and physician assistants (PAs) in the delivery of primary healthcare services is one of the major trends to emerge since the adoption of the Affordable Care Act. Since then, a number of factors have been placing significant pressure on state legislatures to expand scope-of-practice laws -- including the authority of NPs and PAs to write prescriptions without the supervision of a doctor.

One of those factors is the primary care physician shortage, particularly in rural areas, which the Association of American Medical Colleges projects will reach between 46,100 and 90,400 by 2025. Another factor is the rise in demand for elderly care: The U.S. Department of Health and Human Services estimates that 27 million seniors will require complex, long-term care by 2025.

Introduction (cont.)

NPs and PAs are advanced medical providers who hold at least a master's degree and must be nationally certified to write prescriptions for controlled substances. According to Nurse.org, 24 states have granted NPs full practice authority, 16 states have reduced practice laws, and 11 have restricted laws as of March 1, 2017. Legislators in Massachusetts, Pennsylvania and North Carolina are also considering expanding scope-of-practice laws for NPs. PAs, on the other hand, have “full prescriptive authority” in all states except Oklahoma, Arkansas, Georgia, West Virginia, Maine, Pennsylvania, Iowa, Kentucky and Missouri. Full prescriptive authority is not automatic, however. Rather, it allows supervising physicians at medical practices to decide whether or not to grant PAs the authority.

The job outlook for NPs and PAs is one of the strongest across all industries: the U.S. Bureau of Labor Statistics estimates a growth rate of 19 percent by 2020. And with pressure mounting to give NPs and PAs more autonomy, healthcare stakeholders should ensure that their sales and marketing efforts include this booming market of influencers. Medical device manufacturers, healthcare IT vendors, health consultants, researchers and publishers should all be looking for new opportunities among NPs and PAs, who have the ability to diagnose illnesses and injuries, perform examinations, provide treatment plans and prescribe medications.

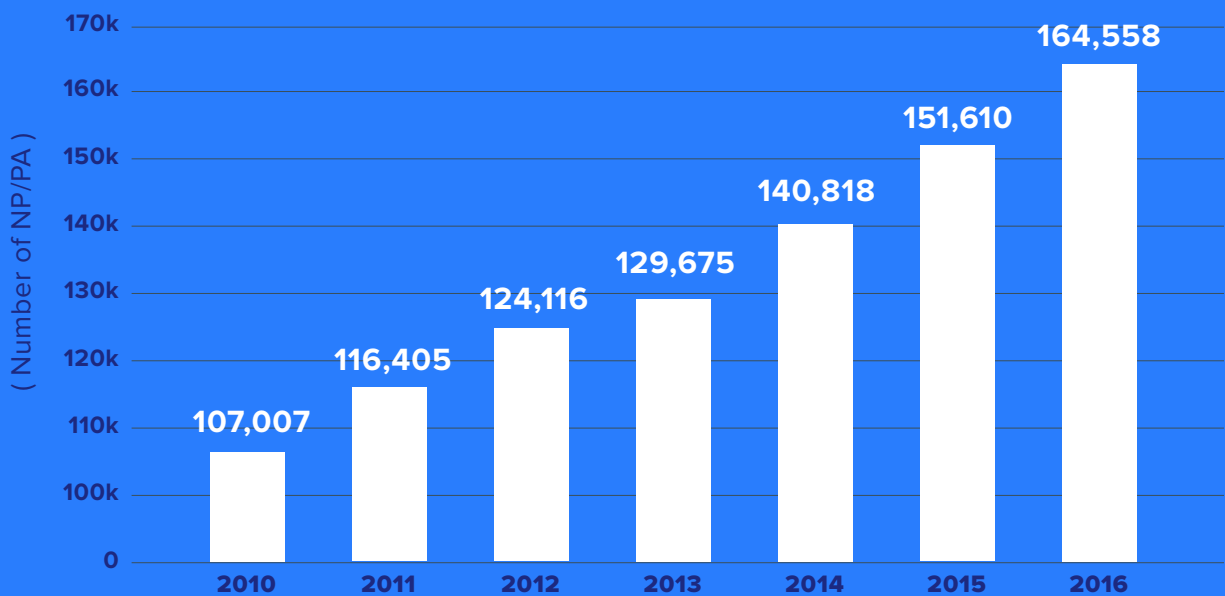
This market insights report from SK&A is based on telephone interviews and other secondary research with approximately 302,200 U.S. medical offices, conducted between January and June 2017 by QuintilesIMS.



NPs and PAs by Number and Gender

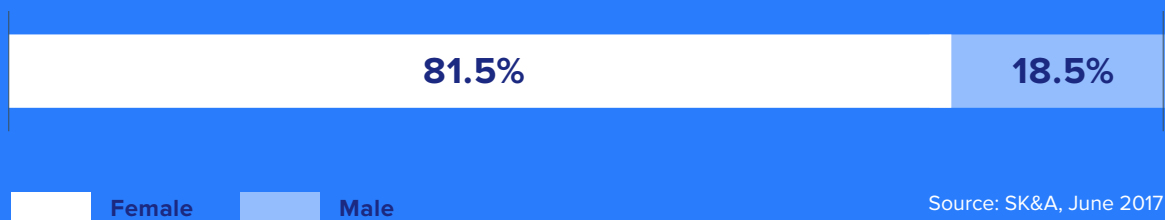
The job offers keep rolling in for these highly trained clinicians! The profession jumped by more than 10,000 workers per year for the past three years and nearly 54% since 2010 when this benchmarking began. They practice mostly in medical offices and clinics but demand for their skills is increasing at hospitals. Most NPs and PAs (81.5%) are female.

Growth of Office Based NPs and PAs



Source: SK&A, June 2017

NPs and PAs by Gender

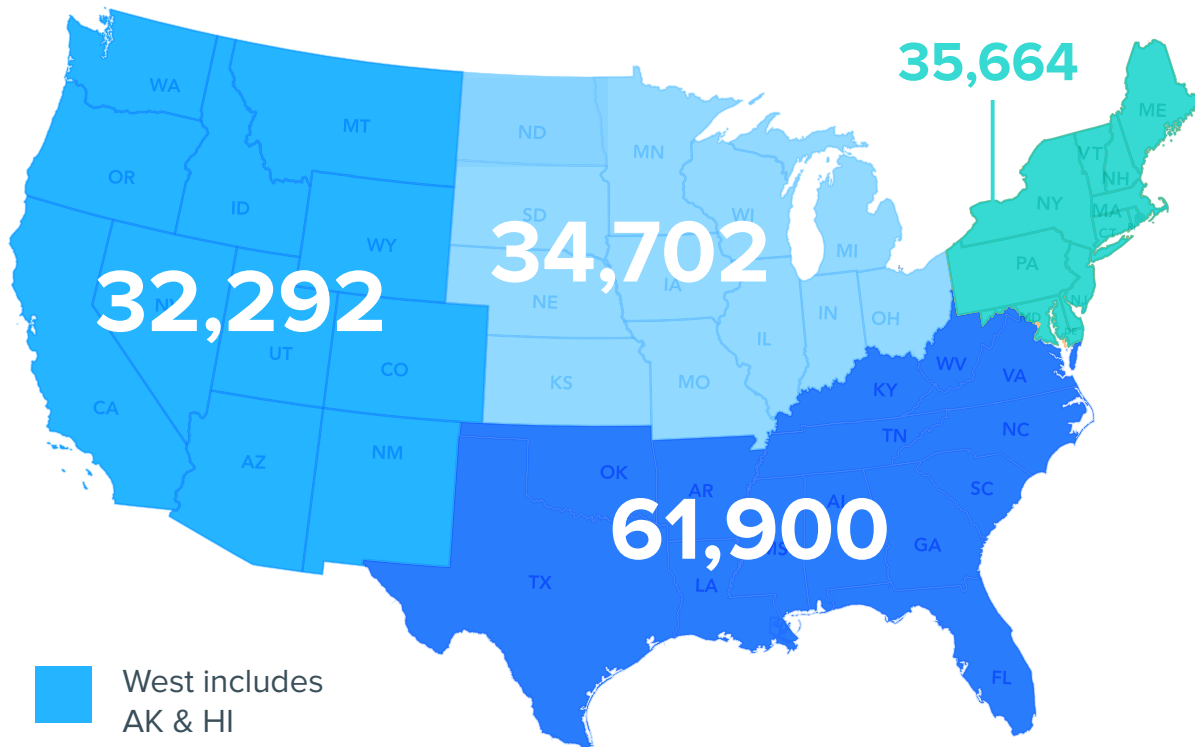


Source: SK&A, June 2017

U.S. Mid-Level Professionals by Region

The southern quadrant which includes the populous states of Florida and Texas dominates for NPs and PAs with 61,900 employed there. The South is home to many of the industry’s largest health systems, such as Tenet and Ascension, who are creating career opportunities through their expansion.

U.S. NPs and PAs by Region



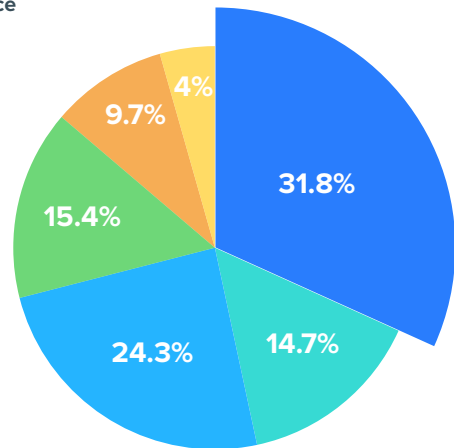
Source: SK&A, June 2017

Practice Size and Patient Volume

NPs and PAs are mostly employed in offices where there is just one practicing physician (31.8%). This makes sense as these mid-levels are qualified to manage the day-to-day office visits and treatments in the absence of the owner-doctor. Demand for NPs and PAs is less when office size increases. The same essentially holds true for patient volume—in offices where there are fewer daily patient visits there are more mid-levels running the show.

Office Size Range

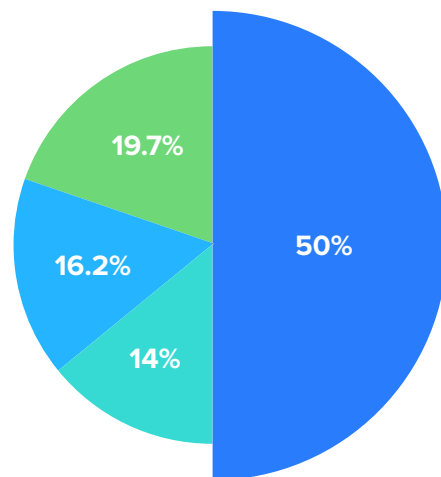
No. of Doctors Per Office



Source: SK&A, June 2017

Patient Volume Range

Daily Patient Visits



Source: SK&A, June 2017

HEALTH SYSTEM OWNED



33.9% of practices

HOSPITAL OWNED



22.6% of practices

INDEPENDENT



36.9% of practices

Source: SK&A, June 2017

Ownership of Practices Employing Mid-Levels

NPs and PAs, as expected, work predominately in medical offices that are independently owned (36.9%) However, practices owned by health systems are the fastest growing sector in terms of providing opportunities and responsibilities for mid-levels.

IHS Employment and ACO Participation

Employing 736 NPs and PAs, Community Health System of Franklin, TN, has the largest work force of mid-levels among the nation's integrated health systems, also referred to as integrated delivery networks. Most mid-levels, however, are not part of large health systems.

Accountable Care Organizations are drawing mid-levels into their operations, with HealthCare First South of Los Angeles managing the most practitioners at 831. ACOs provide efficiencies and savings for population health management and are delegating more to mid-levels.

Top 5 IHS employing NP/PA

	IHS Name	# of NPs/PAs
1	Community Health System Inc	736
2	Mercy Health System	623
3	Novant Health	608
4	UPMC	560
5	Baylor Scott & White Health	496

Source: SK&A, June 2017

Top 5 ACO employing NP/PA

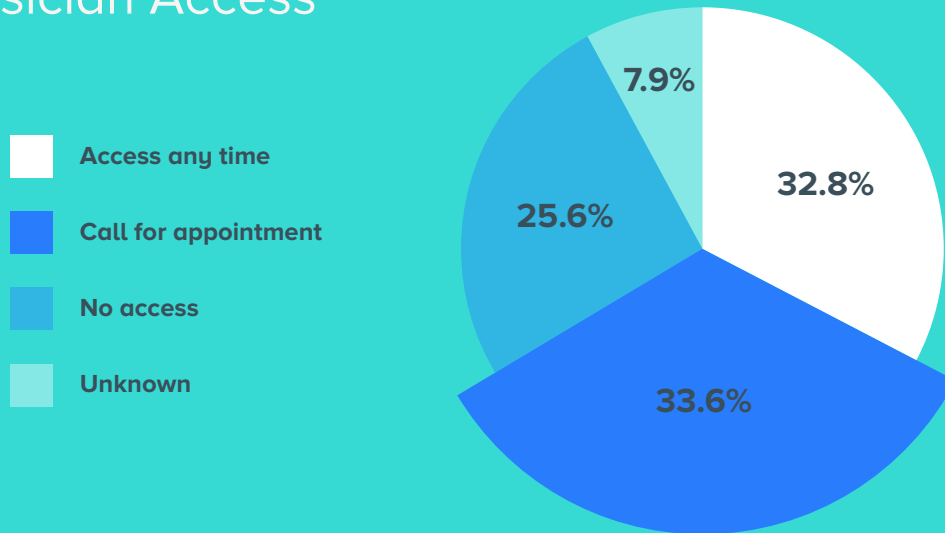
	ACO Name	# of NPs/PAs
1	HealthCare First South Los Angeles	831
2	Heritage Provider Network & Anthem Blue Cross Of California	736
3	Valley Preferred Cigna	575
4	Rocky Mountain Health Plans Accountable Care Collaborative	486
5	Carolinas Healthcare System ACO	475

Source: SK&A, June 2017

Physician Access and Drug Sample Acceptance Rates

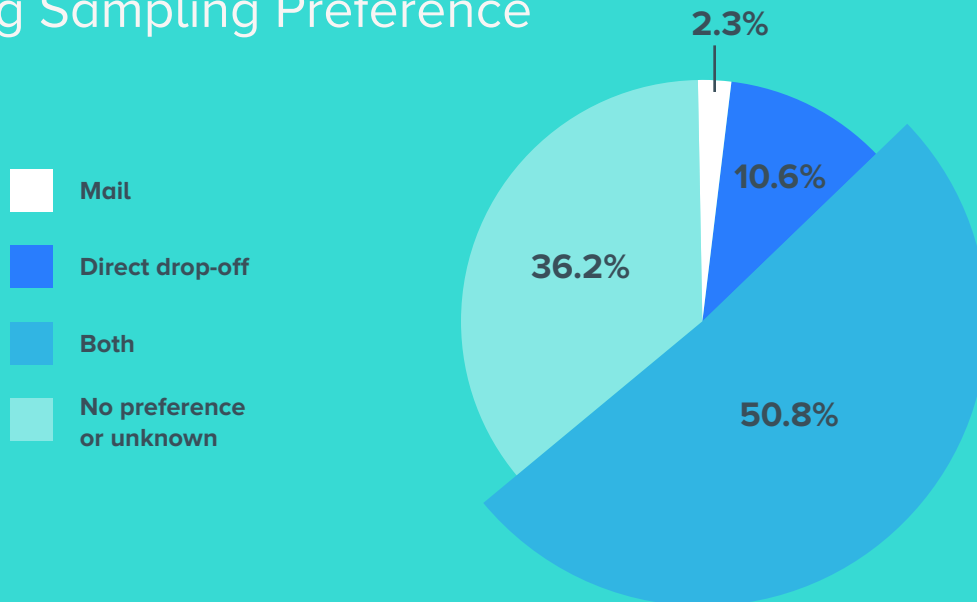
In medical offices where NPs and PAs are working, the “no access” rule for pharma sales reps is 25.6%, which is lower than the national average of 36%. With these nurses supporting the office workload, physicians seemingly have more time to visit with industry sales reps. In terms of drug sampling, where reps provide mini drug packages for patients for trial usage, the preferences of the office are directly in line with national averages.

Physician Access



Source: SK&A, June 2017

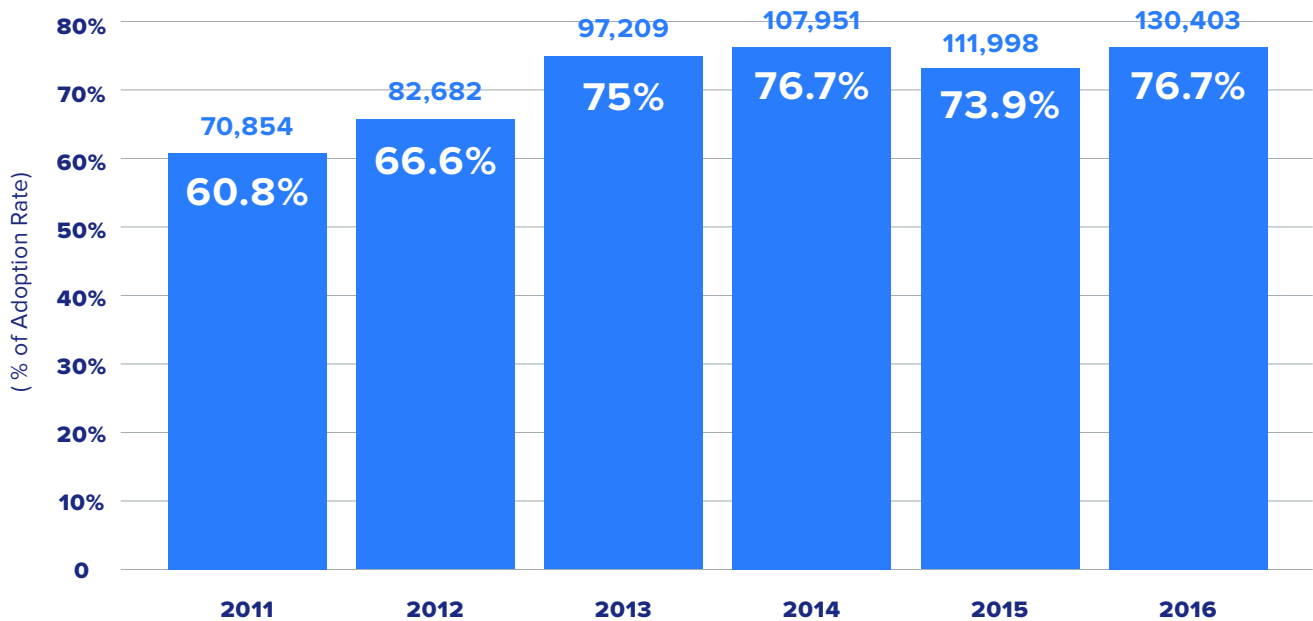
Drug Sampling Preference



Source: SK&A, June 2017

Electronic Health Records Adoption

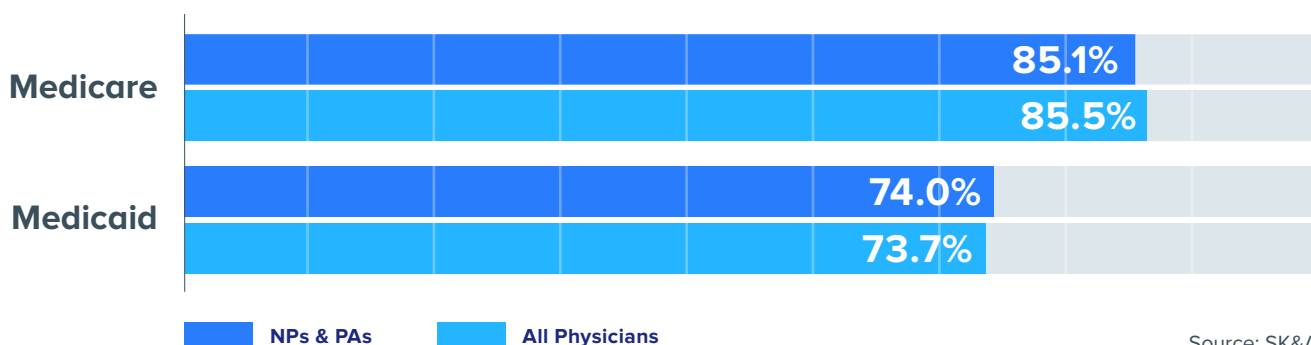
Where NPs and PAs are present in the work site, the adoption of EHR software has climbed steadily to 76.7%, far outpacing the national average of 68% adoption. Mid-levels are not intimidated by office automation software and contribute to overall acceptance and staff training. Maintaining accurate, accessible patient records simplifies their jobs.



Source: SK&A, June 2017

Government Insurance Acceptance

The acceptance rate of Medicare and Medicaid insurance programs where NPs and PAs are present in the office is nearly identical to the national average for all physician offices. Mid-levels are knowledgeable about insurance programs and help their doctors navigate the world of reimbursements.



Source: SK&A, June 2017

Affiliation to Hospitals for Admitting Privileges

While NPs and PAs do not have patient admitting privileges, they are certainly considered to be influencers working side by side with physicians. The chart here depicts the number of hospitals to which a physician is affiliated. One-quarter of physician offices employing mid-levels are not affiliated to hospitals.

Affiliation to Hospitals	# of Doctors	% of Total
0	41,548	25.2%
1	70,966	43.1%
2	35,027	21.3%
3	11,736	7.1%
4	5,281	3.2%

Source: SK&A, June 2017

Opioid Prescriptions in Medicare Part-D by Specialty: 2014

NPs and PAs are relatively high prescribers of opioid drugs. The chart shows the aggregate number of prescriptions for opioids (as defined by Medicare) for all members of listed specialties who prescribe in aggregate >10 decile Rx, together with number of practitioners. Average opioid prescription rate is the percent of all prescriptions written that are for opioids. Source: Medicare, edited by P. Hasselbacher, MD, KHPI, February, 2017.

Specialty	Opioid Claim Count	# of Practitioners	Avg. Opioid Prescribing Rate
Family Practice	21,583,541	106,429	6%
Internal Medicine	18,695,882	130,803	5.1%
Nurse Practitioner	6,406,456	109,138	9%
Physician Assistant	4,768,477	74,902	18.9%
Orthopedic Surgery	3,427,511	21,346	50.5%
Physical Medicine & Rehab	2,921,082	8,083	33.3%
Anesthesiology	2,578,446	7,798	29.4%
Emergency Medicine	2,525,493	44,973	23.8%
Interventional Pain Management	2,403,269	1,906	53.8%
Pain Management	1,801,365	1,687	51.6%

Specialty Roles for Mid-Levels

Many NPs and PAs have a specialty designation, meaning they work within a medical office where there is a dominant practice specialty such as pediatrics. The tables here depict the office specialty type and the number of mid-levels practicing within.

Top 15 U.S. NP Roles

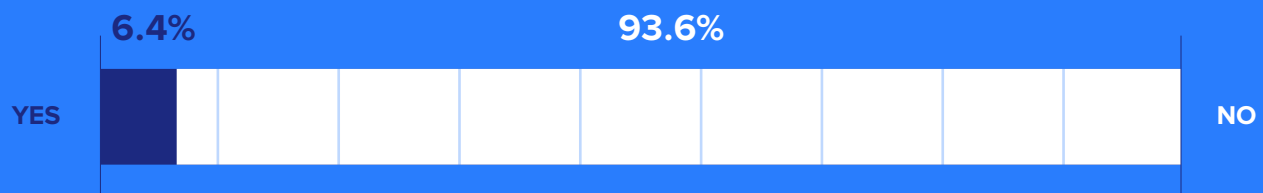
Specialty	Quantity
1 Family Practitioner	36,309
2 Pediatrician	7,928
3 Internist	7,888
4 Psychiatrist	5,967
5 Cardiovascular Disease	5,481
6 Obstetrician/Gynecologist	4,859
7 General Practitioner	3,716
8 Oncologist/Hematologist	2,424
9 Pain Management Specialist	1,916
10 Gastroenterologist	1,866
11 Neurologist	1,583
12 Nephrologist	1,479
13 Gynecologist	1,432
14 Endocrinology & Metabolism	1,096
15 Dermatologist	1,094

Top 15 U.S. PA Roles

Specialty	Quantity
1 Family Practitioner	17,688
2 Orthopedic Surgeon	7,113
3 Internist	4,559
4 Dermatologist	3,324
5 General Practitioner	2,727
6 Cardiovascular Disease	2,599
7 Emergency Medicine Specialist	2,265
8 Pediatrician	1,965
9 Gastroenterologist	1,585
10 Urgent Care Specialist	1,496
11 Pain Management Specialist	1,411
12 General Surgeon	1,223
13 Otolaryngologist	968
14 Urologist	964
15 Oncologist/Hematologist	960

Source: SK&A, June 2017

Have a Secondary Specialty?

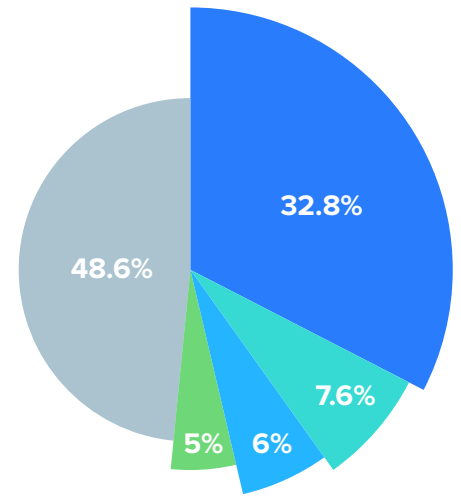


Specialty Associations at the Office

While NPs and PAs may have a specialty, they are often aligned with other types of physicians working in medical offices. The specialty to which mid-levels are most commonly partnered are family practitioners at nearly 33%, followed by internists, pediatricians and orthopedic surgeons.

Specialty by Rank

- #1 FMP
- #2 INT
- #3 PED
- #4 ORS
- #5-89 Misc.



Source: SK&A, June 2017

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