

**Department of Consumer
and
Business Services**

**Workers Compensation Division
and
Information Management Division**

**2005-2006
HB 3669/Nurse Practitioner Study
Final Report**

Presented to:

MLAC

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Introduction

Through HB 3669, the 2003 Legislature expanded the authority of nurse practitioners to provide compensable medical services within the workers' compensation system. The Legislature asked the Department of Consumer and Business Service to report on the law's impact before it sunsets on Jan. 2, 2008.

The law requires nurse practitioners to become authorized to provide compensable medical services. For nurse practitioners who are authorized, the law allows them to:

1. Provide compensable medical services for 90 days from the date of the first visit on the claim.
2. Authorize the payment of temporary disability benefits for 60 days.

The director has authorized 425 nurse practitioners under the law since October 2004. Through the Workers' Compensation Division and the Ombudsman for Injured Workers, the director has not received any complaints relating to nurse practitioners. Parties have initiated administrative review in a few instances involving medical billing issues.

To study the impact of HB 3669 on the workers' compensation system, the director used three sources of data: 1) Medical billing information collected from insurers by the director under Bulletin 220; 2) Claim information regarding cost and utilization from the SAIF Corporation; and 3) A survey of Oregon-certified nurse practitioners.

Medical Billing Data

The director requires insurers that process 100 or more accepted disabling claims during the previous calendar year to report information on all payments for medical services covered by proscribed fee schedules. The director sets the reporting requirements by administrative rule and communicates the requirements through Bulletin 220.

Table 1 shows the total amounts billed as reported under Bulletin 220, and the total amounts billed by nurse practitioners in any capacity.

Table 1. Medical billing data as reported under Bulletin 220,
Total and Nurse Practitioner

Calendar Year	Total Billings	NP Billings	% of Total
2002	\$183,288,002	\$99,445	0.05%
2003	\$187,601,672	\$111,865	0.06%
2004	\$208,418,176	\$125,842	0.06%
2005 (Q1 – Q2)	\$129,386,955	\$73,539	0.06%

The director does not require specific reporting of when nurse practitioners are providing services authorized under HB 3669. However, the impact of expanding the service authority is reflected in the total nurse practitioner billings. It is possible that there are additional services provided by nurse practitioners that are reported under other provider types. For example, when a nurse practitioner provides services in a clinic, it might be reported as a service provided by a medical doctor. Or if a nurse practitioner works in a hospital, the services might be reported as hospital outpatient.

SAIF Corporation Medical Payment Information

The director contacted several insurers to determine if services provided by nurse practitioners under the expanded authority could be better isolated within medical billing data. The SAIF Corporation was the only insurer we contacted that isolated the data. SAIF cooperated with requests for the information and provided billing and payment data from November 2004 (when the company began isolating the information) through January 2006.

- SAIF provided 102,946 records of services¹ billed for claims in which a NP provided services. Approximately 8 percent (8,480) of the records demonstrate that nurse practitioners provided one or more services in a claim’s history. The records show that 381 individual nurse practitioners provided these services.
- The SAIF data represents 2,986 claims in which nurse practitioners provided one or more services. Fifty-five nurse practitioners acted as the attending physician at some point in 138 (4.6 percent) of the claims.
- SAIF paid \$28,825,089 on the 2,986 claims. The company paid \$1,202,570 (4.2 percent) to nurse practitioners for services provided on these claims, regardless of whether the nurse practitioner was acting as the attending physician. Nurse practitioners acting as attending physicians were paid a total of \$62,520 (0.2 percent).
- Table 2 presents the type of claims, total payments for the type of claim, and claims that exceed 90 days.

Table 2. Claim where a NP was acting as the attending physician

Claim Type	# of Claims	Total Payments	Claims open more than 90 days
Disabling	61	\$32,413	19 (31%)
Nondisabling	71	\$26,646	15 (21%)
PPD*	5	\$2,883	1 (20%)
PTD*	1	\$578	0 (0%)
<i>*Not included in the number of disabling claims.</i>			

¹ More than one service may be billed per office visit.

Nurse Practitioner Survey Data

The Department of Consumer and Business Services surveyed 1,491 Oregon-certified nurse practitioners (NPs). The department received 661 completed surveys, a 44.3 percent response rate.³

General Nurse Practitioner Statistics

Of the NPs who replied to the survey, 68.3 percent practice in urban areas and 31.7 percent in rural areas. Thus, the survey responses are considered representative of the urban-rural distribution of the NP population in which 70.6 percent of NPs practice in urban locations and 29.4 percent in rural locations.

Of the 661 responding NPs:

- 612 (92.6 percent) are currently in practice.
- Each works an average of 34 hours a week (the median is 40 hours a week).
- Approximately 20 percent are also certified in another state.
- The most common primary practice location is in the Northwest region of the state (55.1 percent), followed by the Western and Southwestern regions (*Table 3*).
- About 25 percent practice in two locations within Oregon.

Table 3. Distributions of NPs by their primary and secondary locations of practice⁴

Primary location	Nurse Practitioners	Percentage
Northwest (NW)	335	55.1%
West (W)	94	15.5%
Southwest (SW)	62	10.2%
Central (C)	41	6.7%
Northeast (NE)	27	4.4%
South (S)	14	2.3%
North (N)	12	2.0%
Out of state (OS)	12	2.0%
East (E)	10	1.6%
Southeast (SE)	1	0.2%
Total	608	100%

Secondary location	Nurse Practitioners	Percentage
Northwest	59	39.3%
West	27	18.0%
Southwest	22	14.7%
Central	12	8.0%
Northeast	9	6.0%
Out of state	8	5.3%
South	6	4.0%
East	6	4.0%
North	1	0.7%
Southeast	0	0.0%
Total	150	100%

Note: 608 out of 612 NPs responded to this question

³ The survey results are significant on a 95 percent confidence level with a +/- 3 percent error margin.

⁴ An Oregon map divided by region is located in question 5 of the survey. See page 14 of this document.

For 86 percent of NPs who practice in two locations, their primary and secondary practices are in the same region. The most frequent combinations of primary and secondary practice locations are Northwest-Northwest (37.3 percent), West-West (14.7 percent), and Southwest-Southwest (13.3 percent) (*Table 4*).

Table 4. Combinations of primary and secondary locations of practice for NPs

Combinations	Nurse Practitioners	Percentage
NW-NW	56	37.3%
W-W	22	14.7%
SW-SW	20	13.3%
C-C	12	8.0%
NE-NE	7	4.7%
NW-W	5	3.3%
S-S	5	3.3%
E-E	4	2.7%
NW-OS	3	2.0%
OS-NW	2	1.3%
NE-E	2	1.3%
OS-OS	2	1.3%
Remaining combinations	10	6.6%
Total	150	100%

41.7 percent of NPs work in a private office or private clinic setting, 13.9 percent in a public health setting, 8.7 percent in a hospital or HMO-based clinic, 7.8 percent in an emergency or urgent care setting, 5.8 percent in a school health clinic, and 4 percent in an inpatient hospital setting. The remaining 18.3 percent of NPs work in nursing homes, non-clinical settings, walk-in clinics, or other not specified settings (*Table 5*).

Table 5. Practice settings for primary and secondary locations

Practice Setting	Nurse Practitioners	Percentage
Private office/private clinic	316	41.7%
Public/community health	105	13.9%
Hospital-based/HMO clinic	66	8.7%
Emergency/ urgent care	59	7.8%
School health clinic	44	5.8%
Hospital/inpatient	30	4.0%
Nursing home/long term care	15	2.0%
Nonclinical setting	9	1.2%
Walk-in/pharmacy	1	0.1%
Other	113	14.9%
Total	758	100%

Note: NPs with a secondary location of practice marked two practice settings: one for primary and one for secondary. In about 20 percent of cases, practice settings were the same for primary and secondary locations.

About 92 percent of NPs are certified in one specialty area, 7 percent are certified in two areas, and 1 percent are certified in more than two areas. The most frequent area of certification is family practice, 49.4 percent, followed by adult health with 19.3 percent, and psychiatric/mental health with 15.5 percent (*Table 6*).

Table 6. Classification of NP certification areas

Area of Certification	Nurse Practitioners	Percentage
Family practice	300	49.4%
Adult health	117	19.3%
Psychiatric/mental health	94	15.5%
Pediatrics	55	9.1%
Women's health	40	6.6%
Geriatric/gerontology	19	3.1%
Other	15	2.5%
Acute care	11	1.8%
Nurse midwifery	7	1.1%
College/school health	1	0.2%
Total	607	100%

Note: 607 NPs responded to this question.

Workers' Compensation (WC) Related Statistics

About 40.5 percent (268) of all NPs who responded to the survey provide treatment to injured workers. Of those NPs from urban areas who responded to the survey, 29.8 percent treat injured workers. Of NPs in rural areas who responded to the survey, 57.2 percent treat injured workers.

The remaining 59.5 percent of NPs do not treat injured workers because of the following reasons:

1. Treating workplace injuries is not within their area of specialty (41.1 percent)
2. No patients with on-the-job injuries have come into their practice (25.8 percent)
3. They are not authorized by WC (8.9 percent)
4. They chose not to treat WC injuries (5.6 percent)
5. WC is too complicated (3.3 percent)
6. Other (15.3 percent)

Some of the reasons specified under "Other" are:

- the limitations of their practice setting
- the limitations of their specialty
- there is a designated care provider for on-the-job injuries in their practice setting

The majority of NPs (72.2 percent) who provided care for injured workers treated more than five patients with work-related injuries between January 2004 and February 2006 (*Table 7*).

Table 7. Distribution of NPs by the number of injured workers they have treated

Injured workers	Nurse Practitioners	Percentage
None	1	0.4%
1	9	3.6%
2	16	6.5%
3	25	10.1%
4	18	7.3%
More than 5	179	72.2%
Total	248	100%

When an injured worker receives treatment from a NP, they have frequently treated with the NP prior to their injury. Other workers are walk-ins, are referred by their employer, are assigned by medical office staff, or are referred by another provider (*Table 8*).

Table 8. Rankings of circumstances under which injured workers come into a NP's practice

Circumstance	Rank
Existing patient	1
Walk-ins	2
Referred by employer	3
Assigned by office staff	4
Referred by other providers	5

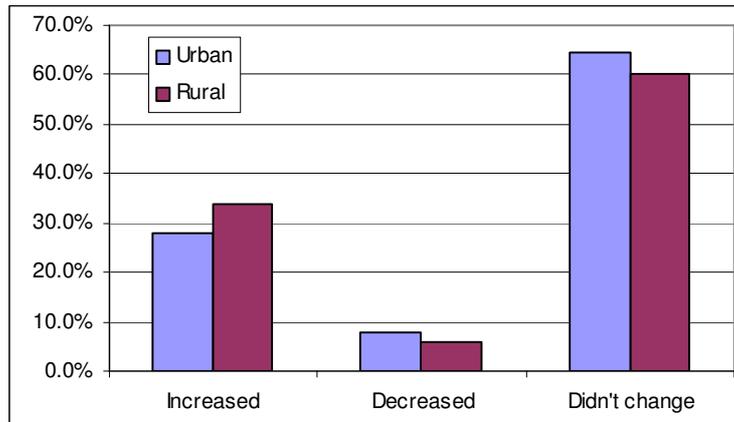
32.2 percent of NPs said the number of injured workers they have treated between January 2004 and February 2006 has increased, 6.8 percent said the number of such patients has decreased, and 61.0 percent said the number of such patients has not changed (*Table 9*). A higher proportion of NPs from rural areas report an increase in the number of injured workers they have treated than NPs from urban areas (*Figure 1*).

Table 9. Changes in the number of injured workers treated by NPs

The number of injured workers treated since January 2004	Nurse Practitioners	Percentage
Increased	76	32.2%
Decreased	16	6.8%
Didn't change	144	61.0%
Total	236	100.0%

Note: 236 NPs responded to this question.

Figure 1. Changes in the number of injured workers treated by NPs:
Comparing responses of urban and rural NPs



64.1 percent of NPs who provided services to injured workers did so as a primary care provider. Of those NPs, 67.9 percent provided treatment to more than five injured workers between January 2004 and February 2006 (Table 10).

Table 10. The distribution of NPs as primary care providers by the number of injured workers they treated

Number of injured workers	Nurse Practitioners	Percentage
1	4	2.6%
2	11	7.1%
3	25	16.0%
4	10	6.4%
More than 5	106	67.9%
Total	156	100%

Note: 156 NPs out of 159 who treated injured workers as a primary care provider responded to this question.

The most common length of treatment provided to injured workers by NPs is between 8 and 30 days. A small number are treated for one week or less (14.2 percent). NPs report that 1.3 percent of the injured workers they treat are seen for longer than the 90-day statutory limit (Table 11).

Table 11. Duration of treatment provided to injured workers by NP's as primary care providers

Duration of treatment	Nurse Practitioners	Percentage
7 days or less	22	14.2%
8 to 30 days	72	46.5%
31 to 60 days	37	23.9%
61 to 90 days	22	14.2%
More than 90	2	1.3%
Total	155	100%

Note: 155 NPs out of 159 who treated injured workers as a primary care provider responded to this question.

All of the NPs who treated injured workers as a primary care provider authorized time loss from work. 56.8 percent authorized less than seven days of lost work, 32.9 percent authorized between eight and 30 days of lost work, 7.1 percent authorized between 31 and 60 days of work, and 3.2 percent authorized days of work beyond the 60-day statutory limit (*Table 12*).

Table 12. Time-loss days authorized by NPs as primary care providers

Time-loss duration	Nurse Practitioners	Percentage
7 days or less	88	56.8%
8 to 30 days	51	32.9%
31 to 60 days	11	7.1%
More than 60	5	3.2%
Total	155	100%

Note: 155 out of 159 NPs who treated injured workers as a primary care provider responded to this question.

88 percent of NPs who provided treatment to injured workers as a primary care provider referred their patients to physicians for continued treatment and authorization for additional time off work. 52.6 percent of NPs who provided treatment to injured workers as a primary care provider and then referred them to physicians did so because of the case complexity, 21.9 percent referred them because the treatment time frame expired, 13.1 percent referred them because of both the case complexity and the treatment time frame expiring, and 12.4 percent referred them because of other reasons (*Table 13*).

Table 13. Reasons for referring patients to physicians

Reasons for referring patients	Nurse Practitioners	Percentage
Case complexity	72	52.6%
Treatment time frame expired	30	21.9%
Both	18	13.1%
Other	17	12.4%
Employer's demand	1	0.7%
Specialty referral	4	2.9%
NPs may not manage aggravation	1	0.7%
Did not specify	11	8.0%
Total	137	100%

Note: 137 out of 139 NPs who treated injured workers as a primary care provider and then referred them to physicians responded to this question.

38.1 percent of NPs who provided treatment to injured workers as a primary care provider and then referred them to physicians were not allowed to treat any of the injured workers subsequent to the referral. 11.1 percent were allowed to continue treating one of their patients, 9.5 percent were allowed to treat two of their patients, 6.3 percent were allowed to treat three of their patients, and 34.9 percent were allowed to treat four or more of their patients (*Table 14*).

Table 14. Distribution of NPs by the number of injured workers they were allowed to treat after referring them to physicians

Number of injured workers	Nurse Practitioners	Percentage
None	48	38.1%
1	14	11.1%
2	12	9.5%
3	8	6.3%
4 or more	44	34.9%
Total	126	100%

Note: 126 out of 139 NPs who treated injured workers as a primary care provider and then referred them to physicians responded to this question.

Managed Care Organization (MCO) related statistics*

43.4 percent of NPs who provided treatment to injured workers as a primary care provider (69 out of 159) responded to the MCO-related questions. Thirty-two (46.4 percent) of these NPs said none of their patients were enrolled in an MCO. The remaining thirty-seven (53.6 percent) said that one or more of their patients was enrolled in an MCO (*Table 15*).

Table 15. Distribution of NPs by the number of injured workers enrolled in an MCO

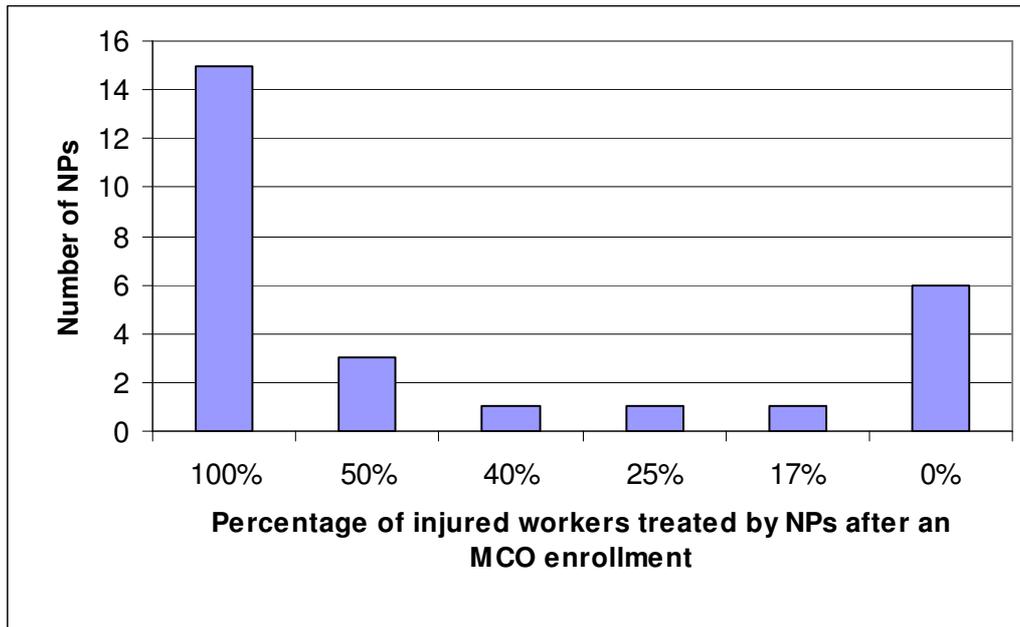
Number of injured workers	Nurse Practitioners	Percentage
None	32	46.4%
1	11	15.9%
2	11	15.9%
3	3	4.3%
4 or more	12	17.4%
Total	69	100%

Of the 37 NPs whose injured workers were enrolled in an MCO, 27 answered whether they were allowed to treat these patients after an MCO enrollment. 55.6 percent of them indicated that they were allowed to treat all of their patients, 22.2 percent were allowed to treat some of their patients, and 22.2 percent were not allowed to treat any of their patients (*Table 16 and Figure 2*).

Table 16. The effect of the MCO enrollment on the number of injured workers treated by NPs

Percentage of injured workers NPs were able to continue treating:	Nurse Practitioners	Percentage
100%	15	55.6%
50%	3	11.1%
40%	1	3.7%
25%	1	3.7%
17%	1	3.7%
0%	6	22.2%
Total	27	100%

Figure 2. The effect of the MCO enrollment on the number of injured workers treated by NPs



* **Note:** MCO-related statistics should be interpreted with caution because of the low number of responses.

NP Authorization-Related Statistics

Of the 605 NPs who responded to this section of the survey, 12.1 percent were unaware that the Workers' Compensation Division authorizes NPs to treat patients with on-the-job injuries. Of the 532 NPs who were aware of the authorization requirement, 39.7 percent were authorized to treat injured workers and 60.3 percent were not authorized. The main reasons for not obtaining an authorization number are summarized in *Table 17* below. Unauthorized NPs said that treating injured workers is not within their specialty, that they were not aware of the WC regulations, that they do not have injured workers in their practice, or that they are not willing to treat injured workers.

Table 17. Reasons for not obtaining an authorization number

Reasons	Nonauthorized NPs	Percentage
Not my area of experience or practice	40	10.5%
Pediatric practice, no need	29	7.6%
Not within my specialty	22	5.8%
Psychiatric/mental health	19	5.0%
Women's health, family planning	18	4.7%
Work with veterans (VA)	10	2.6%
Geriatric	5	1.3%
Not within specialty	143	37.5%
Didn't know I need one	12	3.1%
In the process of getting one	7	1.8%
Don't know how to obtain one	5	1.3%
Not sure have an ANP #	3	0.8%
Was unable to obtain one	2	0.5%
Didn't know I could	1	0.3%
Was unaware	73	19.2%
Not aware of regulation/procedures	103	27.0%
Don't see WC patients	37	9.7%
Limitation of practice setting	23	6.0%
Didn't need	23	6.0%
Rarely occurs in practice	7	1.8%
Retiring	3	0.8%
Working out of state	2	0.5%
Post-surgical care, initial visit	2	0.5%
Lack of such patients	97	25.5%
Not interested, don't want	17	4.5%
Too much paperwork, too complex	14	3.7%
Lack of time	7	1.8%
Unwillingness to treat such patients	38	10.0%
Total	381	100%

ATTACHMENT 1

NURSE PRACTITIONERS SURVEY, 2006

Enter the survey identification number provided on your cover letter: _____

The following questions represent an important tool, which the Department of Consumer and Business Services Workers' Compensation Division will utilize to highlight the relative impact of the implementation of House Bill 3669 in January 2004. This legislation is scheduled to expire in 2008 and will be reviewed by the legislature during the 2007 session.

Please answer the following questions as clearly and completely as possible.

1. Please provide the date you were first certified as a nurse practitioner in Oregon.

___/___/___ [mm/dd/yyyy]

2. Do you currently practice and treat patients as a nurse practitioner?

- Yes
 No

➤ (If you answered "No," to question "2" please STOP and return the survey as completed)

3. Are you also certified in a state other than Oregon?

- Yes
 No

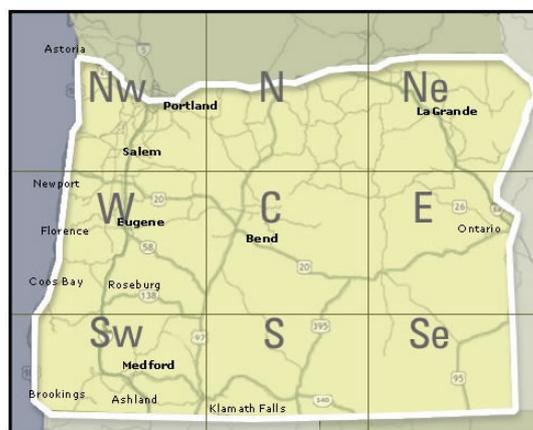
4. Approximately how many hours per week do you practice as a nurse practitioner?

_____Hrs/Wk

5. In which area of the state is your practice located?

(Please select from the table and indicate primary and secondary practice. Primary practice is the practice where you devote the most time.)

	Primary	Secondary
Nw	<input type="checkbox"/>	<input type="checkbox"/>
W	<input type="checkbox"/>	<input type="checkbox"/>
Sw	<input type="checkbox"/>	<input type="checkbox"/>
N	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>
Ne	<input type="checkbox"/>	<input type="checkbox"/>
E	<input type="checkbox"/>	<input type="checkbox"/>
Se	<input type="checkbox"/>	<input type="checkbox"/>
Out of State	<input type="checkbox"/>	<input type="checkbox"/>



6. Please indicate the nature of your practice setting. (Mark “1” for primary and “2” for secondary location)

<input type="checkbox"/>	Private Office/Private Clinic	<input type="checkbox"/>	Nursing Home/Long Term Care
<input type="checkbox"/>	Emergency/Urgent Care	<input type="checkbox"/>	Public/Community Health
<input type="checkbox"/>	Hospital/Inpatient	<input type="checkbox"/>	School Health Clinic
<input type="checkbox"/>	Hospital-based/HMO Clinic	<input type="checkbox"/>	Walk-in/Pharmacy
<input type="checkbox"/>	Non-Clinical Setting	<input type="checkbox"/>	Other

7. Please identify your area of certification. (Please mark all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Adult Health | <input type="checkbox"/> Nurse Midwifery |
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> College/School Health | <input type="checkbox"/> Psychiatric/Mental Health |
| <input type="checkbox"/> Family | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Geriatric/Gerontology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Neonatal | <input type="checkbox"/> |

8. Do you provide treatment to patients with on-the-job injuries?

- Yes
 No

a. If “No”, why not: (Please Select One.)

- I am not authorized to treat patients with on-the-job injuries
 Not within my specialty
 Workers’ compensation is too complicated
 I choose not to
 No patients with on-the-job injuries have come into my practice
 Other: _____

➤ (If you answered “No,” to question “8” and answered “8a.” please GO TO question 13)

9. Approximately how many patients with on-the-job injuries have you treated since January 2004:

- One Two Three Four Five or More

a. Under what circumstances have patients with on-the-job injuries come into your practice? (Please rank in order of most (1) to least (5); up to 5 choices.)

<input type="checkbox"/>	Assigned by office staff	<input type="checkbox"/>	Referred by employer
<input type="checkbox"/>	Existing patients	<input type="checkbox"/>	Referred by other providers
		<input type="checkbox"/>	Walk-ins

b. Since January 2004, has the number of patients you have treated with on-the-job injuries:

- Increased Decreased Not Changed

10. A **primary care provider** is primarily responsible for the treatment of a patient's on-the-job injuries.
- a. When you treated patients with on-the-job injuries, did you do so as the **primary care provider**?
- Yes
 No
- (If you answered "No," please GO TO question 13)
- b. As the **primary care provider**, approximately how many patients with on-the-job injuries have you treated, since January 2004:
- One Two Three Four Five or More
- c. As the **primary care provider**, estimate the average length of treatment you provided to patients with on-the-job injuries.
- Seven days or less 31 to 60 days
 Eight to 30 days 61 to 90 days More than 90 days
- d. As the **primary care provider**, have you authorized time off work for these patients?
- Yes
 No
- e. As the **primary care provider**, on average how many days off work have you authorized?
- Seven days or less 31 to 60 days
 Eight to 30 Days More than 60 days
11. Have you referred patients with on-the-job injuries on to physicians for continued treatment and time off work?
- Yes
 No
- a. If "Yes", did you refer patients with on-the-job injuries on to physicians for continued treatment because:
- Of case complexity
 The treatment timeframe expired
 Other:
- b. Of those patients with on-the-job injuries you referred to physicians for continued treatment and time off work authorization, approximately how many were you allowed to continue treating:
- None One Two Three Four or More

12. Managed Care Organization (MCO) are sometimes used to manage the medical treatment of enrolled patients with on-the-job injuries.
- Please give the approximate number of your patients with on-the-job injuries that were enrolled in an MCO after you began treating _____?
 - Approximately how many were you allowed to continue treating after the patient was enrolled in an MCO _____?
13. Are you aware the Workers' Compensation Division authorizes nurse practitioners to treat patients' on-the-job injuries?
- Yes
 No
14. If you answered "Yes" to question 13, have you been assigned a Nurse Practitioner Authorization number?
- Yes
 No
15. If you answered "No" to question 14, please describe your reason(s) for not obtaining or seeking a Nurse Practitioner Authorization number:

To receive information on how to become an Authorized Nurse Practitioner, please call (503) 947-7627, or visit us on the web at http://www.wcd.oregon.gov/rdrs/mru/for_medical_providers.html

Thank you for completing the survey!