

## Sigma's 29th International Nursing Research Congress

### Nurse Practitioner Non-Billable Activities

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**Purpose:** Under current rules, federal health insurance programs such as Medicare & Medicaid, and third-party payers, reimburse nurse practitioners (NP) at only about 85 percent of the rate paid to physicians for providing the exact same services. Compounding the payment disparity, *nurse practitioners claim their practice involves time that is consumed in non-reimbursement activities. When reviewing for empirical studies to substantiate the claim, there was limited nursing and other health care provider literature on non-billable time.* The purpose of this study was to explore and compare variables related to NPs' work environment and time spent on non-billable activities. Specifically, the inquiry sought to determine if time spent on each of the seven non-billable activities (consultations, answering phone calls, replying emails, responding to company representatives, writing prescriptions, reviewing image results, and checking lab results) were significantly different considering the role of the NP as a primary care provider, the workplace setting type, and the size of the setting expressed as number of employees.

**Methods:** This study used a non-experimental descriptive design. The researchers developed a 24-item (i.e., each has several sub-questions) survey to gather data focused on the study's purpose. Questions pertaining to demographics, place of employment, practice specialty, hours worked per week, assistant personnel employed with nurse practitioner, and non-billable activities were developed based on the literature. To obtain face validity of the tool, the researchers distributed a paper version of the survey during a local professional development meeting. Nurse practitioners were asked for their feedback regarding clarity and appropriateness of questions, logical flow of questions, and potential other questions to be asked. After making corrections, the researchers submitted the tool to a webmaster for conversion to an online electronic questionnaire for the Survey Monkey platform.

**Results:** The final sample included 509 participants with age ranging from 25 to 66 years old ( $M = 45.05$ ,  $SD = 10.34$ ). Approximately 90% of participants were female. With regard to ethnicity, the majority was white (88.2%). Also, most of participants had master degree (73.6%), followed by post-masters (19.1%), doctorate (4.9%), and baccalaureate (2.4%). The participants worked an average of 43.65 hours per week ( $SD = 7.37$ ) ranging from 35 to 84 hours, and over half of the participants (51.5%) worked in the hospital. Comparisons were made in the uni-variate analyses between the independent work environment variables (role of PCP, workplace type and size) and the dependent variable (self-reported total time spent) on non-billable activities. When comparing NP working alone to those working in facilities with more than 30 support staff, working alone was found to have a lower rate (in total minutes) of non-billable activities. For the variables associated with workplace (private practice; physician's office), these settings were found to have significant rate (in total minutes) increases from the reference (hospital) for non-billable time. NPs working in physician's office and private practice settings show a rate of 1.50 and 1.34 more time spent on non-billable activities, respectively, than NPs in hospitals. The final comparisons in the uni-variate analysis were completed on the role of the NP in two categories (PCP or not a PCP). The PCP is the patient's primary partner for basic health care, wellness and prevention. The finding that time spent on non-billable activities at a rate of 1.53 times that of those NPs not serving in the PCP role might indicate limitations in practice authority from state to state or in specific positions where caring for patients might not include such activities, such as a hospital.

**Conclusion:** The study's findings has implication for practice and administration, some of the reasons for employing NPs include increasing patient access, improving patient safety, improving continuity of care, and reducing health care cost. Evidence is available to support the financial effectiveness of nurse practitioners related to cost regarding health outcomes (Nurse Practitioner Cost Effectiveness, 2013). The limitation of the evidence seems to be associated with time spent on the non-billable activities required in that care. Recognizing of non-billable time is crucial to improving cost efficiency. This study's findings can maximize reimbursement efforts by minimizing or streamlining non-billable activities. As the role of the NP

continues to evolve, significant changes may be on the horizon. NPs have opportunities to influence future healthcare reimbursement policies. The more information available to NPs regarding the cost of health related services can add support for changes in reimbursement policies. Equally important is the ability to remain cost effective in providing care to the fullest extent of licensure. Establishing the cost efficiency of the NP in existing and changing health care models will allow them to remain at the healthcare table to influence changes that impact patient care.

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**Title:**

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**Keywords:**

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**References:**

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**Abstract Summary:**

The nurse practitioner study found NPs working alone were 0.24 times as likely to report non-billable time when compared to NPs working in the large institution with over 30 personnel. In addition, primary care provider NPs spend more non-billable time than do non-primary care providers at a rate of 1.17.

**Content Outline:***Introduction*

1. *The role of the primary care provider whether a nurse practitioner or a physician is very complex. Part of this complexity is managing clinical activities; yet not receiving reimbursement (non-billable) that fall beyond direct care of patients. The existence of such activities is widely recognized as required expectations that consume a significant amount of provider's time*

2. *Under current rules, federal health insurance programs such Medicare & Medicaid, and third-party payers, reimbursed nurse practitioners (NP) at only about 85 percent of the rate paid to physicians for providing the exact same services*

1. *Research*
2. *The purpose of this study was to explore and compare variables related to NPs' work environment and time spent on non-billable activities*
3. *This study used a nonexperimental descriptive design*
4. *The non-billable variable were consultations, answering phone calls, replying emails, responding to company representatives, writing prescriptions, reviewing image results, and checking lab results*
5. *The data collection tool was a 24-item (i.e., each has several sub-questions) survey to gather data focused on the study's purpose*
6. *A convenient sample method was used that included 509 participants*
7. *Data analysis consisted of univariate analyses*

### *III. Findings*

45. *The description of the population was an age range from 25 to 66 years old ( $M = 45.05$ ,  $SD = 10.34$ ), 90% were female, and the majority was white (88.2%)*
46. *NPs working alone were 0.24 times as likely to report non-billable time when compared to NPs working in the large institution with over 30 personnel*
47. *Primary care provider NPs spend more non-billable time than do non-primary care providers at a rate of 1.17*

### *Conclusion*

1. *The study's findings has implication for practice and administration, Some of the reasons for employing NPs include increasing patient access, improving patient safety, improving continuity of care, and reducing health care cost. Evidence is available to support the financial effectiveness of nurse practitioners related to cost regarding health outcomes*
2. *Equally important is the ability to remain cost effective in providing care to the fullest extent of licensure. Establishing the cost efficiency of the NP in existing and changing health care models will allow them to remain at the healthcare table to influence changes that impact patient care*

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**Author Summary:** He written or co-authored 17 data based research articles published in peer reviewed journals. His employment in nursing higher education extents to 37 years of which 15 years were in administrative roles.

