

Nurse Practitioners' Non-billable Activities

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Purpose

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.

Introduction

Many nurse practitioners claim their practice involves time that is consumed in nonbillable activities which yields disproportionate reimbursement for their work; however, there is little nursing literature to substantiate this claim. The search of nonbillable literature revealed very limited evidence using a nurse practitioner population. Searching for other health care provider literature on the nonbillable subject resulted in physician being the overwhelming targeted population.

Procedures and Data Analysis

The researchers obtained the names and mailing addresses of NPs from the 12 Southern state boards of nursing. Inclusion criteria for this study required that the participant was a licensed nurse practitioner and completed a survey. Since only one state provided e-mail addresses, the majority of recruited participants were contacted by mailed postcard. The postcard or e-mail provided information about the survey, a web address for respondents to access more details about the study, and a secure website for completing the survey online.

Descriptive, binomial regression, analyses and incidence rate ratios were used to interpret relationships between each variable and nonbillable time.

Method

This study used a nonexperimental 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.

Participants

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.



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Results

Comparisons were made in the univariate 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 univariate 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.

Category	Examples of Nonbillable Activities
Consulting	Talks by phone to MDs and NPs; reviews discharge summaries from hospital, reviews notes for consultants, calls the ED for patient admission
Phone calls	Talk by phones to patients and family
Emails	Emails to patients and family
Representatives	Talks to medical and pharmaceutical companies about queries and advice for products
Prescription refills	Writes prescription, calls pharmacy for controlled substances,
Image results	Reviews X-rays, MRI, ultrasounds, PET, EEG, ECG, and other imaging
Lab results	Orders laboratory test and reviews results; sends results to other providers; communicates with staff nurse to send lab results to the patient or family



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 us to remain at the healthcare table to influence changes that impact patient care.