Moderator: Our next speaker is George Sayre and I’ve been looking up to and following George’s career since I was a clinical fellow in Seattle. George is a Doctor of Psychology and Health Services Researcher there and does a lot of qualitative research. I’m excited to hear him speak again.

George Sayre: Thank you. So this project is part of a larger project, mixed methods project, looking at nurse practitioners in the VA. And a little background is, the VA’s the largest employer of nurse practitioners in the US and has grants as of December of last year will practice authority to NP’s regardless of the state restrictions. This is an incident that happened in the middle of our study and we’ll talk a little bit about that. It’s a bigger problem for the quant folks than me.

What I want to present today is just one of the aims, so when the larger study we are looking at costs of NP’s, and also the acceptability and feasibility of structured assignment, which I can tell you is none. And so, this particular aim is in looking at how NP’s practice and what their role is, and also outcomes. We wanted to ask this base a question, how are they seen by other providers, how do they see themselves, and also how are they perceived and experienced by patients. So that’s what this aim will be covering.

And what we did is we interviewed thirty-one primary care providers, seventeen MD’s and fourteen NP’s, and broke it down as that twenty-two care patients, and split it into two groups, half who all of these had recently changed provider and half of them had changed from an NP to an MD, and the other half had changed from an MD to an NP cause we wanted to make sure we were talking to people who had experience with NP’s. And we also, for the other question, since it was about strep, the other aim was about structured assignment, we wanted to know how patients felt about changing providers in general. And so we wanted to make sure we had some control over that.

We had split this – both groups have both full and restricted NP states, we left out the middle, semi privileged NP’s, and so we looked at both. And it’s geographically diverse, it’s a national study. And we included both CBox,[?] Small World CBox, and VAMC’s.

So I just want to leap through, skip the methods but leap through our findings cause we have a short time. So, one of our first findings is that there is really limited patient awareness of the provider type. And so only three of our patients that we talked to thought they’d seen an NP, two of those were out of the eleven who actually recently changed and started seeing an NP. And so we know out of those eleven that nine of them had been seeing a NP and when we asked have you ever seen an NP, they said no, and they didn’t know much about it. So, one of the things in this, and it’s a small sample but patients don’t seem to care a heck of a lot who they see.

The exception to that is the two that were aware that they’d seen an NP, asked to see NP’s specifically. So when they do talk about difference, one of the things is they had very positive things to say about NP’s, the two who requested that. As so this one said, so I went to a nurse practioner, a new person that I saw was, this was his request, she seems as other nurse practioners there, the ones who hold up the end as I say, they are very knowledgeable. The only negative comment we got about NP’s from patients was one who had seen NP’s in the past and said these two persons were not delivering services that met any kind of standard. Yeah I could, this was inaudible with those two women, they’re nurse practioners. So, that was the only negative patient perception we had about NP’s.

We looked at two areas, we ended up looking at two broad areas or identifying two broad areas in our data. One was about effectiveness. And most PCP’s and this is both NP’s and MD’s found that the difference between individual providers outweigh the difference between types, okay. Experience seems to trump everything. And both MD’s and NP’s said the best providers and the most effective ones are experienced ones. Both MD’s and NP’s described NP’s as better at patient education and bedside manner. So when they did talk about differences in effectiveness, they mostly talked about bedside manner and NP qualities that they found positive. The exception to this in restricted states, MD’s were more likely to report that patients transferred from MD’s to MD’s, and so I had received some of their NP patients, but the patients usually just ended up leaving them and getting frustrated with the care and requesting a change to an MD. So this is one of the two providers who said anything negative, MD’s said anything anyway negative about NP’s. And they were both in states were NP’s are practicing under restriction.

We asked about provider efficacy too, and this is some of the things that were said. This is where we found the biggest difference. So that both MD’s and NP’s, especially those in restricted states, did see NP’s as less efficient. I think that is not knowing what to do so it takes a lot of their time trying to figure it out, trying to find one of us to bounce stuff off of, she was working 12 hours a day, when she only needed to work 10. This is a pretty common theme and this relates to the notion of burnout. The notion that nurses seem to be, take longer to do, NP’s take longer to do the same things that MD’s do. As I alluded to already, I don’t think they are very different except for, and they named their state, as you might be where nurse practitioners cannot prescribe narcotics, actually any level two or below, so that is burdensome.

One of the things about the efficiency issues that MD’s in full restriction states also talked about their impact on their workload. So those were the states we have to picture where the NP’s have to continually go to the MD’s to ask for help. So that was seen as a real impact on their efficiency, and NP lack of efficiency, was actually related by a number of our participants as related to the nursing burnout. And one thing we know from some other studies that nurses do have a higher rate of burnout. And, as you know, we had a nurse practitioner, she worked here for five years, and she ended up burning out, and she took another job within the system, which is good, because she was very good at what she did but she just got burned out working here Saturdays and Sundays to catch up. And so we heard the story about that.

One of the things we heard about related to efficiency is how much more nurses tend to write notes, take much longer notes, they are more thorough. Interestingly is that some of the efficiency things about were actually fairly positive. They talk to patients more and they spend more time with patients. And so when we think about this difference between efficiency, we have to look at it carefully what it is, because some of those things actually may be beneficial to patient satisfaction.

What are the implications? So, first our patients may have minimal awareness of provider type and focus more on experience, which means it may not be that complicated, that big of an issue who they see. The patients, this is much more of a concern for providers and it is for patients. The restriction of NP practices at the state level may be related to negative perceptions. I’m very interested, now that we’ve lifted that wall, to what degree will change in the restriction level actually changed the colleague’s perception of them. My hunch is it will probably take a little bit of time, because you have a culture that’s built up, but on the other hand if you want, were not doing another project on this, we have an incredibly cool naturally occurring experiment here, were suddenly a large number of NP’s were magically turned into full practitioner states so you can take a look at that.

And lastly, some characteristics others have perceived as making NP’s less efficient than MD’s may be related to higher satisfaction, so if we want to push them to have higher panels and be more efficient, there may be a cost to that.

I want to thank my colleagues, Chuan-Fen Liu, who is our PI on this and these are my interviewers and Anne Sales is co-PI. Questions?

[Applause]

Kenda Stewart: Hi, my name is Kenda Stewart, I was a DBA and this is really interesting. But I also had a question about who these interviewees were in terms of gender, particularly the one quote, so I was curious.

George Sayre: We had both male and female MD’s, we had all female NP’s. And so one of the questions that came up, that we wonder about is the gender issue. Because most NP’s are, not all, but the vast majority are female. So we had mixed gender in MD’s. I don’t know what degree the negative perceptions have to do with that. At the same time, one of the things this would kind of speak towards that may not be an issue because for those MD’s in nonrestrictive states, we don’t get a lot of negative perception. So, that would speak towards may be genders not such an issue, at least in this small sample, which you can’t generalize from, restriction was a much bigger issue for negative perceptions then gender would have been. And we thought about this one, and we hadn’t the foggiest idea how to get it that without a leading question. And so –

Anais Tuepker: Anais Tuepker from the Portland VA. So, this is following on the kind of gender issue, because I am in extended discussions of gender, there’s a lot of talk lately around emotional labor. And I just wonder if, in your data, in the interviews you do the NP’s themselves talk about being less efficient?

George Sayre: Yes.

Anais Tuepker: They do, well do they talk about doing things different. I guess this is –

George Sayre: Because for time I didn’t put this one in, but one interesting thing was that talk about looking for answers, and we did have some quotes on the fact that for both MD’s and NP’s talked about them being very good about getting what they need, so I if I were to paint the basic perception is that they are less efficient, but they are as effective, because they are very good at getting answers and resources. And it’s very hard to tease out, which is one of the reasons why we split them how much that has to do with site. We heard much more about nurses having to go get things in the restricted sites, but probably because they have to get answers for everything, or they have to get signed off on everything. But even then the non-restriction states, they were seen as less efficient and needing to get help.

Anais Tupeker: And they call themselves as less efficient, not just doing more in more time.

George Sayre: They would comment on that, especially around the notes, it was kind of acknowledged that they, it takes them longer to do, they acknowledged they do more paperwork and stuff, and more notes.

Kristina Cordasco: Hi, Kristina Cordasco, Greater Los Angeles. It appears that you looked at NP’s in primary care facilities?

George Sayre: This is all primary care.

Kristina Cordasco: Did you at all look into specialty services?

George Sayre: No, this was specifically focused on primary care. Because one of the drivers of this, the notion of staffing and whether you want to do structured assignments, do you want nurses to have – NP’s to have a different kind of population and that wouldn’t apply to specialty care, so it wasn’t part of what we were looking at.

Kristina Cordasco: I see, thank you.

George Sayre: But I do think that’s an interesting comment, because often times when we’re evaluating our calls, it’s hard to understand or know their work flow, but as a specialist you may be able to have a window or two with notes in their different practices, those types of things. The other issue is that, and I don’t know the numbers but we don’t do not have a lot, we don’t use NP’s in specialty care as much as the private sector.

Unidentified Female: I do think it would be an interesting follow on question to look at similarities and differences NP’s in primary care practices, and specialty care with respect to some of these issues.

George Sayre: Yes, I think the first question is how many we’ve got. I don’t know if anyone knows that but is there anyone specialist that works within NP in a specialty?

Unidentified Female: I know we have some in Greater Los Angeles.

Moderator: All right thanks George.

[Applause]