

ONC Data Brief ■ No. 11 ■ May 2013

Regional Extension Center Nurse Practitioners and Physician Assistants: Crucial Primary Care Providers on the Path to Meaningful Use

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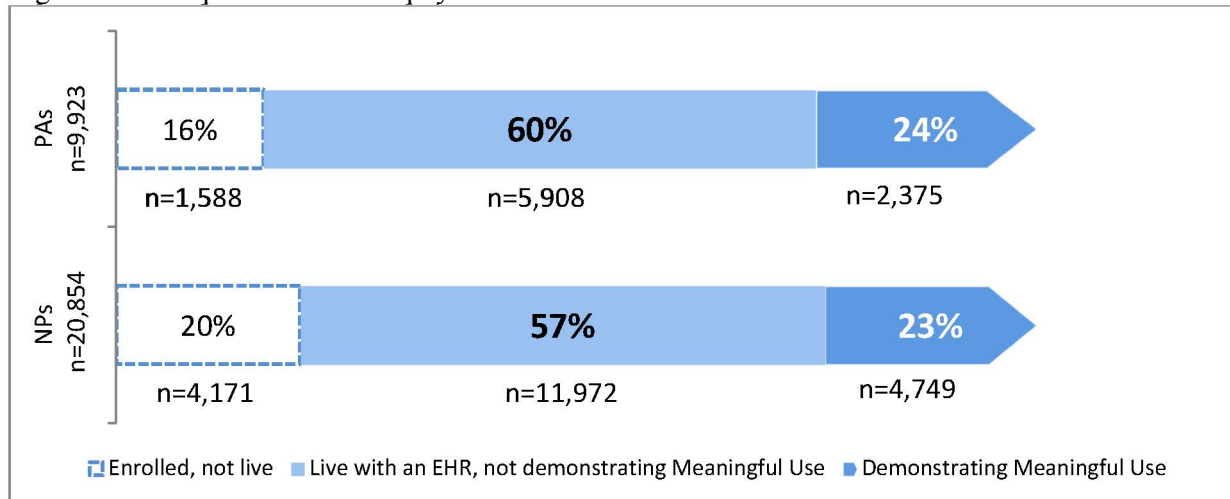
Nurse Practitioners (NPs) and Physician Assistants (PAs) provide critical primary care in communities across the country, and are poised to expand their work as health care coverage grows to cover an estimated 33 million currently uninsured individuals² and as initiatives like Medical Homes and Accountable Care Organizations take hold. At the same time, primary care provider shortfalls may increase up to 46,000 by 2020³, as well as current undersupply of 7,550 physicians in primary care Health Professional Shortage Areas (HPSAs)⁴. Positioned to fill some of this need, NPs and PAs are the fastest growing provider segments in primary care⁵.

Operating at the top of their license, NPs and PAs offer treatment, patient education and care coordination. These providers are fundamental to broad expansions of health care and payment reforms facilitated by Meaningful Use⁶ (MU) of health information technology (IT), electronic health records (EHR), and health information exchange (HIE).

The Office of the National Coordinator for Health Information Technology (ONC) Regional Extension Center (RECs) programs, funded through The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009⁷, coordinate and stimulate the adoption and use of health IT to transform health care delivery. Supporting providers such as physicians, NPs and PAs, RECs provide practice transformation coaching and other direct technical assistance (TA) to select, implement, and meaningfully use certified EHR technology. RECs prioritize their support to clinical settings critical to the nation’s primary care infrastructure, including small practices and those primarily serving rural and underserved communities. This brief will focus on the EHR adoption by NPs and PAs and illustrate the number and location of these providers enrolled with a REC and their progress toward meaningful use of EHRs in underserved and other high priority settings.

Four in five NPs and PAs enrolled with an REC are live with an EHR.

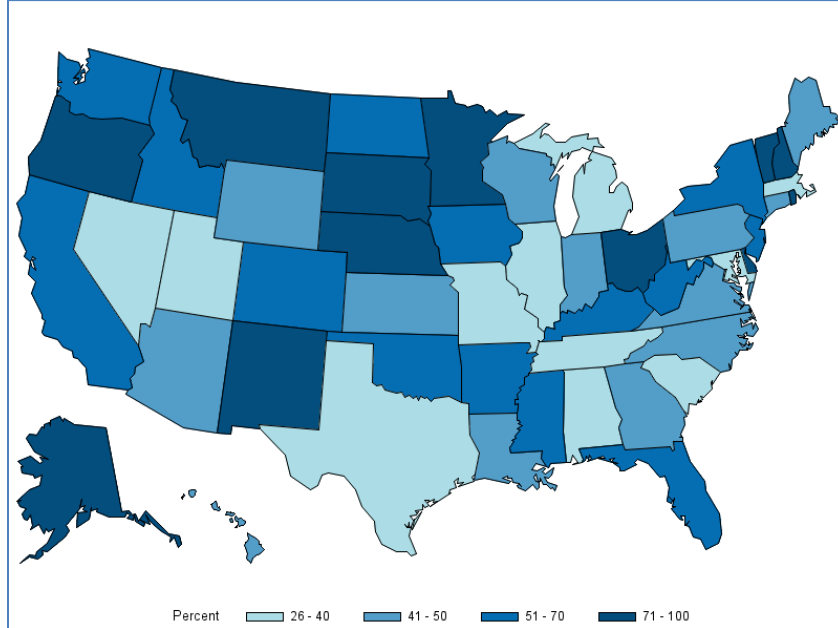
Figure 1: Nurse practitioners and physician assistants at ONC Milestones.



SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC. Data as of March 18, 2013.

RECs are working with half of all primary care NPs and 44% of all primary care PAs nationwide

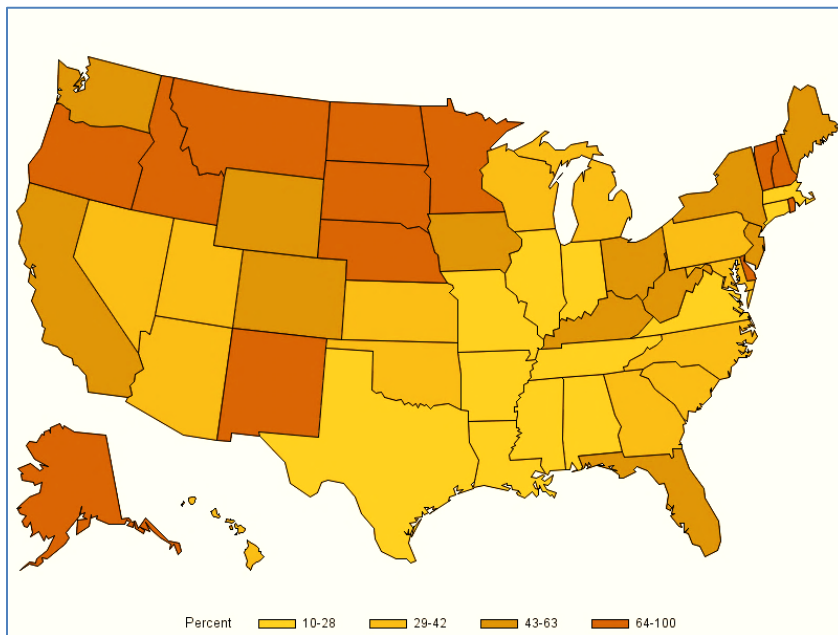
Figure 2: Proportion of Primary Care Nurse Practitioners enrolled with RECs by State



SOURCE: Customer Relationship Management (CRM) Tool, maintained by OPAS at ONC. Data as of March 18, 2013. Total number of primary care NPs as estimated by SK&A survey data, 2011.

- ★ REC enrollment ranges from 26% to 100%. 20,854 NPs are enrolled with RECs.
- ★ More than half of all primary care NPs (58%) in rural areas are enrolled with an REC.

Figure 3: Proportion of Primary Care Physician Assistants enrolled with RECs by State



SOURCE: Customer Relationship Management (CRM) Tool, maintained by OPAS at ONC. Data as of March 18, 2013. Total number of primary care PAs as estimated by SK&A survey data, 2011.

- ★ REC enrollment of PAs ranges from 10% to 100%. 9,923 PAs are enrolled with RECs.
- ★ 56% of all primary care PAs in rural areas are enrolled with an REC

Over three-quarters of all primary care NPs and 63% of all primary care PAs in primary care HPSAs are receiving REC assistance

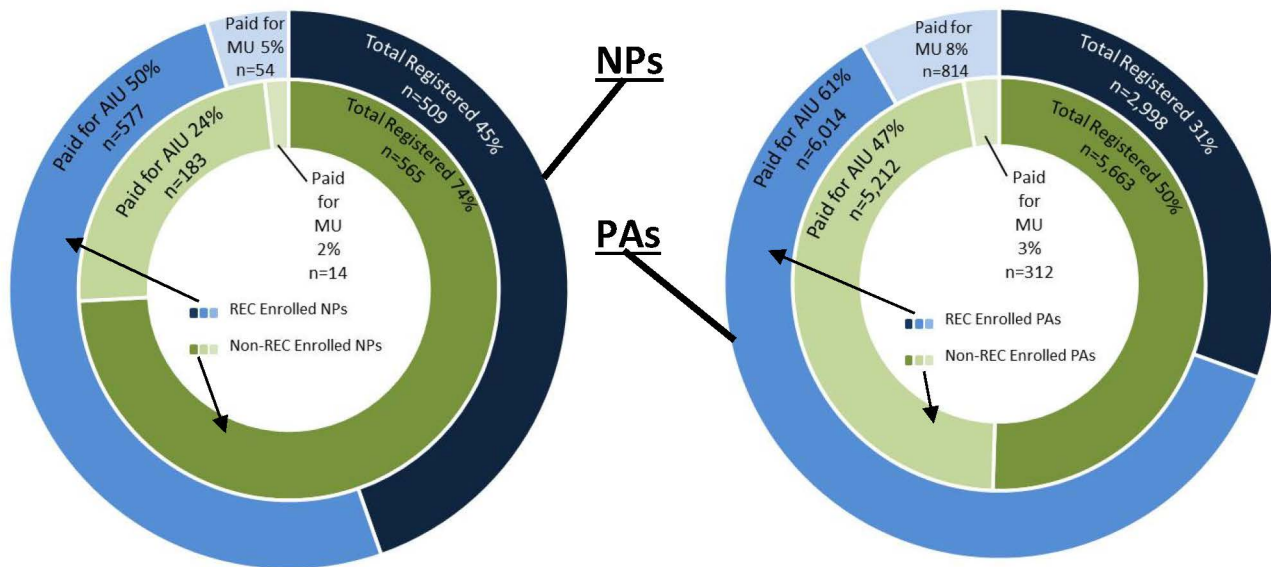
Table 1: NP and PA REC-Enrolled Provider Distribution by State

	REC-Enrolled Nurse Practitioners						REC-Enrolled Physician Assistants					
	Enrolled in REC	% Live with EHR	% Demonstrating MU	% of All Primary Care NPs	% of Rural Primary Care NPs	% of Primary Care NPs in HPSAs	Enrolled in REC	% Live with EHR	% Demonstrating MU	% of All Primary Care PAs	% of Rural Primary Care PAs	% of Primary Care PAs in HPSAs
AK	210	73%	9%	100%*	100%*	100%*	211	83%	5%	100%*	100%*	100%*
AL	221	94%	28%	36%	37%	45%	23	100%	17%	22%	19%	100%
AR	244	68%	27%	51%	68%	79%	8	50%	13%	10%	11%	35%
AZ	483	81%	21%	50%	97%	100%	253	77%	17%	41%	86%	58%
CA	1,909	78%	22%	58%	61%	81%	1,303	81%	30%	51%	69%	71%
CO	380	90%	28%	53%	66%	68%	470	88%	37%	62%	71%	79%
CT	239	70%	13%	41%	53%	100%*	64	81%	8%	24%	42%	100%*
DC	115	90%	34%	100%*	n/a	100%*	37	65%	24%	100%*	n/a	100%*
DE	211	93%	50%	100%*	100%*	100%*	53	94%	55%	100%*	100%*	100%*
FL	1,575	74%	20%	63%	72%	85%	525	78%	23%	45%	38%	50%
GA	594	81%	15%	47%	54%	72%	253	88%	15%	40%	43%	52%
HI	49	92%	0%	49%	52%	68%	20	95%	0%	38%	76%	30%
IA	270	79%	27%	57%	59%	76%	163	89%	44%	43%	40%	56%
ID	138	86%	20%	51%	51%	64%	185	80%	17%	68%	77%	56%
IL	340	90%	35%	29%	32%	75%	122	85%	29%	18%	27%	31%
IN	467	83%	31%	44%	59%	58%	29	90%	17%	20%	53%	47%
KS	232	66%	23%	46%	51%	63%	135	56%	27%	42%	54%	55%
KY	619	71%	18%	65%	65%	99%	169	84%	24%	55%	71%	69%
LA	279	77%	39%	42%	37%	64%	19	79%	42%	15%	22%	20%
MA	397	86%	16%	26%	17%	72%	47	81%	11%	15%	0%	30%
MD	246	73%	9%	36%	68%	48%	152	63%	14%	41%	71%	58%
ME	192	89%	47%	50%	60%	58%	96	93%	29%	52%	55%	63%
MI	330	85%	31%	34%	53%	51%	276	90%	41%	30%	46%	55%
MN	687	88%	2%	84%	80%	100%*	343	90%	0%	71%	72%	88%
MO	343	80%	34%	28%	32%	51%	22	86%	27%	16%	25%	19%
MS	439	96%	41%	54%	58%	100%*	5	100%	0%	18%	0%	0%
MT	150	87%	49%	73%	68%	91%	159	91%	35%	100%*	71%	100%*
NC	656	73%	7%	48%	58%	58%	500	81%	6%	40%	49%	44%
ND	107	68%	8%	69%	74%	80%	80	70%	5%	84%	96%	86%
NE	196	86%	6%	71%	85%	100%*	248	77%	5%	67%	77%	61%
NH	243	96%	49%	75%	94%	87%	91	97%	46%	71%	86%	58%
NJ	492	81%	13%	70%	n/a	100%*	139	94%	29%	53%	n/a	94%
NM	270	84%	27%	77%	67%	91%	130	82%	34%	64%	71%	74%
NV	81	68%	10%	33%	43%	23%	60	82%	5%	33%	39%	17%
NY	1,439	80%	23%	56%	58%	100%*	919	78%	24%	56%	60%	93%
OH	888	76%	14%	73%	73%	90%	139	85%	10%	47%	60%	36%
OK	223	84%	36%	64%	67%	93%	144	92%	27%	38%	49%	52%
OR	566	77%	16%	84%	87%	99%	295	89%	15%	91%	86%	95%
PA	636	80%	41%	43%	44%	62%	436	93%	54%	38%	48%	48%
RI	113	85%	50%	76%	n/a	81%	39	82%	62%	64%	n/a	74%
SC	260	82%	23%	40%	57%	47%	71	80%	17%	29%	58%	54%
SD	132	75%	33%	98%	96%	90%	167	78%	26%	83%	83%	91%
TN	502	91%	39%	28%	31%	64%	60	90%	37%	17%	24%	32%
TX	797	82%	14%	29%	37%	48%	316	85%	14%	17%	24%	32%
UT	119	93%	34%	35%	56%	50%	109	92%	31%	37%	19%	44%
VA	525	59%	18%	41%	49%	60%	73	77%	29%	20%	30%	33%
VT	167	92%	24%	100%*	96%	100%*	86	93%	7%	94%	100%*	75%
WA	549	81%	25%	52%	65%	85%	303	89%	28%	46%	69%	61%
WI	317	82%	13%	41%	56%	75%	157	86%	8%	33%	44%	60%
WV	168	88%	29%	56%	50%	68%	157	90%	24%	53%	52%	75%
WY	42	90%	29%	48%	30%	65%	52	88%	29%	56%	50%	65%
	20,847	80%	23%	50%	58%	78%	9,913	83%	24%	44%	56%	63%

SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC. Excludes AS, GU, MP, PR, VI (NP n=7, PA n=10). Total number of primary care providers as estimated by SK&A survey data, 2011. * Number of REC-enrolled providers in the area exceeds estimate of total primary care providers in the area. See Data Sources section for more information.

NPs and PAs enrolled with an REC are more likely to be paid for AIU and MU.

Figure 4. CMS EHR Incentive Program Participation by REC enrollment status.



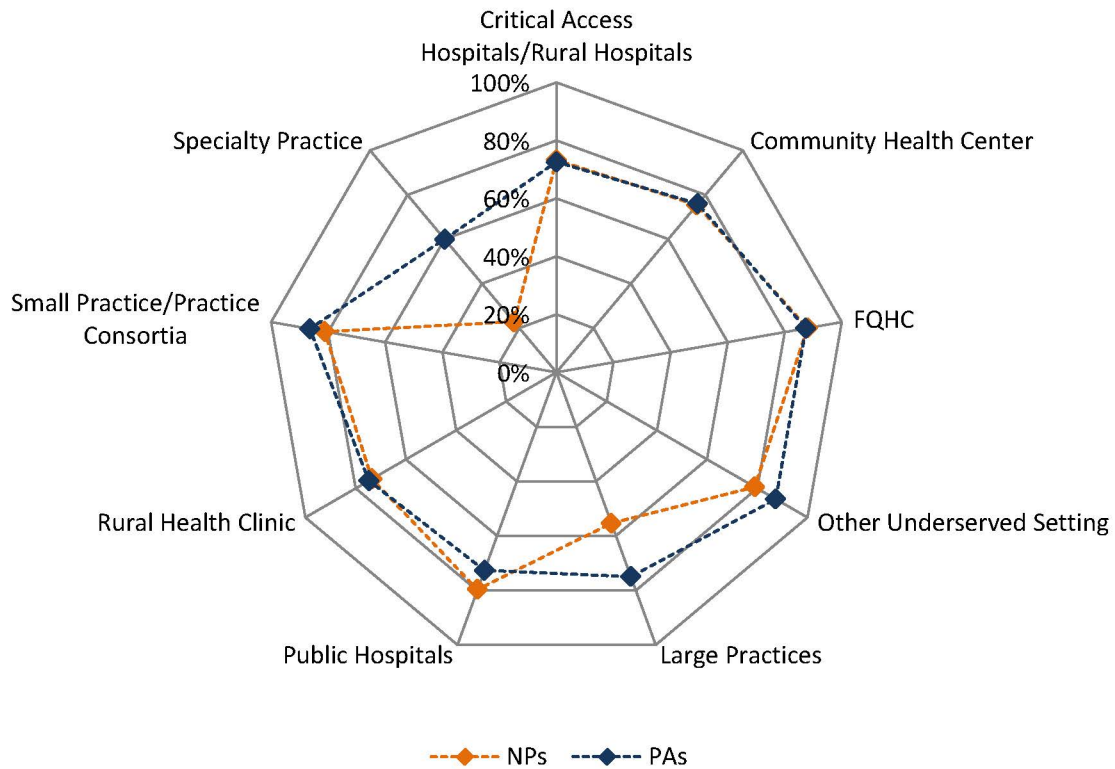
SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC data as of March 18, 2013, and CMS data as of January 31, 2013.

Key Points:

- ★ REC-enrolled NPs and PAs have received more than \$168 million in incentive funds from CMS.
- ★ 60% of all CMS registered PAs (n=1,902) and 47% of NPs (n=20,983) are enrolled with an REC.
- ★ REC-enrolled NPs are 59% more likely to be paid for CMS MU incentives than non-enrolled CMS registered NPs.
- ★ PAs enrolled with an REC are 61% more likely to be paid for AIU than non-REC enrolled PAs.
- ★ REC-enrolled PAs are 34% more likely to be paid for MU than non-REC enrolled PAs.

NPs and PAs working in FQHCs have the highest rate of EHR adoption (87%) compared to other REC settings.

Figure 5. REC-enrolled NPs and PAs live with an EHR by practice setting.



SOURCE: Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption and Support (OPAS) at ONC as of March 18, 2013.

Key Points:

- ★ Almost 40% of REC-enrolled NPs and 44% of PAs work in small provider practices or practice consortia.
- ★ A third of REC-enrolled NPs (34%) and PAs (31%) are located in FQHCs and other underserved settings.
- ★ Four in ten REC-enrolled providers located in rural health clinics are NPs and PAs.
- ★ Rates of demonstrating MU (REC milestone) also vary by practice setting:
 - NPs range from 1% in specialty practices to 26% in FQHCs
 - PAs range from 8% in large practices to 29% in small practices and practice consortiums

	Enrolled with an REC	
	Number of PAs	Number of NPs
CAH/RH	821	1,211
Non-FQHCCHC	436	1,442
FQHC	1,892	4,420
Other Underserved Setting	1,142	2,580
Large Private Practice	36	65
Public Hospitals	589	1,694
Rural Health Clinic	559	1,036
Small Private Practice & Practice Consortium	4,408	8,138
Specialty Practice	40	268
Total	9,923	20,854

Summary

Physician assistants and nurse practitioners are a crucial part of the safety net of the American healthcare system, especially in primary care delivery in small practice, rural and underserved settings. The Bureau of Labor Statistics (BLS) reports that employment opportunities for PAs and registered nurses will increase by 30%⁸ and 26%⁹, respectively, between 2010 and 2020. In addition, the BLS notes that advance practice nurses such as nurse practitioners “will be in high demand, particularly in medically underserved areas such as inner cities and rural areas”⁹, and of PAs, BLS adds that “good job prospects are expected... particularly for physician assistants working in rural and medically underserved areas, as well as physician assistants working in primary care.”⁸ The data presented in this brief demonstrate that RECs have high penetration among these professionals across the country, especially in these high-need areas, and are guiding them to provide better care and promote better health through EHR adoption and meaningful use.

NPs and PAs are an integral part of the changing healthcare landscape as critical components of team-based care. With access to care being expanded to an anticipated 33 million currently uninsured people through the Affordable Care Act, NPs and PAs must transition to meaningful use of EHRs with physicians and other healthcare providers in order to meet this demand and provide better, higher quality care to their patients. CMS EHR incentive programs to help offset the cost of this transition only provide funding to assist a portion of these providers to adopt, implement and meaningfully use EHRs. At least 53% of PAs and 22% of NPs partnered with an REC are not eligible for CMS incentives. For those NPs and PAs that are eligible for incentive payments, those partnered with RECs are more likely to be paid for AIU and MU. Regardless of financial incentives, RECs partner with these key primary care providers in participating in the meaningful use movement.

Over 2,000 NPs and PAs who are not eligible for incentive payments are demonstrating meaningful use with REC assistance based on the ONC performance milestones. In addition, these providers’ high rate of REC participation and EHR adoption indicate their commitment to providing better and more comprehensive patient care through EHRs and meaningful use. However, MU demonstration among NPs and PAs is lower than the overall rate among all REC providers (23% vs. 38%). To close this gap and leverage MU to improve patient outcomes, NPs and PAs merit continued resource allocation to support their critical contributions to the nation’s primary care tapestry.

Definitions

AIU: For the CMS EHR Incentive Medicaid Program, eligible professionals do not have to demonstrate Meaningful Use during the first year of the program. Instead, eligible professionals must attest to Adopting, Implementing or Upgrading (AIU) a certified EHR system.

Federally Qualified Health Centers: These health centers are HRSA-supported public and private non-profit healthcare organizations that meet certain CMS criteria. FQHC look-alikes are health centers that meet the CMS “health center” definition but do not receive Section 330 funding (Section 330 of the Public Health Service Act).^{4,5} The match between HRSA and ONC REC organizations is based on HRSA funded FQHC and FQHC look-alike administrative locations and REC practices.

Health Profession Shortage Area (HPSA): areas determined by Health Resources and Services Administration to have a shortage of primary medical care providers, where there are more than 3,500 patients for every one primary care physician.

Performance milestones. The performance milestones for REC providers indicate a threshold at which point RECs qualify for grant reimbursement. RECs may enroll healthcare providers regardless of their CMS EHR Incentive Program eligibility.

Milestone 1. Signed technical assistance contract between the Regional Center and provider with receipt of any participation fees required (enrollment).

Milestone 2. Documentation of Go-Live status on an EHR, with active quality reporting and electronic prescribing.

Milestone 3. Demonstrates meaningful use.

Practice settings. REC-enrolled practices are assigned a setting type by REC staff. Small/Solo Practices are private practices focused on primary care with 10 or fewer providers. Practice Consortia are generally defined as formerly-small practices that have joined together under a single tax ID to streamline administrative management. Other Underserved Settings include providers serving high levels of Medicaid and medically-underserved patients who do not fit into one of the other priority setting categories. Large practices have providers with more than 10 providers. Critical Access Hospitals (CAHs) and Rural Hospital (RH) settings include providers who work at ambulatory care clinics associated with CAHs and RHs.

Rural area: Non-metropolitan counties as identified by the Office of Management and Budget Core Based Statistical Areas (CBSA).

Data Sources

The information on enrollment with RECs and milestone achievement was obtained from the ONC Customer Relationship Management (CRM) Tool, maintained by the Office of Provider Adoption Support (OPAS) at ONC. Data represented in this brief are current as of March 18, 2013. Each REC reports milestone achievement data to ONC at time of achievement using the CRM.

Total primary care nurse practitioner and physician assistant estimates are based on data from 2011 SK&A Office-Based Provider Database.

In some states and some area types within states, the number of REC-enrolled primary care NPs and PAs exceeded the estimate of total primary care NPs and PAs from SK&A. This could be in part because the

data reflect different points in time. If the NP and PA supply in these areas has grown between 2011 and 2013, RECs with high penetration among these professions may have recruited all NPs or PAs in their region, bringing the total current enrollment figure over 100% of 2011 population estimates.

Information on Centers for Medicaid and Medicare EHR Incentive Program participation status and payment amount was received from CMS and matched with ONC CRM data on the basis of the provider's National Provider Identifier. CMS data represented in this brief are as of January 31, 2013, merged with ONC CRM data through March 18, 2013.

FQHC identification among REC-enrolled sites is documented previously¹⁰. Core Based Statistical Areas and primary care HPSAs identified from the *Area Resource File (ARF) 2011-2012* (US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Rockville, MD), and merged to ONC CRM providers based on practice zip code.

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About the Authors

The authors are with the Office of the National Coordinator for Health Information Technology, Office of Provider Adoption Support.

Acknowledgements

Special thanks to Travis Broome and Vidya Sellappan of the Centers for Medicare and Medicaid Services.

Suggested Citation

Heisey-Grove D, Klintworth P, Tavernia K, Lynch K. Regional Extension Center Nurse Practitioners and Physician Assistants: Crucial Primary Care Providers on the Path to Meaningful Use. ONC Data Brief, no. 11. Washington, DC: Office of the National Coordinator for Health Information Technology, May, 2013.