UTAH'S ADVANCED PRACTICE REGISTERED NURSE WORKFORCE, 2017:

A Study on the Supply and Distribution of APRNs in Utah

The Utah Medical Education Council

State of Utah

www.utahmec.org

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The Utah Medical Education Council

The Utah Medical Education Council (UMEC) was created in 1997 by H.B.141 out of a need to secure and stabilize the state's supply of healthcare clinicians. This legislation authorized the UMEC to conduct ongoing healthcare workforce analyses and to assess Utah's training capacity and graduate medical education (GME) financing policies. The UMEC is presided over by an eight-member board appointed by the Governor to bridge the gap between public/private health care workforce and education interests.

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The UMEC would like to thank its staff for their assistance and the following members of the advanced practice registered nurse workforce advisory committee, for their time and expertise in developing this report:

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Additional Resources

Healthcare Workforce Reports

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- Pharmacists
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- Physicians
- Physician Assistants
- Radiology Technologists
- Registered Nurses

For access to any of these reports, please view on our website www.utahmec.org.

Physician Job Opportunities in Utah

The UMEC conducts annual job fairs for Physicians and Advanced Practitioners (PAs, APRNs including CNSs, CNMs, CRNAs, and NPs) attending training programs and/or practicing in Utah. These job fairs are free of cost for attendees and are geared towards promoting retention of Utah trained workforce in Utah. Major health care employers in Utah are invited to recruit at the fairs. As a part of its rural workforce initiative, the UMEC encourages rural and frontier hospitals, clinics, and practices to take part in these job fairs by discounting their participation fees.

In addition, the UMEC also hosts a job board on its website. For a listing of Utah physician jobs by specialty, please access our website at: http://www.utahmec.org/jobboard.php.

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Executive Summary

This report contains analysis of the fourth Utah Medical Education Council's Advanced Practice Registered Nurse workforce survey. Compared to the previous surveys conducted in 1998, 2003 and 2010, Utah's APRN workforce continues to grow. As of October 2015, there were a total of 2,169 APRNs licensed in the state. This total is made up of 1,670 (77%) Nurse Practitioners, 139 (6%) Certified Nurse Midwives, 110 (5%) Clinical Nurse Specialists, and 250 (12%) Certified Registered Nurse Anesthetists. Of those licensed in the state, survey data indicates that 1,852 (85%) provide health care services in state.

The 2015 survey received 1,115 responses, which is a response rate of 51.4%[1]. Such a high response rate allows for highly accurate analysis. The accuracy has a confidence interval of 95% +/- 2%. Survey responses were weighted with the following factors to account for non-respondents: CNM, 1.38; CNS, 2.00; CRNA, 1.89; and NP, 2.02.

Overall, the APRN workforce continues to grow older on average. The average age overall is 50 (up from 47 in 2010) but when broken down by category of APRN for CNMs, CNSs, CRNAs, and NPs the average ages are 52, 59, 49, and 49 respectively.

Average incomes for APRNs have grown in dollar amount, but when adjusted for inflation have fallen 12% since the last APRN survey in 2010. FTE adjusted median income for APRNs overall is $101,254 according to the 2015 survey data. Median income for APRNs practicing in rural settings is higher than for those in urban settings.

Demographically, APRNs are 88% female, and 91% Caucasian. They have on average 8 years of RN experience before pursuing advanced practice education. Survey data indicated that male RNs move onto advanced practice much more quickly than women. Utah APRNs have 13.4 years of advanced practice experience on average, with 84% reporting that their highest level of education is a master's degree while 16.4% report holding a doctorate. One hundred and fourteen APRNs report currently working as a faculty member.

The APRN workforce has seen a percentage decrease in rural practice dropping from 11% overall in 2003 to 6% in 2015. More than 20% of the CRNA workforce are working in rural counties.

[1] Response rates within specific categories

Utah APRNs have a diverse range of specialties, the most common overall being Family Practice (18.3%), OB/GYN (10%), and Pediatrics (6%). APRNs report seeing an average of 14 inpatients and 42 outpatients per week. This represents an increase in number of patients seen since the survey conducted in 2003—there has been a 75% increase in inpatients seen per week.

The largest category of insurance used by APRN patients is private insurance at 33% in primary settings, but Medicaid and Medicare make up the bulk of insurance use when considered together. Most CNMs, CNSs, and NPs report that they are currently accepting all types of insurance in their primary or secondary practice locations.

The majority of each category is either currently precepting or has interest in precepting in the near future. Overall, 56% of APRNs report that they are currently precepting. The category with the fewest preceptor sites are CRNAs and with the most are CNMs. Those who indicated that they did not see precepting as a possibility in the foreseeable future cited busy schedules and workplace policy as major reasons for not participating as preceptors.

Ten-year workforce and population-based demand projections indicate that for every category, there will be a supply shortage over the next 10 years compared to demand if there are no changes in trends. CNMs are projected to decline at a rate of 1.47 FTEs per year, but will need a growth rate of 1.4 FTEs per year over the next 10 years to meet population-based demand. CNSs are projected to decline at a rate of 8.625 FTEs per year, but will need a growth rate of 1.7 FTEs per year over the next 10 years to meet population-based demand. CRNAs are projected to grow at a rate of 1.031 FTEs per year, but will need a growth rate of 3.9 FTEs per year to meet population-based demand. NPs are projected to grow at a rate of 21.73 FTEs per year, but will need a growth rate of 27.8 FTEs per year to meet population-based demand.

Methodology

License Data

The Utah Department of Commerce's Division of Occupational and Professional Licensing (DOPL) provided the Utah Medical Education Council with updated license information for every person licensed as Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwife-Advanced Practice Registered Nurses (CNM-APRN), and Advanced Practice Registered Nurses (APRN). In Utah, Nurse Practitioners (NP) and Clinical Nurse Specialists (CNS) are classified by DOPL the same way. As of October 2015, there were 2,169 nurses holding one of these licenses according to DOPL data. No selection criteria or sampling calculations were necessary since UMEC has the capacity to survey the entire population of Utah APRNs.

Design of Survey Instrument

The design of the 2015 APRN survey was based on the precedent and methodology set by the previous two UMEC APRN reports from 2003 and 2011, as well as consideration of their strengths and weaknesses. Instead of one survey that included questions relevant to all categories of APRN, the 2015 survey was broken into 4 more specific surveys sent to APRNs based on their DOPL licensing.[2] The 4 versions of the survey were:

1. Certified Nurse Midwife Survey
2. Certified Registered Nurse Anesthetist Survey
3. Nurse Practitioner/Clinical Nurse Specialist Survey
4. Nurse Practitioner/Certified Nurse Midwife/Clinical Nurse Specialist Survey (to better capture dual licensed APRNs in 2 or more of the categories)

Data Collection

The survey was sent out initially in October 2015. Those who did not respond received a second mailing in February 2016. A third mailing was sent to those who had not responded to the first two mailings in April 2016. In addition to the mailed surveys, UMEC provided an online option to complete the survey through Qualtrics. Relatively few online responses (170) were received, and were included in all analysis unduplicated. Data collection was completed at the end of June 2016. The survey received 1,115 responses with an overall response rate of 51.4 % (95% confidence interval +/- 2%). With such a high response rate, UMEC was able to conduct highly accurate analysis. Survey responses were weighted by license category as follows—CNM: 1.42, CRNA: 1.89, CNS: 2.01, NP: 2.01 to account for non-respondents.

[2] These surveys largely asked the same questions with particular specific focus for each profession. Survey instruments are published in the appendix of this report.

Response Rate

Response rates to the APRN survey were strong, particularly when compared to typical response rates expected for mail-in surveys. Overall, our 2015 mail-out surveys were completed with a 51.4% response rate. A small number of people completed the survey in an online version UMEC made available for the first time in our APRN reporting for this report. One hundred and seventy individuals completed the survey online and during the data cleaning process we removed any duplications from people who completed both the online survey and returned the paper survey.

The table below details the total number of licensed individuals in each category, the number of survey responses (unduplicated) received, the percent of each APRN category that responded, and the weighting factors that were applied to each category for analysis counts.

Table 1: 2015 Survey Response Rates and Weighting Factors

APRN Category	Total Number	Responses	Percentage	Weighting Factors
CNM	128	101	72.7%	1.38
CNS	110	55	50.0%	2.00
CRNA	250	132	52.8%	1.89
NP	1670	827	49.5%	2.02

All subsequent numbers cited in this report are weighted numbers unless otherwise indicated.

Data Entry and Analysis

The 2015 Utah APRN Workforce Survey was processed using forms and databases created in Microsoft Access. Data entry and cleanup were done in house by UMEC staff. Once data entry and clean up were complete, the information was imported into IBM SPSS for all statistical analysis. Analysis began in September of 2016.

Survey Limitations

Because survey data relies on self-reported information, there is risk of inaccuracy even with a well-designed survey instrument. Additionally, while CNS is nationally recognized as one of the four types of APRNs, the state of Utah licenses both NPs and CNSs together with no distinction between the two in the DOPL data. While the exact numbers of CNMs and CRNAs could be determined by license data, the number of CNSs and NPs were determined by number of respondents who indicated that they are currently practicing as a CNS or Nurse Practitioner.

Introduction

An advanced practice registered nurse (APRN) is a registered nurse (RN) prepared at the post-graduate level, holding a specialized certificate. The definition of APRN according to the American Nursing Association is a nurse who has 1) completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles, 2) who has passed a national certification examination that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national verification program; 3) who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients; 4) whose practice builds on the competencies of registered nurses by demonstrating a great depth and breadth of knowledge, a great synthesis of data, increased complexity of skills and interventions, and greater role autonomy; and 5) who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems (Institutes of Medicine, 2011).

There are four main categories of the APRN profession: Certified Nurse Midwives (CNM), Clinical Nurse Specialists (CNS), Certified Registered Nurse Anesthetists (CRNA) and Nurse Practitioners (NP). A CNM provides a full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, childbirth, and care of newborns. A CNS has a unique role of integrating care across patients, the nursing workforce, and health systems. The primary goal of the CNS is to create positive environments for patients and nurses through mentoring, evidence-based practices, high quality coordination, and prevention of illness and risk behaviors among individuals, families, and communities. A CRNA is trained to provide the full spectrum of patients' anesthesia care for individuals of all ages and health statuses. An NP practices autonomously across the healthcare system and specializes in diverse aspects of healthcare delivery. They are educated to diagnose, treat, and manage patient conditions including prescribing medication (with some restrictions state-by-state) and making appropriate referrals for patients (American Nurses Association, 2010).

Utilization of the APRN workforce is a renewed topic of national debate in the context of healthcare reform. With expanded access to insurance coverage after the 2010 roll-out of the Patient Protection and Affordable Care Act, healthcare systems have made efforts to better utilize the APRN workforce to address gaps in management of chronic conditions, increased access to primary care, prevention and wellness education, behavioral and mental health, school health, and palliative services. While healthcare reform is in a time of transition and change, utilization of the APRN workforce is a strategy for high-quality and efficient healthcare systems

advocated by numerous organizations.[3] The APRN workforce is uniquely qualified to address gaps in the healthcare system.

This report focuses on APRN information relevant to the healthcare system and development of new policy such as: How many APRNs are there and what type of work are they doing? Where are they working? Is there an adequate supply of APRNs in the workforce pipeline? How do APRNs interface with other players in the healthcare system?

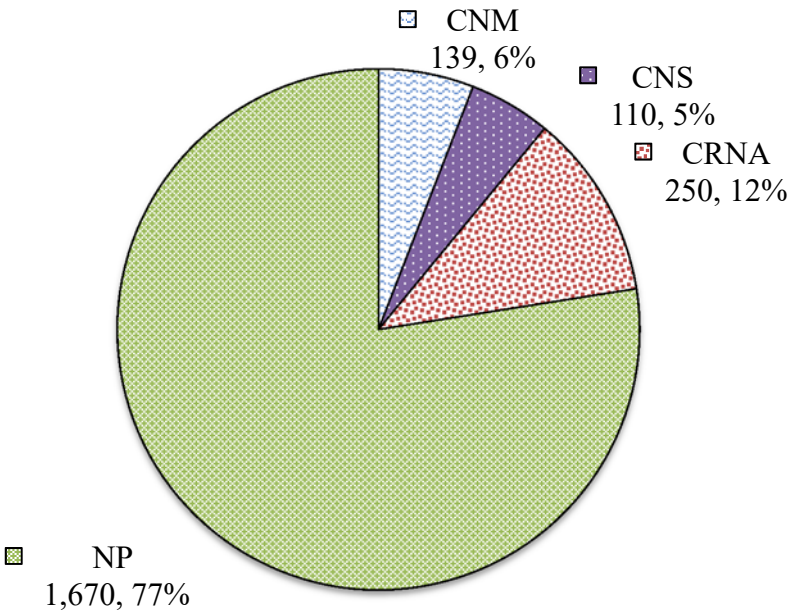
[3] Some organizations advocating for utilization of APRNs as a cost-effective strategy for ensuring an efficient healthcare system are the Federal Trade Commission, the National Governor's Association, the National Association of Community Health Centers, the Baker Institute of Public Policy, the National Center for Policy Analysis, and the AARP.

Licensing and Certification

Licensed in Utah

As of October 2015, there were a total of 2,169 APRNs licensed in the state of Utah. The breakdown of license type from DOPL is 1,770 APRNs (including NPs and CNSs), 107 CNMs, 250 CRNAs, and 42 dual-licensed APRN-CNMs. Of those licensed as APRNs, our survey data indicates that 1,670 are NPs and 110 are CNSs. Clinical Nurse Specialists are not licensed separately in Utah; therefore, self-reported data was relied on to separate these two categories. Eleven individuals indicated dual certification as NP/CNMs on the survey, and four indicated dual certifications as NP/CNSs. For all analysis in this report, the dual NP/CNMs are included in the CNM category and the dual NP/CNSs are included in the NP category based on indicated specialty and practice characteristics of the dual licensed individuals.

Figure 1: 2015 APRN Category Breakdown



Utah's APRN workforce has grown since the last UMEC APRN report published in 2013 as well as the first APRN report conducted in 2003. Raw numbers in each category for the 2003, 2010, and 2015 APRN survey data are illustrated in the figure below. Overall, the Utah APRN workforce has increased by 28% since 2010 and 95% since 2003. While the overall numbers are trending toward growth, there has been a decrease in certain license categories as a percentage of

the total APRN workforce. Notably, the CNS workforce has decreased by 34% since 2003. Detailed percentage breakdowns are in the table below.

Figure 2: Number of Active APRN Licenses by Category compared between 2003, 2010, and 2015 Data

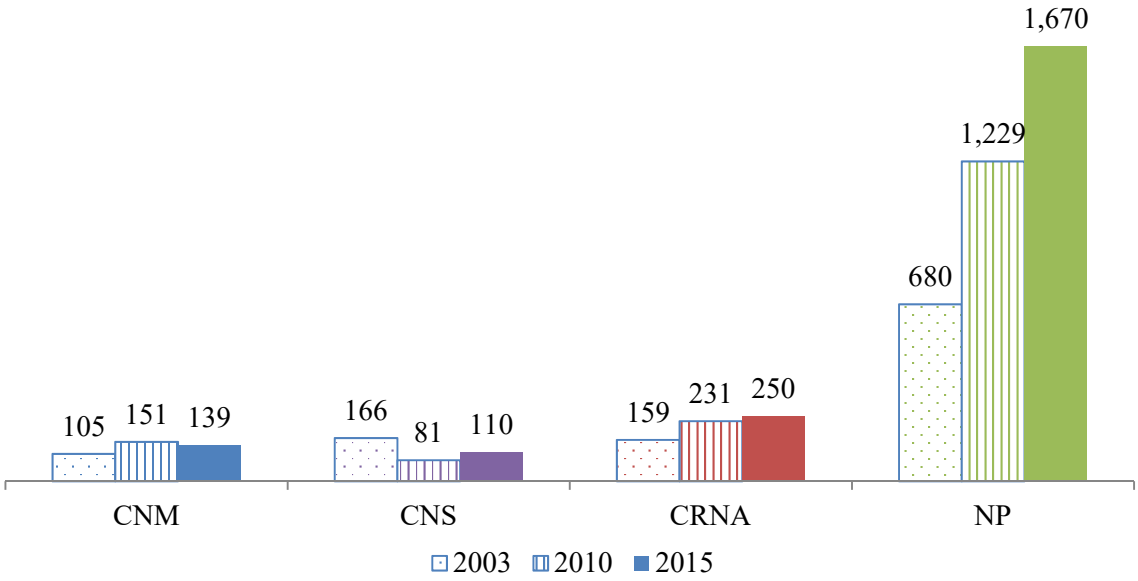
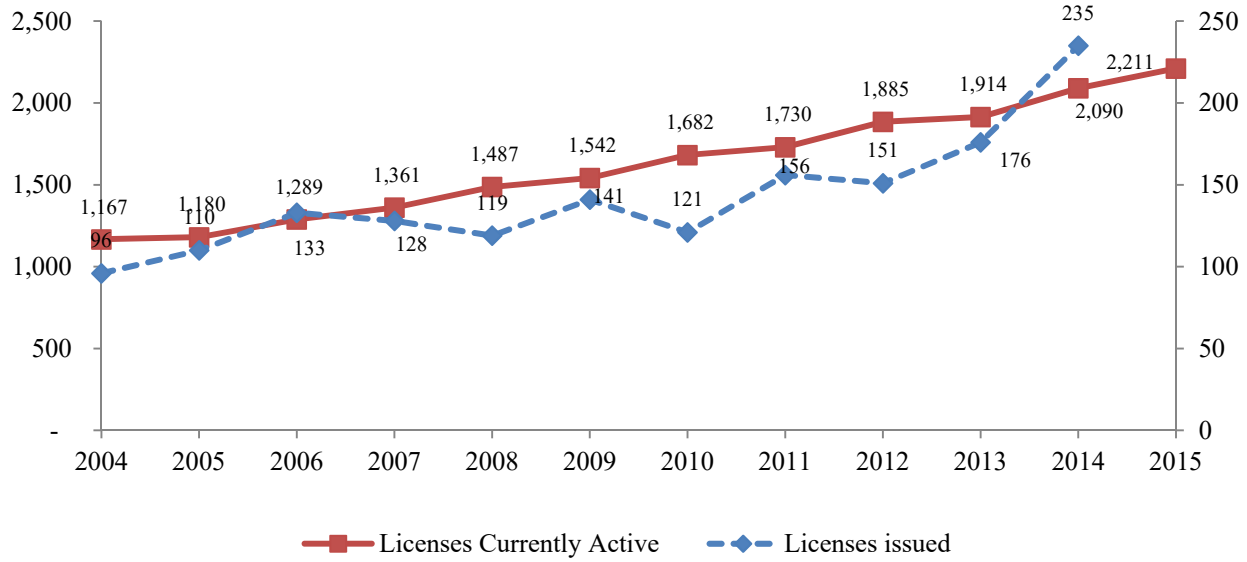


Table 2: Growth in Utah APRN workforce

% Change	*All APRN*	*CNM*	*CNS*	*CRNA*	*NP*
2003 to 2010	52%	43%	-51%	45%	81%
2010 to 2015	**28%**	**-15%**	**36%**	**8%**	**37%**
2003 to 2015	95%	22%	-34%	57%	147%

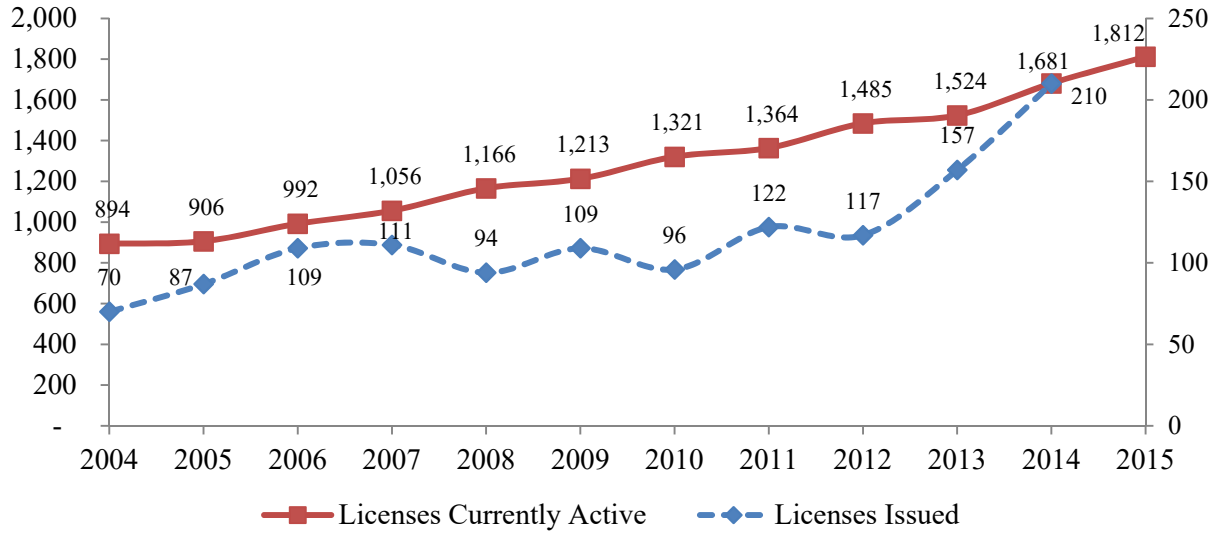
The following graphs illustrate licensure trends over time for APRNs overall as well as each Utah license category specifically. The solid line indicates the number of licenses currently active using the scale in the left vertical axis. The dotted line indicates number of new licenses issued per year.

Figure 3: All APRN License Trends--Issued and Currently Active



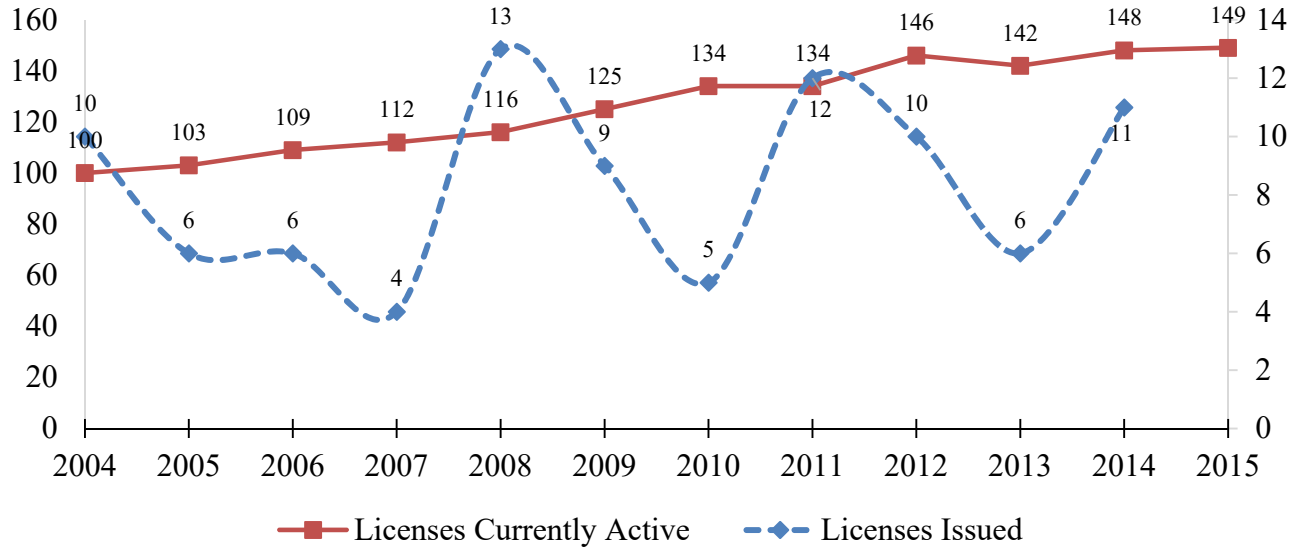
The general trend for both total currently active and licenses issued per year is positive, indicating a workforce with overall growth. There was a spike of licenses issued for 2013 and 2014 with licenses issued per year jumping from 176 in 2013 to 235 new licenses issued in 2014.

Figure 4: NP/CNS License Trends--Issued and Currently Active



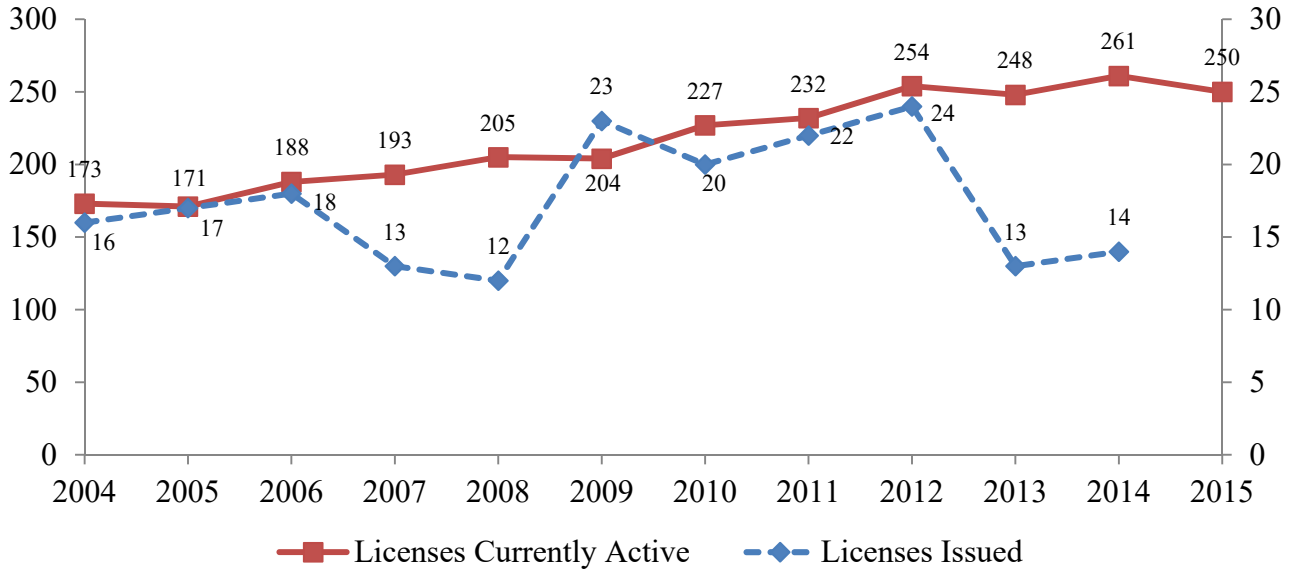
NP/CNS licensing echoes the general trend of growth over time, with a particularly steep slope from 2012 to 2014. The number of new licenses issued for this category per year almost doubled in that time frame.

Figure 5: CNM License Trends--Issued and Currently Active



While CNM license issuing trends per year have been varied, the overall number of currently active CNMs has been positive. This suggests that CNMs are staying in the workforce longer into their careers and not retiring. This observation is confirmed by survey results throughout this report.

Figure 6: CRNA License Trends--Issued and Currently Active

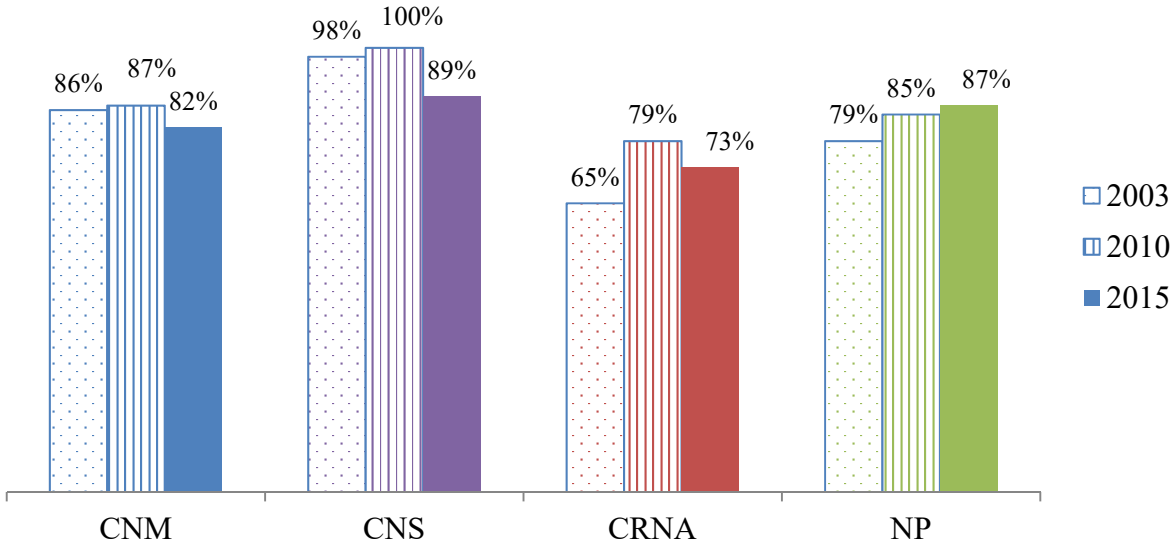


CRNA trends show positive growth for active licenses, with variation in new licenses issued per year, including a drop by almost half in 2013 compared to a 4-year spike of new licenses issued in 2009, 2010, 2011 and 2012.

APRNs Practicing in State

Of APRNs with an active Utah license, small percentages do not actually work in Utah. Of the 2,169 total APRN licenses through DOPL, 1,852 indicate that they currently practice in Utah. This is composed of 1,458 NPs, 115 CNMs, 98 CNSs, and 181 CRNAs. These totals are used for analysis through the remainder of the report. The 317 APRNs that reported working no hours in Utah make up 14.6% of total Utah licensed APRNs. This represents a small decrease in Utah licensed APRNs who are not practicing in state compared to the 2010 survey which showed 15.3% working out of state. Reasons for APRNs not practicing in Utah are varied. In free responses on the survey question to elaborate on the decision not to practice in the state, nothing in particular stood out among the reasons reported. The most common reasons indicated were that they had recently moved or retired, are expecting to move back to Utah in the near future, or are active duty military members. The following graph shows the percentage of Utah licensed APRNs who are practicing in state in the last three UMEC APRN surveys and broken down by category.

Figure 7: Percent of Workforce Practicing in Utah--2003, 2010, 2015



Certification

Certification norms and policies vary among APRN categories. While CRNAs and CNMs are by nature of their profession certified in a specific area of advanced practice, NPs and CNSs can certify in a specific patient population or field. NPs can certify in the following areas: Acute Care (ACNP), Adult (ANP), Family Practice (FNP), Geriatric (GNP), Neonatal (NNP), Oncology (ONP), Pediatric (PNP), Psychiatric/Mental Health (PMHNP), and Women's Health (WHNP). CNSs certify in the same areas but with the CNS abbreviation. There are no CRNAs holding dual certifications in other categories.

The tables below detail the certifications held by NPs and CNSs.[4] The majority of Utah NPs report being certified as FNPs (809, 56%) which is a lot higher than the national percentages of that certification at 48.3%.

Table 3: NP Certifications--Utah and National[5]

Specialty	Utah Count	Utah %	National %
ACNP	143	10%	5.6%
ANP	8	<1.0%	19.3%
FNP	809	56%	48.3%
GNP	10	<1.0%	3.2%
NNP	89	6%	2.0%
PNP	97	7%	8.5%
PMHNP	93	6%	3.0%
WHNP	54	4%	9.0%
Missing	155	11%	-
Total	1,458	100%	100%

There is less variation in certification in Utah's CNS population, and reported certifications are summarized below. The majority of CNSs are certified as PMHCNSs (78, 71%).

Table 4: CNS Certifications Utah

Certifications	Count	%
ACCNS	8	8%
ACNS	8	8%
PMHCNS	78	80%
Pediatric CNS	10	10%
Other CNS	14	14%
Missing	0	0%
Total	98[6]	--

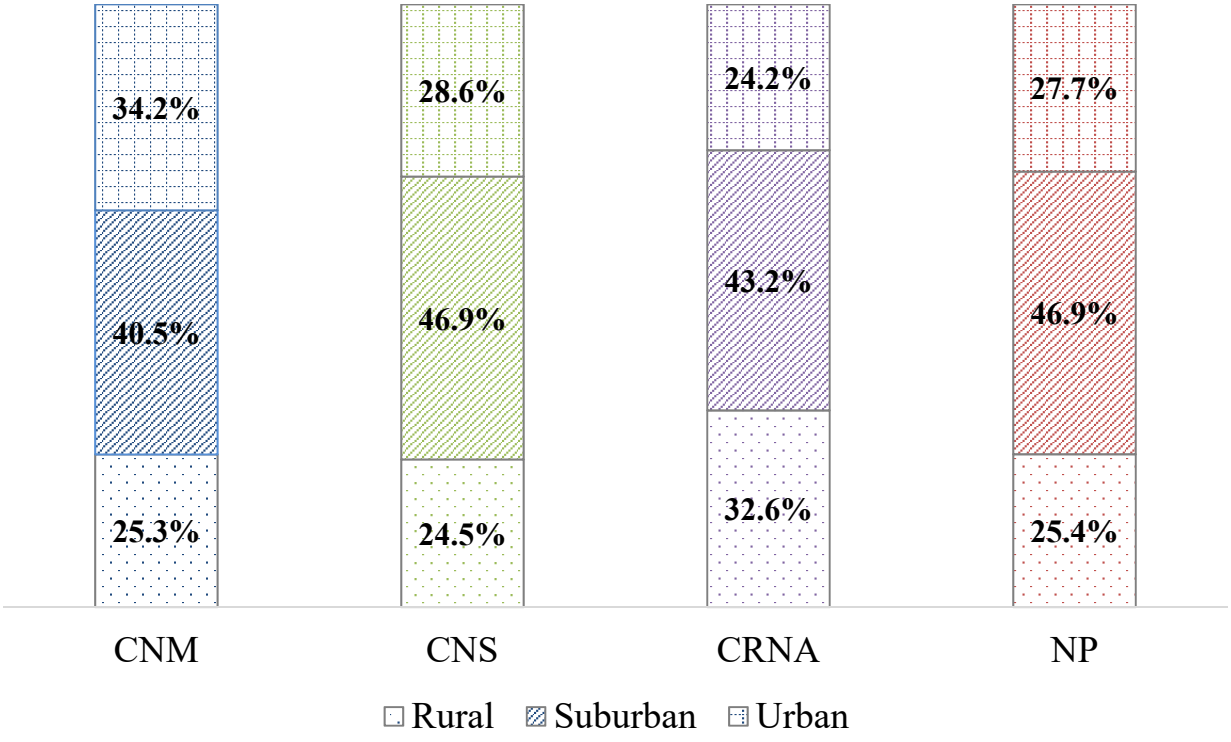
[4] In these and all following tables, any counts less than 5 are not listed.
[5] National comparison numbers were retrieved from American Association of Nurse Practitioners NP Fact Sheet.
[6] Many CNS respondents indicated more than one certification on the survey, resulting in the total count exceeding the total practicing in the state. Percentages refer to percentage of Utah practicing CNS workforce that indicated the listed certification.

Demographics

Upbringing

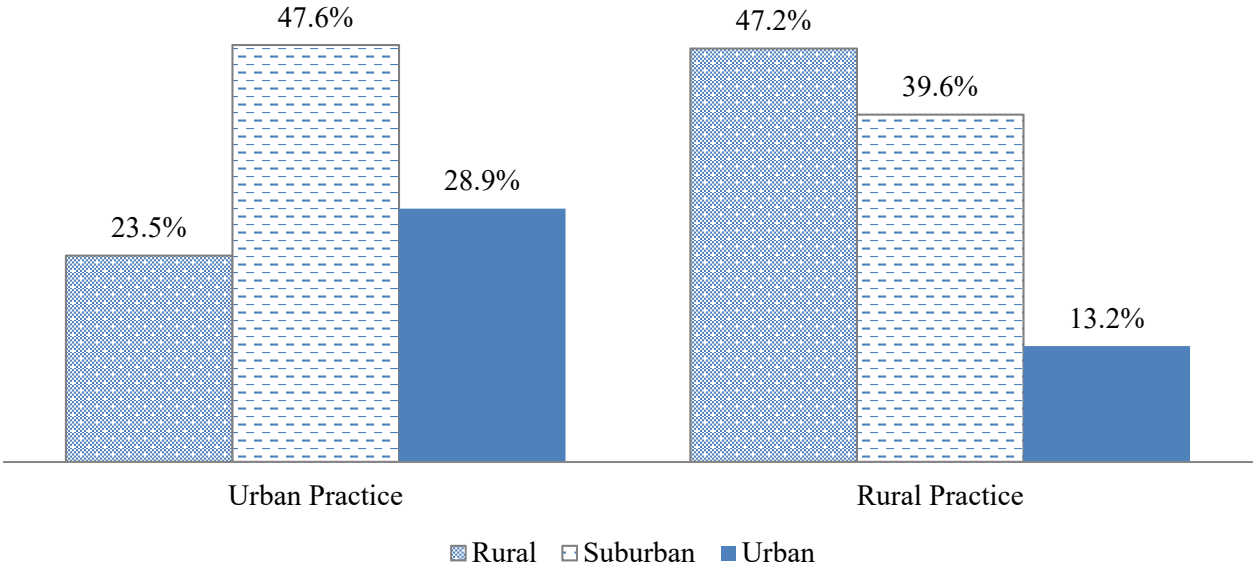
Overall, 474 or 25.6% of Utah APRNs reported growing up in a rural area with 840 or 45.4% from a suburban area, and 507 or 27.4% from an urban area. These percentages are almost exactly the same as they were in 2010 survey results, indicating a consistent pattern in upbringing to pursuing a career as an APRN. The breakdown by category was 23.8% of female APRNs compared to 34% of male APRNs reported a rural upbringing. Rural upbringing is the only category of upbringing with a higher percentage of male APRNs than female.

Figure 8: Reported Upbringing Setting of Utah APRNs



Upbringing patterns can have important implications on recruitment for areas of the state most at need. For example, the figure below illustrates that nearly half of those who practice in a rural setting grew up in a rural setting themselves. With major shortages in healthcare providers in rural areas, more targeted recruitment for those from rural areas could have a meaningful impact.

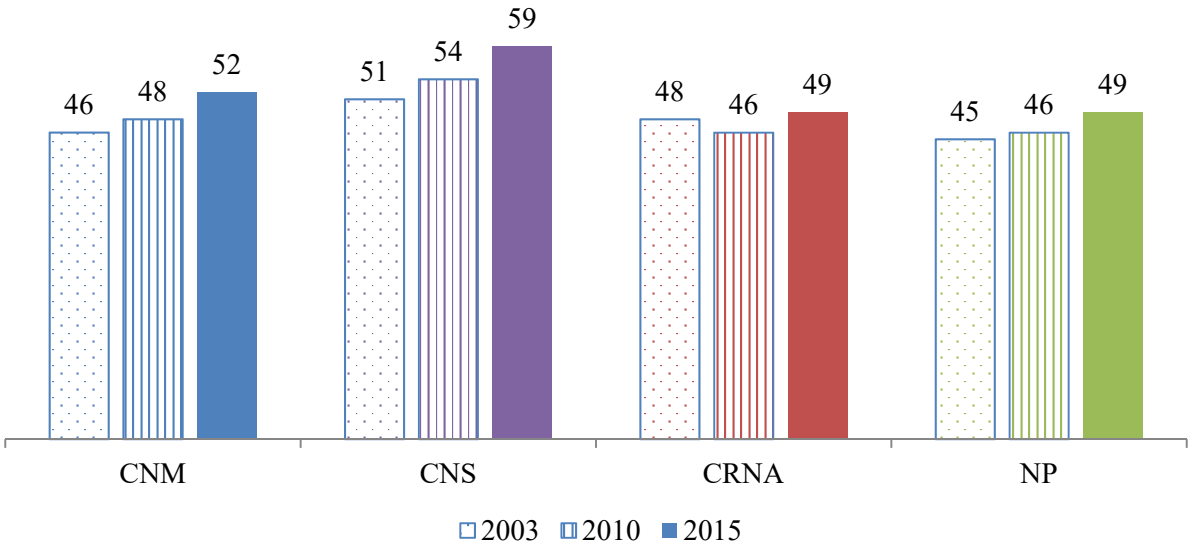
Figure 9: Practice Location and Upbringing



Age

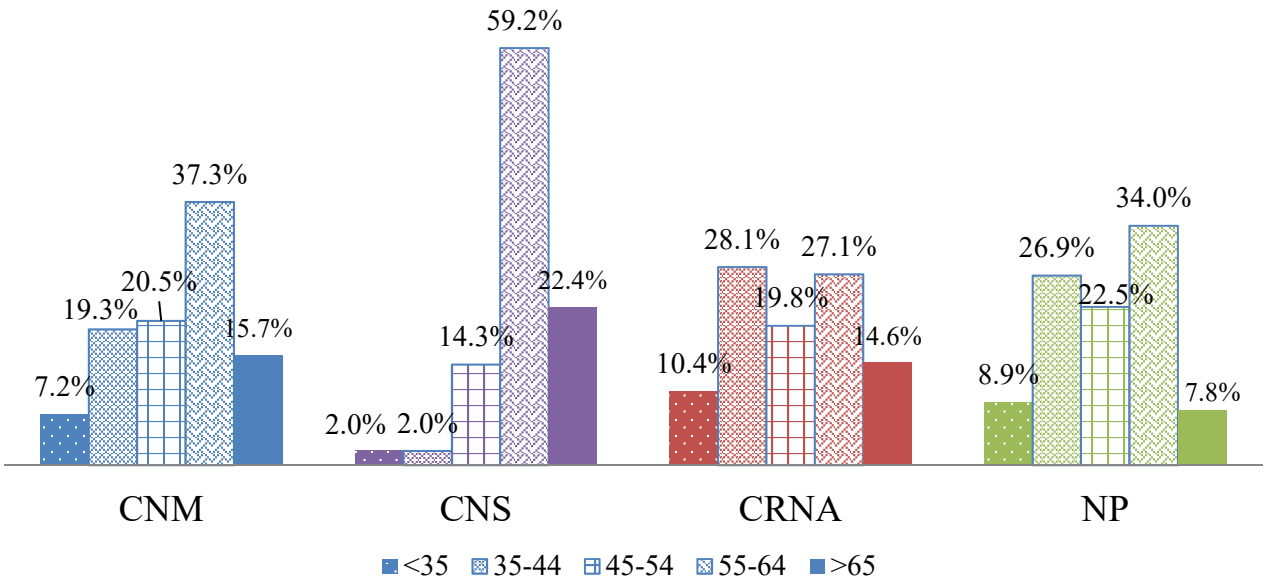
Continuing a pattern seen in the last two APRN reports, the APRN workforce is growing slightly older. The overall average age for an APRN practicing in Utah is 50 years old, up three years from 2010's average age of 47 year old. When broken down by category, average age is somewhat varied with CNMs at 52, CNSs at 59, CRNAs at 49, and NPs also at 49. Every category is showing an increase since the 2010 survey. The national average age for NPs is also 49 according to the 2016 AANP National Nurse Practitioner Sample Survey(AANP, 2016). CNMs have a national average age of 48 (Sipe et. al, 2012). No current national average could be found for comparison to the CNS population. CRNAs' average age on a national scale is 48, according to an article on APRN demographics recently published in the Journal of Professional Nursing (Sipe et al., 2012).

Figure 10: Average Age of Utah APRNs by Category



By breaking down the categories into age cohorts instead of only averages, one can see how each category's workforce is aging. CNMs and CNSs have the largest percentages in age cohorts 55+, as well as the smallest percentages under 44 when all categories are compared. Larger percentages in the older cohorts are bringing the averages up and younger licensed APRNs are entering the workforce.

Figure 11: Age Cohort Breakdown by Category--2015



Percent change from 2003 for each category are detailed in the table below. The largest increases are found in the 65+ age cohort particularly in CNMs and CNSs when 2003 and 2015 survey

results are compared. This verifies the patterns seen in the license trends and indicates an aging workforce. When these patterns were found in the 2010 survey data, it was assumed that the CNM and CNS populations were moving closer to retirement, and while that is still true, the older workforce seems to be continuing their careers for longer than might have been anticipated. This is pulling up the average age and maintaining growth for most categories despite lower numbers of new licenses coming into the state.

Table 5: Age Cohort Breakdown Percentages--2003, 2010, 2015

	<35	35-44	45-54	55-64	65+	Total
CNM						
2003	7%	30%	54%	4%	4%	100%
2010	15%	24%	28%	31%	2%	100%
2015	7%	19%	21%	37%	16%	100%
CNS						
2003	2%	17%	54%	22%	6%	100%
2010	0%	13%	33%	42%	13%	100%
2015	2%	2%	14%	59%	22%	100%
CRNA						
2003	10%	32%	34%	22%	1%	100%
2010	9%	40%	31%	17%	3%	100%
2015	10%	28%	20%	27%	15%	100%
NP						
2003	14%	30%	45%	9%	2%	100%
2010	18%	25%	32%	24%	2%	100%
2015	9%	27%	23%	34%	8%	100%

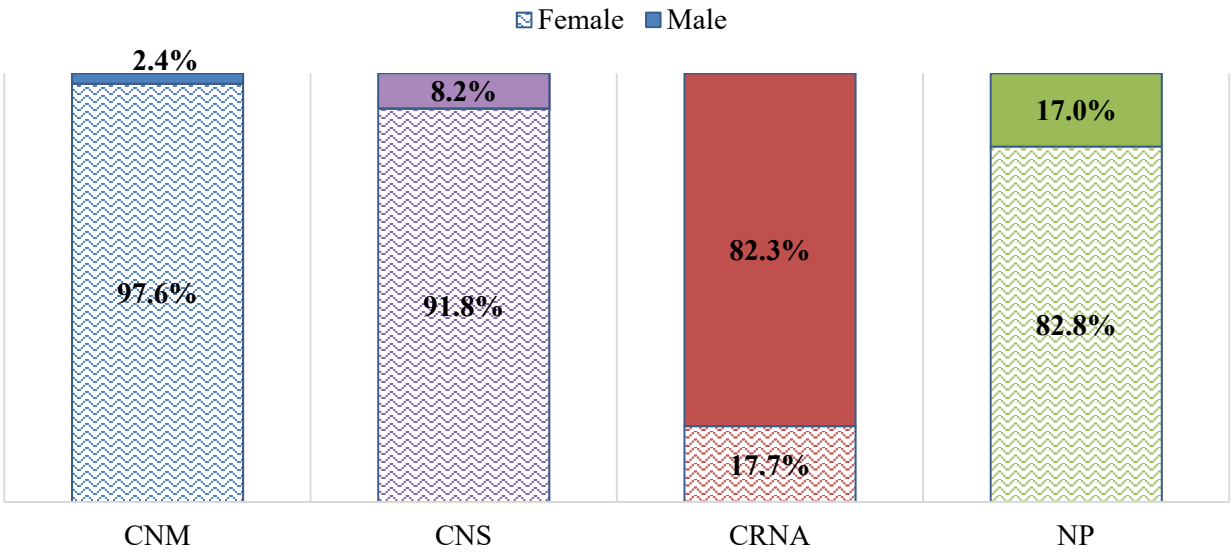
The distribution of CNSs in the state shows the most distinct pattern of aging and decline in number of all of the APRN categories. This pattern has been consistent for the 2003, 2010, and now the 2015 survey results. Even nationally, CNSs are on average older than other categories of the APRN workforce. The CRNA workforce has maintained a fairly consistent breakdown among age-cohorts in all three surveys that UMEC has analyzed. They have a robust cohort of individuals under the age of 45 to replace those who retire, although just as in the other categories and echoing national trends the CRNA workforce is aging on average. Nationally, surveys have indicated that 14% of NPs are 35 years or younger, which is higher than Utah's 9% in that category. In 2010, the <35 cohort was 18%, well above the national average at the time. This indicates that NPs, while their workforce in Utah is growing the most quickly, are not necessarily attracting a high number of young adults to the career. (Budden et al, 2013).

Gender

Nursing is a profession that is traditionally female-dominated—88% of the national APRN workforce is made-up of women (US Census Bureau, 2013). In Utah, the APRN workforce is

78% female (1442), with 22% male (410), which is consistent with previous APRN reports. The gender breakdown in the 2003 survey was 81% female and 19% male—there have been slight increases in male representation in the workforce. Considering the categorical breakdown, the main outlier in gender breakdown are the CRNAs were only 18% of CRNAs are women and the remaining 82% are men. According to the American Association of Nurse Anesthetists, the national gender breakdown of CRNAs is that approximately 42% of them are men (AANA, 2016). The graph below illustrates the gender breakdown for each APRN category for Utah's workforce.

Figure 12: Gender Breakdown by Category



One factor that has affected the increase in male representation in Utah's APRN workforce is the increase in number of CRNAs in the state, which is a field with a majority of men in the workforce, particularly in Utah as compared to other states. The following table shows a distribution of the number of APRNs working in the state based in the 2003 survey, the 2010 survey, and the new 2015 data.

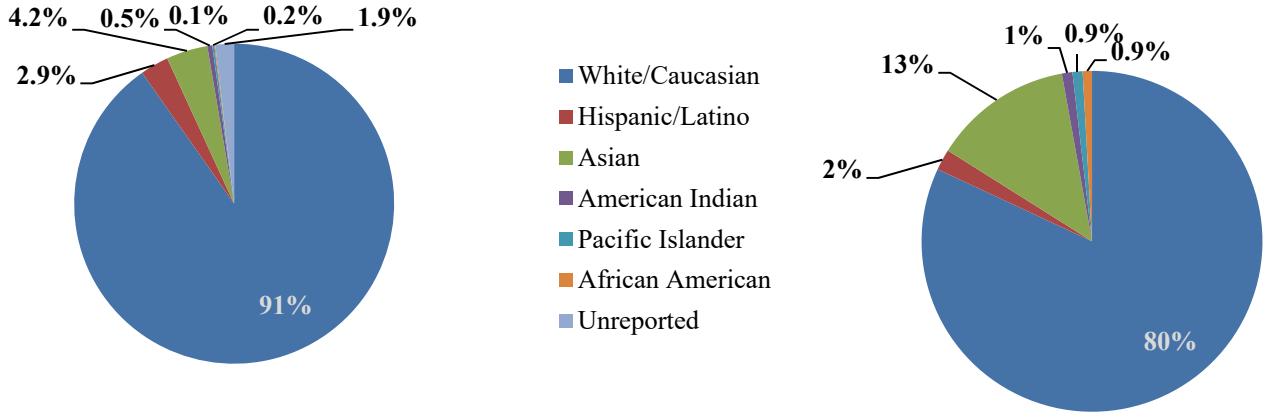
Table 6: APRNs in Utah by Gender and License Category--2003, 2010, 2015

	2003		2010		2015	
All APRNs	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Male	173	19%	323	23%	410	22%
Female	718	81%	1,110	77%	1,442	78%
Total	896	100%	1,433	100%	1,852	100%
CNM	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Male			6	5%	3	2.6%
Female	86	96%	125	95%	112	97.4%
Total	90	100%	131	100%	115	100%
CNS	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Male	11	7%	7	9%	8	8%
Female	151	93%	74	91%	90	92%
Total	163	100%	81	100%	98	100%
CRNA	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Male	77	74%	144	79%	149	82%
Female	27	26%	38	21%	32	18%
Total	104	100%	182	100%	181	100%
NP	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Male	81	15%	166	16%	248	17%
Female	454	85%	873	84%	1208	83%
Total	539	100%	1039	100%	1458	100%

Race

The Utah APRN workforce continues to be predominately White without sufficient numbers representing Utah's increasingly diverse population. A total of 1,680 (91%) Utah APRNs are White, 53 (3%) are Hispanic/Latino, 78 (4%) are Asian, 9 (0.5%) are American Indian and no other category had reportable numbers. In comparison, the overall population in Utah are 91% White, 14% Hispanic/Latino, 2% Asian, 1% American Indian/Alaska Native, 0.9% African American and Native Hawaiian/Pacific Islander. The Hispanic/Latino population continues to be underrepresented in the APRN workforce, although it has increased to 4% in the 2015 survey data from 1.3% in the 2010 survey data.

Figure 13: Utah's APRN Workforce by Race (Left) Compared to Utah Population[7] by Race (Right)

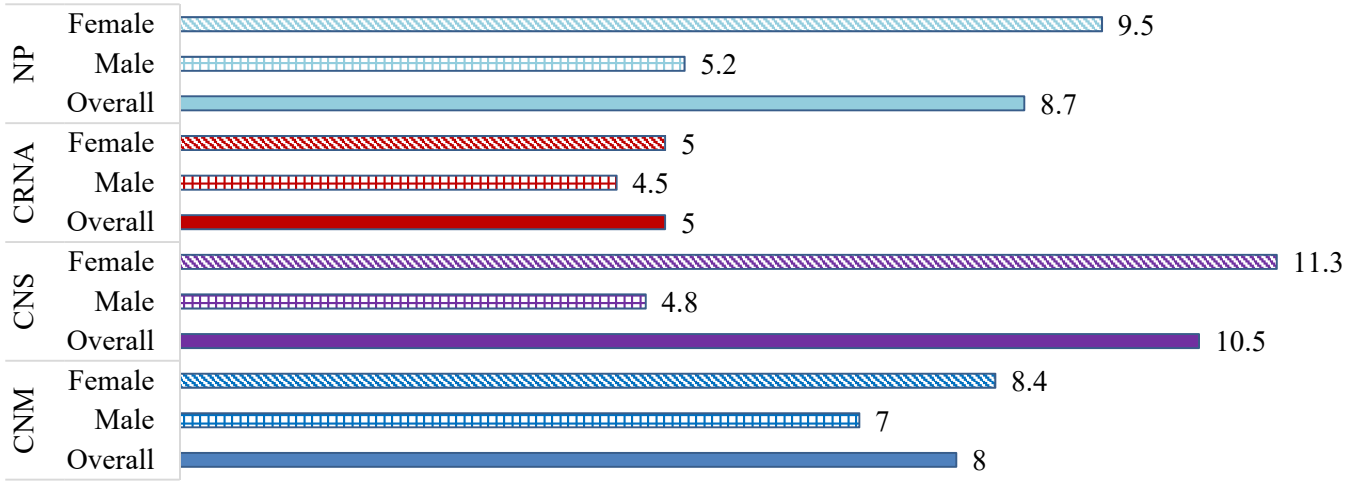


Education and Experience

Previous RN Experience

Utah's APRN workforce reported an average of 8 years (6 median) of experience as a registered nurse before pursuing an advanced practice training program. This is unchanged from the 2010 survey. Overall, male APRNs worked an average of 5 years (6 median) and female APRNs worked an average of 10 (median 7).

Figure 14: Average Number of Years of RN Experience Before Becoming an APRN by Category and Gender--2015



[7] Utah demographic data is from the Kem C. Gardner Policy Institute.

Breaking down the RN experience by gender as in the figure above illustrates clearly that men are moving from RN to APRN careers more quickly than women in every category. On average, regardless of gender, the APRN workforce in Utah graduated from their APRN programs 13.4 years ago (median of 11) with variation when broken down by category shown in table 6.

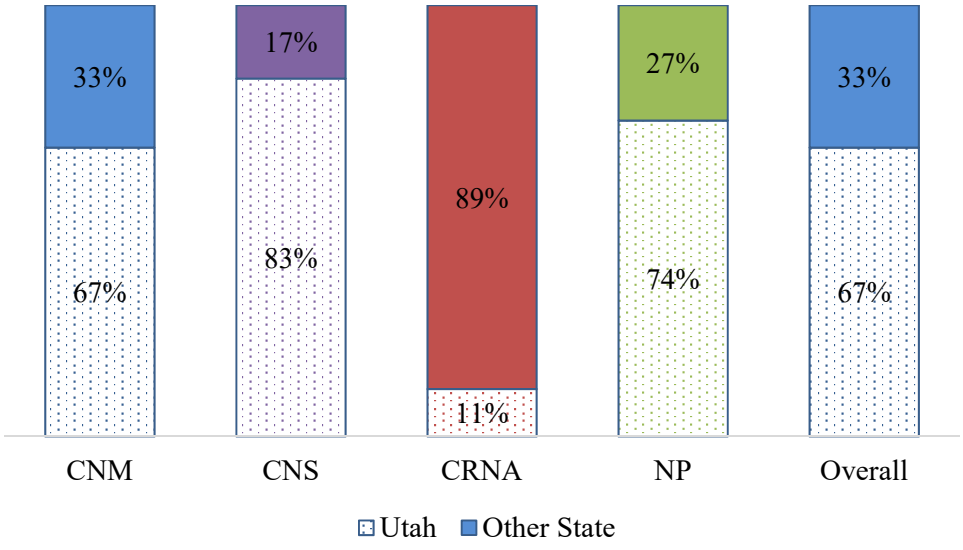
Table 7: Years since APRN Graduation

	Mean	***Median***
All APRNs	13.4	11
CNM	16.5	16.5
CNS	22	19.5
CRNA	16	13
NP	12	10

APRN Graduation

The majority of APRNs (67%) working in Utah at the time of the survey were also trained in Utah. The graph below shows a breakdown in percentage of the workforce split by category that were trained in Utah vs. outside of Utah. The exception is the CRNA workforce; 89% of CRNAs reported being trained outside of Utah. A likely factor here is limited training opportunity for CRNAs in the state. There were a total of 1,216 APRNs that reported receiving their APRN training in the state of Utah (CNMs 73, CNS 78, CRNA 19, NPs 1,046). The next largest states where Utah's APRN workforce were educated are California (69, 4%), and Washington (25, 1.4%).

Figure 15: Percentage of APRN Workforce Trained in Utah by Category



The table below shows the distribution of graduation ages from advanced practice training for all license categories. The majority of APRNs fell between the ages of 30 and 44 when they graduated from their advanced training program.

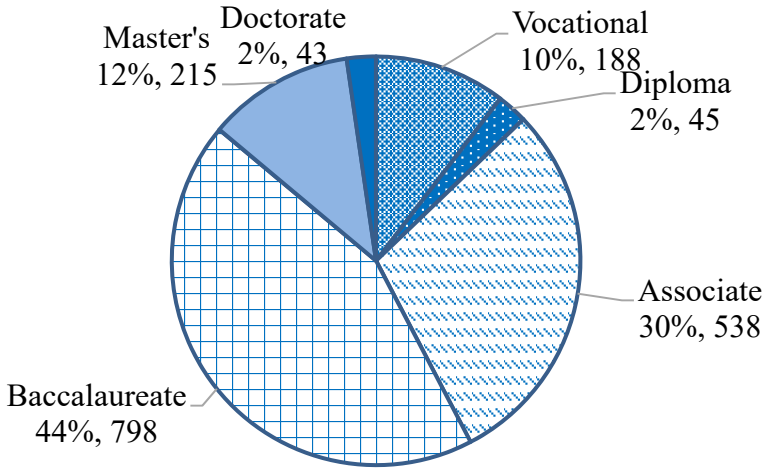
Table 8: Age Cohort of APRNs at Graduation

Age Cohort	*Number*	*Percent*
18-24	59	3.2%
25-29	303	16.3%
30-34	413	22.3%
35-39	316	17.1%
40-44	261	14.1%
45-49	232	12.5%
50+	194	10.5%
No Response	75	4%
Total	1852	100%

Education Background

In order to better understand the educational background of Utah's APRN workforce, the survey asked what type of nursing degree/credential qualified them for their first nursing license. The results are broken up for all APRNs and include percentages and counts. Nearly half of APRNs began their careers as Baccalaureate trained RNs.

Figure 16: First Nursing Degree/Credential[8]



[8] It is unlikely that someone could have a doctorate degree as their first nursing degree—the fact that 2% of respondents indicated such a degree may be a self-reporting error.

With so much need for qualified and well-trained healthcare professionals, the educational standards of most nursing professions have been raised. The American Association of Colleges of Nursing set 2015 as the deadline to meet the goal of moving the educational level of preparation for advanced practice from a master's level to a doctorate level. As of the 2011 APRN report, the University of Utah had already transitioned their APRN programs to be Doctor of Nursing Practice (DNP) degrees, with BYU and Westminster in process. The survey asked respondents what their highest level of education is, and the responses are summarized in the following table. Currently in Utah, an APRN certification requires a graduate degree—the 2015 survey did not include the option to answer less than a Master's degree as the highest degree achieved.

Table 9: Highest Degree Achieved by Utah APRNs

	All APRNs		CNM		CNS		CRNA		NP	
	Count	*%*	*Count*	*%*	*Count*	*%*	*Count*	*%*	*Count*	*%*
Master's Degree Nursing	1411	79.3%	86	77.5%	74	77.1%	102	64.2%	1149	81.3%
Master's Degree Non-Nursing	73	4.1%	4	3.6%	2	2.1%	49	30.8%	18	1.3%
Doctor of Nursing Practice	230	12.9%	14	12.6%	4	4.2%	4	2.5%	208	14.7%
Doctoral Degree Nursing (PhD)	40	2.2%	6	5.4%	14	14.6%	0	0	20	1.4%
Doctoral Degree Non-Nursing	23	1.3%	1	.9%	2	2.1%	2	1.3%	18	1.3%
Missing	75	4%	4	3%	2	2.1%	24	13%	45	3%
Total	1852	100%	115	100%	98	100%	181	100%	1458	100%

The 2010 APRN survey data showed that 9% of the workforce had a Doctorate level education and 84% had a Masters level. Combining the categories above, 2015 data shows 16.4% with a Doctorate and 83.4% with a Masters, indicating a workforce that is meeting the challenge set by the American Association of Colleges of Nursing (AACN) to increase the overall education of the APRN workforce. This recommendation is driven by the Institute of Medicine's goal of doubling the number of nurses with a doctorate by the year 2020 (The Future of Nursing, IOM).

Nursing Faculty

According to the AACN, the ideal faculty to student ratio for an APRN training program is between 1:6 and 1:8 (AACN, 2017). The table below shows the number and percent of survey respondents indicating that they work as faculty and the mean number of hours survey respondents reported teaching per week. Overall, 114 APRNs or 6.3% of all APRNs indicated that they worked as faculty. When broken down, that is 23 CNMs, 14 CNSs, 4 CRNAs and 73 NPs. The highest percentage of the workforce that indicated having a faculty assignment were CNMs.

Table 10: Faculty/Teaching Status of Utah APRNs

	CNM	***CNS***	***CRNA***	***NP***
Number of APRNs indicating faculty work setting	23	14	4	73
% of workforce with work setting as faculty	20.4%	14.3%	3.0%	5.0%
Mean number of hours/ week spent teaching	3.6	4.6	1.3	3.2

Time Allocation

The survey asked respondents to estimate their average hours worked per week total and separately asked how many hours were spent in distinct activities (patient care, and various non-patient care activities such as teaching, research, administration/management, consulting, policy/procedure development, volunteer/charity work, and other). In each category, reported hours spent on patient care far exceed hours spent on non-patient care activities. For CNMs, percent of reported hours worked focused on patient care is 66%; for CNSs, 71%; for CRNAs, 88%; and for NPs, 99%. The table below details the average hours reported for each activity.

Table 11: Hours Worked per Week by Category

	CNM	***CNS***	***CRNA***	***NP***
Reported Hours per Week Total[9]	**34.1**	**34.7**	**42.2**	**37.1**
Patient Care	22.6	22.6	37.5	36.8
Teaching	3.7	4.6	1.3	3.2
Research	0.9	0.7	0.3	1.6
Administration/ Management	3	4.2	2.4	2.8
Consulting	1	1.5	0.5	1.4
Policy/Procedure Development	0.7	1.2	0.3	1
Volunteer/Charity Work	0.5	1.1	0.8	1.04
Other	0.3	0.6	0.4	1

[9] Because these were self-reported, answered separately, and averaged, the activities do not always add up to the reported total hours worked per week.

Work and Income

Current Positions held

The majority (70%) of APRNs report working full time, 20% of all APRNs report working only part-time, 10% report working on a contract basis and 1.5% of all APRNs report being unemployed. Of those that reported participating in contract work, survey responses indicate a median of 7 hours spent per week on contracted activities. The category with the highest incidence of contracted members of its workforce is the CRNAs.

Table 12: Type of Position Held[10]

	Full Time	Part Time	Contract	Unemployed
All APRNs	70%	20%	10%	1.5%
CNM	65%	14%	1%	3%
CNS	51%	33%	14%	2%
CRNA	67%	3%	49%	3%
NP	72%	22%	7%	1%

Those who indicated that they were currently unemployed had the option of explaining the circumstance. Qualitative analysis was conducted, categorized, and ranked from most commonly used to least commonly used. The following table details the top five most common responses, ranked in order.

Table 13: Ranked Reasons for Unemployment

Rank	Response
1	Taking care of family/Stay at home parent
2	Inadequate salary in the area
3	Caretaker for elderly family member
4	Difficulty finding an APRN position
5	Personal disability

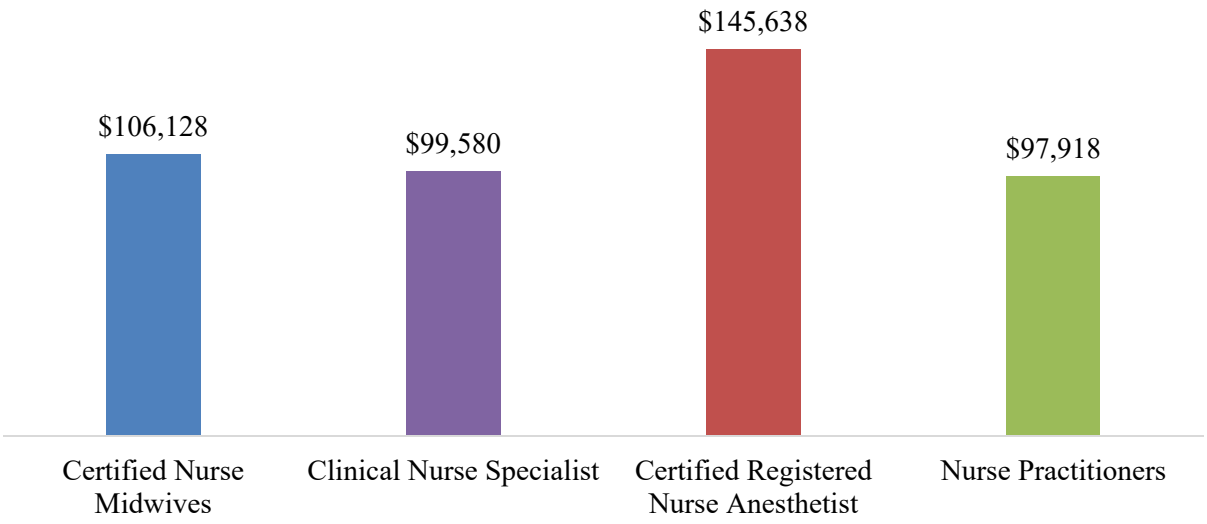
Income

To account for part-time vs. full-time work, all income analysis is done using FTE adjusted income. This standardizes the income levels so they can be compared. Median FTE adjusted

[10] These percentages do not add up 100 because respondents reported combined positions when appropriate.

income from the 2015 survey for APRNs overall is approximately $101,300, up from $88,000 from the 2010 survey. According the 2015 survey responses, the median CNM income is $106,128; the median CNS income is $99,580; the median CRNA income is $145,638; and the median NP income is $97,918. It is consistent with previous survey results to see larger median income reported for CRNAs than in the other categories.

Figure 17: 2015 Median FTE Adjusted Income by Category



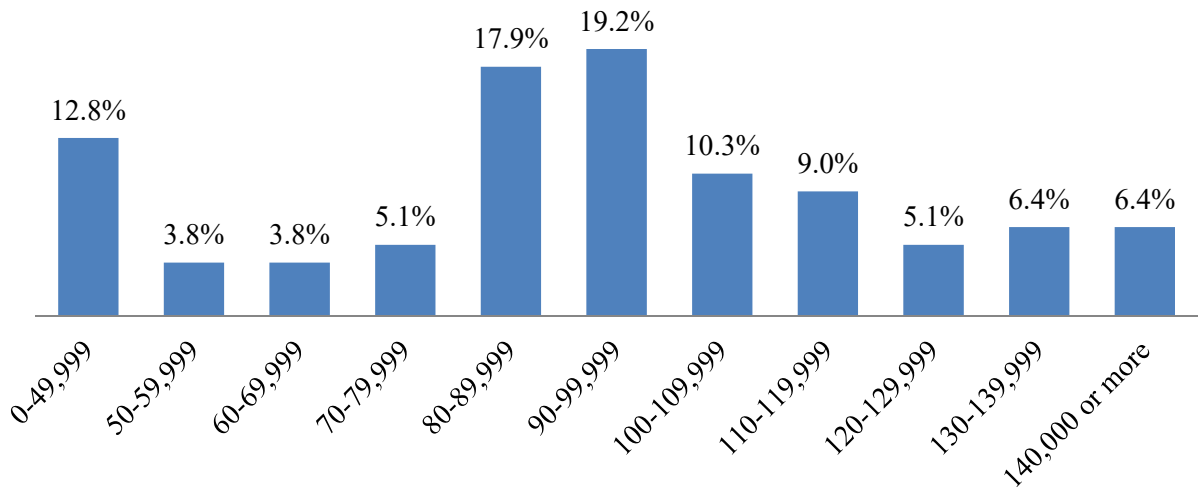
The table below shows the FTE adjusted income from the 2003 and 2010 surveys, broken down by category. Using the inflation calculator provided by the Bureau of Labor Statistics, inflation adjusted dollar amounts from 2003 and 2010 to 2015 are included as well. Median income has risen steadily survey to survey in dollar amount but is not keeping up with inflation amounts. Since 2010, overall APRN incomes have declined by 12% when adjusted for inflation. From 2010 to 2015, CRNAs experienced the largest decline in inflation adjusted income. CNSs have actually experienced a slight increase in FTE adjusted income since the last survey in 2010.

Table 14: Average Median FTE Adjusted Income for APRNs in Utah with Inflation Adjustments[11]

	2003 FTE Adjusted	2003 FTE Adjusted in 2015 Dollars	2010 FTE Adjusted	2010 FTE Adjusted in 2015 Dollars	2015 FTE Adjusted	2015 National Comparison
All APRNs	$73,000	$95,554	$88,000	$115,188	$101,000	$107,460
CNM	$66,000	$86,391	$81,000	$106,025	$106,000	$99,770
CNS	$74,000	$96,863	$72,000	$94,245	$100,000	$95,000
CRNA	$124,000	$162,311	$161,000	$210,742	$146,000	$160,270
NP	$70,000	$91,627	$84,000	$109,952	$98,000	$100,910

Considering the 2015 income breakdowns in more detail, the following figures illustrate the income broken down by segment for each workforce.

Figure 18: CNM FTE Adjusted Income Distribution



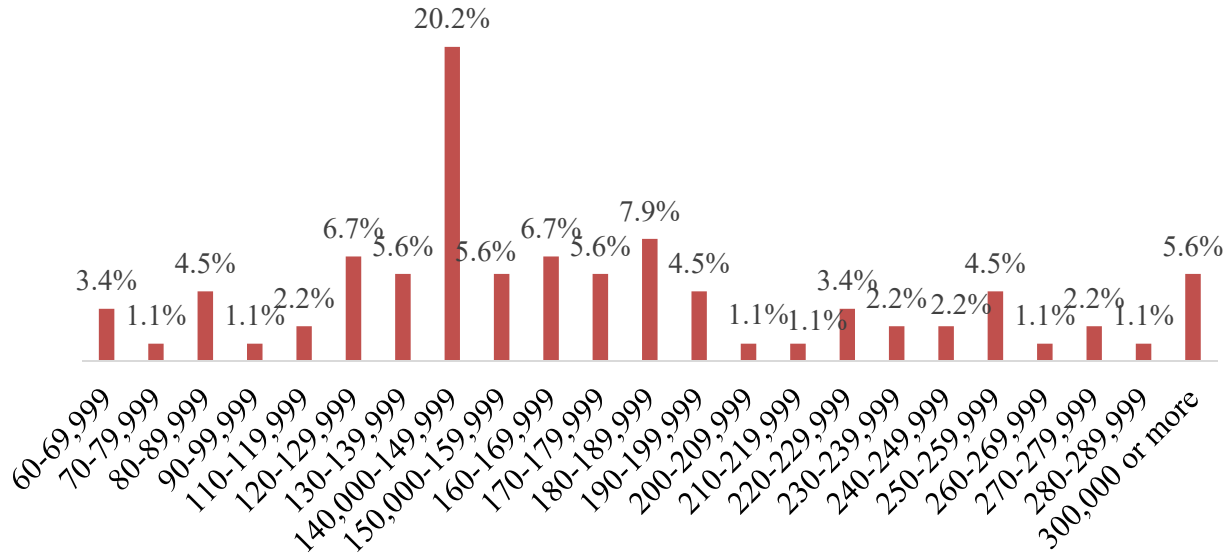
A plurality of CNMs have an income between $80,000 and $109,000, with almost 13% reporting that they make less than $50,000.

[11] National median income comparisons were collected from the Bureau of Labor Statistics and are current for the year 2015. CNS national income came from a 2015 MedScape survey.

Figure 19: CNS FTE Adjusted Income Distribution

The income distribution for CNSs does not have a normal distribution and has a lot of variation. The largest percentage of the workforce reports an income between $100,000 and $109,000 at 19.1%. Similar to CNMs, there is a fairly large percentage reporting an income less than $50,000.

Figure 20: CRNA FTE Adjusted Income Distribution



The CRNA income is reported on a different scale than the others because the workforce reports a larger spread of income ranges. The largest percentage of the CRNA workforce by far reports an income between $140,000 and $150,000 at 20.2%.

Figure 21: NP FTE Adjusted Income Distribution

The income distribution of NPs follows a fairly normal distribution with the largest percentages in the middle of the range between $80,000 and $109,000.

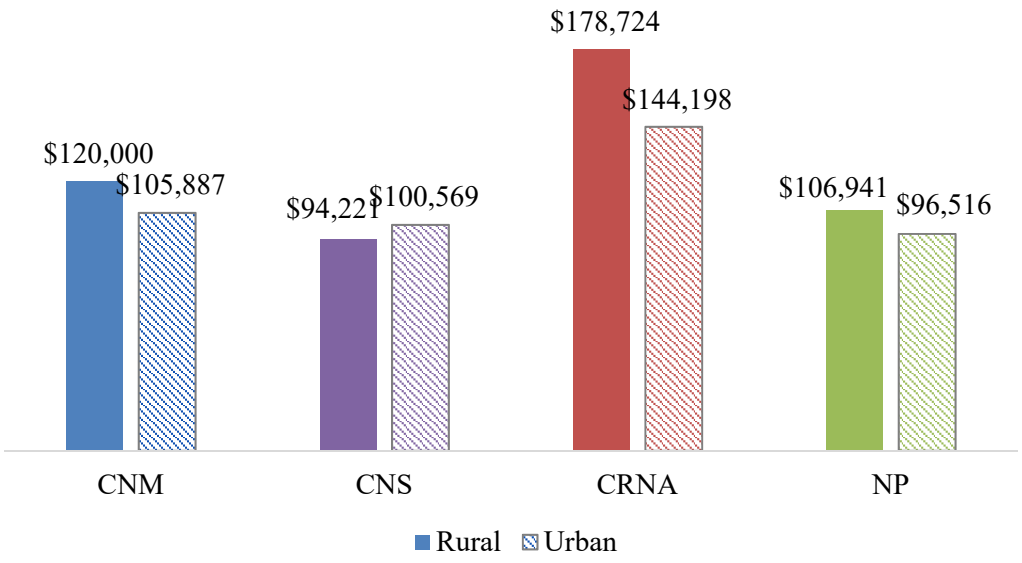
Table 15: FTE Adjusted Income Distribution Summary by Category

Income (in $1,000s)	*All APRNs*	*CNM*	*CNS*	*NP*	*CRNA*
< $49	8.6%	12.8%	17.8%	8.7%	--
$50-59	4.0%	3.8%	6.7%	4.3%	--
$60-69	5.0%	3.8%	6.7%	5.1%	3.4%
$70-79	6.6%	5.1%	11.1%	7.1%	1.1%
$80-89	15.0%	17.9%	4.4%	16.8%	4.5%
$90-99	15.5%	19.2%	11.1%	17.2%	1.1%
$100-109	12.8%	10.3%	20.0%	14.1%	2.2%
$110-119	9.4%	9.0%	6.7%	10.4%	2.2%
$120-129	6.5%	5.1%	6.7%	6.6%	6.7%
$130-139	3.4%	6.4%	2.2%	3.1%	5.6%
$140+	13.2%	6.4%	6.7%	6.6%	76.1%

Income by Geography

When income is cross tabulated by practice setting, an interesting pattern is confirmed. In most APRN categories, those professionals who practice in rural settings have a slightly higher median income than those in urban settings. The exception to the pattern are CNSs, who the survey data shows have a slightly higher income in urban settings. Reasons for this difference could vary and may be affected by demand, billing rate differences from Medicaid/Medicare in rural areas, and different patterns of utilization of APRNs in rural areas compared to urban settings.

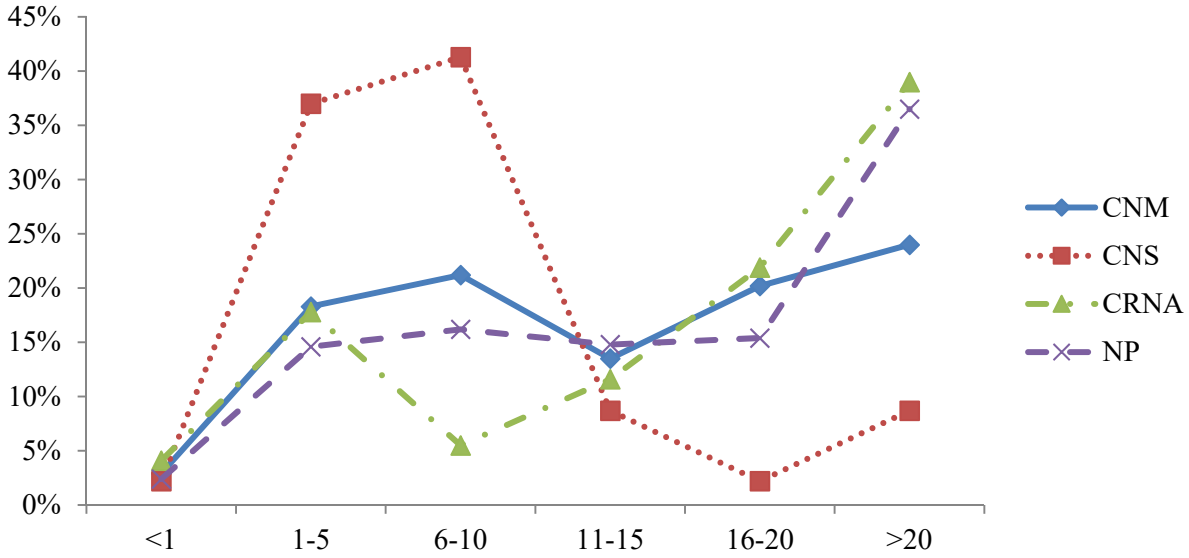
Figure 22: Median Income by Rural vs Urban Practice



Retirement

Analyzing the intended years to retirement reported by survey respondents provides valuable insight into the future APRN workforce. The 2015 survey data shows that large percentages of most APRN categories intend to retire in more than 20 years, which is promising considering retention and growth goals. However, one outlier illustrated plainly in the figure below is that more than 40% of the CNS workforce intends to retire in 6-10 years and more than 35% intend to retire in 1-5 years. While this is consistent with the average age of the CNS workforce, it does indicate that even more workforce decline for CNSs is to be expected in the future.

Figure 23: Number of Years until Intended Retirement by License Category



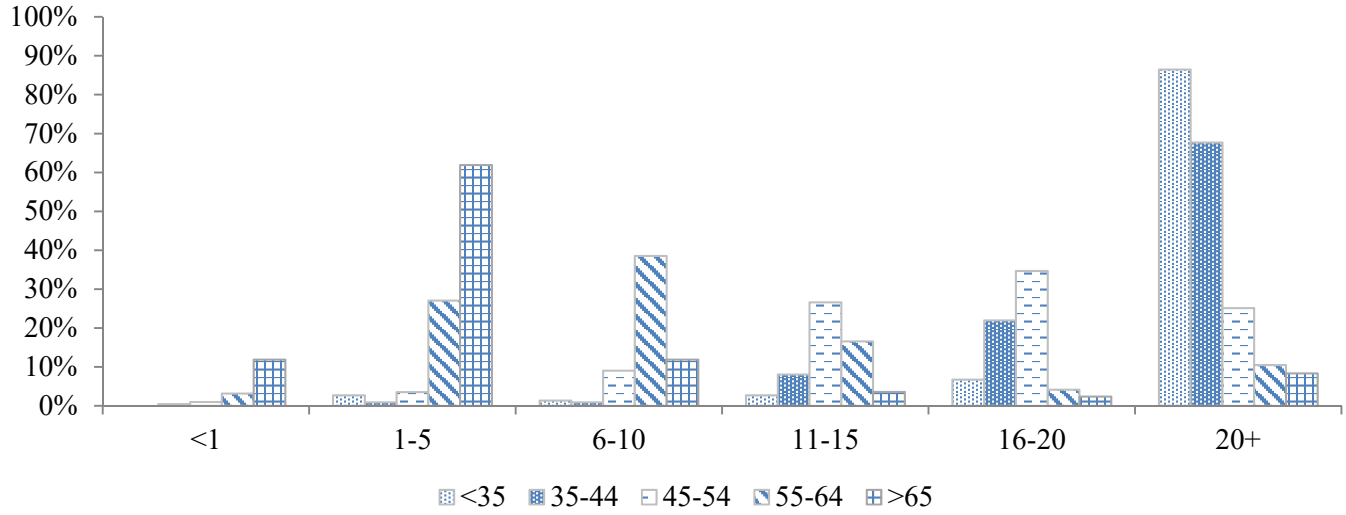
The following table lists the number and the percentage of each category workforce with reported intention to retire within 10 years. National and state trends indicate that age at retirement is increasing and that fewer than half of individuals retire at or before their intended retirement date when projected out 5-10 years (UMEC, 2011).

Table 16: APRNs with Intention to Retire within 10 Years

	Count Retiring within 10 years	*% Retiring within 10 years*
CNM	44	42.4%
CNS	74	80.5%
CRNA	40	27.4%
NP	464	33.2%

The following figure shows the relationship between current age of respondent and their years to intended retirement. Note how the younger age groups, <35 and 35-44, trend toward intended retirement in 20+ years while the older populations trend toward retirement in less than 10 years. Interestingly, the age cohort >65 has more than 60% with intention to retire in 1-5 years. Based on their age and retirement norms, it would be expected that higher percentages would have intention to retire in <1 year. This pattern lends more data to the idea that members of the APRN workforce today may be working longer than expected.

Figure 24: Number of Years to Intended Retirement by Age



Practice Characteristics

Geographic Distribution

Overall, 6.2% (53) of APRNs have their primary practice in a rural setting, versus 93.8% in urban settings. This is down from the 2010 survey data which indicated that 11% of APRNs had a rural primary practice site. According the Kem C. Gardner Policy Institute, 13% of Utah's population lives in rural counties. The following table breaks down by category the count and percentage of APRNs in rural vs. urban settings. It is important to note the outlier in the CRNAs for percentage in rural settings. Twenty one percent of CRNAs work in rural areas of the state, which is more than 4 times the percentage of CNMs, CNSs, or NPs and their respective workforce representation in rural parts of Utah. CRNAs are being utilized differently in rural settings than the other APRN categories.

Table 17: APRNs by Rural/Urban Primary Practice Setting

	All APRNs		CNM		CNS		CRNA		NP	
	Count	%	Count	%	Count	%	Count	%	Count	%
Rural	103	6%	87	76%	72	73%	34	19%	63	4%
Urban	1,577	85%	4	3%	2	2%	127	70%	1291	89%
Missing	172	9%	24	21%	24	25%	20	11%	104	7%
Total	1,852	100%	115	100%	98	100%	181	100%	1,458	100%

The following table details the number and percent of APRNs with a primary practice in each of the listed counties. The counties highlighted in blue are designated urban counties. Blank cells indicate that there are no APRNs represented in those counties, and grayed out cells indicate that there are fewer than five APRNs in that county. There are 410 APRNs who indicated having a secondary practice (22% of all Utah APRNs). Of those secondary practices, only 17 or approximately 1% are in a rural area.

Table 18: Primary Practice Location by County 2015

	CNM		CRNA		CNS		NP	
County	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**
Beaver								
Box Elder			8	4.9%			18	1.3%
Cache							32	2.3%
Carbon							6	.4%
Daggett								
Davis	6	6.2%	6	3.5%			53	3.8%
Duchesne							6	.4%
Emery								
Garfield								
Grand								
Iron	14	1					14	1%
Juab								
Kane								
Millard								
Morgan								
Piute								
Rich								
Salt Lake	57	58.8%	47	29.4%	50	61%	760	55%
San Juan								
Sanpete								
Sevier								
Summit							18	1.4%
Tooele			6	3.5%			8	.6%
Uintah							14	1%
Utah	10	10.3%	32	20%	8	9.8%	206	15%
Wasatch							8	.6%
Washington			8	4.9%			77	5.5%
Wayne								
Weber	8	8.2%	17	10.6%	10	12.2%	115	8.2%
Out of State	4	4.1%			6	7.3%	24	1.9%
Missing	18	16%	17	9%	16	16%	75	5%
Total	115	100%	181	100%	98	100%	1,458	100%

Legend: Urban County | Fewer than five APRNs | Zero

Compared to 2011, a number of counties saw changes. For CNMs, both Salt Lake and Utah Counties experienced a decrease from 78 and 15 to 57 and 10 respectively. CRNAs experienced a small decrease in most urban counties, but did make small gains in rural counties. For the CNSs, there was a small increase in Utah and Weber counties, and Salt Lake maintained 50 CNSs. NPs have experienced large gains in numbers and percentages in nearly every county, urban and rural.

Specialties

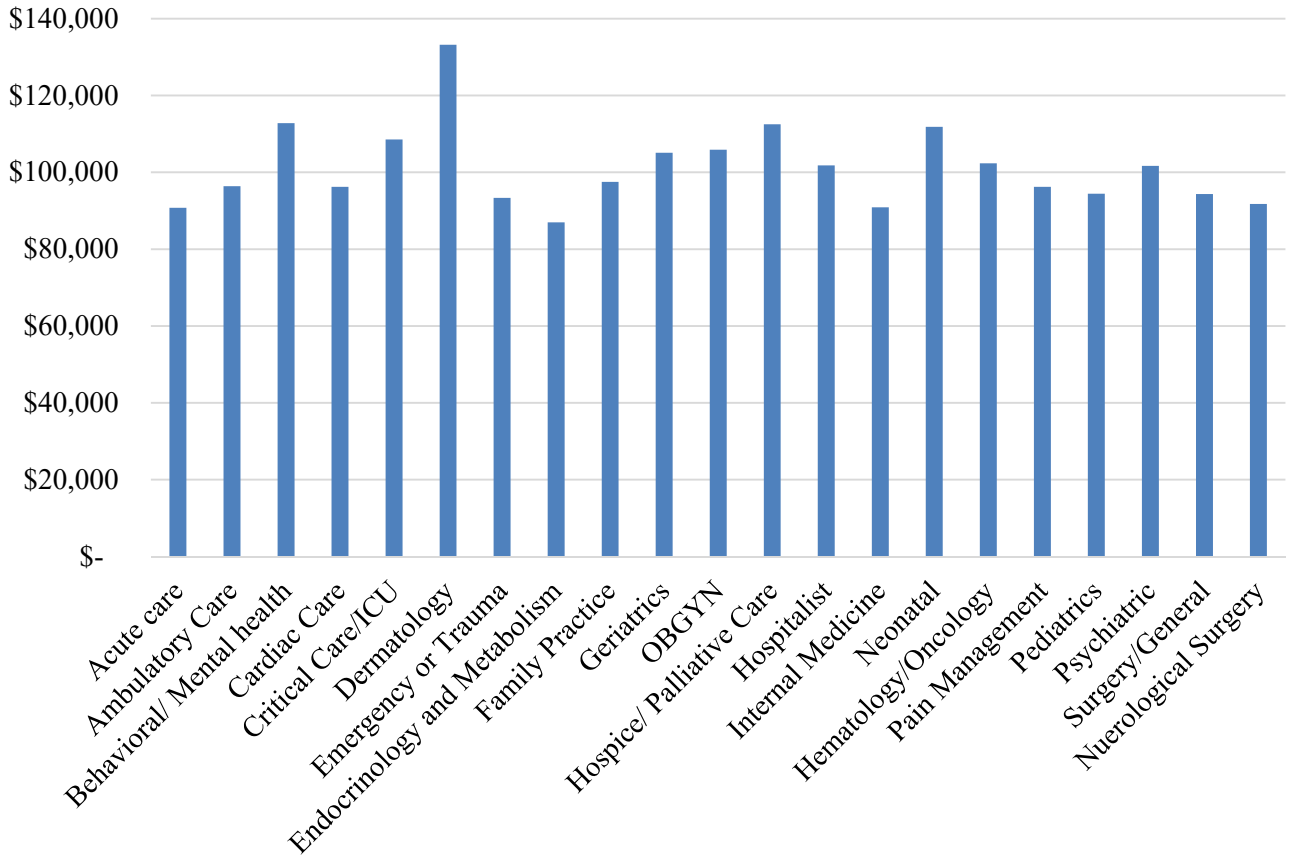
APRNs are a segment of the healthcare workforce with an extremely wide range of specialties. The table below lists the specialties indicated by respondents on the 2015 APRN survey. The figures that follow illustrate the specialties most common for each category.

Table 19: Overall APRN Specialties

Specialty	%	Specialty	%	Specialty	%	Specialty	%
Anesthesiology	0.3%	Family Practice	18.3%	Hospitalist	1.6%	Occupational Health	0.9%
Ambulatory Care	1.9%	Endocrinology and Metabolism	1.5%	Hospice/ Palliative Care	1.5%	Neonatal	4.4%
Allergy and Immunology	0.6%	Emergency or Trauma	1.4%	Home Health	0.4%	Nephrology	0.3%
Aesthestics/ Medical Spa	1.1%	Developmental Disability	0.3%	OBGYN	9.7%	Internal Medicine	2.3%
Acute care	4.0%	Dermatology	0.9%	Geriatrics	2.1%	Infectious Disease	.3%
Hematology/ Oncology	2.4%	Critical Care/ICU	2.0%	Gastroenterology	0.6%	Radiology	0.1%
Behavioral/ Mental health	2.5%	Community/ Public Health	0.5%	Genetics	0.3%	Pulmonary Disease	1.0%
Pediatrics	5.8%	Rheumatology	0.1%	Family Planning	.6%	Psychiatric	8.5%
Pain Management	1.9%	Renal/Dialysis	0.1%	Cardio-Thoracic Surgery	.3%	Preventative/ Occupational Medicine	0.5%
Ostomy/ Wound Care	0.3%	Rehab	0.4%	Surgery/ General	1.4%	Orthopedic Surgery	0.8%
Other surgical Subspecialty	1.5%	Urology	0.9%	School Health	.1%	Neurological Surgery	1.4%

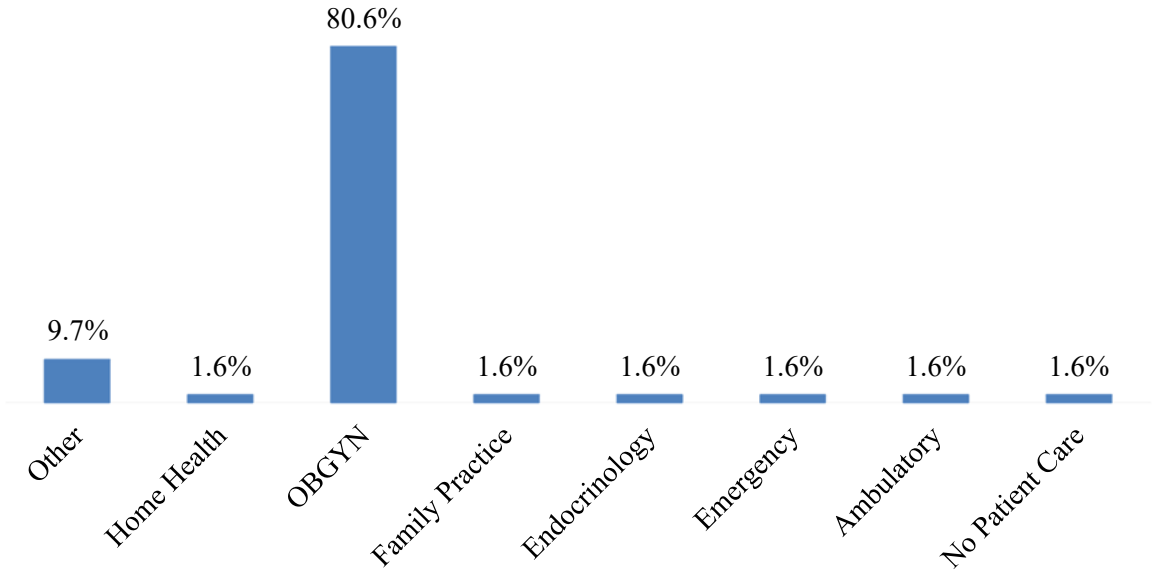
There is variation in median FTE adjusted income by specialty. The following graph shows the median income for the 20 most common specialties of Utah's APRN workforce. Dermatology stands out as the highest paid specialty at around $135,000 a year.

Figure 25: APRN Specialties by Median FTE Income



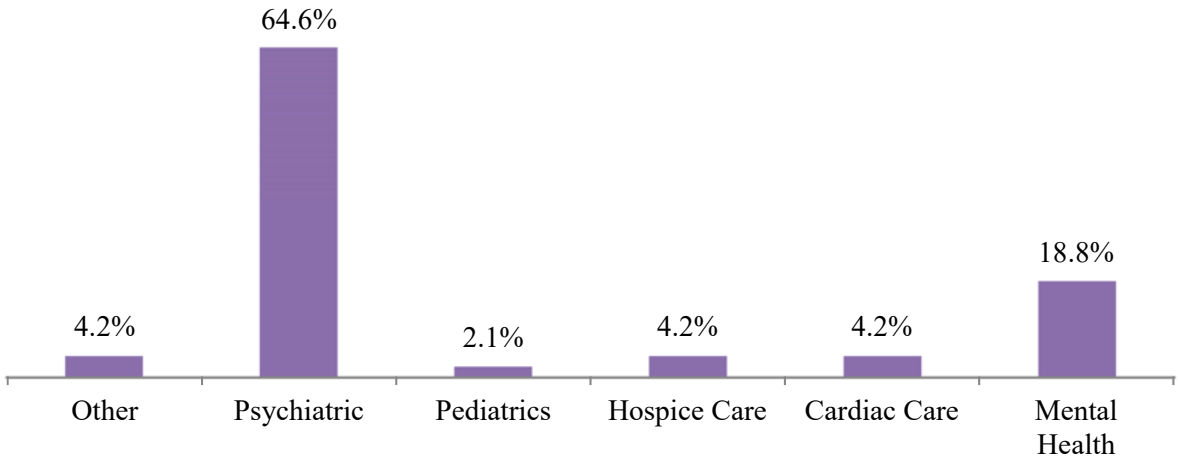
Next, the following graphs break down specialties among each category of APRN. CNMs are by nature of their profession fairly specialized automatically, so it is not surprising to see that 80.6% of CNM respondents indicated that they were specialized in OB/GYN.

Figure 26: CNM Specialties Breakdown



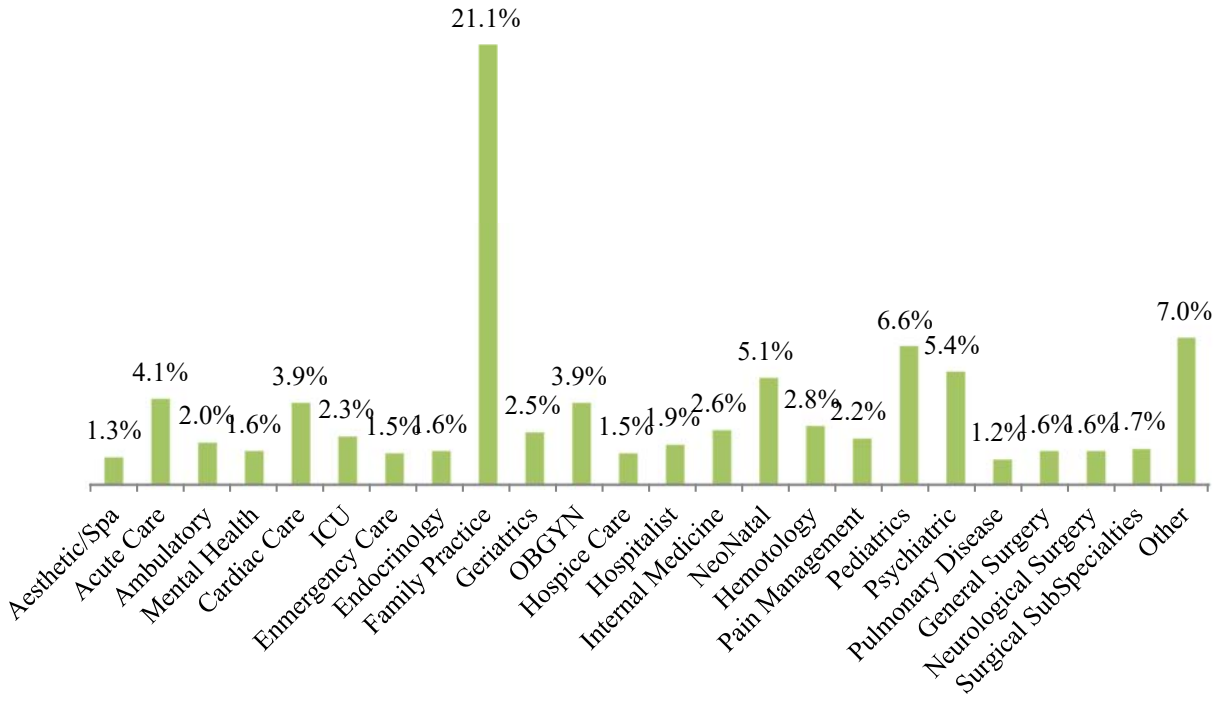
The CNS workforce in Utah is not very diverse in their specializations, the majority of which go into psychiatric care or mental health care.

Figure 27: CNS Specialties Breakdown



CRNAs have no diversification of specialties because the nature of their field is already specialized on anesthetics. NPs on the other hand, are the most diverse of the categories, specializing in many different fields.

Figure 28: NP Specialties Breakdown[12]



Settings

The training and education APRNs receive prepare them to be effective members of the healthcare system in diverse settings in addition to their specific specialties. The following figures detail the most common settings by category. Table 20 gives a detailed overview of the counts and percentages within every category for reported settings. In the table, a hospital setting is split between inpatient, outpatient, emergency department, ambulatory care, or other unit. In the figures following the table, hospital settings are combined together and reported as a whole for each category.

[12] Figure 28: 1% or less: Urology, Orthopedic Surgery, Cardiothoracic Surgery, School Health, Rheumatology, Renal Dialysis, Rehab, Radiology, Occupational Medicine, Ostomy, Ophthalmology, Radiation Oncology, Medical Oncology, Nephrology, Infectious Disease, Home Health, Family Planning, Disabilities, Dermatology, Public Health, Case Management, Anesthesiology, Allergy and Immunology, and No Patient Care specialties.

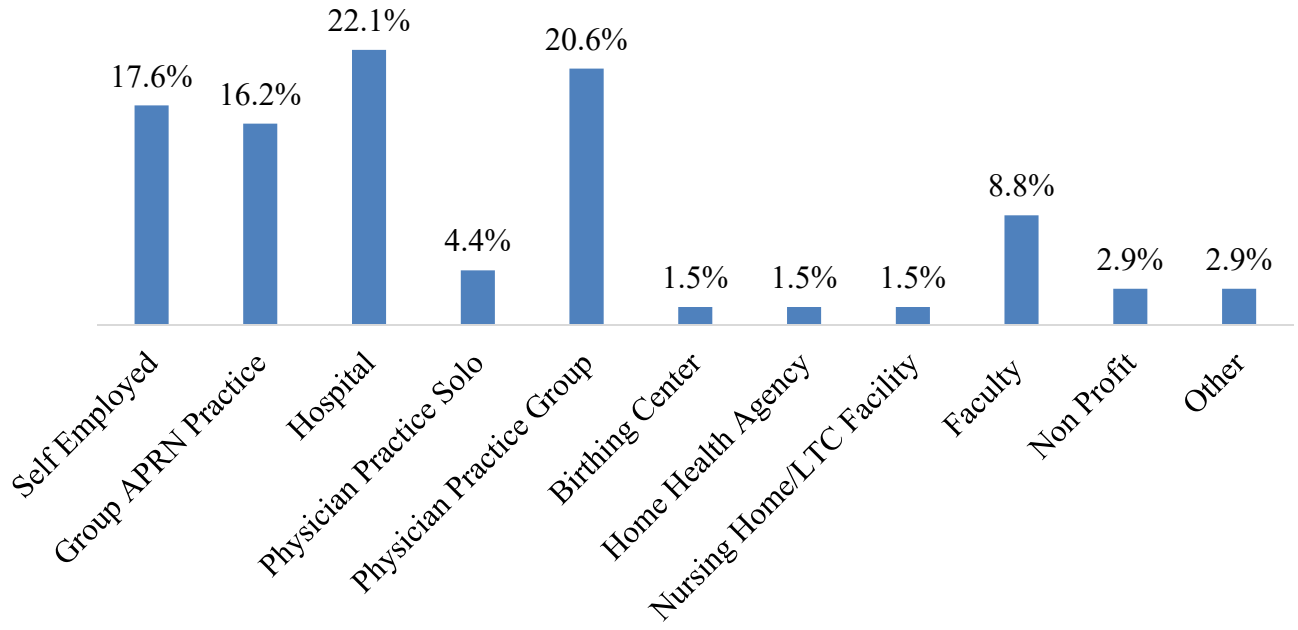
Table 20: APRN Settings by Category[13]

	CNM		CRNA		CNS		NP	
	N	%	N	%	N	%	N	%
Self employed	17	15%	42	23%	32	33%	75	5%
Group APRN Practice	15	13%	15	8%			24	2%
Hospital Inpatient	8	7%	34	19%	18	18%	273	19%
Hospital Outpatient	7	6%	21	12%			170	12%
Hospital - ED							16	1%
Hospital Ambulatory Care Center			6	3%			16	1%
Other Unit of Hospital								
Federal Hospital VA					8	8%	34	2%
Physician Practice Solo							46	3%
Physician Single Specialty Group	12	10%					158	11%
Physician Multi Specialty Group	7	6%					147	10%
NHB Outpatient Clinic			6	3%	12	12%	107	7%
NHB Urgent Care Facility							18	1%
FQCHC							36	2%
Certified Rural Health Clinic							6	0%
Free Standing Surgery Center			15	8%				
Spa/Aesthetic/Weight Loss Clinic							12	1%
Gov't Planning Agency								
Birthing Center								
Hospice Care							8	1%
Home Health Agency							4	0%
Nursing Home/LTC Facility							10	1%
Occupational Health							16	1%
Student/School Health							32	2%
Faculty (College or Univ)	8	7%	6	3%			22	2%
Insurance Company							16	1%
Corrections Facility							4	0%
Non Profit							22	2%
Other							61	4%
Missing	23	20%	22	12%	6	6%	93	6%
Total	115	100%	181	100%	98	100 %	1,458	100%

[13] Blank cells indicate 0, greyed out cells indicate numbers less than 5.

CNMs report more than 20% in both physician practice groups and in hospital settings, with 17.6% reporting self-employment and 16.2% in a group APRN practice.

Figure 29: CNM Settings Breakdown

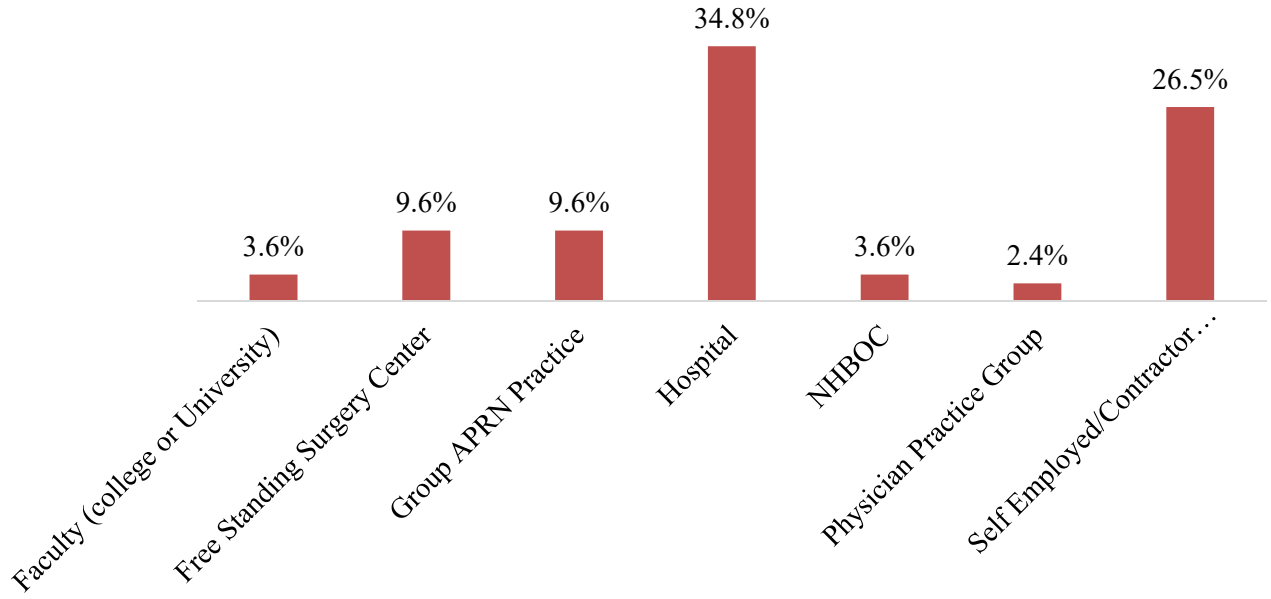


CNSs report equal percentages (34.8%) in hospital settings and in a self-employed/contractor arrangement.

Figure 30: CNS Settings Breakdown

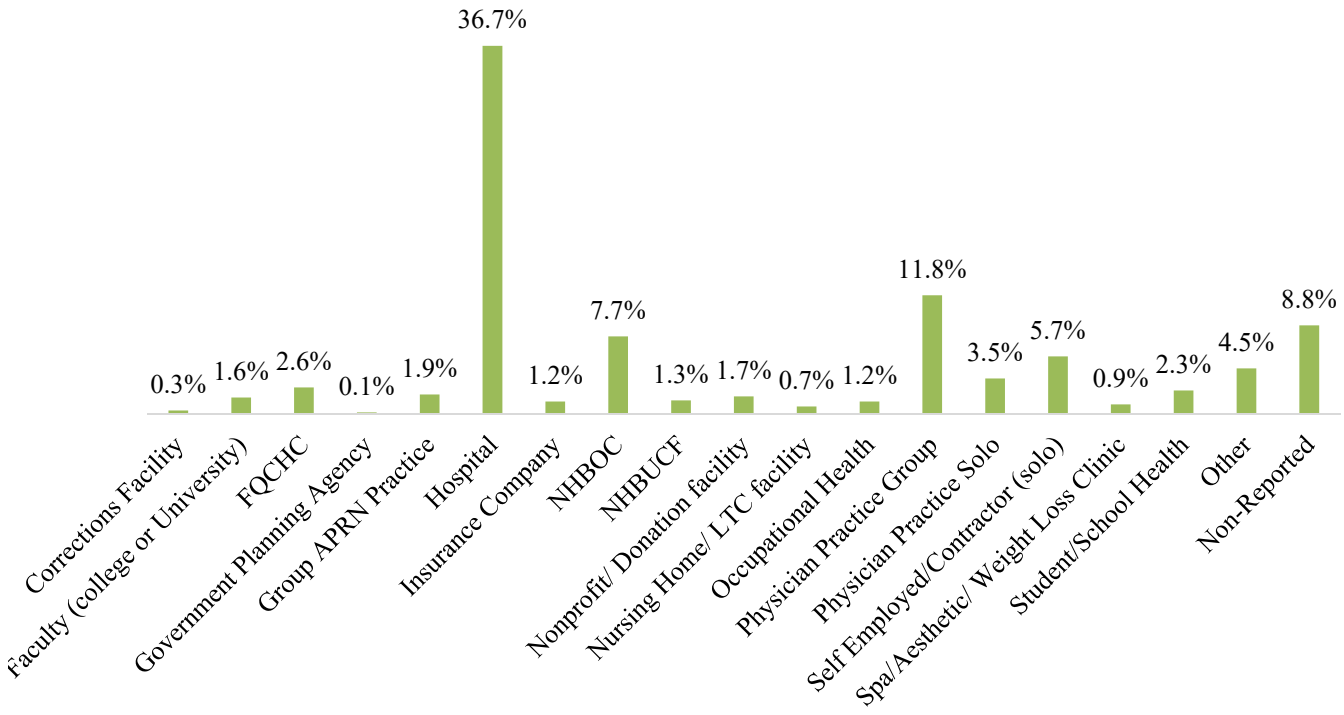
While CRNAs do not specialize outside of anesthetics, they do practice in a variety of settings. Almost 35% report practicing in a hospital setting, and similar to the CNS population a large percentage of CRNAs work in a self-employed/contractor arrangement. Other common settings for CRNAs are free-standing surgery centers and group APRN practices.

Figure 31: CRNA Settings Breakdown



NPs, as the largest group of APRNs in Utah, have a wide range of reported settings in addition to their diverse specialties. The most common response for setting from the NP population is a hospital setting with 36.7% of the NP workforce. Other common settings for NPs include non-hospital based outpatient clinics and physician practice groups.

Figure 32: NP Settings Breakdown



Patient Visits

Most APRNs see a mix of inpatient and outpatients, but it is generally more common for an APRN to interact with people on an outpatient basis. Overall, APRNs report seeing 14 inpatients and 42 outpatients a week, which is down from 20 inpatients and 54 outpatients a week reported in the 2010 survey data. This could be a factor of sampling or of the increasing number of APRNs in the state lightening the load on the workforce and their patients. NPs see the most patients per week on average at 65. Table 21 details the 2015 survey data results and Tables 22 and 23 present the data from 2010 and 2003 for comparison. Generally speaking, the data in 2015 show a decrease in number of patient visits from 2010, but an increase from 2003 indicating some variability over time.

Table 21: 2015--Mean Patient Visits per Week

	All APRNs	CNM	CRNA	NP	CNS
In-Patients	14	5	4	19	13
Out-Patients	42	19	22	46	30
Total	56	24	26	65	43

Table 22: 2010--Average Patient Visits per Week

	All APRNs	CNM	CRNA	NP	CNS
Inpatients	20	7	15	26	20
Outpatients	54	43	30	62	39
Total	74	50	45	88	59

Table 23: 2003--Average Patient Visits per Week

	All APRNS	CNM	CRNA	NP	CNS
Inpatients	8	5	10	9	7
Outpatients	41	46	12	47	29
Total	49	51	22	56	36

Table 24: % Change in Patient Visits per Week Since 2003

	All APRNs	CNM	CRNA	NP	CNS
In-Patients Change	75%	0%	60%	110%	86%
Out-Patients Change	2%	-59%	83%	-2%	3%

Age Range of Patients

Another skill and competency in any APRN workforce is the aptitude to provide high quality health services to individuals of all ages, either as inpatients or as outpatients. Consistent with the 2010 survey results, 2015 results indicate that the largest majority of both in- and out-patients are between the ages of 20 and 64. Unsurprisingly, CNMs see the fewest patients over 65 years of age. CNSs see the largest number of people under the age of 19, particularly as inpatients.

Table 25: Age Range of Patients by APRN Category

	0-19	*20-64*	*65-84*	*85+*
		All APRNs		
Inpatient	28%	37%	23%	8%
Outpatient	21%	47%	22%	9%
		CNM		
Inpatient	12%	81%	1%	1%
Outpatient	13%	72%	9%	4%
		CRNA		
Inpatient	5%	45%	36%	7%
Outpatient	13%	42%	31%	8%
		CNS		
Inpatient	43%	42%	19%	6%
Outpatient	17%	66%	8%	9%
		NP		
Inpatient	34%	27%	25%	10%
Outpatient	23%	43%	24%	10%

Provider Accessibility

Survey data for patient wait times only include CNMs, CNSs and NPs because the nature of a CRNA's scope of work does not include the typical aspect of office wait time for accessibility.

Table 26: Average Patient Wait Times

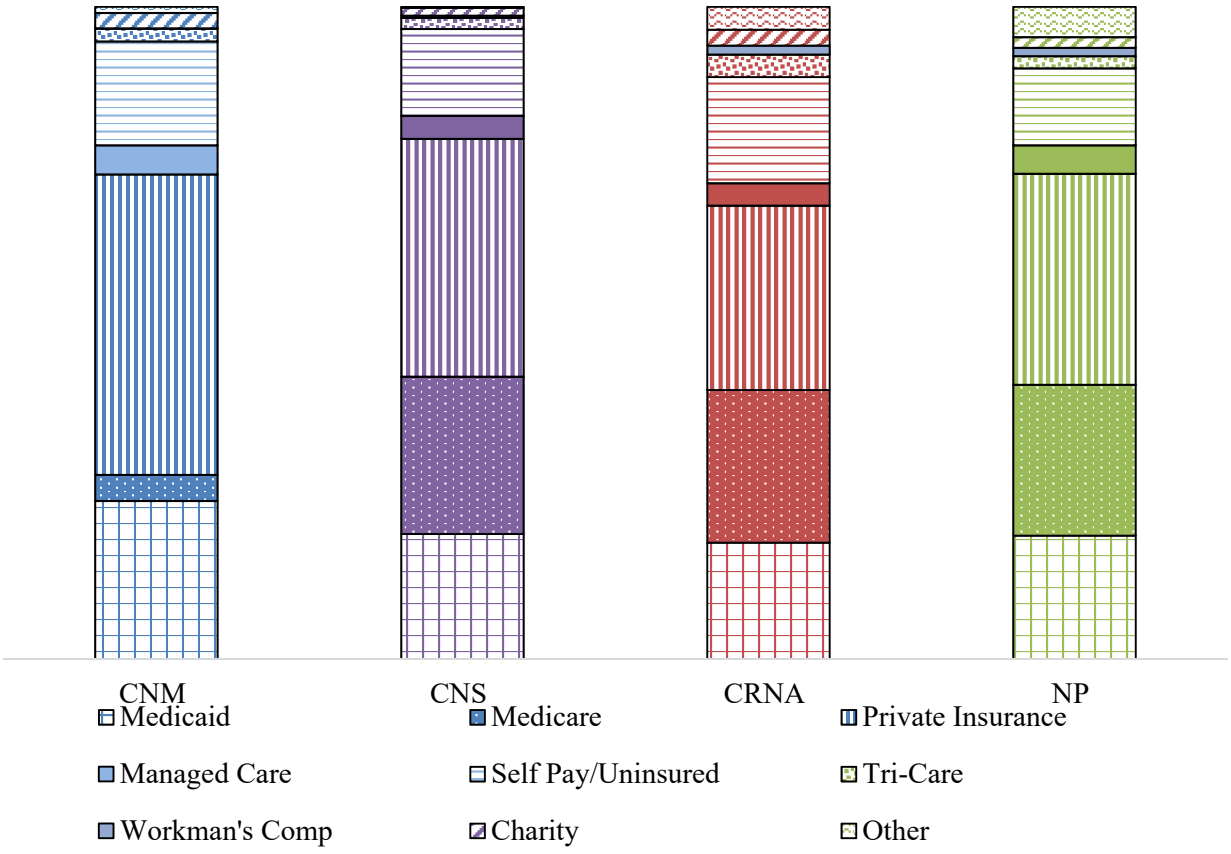
	New Patient (Days)		*Established Patient (days)*		*Office Wait (minutes)*	
CNM	*Mean*	*Median*	*Mean*	*Median*	*Mean*	*Median*
Primary	14	8	9	3	16	15
Secondary	6	6	4	3	10	12
CNS	*Mean*	*Median*	*Mean*	*Median*	*Mean*	*Median*
Primary	23	13	9	5	8	6
Secondary	13	11	7	7	8	8
NP	*Mean*	*Median*	*Mean*	*Median*	*Mean*	*Median*
Primary	13	5	8	3	19	16
Secondary	9	2	6	2	18	14

Insurance Payer Types

Utah APRNs are able to accept most types of insurance in their primary and secondary practice locations. The type of insurance that covers the most APRN patients is private insurance with 33%. However, there is variation by category in most common insurance used. The following figure shows the general breakdown by category of insurance types respondents reported using

in primary practices. Medicare and Medicare combined are important sources of insurance for the APRN workforce, with private insurance covering the largest percentage of patients through all categories. CNMs utilize Medicare less than the other categories, which is consistent with the average age range of a typical CNM patient.

Figure 33: Insurance Use Breakdown by Category--Primary Practice



The following table gives more detail about insurance use for APRN patients and breaks down average reported utilization by category and by primary practice. There were no significant differences between primary and secondary practice insurance use based on survey responses.

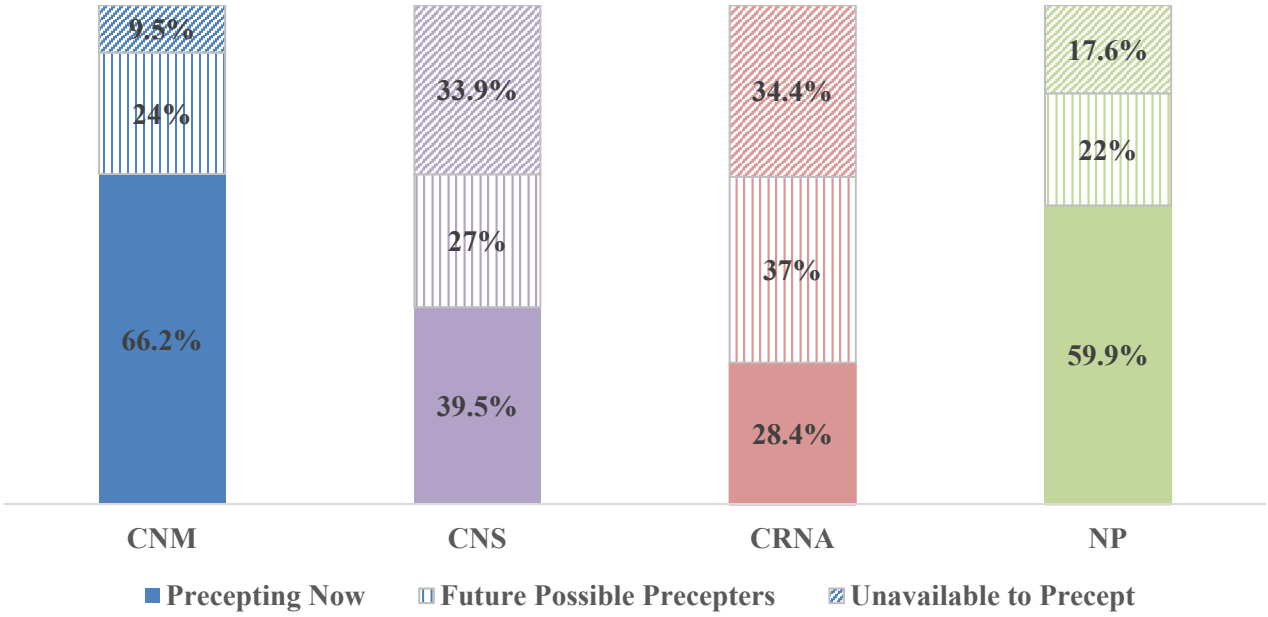
Table 27: Patient Insurance Use Breakdown by Category for Primary Practice

	CNM	*CNS*	*CRNA*	*NP*	*ALL*
Medicaid	16%	18%	17%	19%	19%
Medicare	4%	10%	24%	18%	22%
Private Insurance	49%	38%	29%	22%	33%
Managed Care	3%	10%	3%	5%	4%
Self-Pay/Uninsured	14%	16%	16%	16%	13%
Tri-Care	2%	0%	4%	1%	2%
Workman's Comp	0%	0%	1%	2%	1%
Charity	2%	1%	1%	4%	2%
Other	0%	13%	4%	8%	4%

Precepting

Currently, 56% of all APRNs report that they precept APRN students. Of those who are not currently precepting students, 55% indicated that they were interested in participating in the future. Qualitative analysis of reasons provided for not precepting came down to 3 common responses: first, the respondent felt that they were too busy to be a good mentor to a student in the practice; second, that they didn't work enough hours to effectively precept; or third, that their employer does not allow precepting. The figure below shows the percentage of each APRN category's workforce that is currently precepting, that is interested in precepting in the future, or that is unavailable to precept in the foreseeable future. The majority of each workforce is either currently precepting or willing to precept in the future.

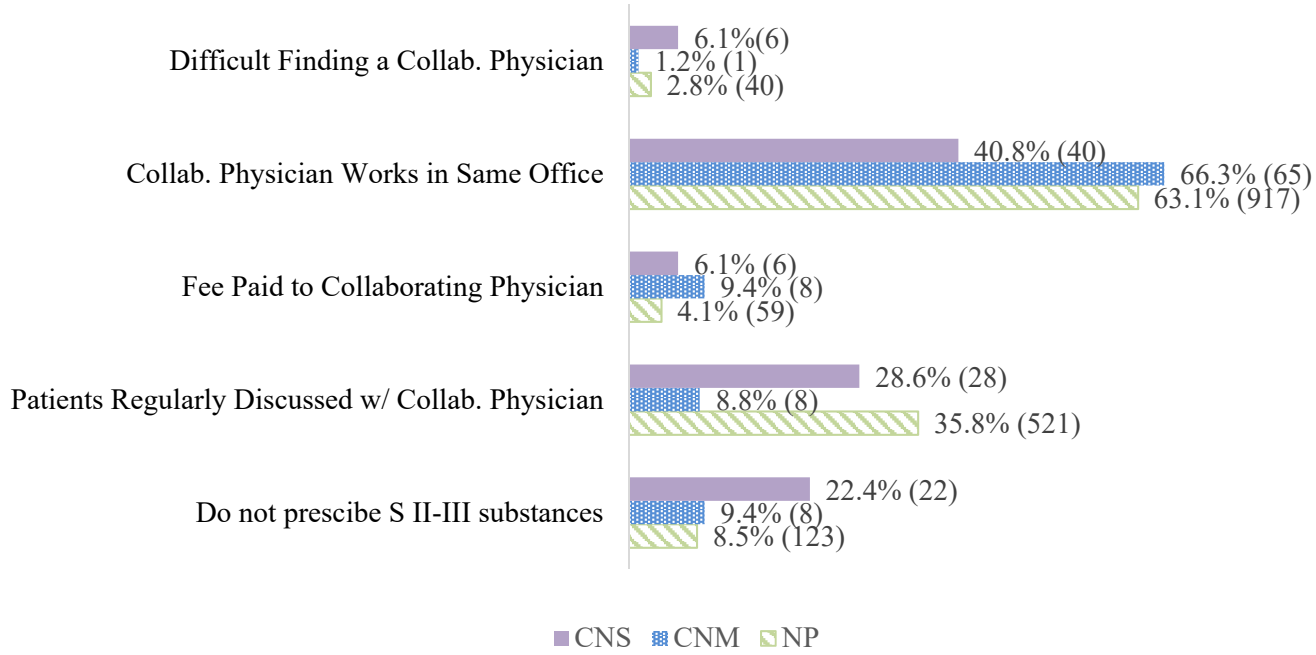
Figure 34: Preceptor Supply for Utah APRNs



Consultation and Referral Plans

A consultation and referral plan is a DOPL required agreement from an APRN with a physician in order to prescribe schedule II-III controlled substances. There have been changes recently of regulations in Utah affecting APRNs in regard to practice and referral plans. Prior to Senate Bill 58, which passed in the 2016 general legislative session, some categories of APRNs were required to compete a consultation and referral plan before prescribing Schedule II or III controlled substances. CRNAs may order and administer the drugs in a hospital or ambulatory setting, but they may not provide prescriptions to be filled outside the hospital. The regulation affected NPs principally. Senate Bill 58, which was passed after many of the survey respondents had returned their surveys loosened restrictions and allowed NPs to prescribe the substances if they fulfilled one of the two following requirements: 1) have 2,000 hours experience as a certified Nurse Practitioner or 2) have two years of experience as a certified Nurse Practitioner.

Figure 35: Experience with Consultation and Referral Plans



Small percentages of Utah APRNs find it difficult to find a collaborating physician or have the requirement of paying a fee to their collaborating physician. More than half of CNMs and NPs and 41% of CNSs report that they work in the same office as their collaborating physician. Twenty nine percent of CNSs and 36% of NPs report that they regularly discuss patients needing prescribed controlled substances with their collaborating physician, indicating a high level of coordination and team work in the process.

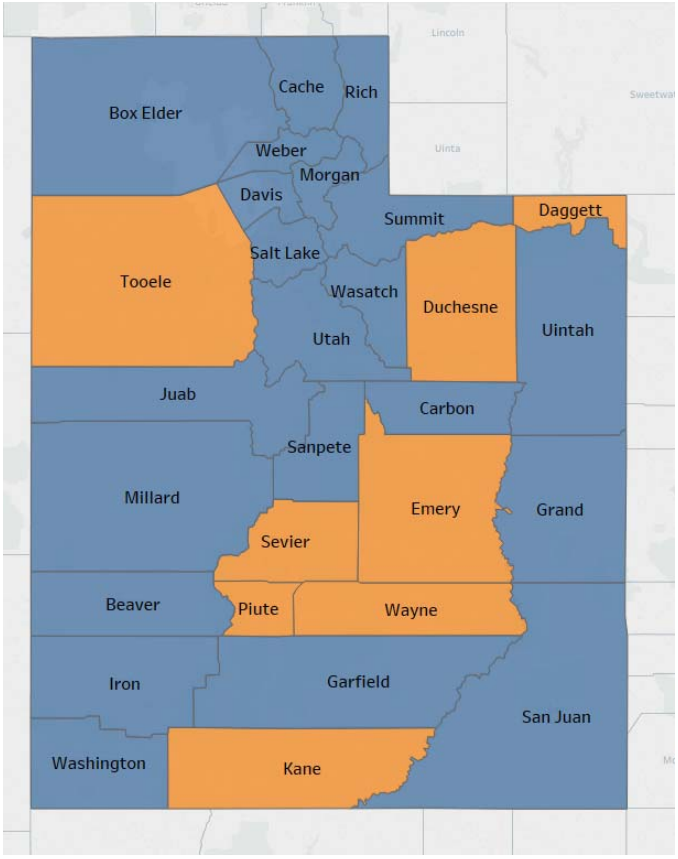
Provider Mix with Physicians and Pas

In order to provide consistency for comparison to previous UMEC reports, this report considers APRN primary designation using the same criteria used for physicians and PAs. All CNMs and NPs in certain specialties are considered to be primary care providers while CNSs and CRNAs are considered to be in specialty care regardless of their reported specialty because of the nature of their specific focus areas. To be eligible for federal designation as a primary care HPSA, an area must have a population to primary care physician ratio of 3,000 population to 1.0 physician FTE.

The following figure indicates that there are currently eight counties in Utah that have less than one primary care physician for 3,000 people: Daggett, Duchesne, Emery, Kane, Piute, Sevier, Tooele, and Wayne. Numbers of physicians per county are from the most recent UMEC report

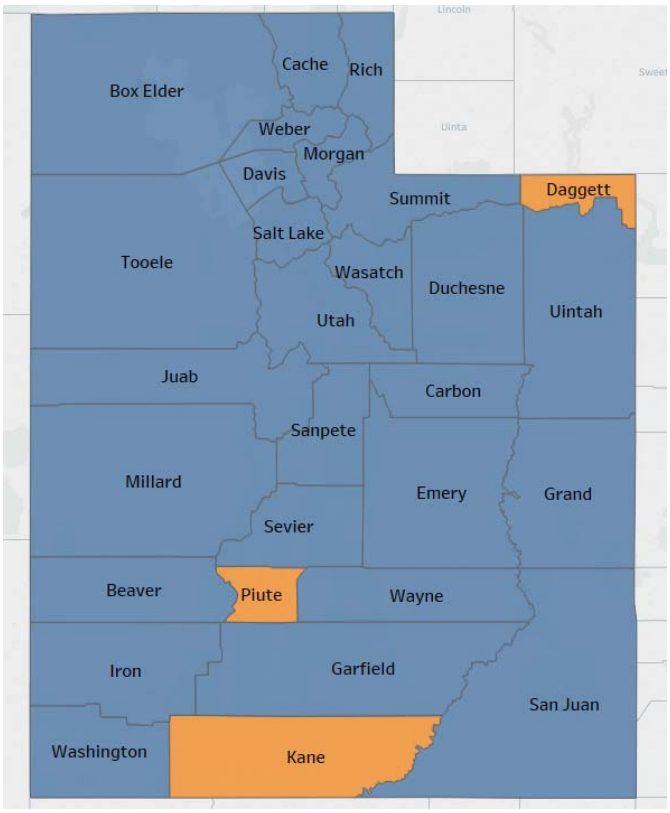
on Utah's physician workforce (UMEC, 2016) and population per county numbers come from the Kem C. Gardner Policy Institute's population breakdowns for the year 2015.

Figure 36: Counties with <1:3,000 Primary Care MDs to Population Ratio



If APRNs who are designated primary care providers were included in the provider to population ratio, the number of counties with fewer than one primary care provider per 3,000 people would drop from eight to three—with only Daggett, Kane, and Piute counties still having less than 1 primary care physician per 3,000 people in the county. This is evidence that the APRN workforce can be an important factor in improving access to primary care in underserved areas and that reform that encourages APRN providers to practice in HPSA areas can help address those shortages.

Figure 37: Counties with <1:3,000 Primary Care Provider to Population Ratio including Primary Care Physicians and Primary Care APRNs



Comparing data on the distribution of APRNs between counties in the state to the most recent UMEC reports on physicians (UMEC Physicians Workforce Report, 2016) and PAs (UMEC PA Workforce Report, 2015), ratios between the three workforces were calculated and are summarized in the table below. There is an average of .29 APRNs per physician and 1.03 APRNs per PA overall in the state.

Table 28: Physician, PA, and Population Ratios in All Utah Counties

County[14]	*APRN to Physician*	*APRN to PA*	*APRN to Population*	*Total Provider to Population*[15]
Beaver	0.45	-	1:1661	1:515
Box Elder	0.37	2.44	1:2408	1:582
Cache	0.25	1.30	1:2833	1:485
Carbon	0.23	0.87	1:3532	1:548
Daggett	0.00	0.00	0	0
Davis	0.17	0.91	1:4574	1:583
Duchesne	0.28	0.82	1:2319	1:401
Emery	-	-	1:5329	1:5329
Garfield	1.36	-	1:953	1:548
Grand	0.08	-	1:4830	1:375
Iron	0.31	0.83	1:3494	1:649
Juab	0.00	0.00	0	1:852
Kane	0.00	0.00	0	1:1818
Millard	0.00	0.00	0	1:1191
Morgan	0.16	-	1:5485	1:738
Piute	0.00	0.00	0	0
Rich	0.44	-	1:588	1:181
Salt Lake	0.31	2.02	1:1056	1:225
San Juan	0.10	0.13	1:7872	1:418
Sanpete	0.35	0.67	1:4848	1:909
Sevier	0.26	-	1:3918	1:804
Summit	0.32	1.53	1:1511	1:317
Tooele	0.33	0.67	1:5272	1:959
Uintah	0.44	2.36	1:2645	1:717
Utah	0.39	2.12	1:1998	1:499
Wasatch	0.48	-	1:2861	1:923
Washington	0.36	1.92	1:1546	1:363
Wayne	0	0	1:1363	1:1363
Weber	0.35	2.01	1:1722	1:393

[14] Urban Counties are highlighted.
[15] This includes all APRNs, PAs, and Physicians in each county according to the most recent UMEC reports

Workforce Projections

Because of the many points of variance between each APRN category, projection modeling is done for each separately. The workforce projection model used here relies on supply minus demand, as well as population projections and provider to 100,000 population ratios. These projections use survey responses to project out 10 years, from 2015 at the time of survey to the year 2025.

Supply

Supply is calculated as the FTE adjusted average number of licenses issued per year minus the FTE adjusted average number of licenses expired per year. Averages were calculated from the last 6 six years of DOPL data (2009-2015). License averages are adjusted based on the FTE average of the workforce and so appropriate comparisons can be made to FTE projections. Additionally, supply totals are adjusted for average percentage of total licensed workforce that practice in the state, using data from the previous three UMEC studies. For NPs and CNSs, the average number of licenses issued was calculated based on the difference in their respective workforce sizes in 2003 and 2015, divided by the number of years between them (12). Licenses expired are left at zero due to lack of differentiated license data from DOPL for the two categories in Utah.

Demand

Demand is calculated as the sum of FTE loss to retirement, FTE loss to pre-retirement hour reduction, and FTE loss to post-hour-reduction retirement. The UMEC survey captures data on intended years to retirement, intended years to hour-reduction pre-retirement, intended hours to be reduced, and when that reduction will take place. Because the projections are sensitive to individual *intended* hour reductions and retirement plans based on survey data, each year 1-10 has a different projected FTE loss. Demand based solely on data from the survey, represented in the graphs below by the solid line, does not account for population growth, insurance changes, or other factors. Using population estimates and projections from the Kem C. Gardner Policy Institute for the years 2015-2025, each graph below also includes a dotted line showing the population-based need for each license category assuming a constant provider to 100,000 population ratio per category.

Certified Nurse Midwife Projection

According to our projection model, the CNM workforce in Utah will decline at a rate of 1.47 FTEs per year through 2025 assuming workforce growth continues as projected. As of 2015,

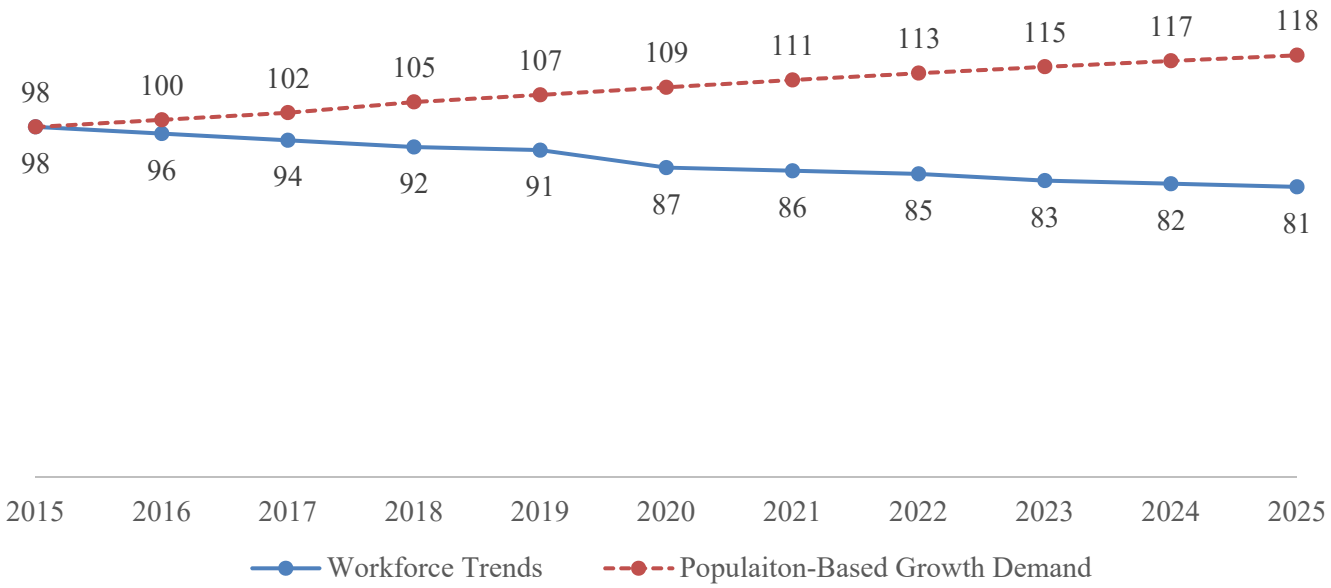
there were 115 CNMs practicing in the state, with a 98 FTE equivalence. This equates to 3.3 full-time CNMs for every 100,000 people in Utah according to the Kem C. Gardner Institute's population estimate for the state. In order to maintain that ratio through 2025, the CNM workforce needs to grow by 1.4 FTEs per year on average through 2025. The table below details the projection for workforce as it is expected to grow, and is represented by the solid line in the graph. The dotted line represents the number of total CNM FTEs needed to accommodate Utah's growing population and maintain a ratio of 3.3 CNMs per 100,000 population.

Table 29: CNM 10-year Workforce Projection

Factors		CNM
Supply (i-e+l)	Average Licenses Issued (i)	8
	Average Licenses Expired (e)	5
	Total Licensed FTE Supply (l)	3*(.8521)=**2.5564** FTE
	Total In-State FTE Supply (s)	2.5564*.83=**2.12** FTEs
Demand[16] (p+h+r)	FTE loss to pre-retirement hour reduction (p)	.907
	FTE loss to post-hour-reduction retirement (h)	.676
	FTE loss to retirement (r)	1.95
	Total Demand (d)	3.586
(s-d)	Average Annual FTE Supply Over Demand	-1.47

[16] Demand totals here are averaged over 10 years—graphs and related table details exact FTE loss applied per year.

Figure 38: CNM 10 Year Projection



Based on our workforce projections and the assumed population growth over the next 10 years, the CNM workforce will need 118 FTEs to meet the demand of population growth, but is on track to have only 81—a deficit of 37 FTEs.

Clinical Nursing Specialists Projections

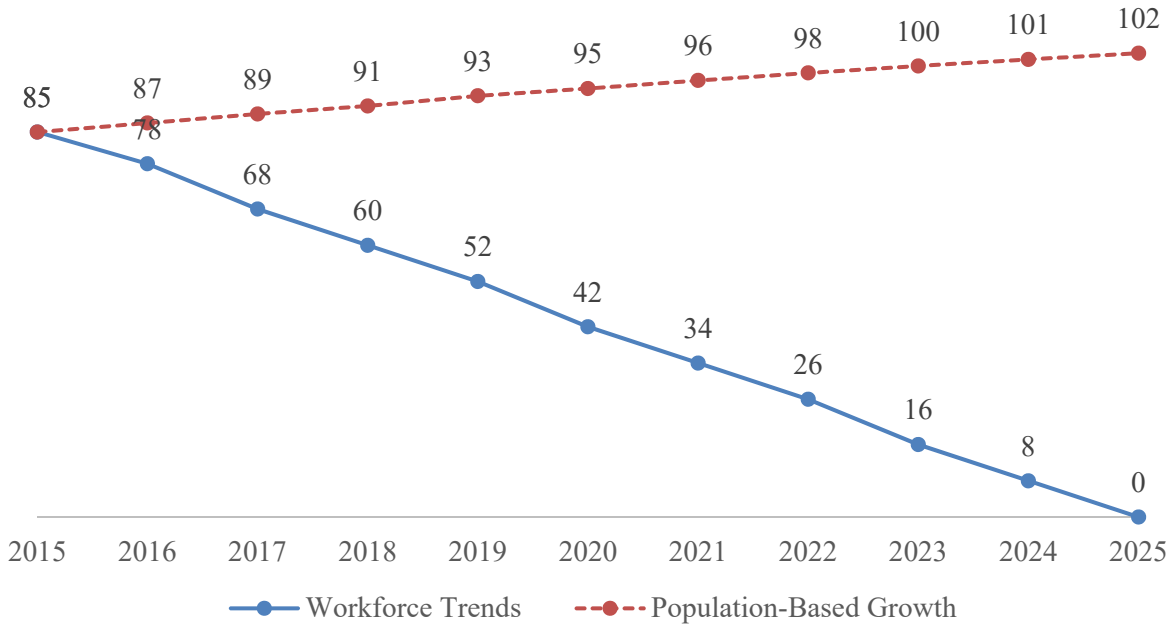
According to our projection model, the CNM workforce in Utah will decline at a rate of 8.625 FTEs per year through 2025. This is consistent with the age profiles and demographic patterns of the workforce and the replacement rates seen in licensing and age cohorts based on past UMEC reports. As of 2015, there were 110 CNSs practicing in the state, with an FTE equivalent of 85. This equates to 2.8 FTEs per 100,000 population again using the Kem C. Gardner Policy Institute's population estimates for the state. In order to maintain that provider to population ratio, the CNS workforce should grow by 1.7 FTEs per year through 2025. The table below details the projection for workforce as it is expected to grow based on survey results, and is represented by the solid line in the graph. The dotted line represents the number of total CNS FTEs needed to accommodate Utah's growing population and maintain a ratio of 2.8 CNSs per 100,000 population.

Table 30: CNS 10-year Workforce Projection

Factors		CNS
Supply (i-e+i)	Average Licenses Issued (i)	-4.6
	Average Licenses Expired (e)	0
	Total Licensed FTE Supply (l)	-4.6*(.8671)=-4.05 FTEs
	Total In-State FTE Supply (s)	-4.05*.96=**-3.88 FTEs**
Demand[17] (p+h+r)	FTE loss to pre-retirement hour reduction (p)	2.575
	FTE loss to post-hour-reduction retirement (h)	.965
	FTE loss to retirement (r)	1.205
	Total Demand (d)	4.745
(s-d)	Average Annual FTE Supply Over Demand	-8.625

*CNS population in 2003=166; 2015=110. Difference=56/12=4.6.

Figure 39: CNS 10 Year Projection



Considering expected rates of retirement and pre-retirement work reduction, as well as licensure trends in the state, this projection estimates that there will be no CNS workforce in Utah by 2025. In order to maintain the current ratio of 2.7 per 100,000 in the population as it grows, the CNS workforce will need 102 FTEs practicing in state.

[17] Demand totals here are averaged over 10 years—graphs and related table details exact FTE loss applied per year.

Certified Registered Nurse Anesthetists Projection

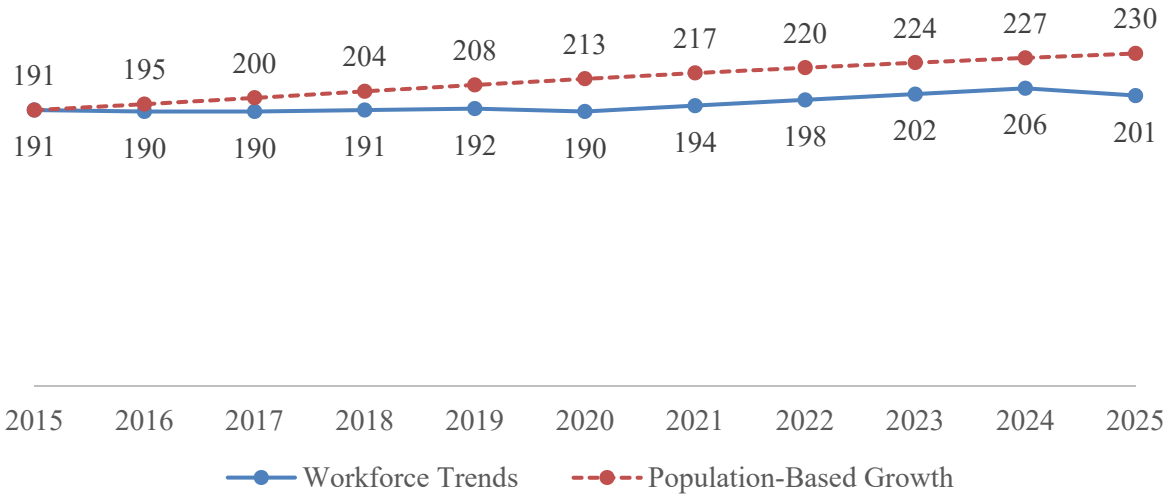
According to our projection model, the CNM workforce in Utah will increase at a rate of 1.031 FTEs per year through the year 2025. As of 2015, there were 181 CRNAs practicing in the state, with an FTE equivalence of 191 (because a portion report working 40 hours a week). This equates to 6.4 FTEs per 100,000 population based on population estimates provided by the Kem C. Gardner Policy Institute. In order to maintain that provider-to-population ratio, the CRNA workforce should grow by an average of 3.9 FTEs per year through 2025. The table below details the projection for workforce as it is expected to grow based on survey results, and is represented by the solid line in the graph. The dotted line represents the number of total CRNA FTEs needed to accommodate Utah's growing population and maintain a ratio of 6.4 FTEs per 100,000 population.

Table 31: CRNA 10-year Workforce Projection

Factors		CRNA
Supply (i-e+l)	Average Licenses Issued (i)	19
	Average Licenses Expired (e)	12
	Total Licensed FTE Supply (l)	7*(1.054)= 7.38 FTEs
	Total In-State FTE Supply (s)	7.38*.72=5.31
Demand[18] (p+h+r)	FTE loss to pre-retirement hour reduction (p)	1.408
	FTE loss to post-hour-reduction retirement (h)	.4725
	FTE loss to retirement (r)	2.398
	Total Demand (d)	4.279
(s-d)	Average Annual FTE Supply Over Demand	1.031

[18] Demand totals here are averaged over 10 years—graphs and related table details exact FTE loss applied per year.

Figure 40: CRNA 10 Year Projection



Considering expected workforce patterns based on survey responses, the CRNA workforce in the state is expected to remain fairly steady. Because of population growth in Utah, this projection identifies a deficit of 29 FTEs in the CRNA workforce by the year 2025 if trends don't change.

Nurse Practitioners Projection

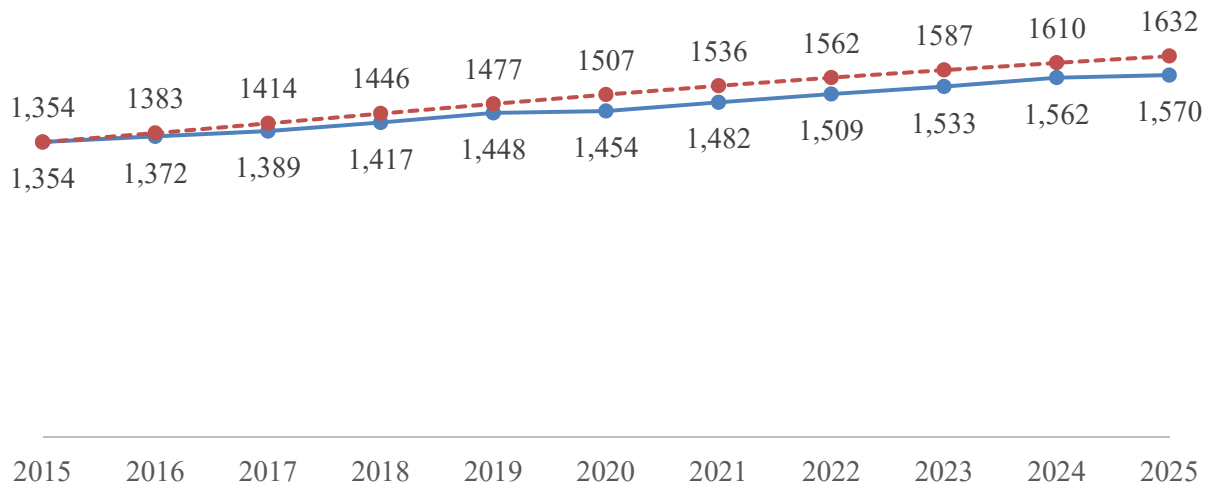
According to our projection model, the NP workforce in Utah will increase at a rate of 21.73 FTEs per year through the year 2025. As of 2015, there were 1,458 NPs practicing in the state of Utah with an FTE equivalence of 1,354. This equates to 4.5 FTEs per 100,000 population based on population approximations from the Kem C. Gardner Policy Institute. In order to maintain that provider to population ration, the NP workforce should grow by an average of 27.8 per year. The table below details this report's projection of workforce size based on survey data, and the graph shows those projections over time as well as population-based projections assuming that the provider to population ratio stays constant as the total population of the state expands.

Table 32: NP 10-year Workforce Projection

Factors		NP
Supply (i-e+l)	Average Licenses Issued (i)	82.5*
	Average Licenses Expired (e)	0
	Total Licensed FTE Supply (l)	82.5*(.9285)= 76.6 FTEs
	Total In-State FTE Supply (s)	76.6*(.84)=64.3
Demand[19] (p+h+r)	FTE loss to pre-retirement hour reduction (p)	10.766
	FTE loss to post-hour-reduction retirement (h)	7.847
	FTE loss to retirement (r)	23.999
	Total Demand (d)	42.614
(s-d)	Average Annual FTE Supply Over Demand	21.73

*NP population in 2003=680; 2015=1,670. Difference=990/12=82.5.

Figure 41: NP 10-year Workforce Projection



The NP workforce is projected to continue its growth, although this projection indicates that the rate of growth will be slightly behind population-based demand over the next 10 years. In the year 2025, the NP workforce could face a deficit of 62 FTEs in its workforce if trends for retirement, licensure, and practicing out of state continue.

[19] Demand totals here are averaged over 10 years—graphs and related table details exact FTE loss applied per year.

Conclusion

The Advanced Practice Registered Nurse workforce in Utah is a robust population of highly trained healthcare professionals with varied backgrounds and working in diverse geographic areas, settings, and specialties. The population is dynamic, with changes and/or growth in all four license categories represented in the state. Since Utah's population is projected to grow, and considering expected changes in the federal and state level healthcare system, it is an important time to understand the dynamics of the APRN workforce.

Projection analysis shows that for every category, current trends are not expected to supply a large enough workforce to meet the demand of Utah's growing population. Of particular concern is ensuring a sufficient APRN workforce in rural Utah and in HPSA designated shortage areas, where APRNs can have a major impact on healthcare accessibility. Attention should be paid to meeting the expected shortfall in years to come. Recruitment and retention, Utah's low unemployment rate and fairly competitive wages compared to national rates may attract providers from elsewhere and keep Utah licensed APRNs in practice in state in order to address the shortfall.

Policy Recommendations

Recommendation I. Integrate supply, demand and education data to better understand workforce needs.

The UMEC is now collecting not only APRN workforce supply information but also information on education and employer demand for APRNs in the state. These data sets can be combined and explored in order to provide a more accurate picture of the need for APRNs in the state. The UMEC should continue to build collaboration with state and national entities that collect and house data. Some of these data sources are:

- Utah Department of Health- Office of Health Care Statistics- All Payer Claims Database
- U.S. Department of Health and Human Services- Agency for Healthcare Research and Quality- Medical Expenditure Panel Survey
- National State Boards of Nursing Council/ National Forum of State Nursing Workforce Centers- Minimum, supply, demand and education datasets.
- Utah Department of Workforce Services- Employment and wage data.

Recommendation II. Study the Involvement of APRNs in inter-professional healthcare teams as the healthcare system continues to change.

Nursing workforce dynamics can continue to be studied in the following ways:

a) Tracking state and national supply/demand for APRNs.

b) Focusing future surveys on how APRNs work in inter-professional teams.

c) Assessing nursing roles and participation in Medicaid/Medicare as those programs change.

d) Understanding how involvement of nurses in team care can keep costs down for patient centered care and accountable care organization service models.

Recommendation III. Support efforts to make the APRN workforce more representative of the population.

The Utah APRN workforce as a whole is made up of 16% minorities. The state population is 20% minority. In general, APRNs seem to have a better representation of minorities than other medical professions (physicians, PAs, dentists etc.) in the state. However, UMEC recommends continued support for efforts to preserve and perpetuate diversity in the APRN workforce.

a) Make collaborative efforts with AHEC, local high schools, DOH, United Way (Cradle to Career Program etc.) etc. to encourage minority youth and college students to look at nursing as a profession.

Recommendation IV. Increase availability of training sites and preceptors in the state.

Competition for clinical training sites has been on the rise and will continue to grow with new medical training programs opening in the state. Utah nursing schools and the UMEC as the state's nursing workforce information center should collaborate to:

- **a)** Develop information on potential untapped preceptors.
- **b)** Recognize and leverage training site capacity.
- **c)** Work with non-nursing medical training programs in the state to optimizing training sites for inter-professional team based training.

Recommendation V. Continue to invest in rural workforce development.

Reform that encourages APRN providers to practice in geographic, demographic and institutional Health Provider Shortage Areas (HPSAs) can be a means to improve access to medical services for people living in those HPSAs. While APRNs who practice in a rural area earn more that their urban counterparts in general, an APRN costs less to employ than a physician in a rural area. Rural practice can be encouraged in the following ways:

- **a)** Support insurance payment/reimbursement reform, both public and private insurance.
- **b)** Support loan reimbursement programs through private, non-profit, state and federal government programs.
- **c)** Support clinical rotations in rural areas through UMEC's continued partnership with the Area Health Education Center.

Appendix A: Works Cited

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Appendix B: Survey Instruments

NP/CNS Cover Letter and Survey

Utah Medical Education Council
230 South 500 East, Suite 210
Salt Lake City, Utah 84102

Utah Medical Education Council
Nurse Practitioner/ Clinical Nurse Specialist
Workforce Survey, 2015

Dear Practitioner,

The Utah Medical Education Council, in conjunction with Utah nurse practitioners, Utah clinical nurse specialists, Brigham Young University College of Nursing, University of Utah College of Nursing, and Westminster College School of Nursing and Health Science, Intermountain Healthcare requests your continued support and partnership in updating the status of Utah's nurse practitioner/ clinical nurse specialist workforce by completing the attached survey.

Your participation in previous surveys has generated critical data for advanced practice workforce development and planning to meet the healthcare needs of Utah. For a free copy of the report, please visit our website www.utahmec.org.

The data collected through this survey will be used to measure the adequacy of Utah's nurse practitioner/ clinical nurse specialist workforce and to make estimates of capacity and projections of need. We recognize that some of the information requested is private in nature. **We assure your responses will remain strictly confidential. Only de-identified, aggregate data will be published.**

For any questions regarding this survey please contact the UMEC at 801-526-4564. **Please return the completed survey to the UMEC within 30 days** in the enclosed postage paid envelope.

Sincerely,

Richard Campbell
Executive Director
Utah Medical Education Council

Patricia Morton PhD, RN, FAAN
Dean and Professor
University of Utah College of Nursing

Sheryl Steadman, PhD., APRN
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University of Utah College of Nursing
Assistant Professor
Executive Director Nurse Practitioner Education

Utah Medical Education Council
Nurse Practitioner/ Clinical Nurse Specialist Survey 2015

1. **Please indicate the advanced practice certification(s) you currently hold:** *(mark all that apply)*

Nurse Practitioner (NP)		Clinical Nurse Specialist (CNS)	
☐ Adult/ Gero Acute Care NP	☐ Family NP	☐ Acute Care CNS	☐ Geriatric CNS
☐ Adult/ Gero Primary Care NP	☐ Neonatal NP	☐ Adult Health CNS	☐ Pediatric CNS
☐ Pediatric Acute Care NP	☐ Psych/Mental Health NP	☐ Adult/Gero CNS	
☐ Pediatric Primary Care NP	☐ Women's Health NP	☐ Psych/ Mental Health CNS	
☐ Other NP (specify)		☐ Other CNS (specify)	

2. **Please indicate whether you are you currently practicing as a Nurse Practitioner or a Clinical Nurse Specialist?**
   ☐ Nurse Practitioner ☐ Clinical Nurse Specialist

3. **If you indicated being certified as a CNS in question 1 but you are not practicing as a CNS please indicate the primary reason why you are not practicing as a CNS.** _____

4. **Do you provide any health care services in Utah?** ☐ **Yes** ☐ **No** ☐ **I live in Utah but don't provide services here**
   a. **If NO, please specify why you maintain a Utah license:** _____
   b. **If NO, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the individual factors that have influenced your choice to work outside of Utah:**

   Family _____ Wage/Pay scale _____ Climate _____
   Lifestyle _____ Work Environment _____ Other (specify)_____

IF YOU DO NOT PROVIDE SERVICES OR LIVE IN UTAH, PLEASE STOP HERE AND RETURN THE SURVEY, THANK YOU

5. **Are you of Hispanic ethnicity?** ☐ **Yes** ☐ **No**
6. **What is your racial background?** *(Please mark only one)*

   ☐ American Indian/Alaska Native ☐ African American ☐ Asian
   ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Other (specify) _____

7. **Please describe the area where you spent the majority of your upbringing** *(when you lived there):*
   ☐ Rural ☐ Suburban ☐ Urban/Metropolitan Area State:_____

8. **What type of NURSING degree/credential qualified you for your first U.S. nursing license?**
   ☐ Vocational/Practical Certificate ☐ Associate Degree ☐ Master's Degree
   ☐ Diploma ☐ Baccalaureate Degree ☐ Doctorate Degree

9. **How many years of experience as an RN did you have before STARTING an APRN program degree?** _____

10. **Please provide the following information regarding the institution from which you received your advanced practice education:** College/ University: _____State:_____ Year graduated: _____ Degree: _____

11. **What is your highest level of education?**
    ☐ Master's Degree-Nursing ☐ Doctor of Nursing Practice (DNP) ☐ Doctoral Degree-Nursing Other
    ☐ Master's Degree-Non-Nursing ☐ Doctoral Degree-Nursing (PhD) ☐ Doctoral Degree- Non-Nursing

12. **Please indicate the type(s) of position(s) you currently hold:** *(please mark all that apply)*
    ☐ Full Time APRN ☐ Full Time Non- Nursing ☐ Faculty- APRN ☐ Single Employment Position
    ☐ Part Time APRN ☐ Part Time Non- Nursing ☐ Retired ☐ Multiple Employment Positions
    ☐ Contractor- APRN ☐ Temp./ Per Diem- APRN ☐ Volunteer as an APRN ☐ Working as an RN
    ☐ Unemployed-Seeking Work as an APRN ☐ Unemployed-Not Seeking Work as an APRN

    a. **If you marked above that you are a contractor, how many contracts do you provide services for per month?**
    _____

    b. **If you marked you were unemployed above, please indicate your reason for being so.** *(mark all that apply):*
    ☐ Taking Care of Home ☐ Taking Care of Family ☐ Disabled
    ☐ Inadequate Salary ☐ Attending School ☐ Difficulty Finding APRN Position
    ☐ Other *(please specify)* _____

13. **Please enter a code from the list of monetary ranges below indicating your <u>average annual gross compensation</u>? (Before taxes AND excluding benefits). Compensation: _____**

14. **Please enter a code from the list below indicating the amount of educational debt you CURRENTLY have from your training as an APRN, as well the TOTAL educational debt you had for your APRN training <u>at the time of your graduation</u>.** *(exclude any pre-APRN and non-education debt including relocation loans, cars and credit cards)*
Current Debt :_____ Total Debt :_____

01= $0.00	04= $60,000-$69,999	07= $90,000-$99,999	10= $120,000-$129,999
02= > $0.00- $49,999	05= $70,000-$79,999	08= $100,000-$109,999	11= $130,000-$139,999
03= $50,000-$59,999	06= $80,000-$89,999	09= $110,000-$119,999	12= $140,000 or more

15. **Please indicate the Zip Code of your Primary & Secondary practice/contracting locations Also, Please estimate the total hours worked per week** *(not including on call)* **at each practice location.**
<u>Primary Practice</u> Zip:_____ Total hrs/wk:_____ <u>Secondary Practice</u> Zip:_____ Total hrs/wk:_____

16. **Please indicate the approximate number of hours you spend providing <u>DIRECT PATIENT CARE</u> each week, including charting, but excluding the hours spent providing patient care combined with teaching or training of other APRNs:** *(unless all of the hours you work each week are spent in direct patient care without any teaching or training of APRN students, this should be less than the number of total hours reported in the previous question).*
Primary Practice_____ hrs./wk Secondary Practice_____ hrs./wk

17. **In an average week, how many patients do you provide services for?** *(please write N/A if option doesn't apply)*
Outpatients _____ Inpatients _____

18. **Please estimate the <u>percentage (%)</u> of patients you see from each of the following age groups** *(total of all practice locations) (The sum for each patient category (row) should equal 100%)*

Outpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**
Inpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**

19. **What percent of your patients at your primary/secondary practice/contracting location(s)** (if applicable) **have the following types of insurance coverage?** *(Estimates of all payers should equal 100% for each practice location. You may want to ask your billing office for assistance with these estimates):*

	Primary	Secondary		Primary	Secondary
Medicaid	_____%	_____%	Tri-Care (CHAMPUS)	_____%	_____%
Medicare	_____%	_____%	Workman's Comp	_____%	_____%
Private Insurance	_____%	_____%	Charity	_____%	_____%
Managed Care	_____%	_____%	Other	_____%	_____%
Self-Pay/ Uninsured	_____%	_____%	Total	**(100%)**	**(100%)**

20. **lease indicate the average wait time for an appointment in your practice location(s):**

	<u>Appt. for New Patient (Days)</u>	<u>Appt. for Est. Patient (Days)</u>	<u>Average Office Wait Time *(minutes)*</u>
Primary Practice	_____	_____	_____
Secondary Practice	_____	_____	_____

21. **Please allocate the average hours per week you spend in the following non-patient care activities:**
a. Teaching *(didactic and/or classroom teaching without patient care)* _____
b. Research *(academic, reports, applications, surveys, etc.)* _____
c. Admin/Management *(planning, budgeting, etc. not in direct support of patient care)* _____
d. Consulting *(Not directly related to pt. care)* _____
e. Policy/ Procedure Development _____
f. Volunteer/ Charity Care _____
g. Other: _____

22. Please indicate if your *(if applicable)* practice/ contract location(s) currently ACCEPT new patients from the following payer types:

	Medicaid	Medicare	Self-Pay/Uninsured	Other Insured Patients
Primary Practice	☐	☐	☐	☐
Secondary Practice	☐	☐	☐	☐

23. Please indicate if your practice/contract location(s) offer services to uninsured patients for Free, a Fixed Lower Fee, or on a Sliding-Fee scale based on income or family size?

	Free Services	Sliding Scale	Fixed Lower Fee	Not Offered
Primary Practice:	☐	☐	☐	☐
Secondary Practice:	☐	☐	☐	☐

24. Please enter codes from the list below for your Primary _____ and Secondary _____ practice setting:

1 = Self-Employed/ Contractor (solo)
2 = Group APRN Practice
3 = Hospital- Inpatient
4 = Hospital- Outpatient
5 = Hospital- Emergency Department
6 = Hospital- Ambulatory Care Center
7 = Other unit of hospital
8 = Federal Hospital (VA)
9 = Physician Practice Solo
10 = Physician Single Specialty Group
11 = Physician Multi- Specialty Group
12 = Non-hospital Based Outpatient Clinic
13 = Non-hospital Based Urgent Care Facility
14 = Fed. Qualified Community Health Clinic
15 = Certified Rural Health Clinic
16 = Free Standing Surgery Center
17 = Spa/ Aesthetic/ Weight Loss Clinic
18 = Gov't/ Planning Agency
19 = Birthing Center
20 = Pharmaceutical Company
21 = Hospice Care
22 = Home Health Agency
23 = Nursing Home/ LTC facility
24 = Occupational Health
25 = Student/ School Health
26 = Faculty (College or Univ.)
27 = Insurance company
28 = Corrections facility
29 = Nonprofit/Donation Facility
30 = Other (specify)_____

25. Have you voluntarily switched employers/practices within the past five years? ☐ Yes ☐ No

a. If YES, please use the list of settings above to indicate the work setting you left and the work setting you moved to: Setting Code Left: _____ Setting Code Moved To: _____

b. If YES please check the reason(s) for this change of work setting

☐ Better Work/Education Fit ☐ Desire for Change ☐ Higher Pay ☐ More Challenging
☐ Moved Residence ☐ Personal/Family Reasons ☐ Preferred hours ☐ Professional Advancement
☐ Work Responsibilities ☐ Other _____

26. Please enter the code from the list below which most closely resembles your:

Primary specialty: _____ Secondary specialty: _____

1 = No Patient Care
2 = Acute Care
3 = Aesthetics/ Medical Spa
4 = Allergy & Immunology
5 = Ambulatory Care
6 = Anesthesiology/General
7 = Behavioral/ Mental Health
8 = Cardiac Care
9 = Case Management
10 = Clinical Research
11 = Community/ Public Health
12 = Critical Care/ ICU
13 = Dermatology
14 = Developmental Disability
15 = Domestic Violence
16 = Emergency or Trauma Care
17 = Endocrinology & Metabolism
18 = Environmental Health
19 = Family Practice
20 = Family Planning
21 = Forensics
22 = Genetics
23 = Gastroenterology
24 = Geriatrics
25 = Obstetrics/ Gynecology
26 = HIV/AIDS
27 = Home Health
28 = Hospice / Palliative care
29 = Hospitalist
30 = Infectious Diseases
31 = Informatics
32 = Internal Medicine
33 = Legal Nursing
34 = Medical/Surgical
35 = Nephrology
36 = Neonatal
37 = Occupational Health
38 = Hematology/ Oncology
39 = Medical/Oncology
40 = Radiation Oncology
41 = Ophthalmology
42 = Ostomy/ Wound Care
43 = Pain Management
44 = Pathology
45 = Pediatrics
46 = Preventive/ Occupational Medicine
47 = Psychiatric/ Mental Health
48 = Pulmonary Disease/CCM
49 = Radiology
50 = Rehabilitation
51 = Renal/ Dialysis
52 = Rheumatology
53 = Risk Management
54 = School Health
55 = Sports Medicine
56 = Surgery/General
57 = Cardio-Thoracic Surgery
58 = Neurological Surgery
59 = Orthopedic Surgery
60 = Otolaryngology
61 = Plastic Surgery
62 = Other Surgical subspecialty
(Specify):_____
63 = Urology
64 = Other Specialty
(Specify):_____

27. **Tell us about your Consultation and Referral Plan** *(this is a DOPL required agreement with a physician in order to prescribe schedule II-III controlled substances)* check all that apply:
    - **a.** ☐ I do not prescribe schedule II-III controlled substances, so I do not have a plan in place – *(If so, please provide the One MAIN reason you do not prescribe these substances)* _____
    - **b.** ☐ Patients being prescribed schedule II-III controlled substances are regularly discussed with a collaborating physician (e.g., through routine monitoring of a percentage of medical records on a regular basis).
    - **c.** ☐ A fee must be paid to the collaborating physician.
    - **d.** ☐ The collaborating physician works in the same office/location that I practice.
    - **e.** ☐ I have had difficulty finding a collaborating physician to sign my Consultation and Referral Plan
    - **f.** ☐ Other features (please specify) _____

28. **Do you precept/ mentor Advanced Practice (NP, NM, NA, NS) students? ☐ Yes ☐ No**
    - **a. If you answered Yes, How many advanced practice students have you precepted in the last five years?** _____
    - **b. If you answered No, would you like to precept in the future? ☐ Yes ☐ No**
        - **i. If No, please briefly explain why not?** _____
    - **c. If you are not currently precepting, have you precepted in the last five years? ☐ Yes ☐ No**

29. **In how many years do you plan to retire?**

☐ <1 yrs. ☐ 1-5 yrs. ☐ 6-10 yrs. ☐ 11-15 yrs. ☐ 16-20 yrs. ☐ >20 yrs.

30. **Prior to retirement, do you plan to reduce the number of hours per week you practice?** ☐ Yes ☐ No
    - **a.** If **Yes**, please indicate: **How many years FROM NOW** you plan to reduce your hours: _____

      How many hours/week you plan to work **AFTER THE REDUCTION**: _____

31. **In providing direct patient care, what percent of your time is spent working in a team** (collaborating or consulting with other professionals in an interprofesional context) **with each of the following health professionals?**

Other APRN	Care Coordinator	Mental Health Professional	PA	Pharmacist	Primary Care Physician	Sub-Specialist Physician	RN
_____%	_____%	_____%	_____%	_____%	_____%	_____%	_____%

32. **Would you say that the team works to establish shared goals that reflect patient and family priorities and can be clearly articulated, understood and supported by all team members?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

33. **Would you say that there are clear expectations for each team member's functions, responsibilities and accountabilities, which often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

34. **Would you say that team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

35. **Would you say that the team prioritizes and continuously refines its communication skills and has consistent channels for candid and complete communication, which are accessed and used by all team members across the setting?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

36. **Would you say that the team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals, and that these are used to track and improve performance immediately and over time?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Thank you for your participation. Please return the survey in the enclosed envelope.

Utah Medical Education Council ● 230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102
Phone: (801)-526-4554/ Fax: (801)-526-4551 ● www.utahmec.org ● «Lic_7»

CNM Cover Letter and Survey

Utah Medical Education Council
230 South 500 East, Suite 210
Salt Lake City, Utah 84102

Utah Medical Education Council
Certified Nurse Midwife Workforce Survey, 2015

Dear Practitioner,

The Utah Medical Education Council, in conjunction with Utah nurse midwives, the University of Utah College of Nursing, and Intermountain Healthcare, requests your continued support and partnership in updating the status of Utah's certified nurse midwife workforce by completing the attached survey. Your participation in previous surveys has generated critical data for advanced practice workforce development and planning to meet the healthcare needs of Utah. For a free copy of the report, please visit our website www.utahmec.org.

The data collected through this survey will be used to measure the adequacy of Utah's certified nurse midwife workforce and to make estimates of capacity and projections of need. We recognize that some of the information requested is private in nature. **We assure your responses will remain strictly confidential. Only de-identified, aggregate data will be published.** For any questions regarding this survey please contact the UMEC at 801-526-4564. **Please return the completed survey to the UMEC within 30 days** in the enclosed postage paid envelope.

Sincerely,

Richard Campbell
Executive Director
Utah Medical Education Council

Deanne Williams, MS, CNM
Advanced Practice Clinical Coordinator
Intermountain Healthcare/ Central Region

Gwen Latendresse, PhD, CNM, FACNM
Associate Professor,
University of Utah College of Nursing
Chair, Legislative Taskforce
ACNM, Utah Affiliate

Utah Medical Education Council Certified Nurse Midwife Survey 2015

1. **Are you currently certified as a Nurse Midwife?** ☐ **Yes** ☐ **No**
2. **Do you provide any health care services in Utah?** ☐ **Yes** ☐ **No** ☐ **I live in Utah but don't provide services here**
   a. **If NO, please specify why you maintain a Utah license:**

      _____

   b. **If NO, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the individual factors that have influenced your choice to work outside of Utah:**

Family	_____	Wage/Pay scale	_____	Climate	_____
Lifestyle	_____	Work Environment	_____	Other (specify)	_____

IF YOU DO NOT PROVIDE SERVICES OR LIVE IN UTAH, PLEASE STOP HERE AND RETURN THE SURVEY, THANK YOU

3. **Are you of Hispanic ethnicity?** ☐ **Yes** ☐ **No**
4. **What is your racial background?** *(Please mark only one)*

   ☐ American Indian/Alaska Native ☐ African American ☐ Asian
   ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Other (specify) _____

5. **Please describe the area where you spent the majority of your upbringing** *(when you lived there)*:
   ☐ Rural ☐ Suburban ☐ Urban/Metropolitan Area State:_____

6. **What type of NURSING degree/credential qualified you for your first U.S. nursing license?**
   ☐ Vocational/Practical Certificate ☐ Associate Degree ☐ Master's Degree
   ☐ Diploma ☐ Baccalaureate Degree ☐ Doctorate Degree

7. **How many years of experience as an RN did you have before STARTING a Nurse Midwifery Program?** _____

8. **Please provide the following information regarding the institution from which you received your nurse midwife education:** College/ University: _____ State:_____ Year graduated: _____ Degree: _____

9. **What is your highest level of education?**
   ☐ Master's Degree-Nursing ☐ Doctor of Nursing Practice (DNP) ☐ Doctoral Degree-Nursing Other
   ☐ Master's Degree-Non-Nursing ☐ Doctoral Degree-Nursing (PhD) ☐ Doctoral Degree- Non-Nursing

10. **Please enter a code from the list of monetary ranges below indicating your <u>average annual gross compensation</u>? (Before taxes AND excluding benefits). Compensation:** _____

11. **Please enter a code from the list below indicating the amount of educational debt you CURRENTLY have from your training as a CNM, as well the TOTAL educational debt you had for your CNM training <u>at the time of your graduation</u>.** *(exclude any pre-CNM and non-education debt including relocation loans, cars and credit cards)*
    Current:_____ **Total:**_____

01= $0.00	04= $60,000-$69,999	07= $90,000-$99,999	10= $120,000-$129,999
02= > $0.00 to $49,999	05= $70,000-$79,999	08= $100,000-$109,999	11= $130,000-$139,999
03= $50,000-$59,999	06= $80,000-$89,999	09= $110,000-$119,999	12= $140,000 or more

12. **Please indicate the type(s) of position(s) you currently hold:** *(please mark all that apply)*
    ☐ Full Time CNM ☐ Full Time Non- CNM ☐ Faculty- CNM ☐ Single Employment Position
    ☐ Part Time CNM ☐ Part Time Non- CNM ☐ Retired ☐ Multiple Employment Positions
    ☐ Contractor- CNM ☐ Temp./ Per Diem- CNM ☐ Volunteer as a CNM ☐ Working as an RN
    ☐ Unemployed-Seeking Work as an CNM ☐ Unemployed-Not Seeking Work as an CNM

    a. **If you marked above that you are a contractor, on average, how many contracts do you provide services for per month?** _____
    b. **If you marked you were unemployed above, please indicate your reason for being unemployed** *(please mark all that apply)*:
       ☐ Taking Care of Home ☐ Taking Care of Family ☐ Disabled
       ☐ Inadequate Salary ☐ Attending School ☐ Difficulty Finding Nurse Midwife Position
       ☐ Other *(please specify)* _____

13. **Please indicate the Zip Code of your Primary & Secondary practice/contracting locations Also, Please estimate the total hours worked per week** *(not including on call)* **at each practice location.**

Primary Practice Zip:_____ Total hrs/wk:_____ **Secondary Practice** Zip:_____ Total hrs/wk:_____

14. **Please indicate the approximate number of hours you spend providing DIRECT PATIENT CARE each week, including charting, but excluding the hours spent providing patient care combined with teaching or training of other CNMs:** *(unless all of the hours you work each week are spent in direct patient care without any teaching or training of CNM students, this should be less than the number of total hours reported in the previous question).*

Primary Practice_____ hrs./wk Secondary Practice_____ hrs./wk

15. **In an average week, how many patients do you provide services for?** *(please write N/A if option doesn't apply)*

Outpatients _____ Inpatients _____

16. **Please estimate the percentage (%) of patients you see from each of the following age groups** *(total of all practice locations) (The sum for each patient category (row) should equal 100%)*

Outpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**
Inpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**

17. **What percent of your patients at your primary/secondary practice/contracting location(s)** (if applicable) **have the following types of insurance coverage?** *(Estimates of all payers should equal 100% for each practice location. You may want to ask your billing office for assistance with these estimates):*

18.

	Primary	Secondary		Primary	Secondary
Medicaid	_____%	_____%	Tri-Care (CHAMPUS)	_____%	_____%
Medicare	_____%	_____%	Workman's Comp	_____%	_____%
Private Insurance	_____%	_____%	Charity	_____%	_____%
Managed Care	_____%	_____%	Other	_____%	_____%
Self-Pay/ Uninsured	_____%	_____%	Total	**(100%)**	**(100%)**

e allocate the average hours per week you spend in the following non-patient care activities:

a. Teaching *(didactic and/or classroom teaching without patient care)* _____
b. Research *(academic, reports, applications, surveys, etc.)* _____
c. Admin/Management *(planning, budgeting, etc. not in direct support of patient care)* _____
d. Consulting *(Not directly related to pt. care)* _____
e. Policy/ Procedure Development _____
f. Volunteer/ Charity Care _____
g. Other:_____ _____

19. **Please indicate the average wait time for an appointment in your practice location(s):**

	Appt. for New Patient (Days)	Appt. for Est. Patient (Days)	Average Office Wait Time *(minutes)*
Primary Practice	_____	_____	_____
Secondary Practice	_____	_____	_____

20. **Please indicate if your** *(if applicable)* **practice/ contract location(s) currently ACCEPT new patients from the following payer types:**

	Medicaid	Medicare	Self-Pay/Uninsured	Other **Insured** Patients
Primary Practice	☐	☐	☐	☐
Secondary Practice	☐	☐	☐	☐

21. **Please indicate if your practice/contract location(s) offer services to uninsured patients for Free, a Fixed Lower Fee, or on a Sliding-Fee scale based on income or family size?**

	Free Services	Sliding Scale	Fixed Lower Fee	Not Offered
Primary Practice:	☐	☐	☐	☐
Secondary Practice:	☐	☐	☐	☐

22. Please enter codes from the list below for your Primary _____ and Secondary _____ practice setting:

1 = Self-Employed/ Contractor (solo)	11 = Physician Multi- Specialty Group	21 = Hospice Care
2 = Group APRN Practice	12 = Non-hospital Based Outpatient Clinic	22 = Home Health Agency
3 = Hospital- Inpatient	13 = Non-hospital Based Urgent Care Facility	23 = Nursing Home/ LTC facility
4 = Hospital- Outpatient	14 = Fed. Qualified Community Health Clinic	24 = Occupational Health
5 = Hospital- Emergency Department	15 = Certified Rural Health Clinic	25 = Student/ School Health
6 = Hospital- Ambulatory Care Center	16 = Free Standing Surgery Center	26 = Faculty (College or Univ.)
7 = Other unit of hospital	17 = Spa/ Aesthetic/ Weight Loss Clinic	27 = Insurance company
8 = Federal Hospital (VA)	18 = Gov't/ Planning Agency	28 = Corrections facility
9 = Physician Practice Solo	19 = Birthing Center	29 = Nonprofit/Donation Facility
10 = Physician Single Specialty Group	20 = Pharmaceutical Company	30 = Other (specify)_____

23. Have you voluntarily switched employers/practices within the past five years? ☐ Yes ☐ No

a. If YES, please use the list of settings above to indicate the work setting you left and the work setting you moved to: Setting Code Left: _____ Setting Code Moved To: _____

b. If YES please check the reason(s) for this change of work setting

☐ Better Work/Education Fit	☐ Desire for Change	☐ Higher Pay	☐ More Challenging
☐ Moved Residence	☐ Personal/Family Reasons	☐ Preferred hours	☐ Professional Advancement
☐ Work Responsibilities	☐ Other _____		

24. Please enter the code from the list below which most closely resembles your:

Primary specialty: _____ Secondary specialty: _____

1 = No Patient Care	23 = Gastroenterology	45 = Pediatrics
2 = Acute Care	24 = Geriatrics	46 = Preventive/ Occupational Medicine
3 = Aesthetics/ Medical Spa	25 = Obstetrics/ Gynecology	47 = Psychiatric/ Mental Health
4 = Allergy & Immunology	26 = HIV/AIDS	48 = Pulmonary Disease/CCM
5 = Ambulatory Care	27 = Home Health	49 = Radiology
6 = Anesthesiology/General	28 = Hospice / Palliative care	50 = Rehabilitation
7 = Behavioral/ Mental Health	29 = Hospitalist	51 = Renal/ Dialysis
8 = Cardiac Care	30 = Infectious Diseases	52 = Rheumatology
9 = Case Management	31 = Informatics	53 = Risk Management
10 = Clinical Research	32 = Internal Medicine	54 = School Health
11 = Community/ Public Health	33 = Legal Nursing	55 = Sports Medicine
12 = Critical Care/ ICU	34 = Medical/Surgical	56 = Surgery/General
13 = Dermatology	35 = Nephrology	57 = Cardio-Thoracic Surgery
14 = Developmental Disability	36 = Neonatal	58 = Neurological Surgery
15 = Domestic Violence	37 = Occupational Health	59 = Orthopedic Surgery
16 = Emergency or Trauma Care	38 = Hematology/ Oncology	60 = Otolaryngology
17 = Endocrinology & Metabolism	39 = Medical/Oncology	61 = Plastic Surgery
18 = Environmental Health	40 = Radiation Oncology	62 = Other Surgical subspecialty
19 = Family Practice	41 = Ophthalmology	(Specify):_____
20 = Family Planning	42 = Ostomy/ Wound Care	63 = Urology
21 = Forensics	43 = Pain Management	64 = Other Specialty
22 = Genetics	44 = Pathology	(Specify):_____

25. Tell us about your Consultation and Referral Plan (*a written plan jointly developed by a CNM and a consulting physician that permits the CNM to prescribe schedule II –III controlled substances and who is available to consult with a nurse midwife, which does not include the consulting physician being present at the time or place the nurse midwife is engaged in practice*) check all that apply:

a. ☐ I do not prescribe schedule II-III controlled substances, so I do not have a plan in place – *(If so, please provide the ONE MAIN reason you do not prescribe these substances)* _____

b. ☐ A fee must be paid to the collaborating physician.

c. ☐ The collaborating physician works in the same office/location that I practice.

d. ☐ Other features (please specify) _____

26. On average, how many babies do you deliver in a year? _____

27. Do you precept/ mentor nurse midwife students? ☐ Yes ☐ No

a. If you answered Yes, How many nurse midwife students have you precepted in the last five years? _____

b. If you answered No, would you like to precept in the future? ☐ Yes ☐ No

i. If No, please briefly explain why not? _____

c. If you are not currently precepting, have you precepted in the last five years? ☐ Yes ☐ No

28. In how many years do you plan to retire?

☐ <1 yrs. ☐ 1-5 yrs. ☐ 6-10 yrs. ☐ 11-15 yrs. ☐ 16-20 yrs. ☐ >20 yrs.

29. Prior to retirement, do you plan to reduce the number of hours per week you practice? ☐ Yes ☐ No

a. If **Yes**, please indicate: **How many years FROM NOW** you plan to reduce your hours: _____

How many hours/week you plan to work **AFTER THE REDUCTION**: _____

30. In providing direct patient care, what percent of your time is spent working in a team (collaborating or consulting with other professionals in an interprofesional context) **with each of the following medical professionals?**

Other APRN/CNM	Care Coordinator	Mental Health Professional	PA	Pharmacist	Primary Care Physician	Sub-Specialist Physician	RN
_____%	_____%	_____%	_____%	_____%	_____%	_____%	_____%

31. Would you say that the team works to establish shared goals that reflect patient and family priorities and can be clearly articulated, understood and supported by all team members?

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

32. Would you say that there are clear expectations for each team member's functions, responsibilities and accountabilities, which often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts?

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

33. Would you say that team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement?

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

34. Would you say that the team prioritizes and continuously refines its communication skills and has consistent channels for candid and complete communication, which are accessed and used by all team members across the setting?

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

35. Would you say that the team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals, and that these are used to track and improve performance immediately and over time?

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Thank you for your participation. Please return the survey in the enclosed envelope.

Utah Medical Education Council • 230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102
Phone: (801)-526-4554/ Fax: (801)-526-4551 • www.utahmec.org • «LIC_7»

CRNA Cover Letter and Survey

Utah Medical Education Council
230 South 500 East, Suite 210
Salt Lake City, Utah 84102

Utah Medical Education Council
Certified Registered Nurse Anesthetist
Workforce Survey, 2015

Dear Practitioner,

The Utah Medical Education Council, in conjunction with Utah nurse anesthetists, and Westminster College School of Nursing and Health Science, requests your continued support and partnership in updating the status of Utah's certified registered nurse anesthetist workforce by completing the attached survey. Your participation in previous surveys has generated critical data for advanced practice workforce development and planning to meet the healthcare needs of Utah. For a free copy of the report, please visit our website www.utahmec.org.

The data collected through this survey will be used to measure the adequacy of Utah's certified registered nurse anesthetist workforce and to make estimates of capacity and projections of need. We recognize that some of the information requested is private in nature. **We assure your responses will remain strictly confidential. Only de-identified, aggregate data will be published**. For any questions regarding this survey please contact the UMEC at 801-526-4564.

Please return the completed survey to the UMEC within 30 days in the enclosed postage paid envelope.
Sincerely,

Richard Campbell
Executive Director
Utah Medical Education Council

James Stimpson, CRNA, DNP
MSNA Program Director
Westminster College

Utah Medical Education Council
Certified Registered Nurse Anesthetist Survey 2015

1. **Are you currently certified as a CRNA?** ☐ **Yes** ☐ **No**
2. **Do you provide any health care services in Utah?** ☐ **Yes** ☐ **No** ☐ **I live in Utah but don't provide services here**
   a. **If NO, please specify why you maintain a Utah license:**

      _____

   b. **If NO, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the individual factors that have influenced your choice to work outside of Utah:**

Family	_____	Wage/Pay scale	_____	Climate	_____
Lifestyle	_____	Work Environment	_____	Other (specify)	_____

IF YOU DO NOT PROVIDE SERVICES OR LIVE IN UTAH, PLEASE STOP HERE AND RETURN THE SURVEY. THANK YOU

3. **Are you of Hispanic ethnicity?** ☐ **Yes** ☐ **No**
4. **What is your racial/ethnic background?** *(Please mark only one)*

   ☐ American Indian/Alaska Native ☐ African American ☐ Asian
   ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Other (specify) _____

5. **Please describe the area where you spent the majority of your upbringing** *(when you lived there)*:
   ☐ Rural ☐ Suburban ☐ Urban/Metropolitan Area State:_____

6. **What type of NURSING degree/credential qualified you for your first U.S. nursing license?**
   ☐ Vocational/Practical Certificate ☐ Associate Degree ☐ Master's Degree
   ☐ Diploma ☐ Baccalaureate Degree ☐ Doctorate Degree

7. **How many years of experience as an RN did you have before STARTING a nurse anesthetist program?** _____

8. **Please provide the following information regarding the institution from which you received your nurse anesthetist education:** College/ University: _____ State:_____ Year graduated: _____ Degree: _____

9. **What is your highest level of education?**
   ☐ Master's Degree-Nursing ☐ Doctor of Nursing Practice (DNP) ☐ Doctoral Degree-Nursing Other
   ☐ Master's Degree-Non-Nursing ☐ Doctoral Degree-Nursing (PhD) ☐ Doctoral Degree- Non-Nursing

10. **Please enter a code from the list of monetary ranges below indicating your average annual gross compensation? (Before taxes AND excluding benefits). Compensation:** _____

11. **Please enter a code from the list below indicating the amount of educational debt you CURRENTLY have from your training as an APRN, as well the TOTAL educational debt you had for your APRN training at the time of your graduation.** *(exclude any pre-APRN and non-education debt including relocation loans, cars and credit cards)*
    Current:_____ **Total:**_____

01= $0.00	07= $90,000-$99,999	13= $150,000- 159,999	19= $210,000-$219,999	25= $270,000- 279,999
02= > $0.00- $49,999	08= $100,000-$109,999	14= $160,000- 169,999	20= $220,000-$229,999	26= $280,000- 289,999
03= $50,000-$59,999	09= $110,000-$119,999	15= $170,000- 179,999	21= $230,000-$239,999	27= $290,000- 299,999
04= $60,000-$69,999	10= $120,000-$129,999	16= $180,000- 189,999	22= $240,000-$249,999	28= $300,000 or more
05= $70,000-$79,999	11= $130,000-$139,999	17= $190,000- 199,999	23= $250,000-$259,999	
06= $80,000-$89,999	12= $140,000-$149,999	18= $200,000-$209,999	24= $260,000- 269,999	

12. Please indicate the type(s) of position(s) you currently hold: *(please mark all that apply)*

☐ Full Time CRNA	☐ Full Time Non- CRNA	☐ Faculty- CRNA	☐ Single Employment Position
☐ Part Time CRNA	☐ Part Time Non- CRNA	☐ Retired	☐ Multiple Employment Positions
☐ Contractor- CRNA	☐ Temp./ Per Diem- CRNA	☐ Volunteer as a CRNA	☐ Working as an RN
☐ Unemployed-Seeking Work as CRNA		☐ Unemployed-Not Seeking Work as a CRNA	

a. **If you marked above that you are a contractor, on average, how many contracts do you provide services for per month?** _____

b. **If you marked you were unemployed in the previous question, please indicate your reason for being unemployed** *(please mark all that apply):*

☐ Taking Care of Home	☐ Taking Care of Family	☐ Disabled
☐ Inadequate Salary	☐ Attending School	☐ Difficulty Finding CRNA Position

☐ Other *(please specify)* _____

13. Please indicate the Zip Code of your Primary & Secondary practice/contracting locations Also, Please estimate the total hours worked per week *(not including on call)* **at each practice location.**

Primary Practice Zip:_____ Total hrs/wk:_____ **Secondary Practice** Zip:_____ Total hrs/wk:_____

14. Please indicate the approximate number of hours you spend providing DIRECT PATIENT CARE each week, including charting, but excluding the hours spent providing patient care combined with teaching or training of other APRNs: *(unless all of the hours you work each week are spent in direct patient care without any teaching or training of APRN students, this should be less than the number of total hours reported in the previous question).* **Primary Practice_____ hrs./wk Secondary Practice_____ hrs./wk**

15. In an average week, how many patients do you provide services for? *(please write N/A if option doesn't apply)*

Outpatients _____ Inpatients _____

16. Please estimate the percentage (%) of patients you see from each of the following age groups *(total of all practice locations) (The sum for each patient category (row) should equal 100%)*

Outpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**
Inpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**

17. What percent of your patients at your primary/secondary practice/contracting location(s) (if applicable) **have the following types of insurance coverage?** *(Estimates of all payers should equal 100% for each practice location. You may want to ask your billing office for assistance with these estimates):*

18.

	Primary	Secondary		Primary	Secondary
Medicaid	_____%	_____%	Tri-Care (CHAMPUS)	_____%	_____%
Medicare	_____%	_____%	Workman's Comp	_____%	_____%
Private Insurance	_____%	_____%	Charity	_____%	_____%
Managed Care	_____%	_____%	Other	_____%	_____%
Self-Pay/ Uninsured	_____%	_____%	Total	**(100%)**	**(100%)**

allocate the average hours per week you spend in the following non-patient care activities:

a. Teaching *(didactic and/or classroom teaching without patient care)* _____
b. Research *(academic, reports, applications, surveys, etc.)* _____
c. Admin/Management *(planning, budgeting, etc. not in direct support of patient care)* _____
d. Consulting *(Not directly related to pt. care)* _____
e. Policy/ Procedure Development _____
f. Volunteer/ Charity Care _____
g. Other: _____

19. Do you precept/ mentor certified nurse anesthetist students? ☐ Yes ☐ No

a. **If you answered Yes, How nurse anesthetist students have you precepted in the last five years?** _____
b. **If you answered No, would you like to precept in the future? ☐ Yes ☐ No**
   i. **If No, please briefly explain why not?** _____
c. **If you are not currently precepting, have you precepted in the last five years? ☐ Yes ☐ No**

20. In how many years do you plan to retire?

☐ <1 yrs. ☐ 1-5 yrs. ☐ 6-10 yrs. ☐ 11-15 yrs. ☐ 16-20 yrs. ☐ >20 yrs.

21. Prior to retirement, do you plan to reduce the number of hours per week you practice? ☐ Yes ☐ No

a. If **Yes**, please indicate: **How many years FROM NOW** you plan to reduce your hours: _____

22. **How many hours/week** you plan to work **AFTER THE REDUCTION**: _____

23. Please enter codes from the list below for your Primary _____ and Secondary _____ practice setting:

1 = Self-Employed/ Contractor (solo)	11 = Physician Multi- Specialty Group	21 = Hospice Care
2 = Group APRN Practice	12 = Non-hospital Based Outpatient Clinic	22 = Home Health Agency
3 = Hospital- Inpatient	13 = Non-hospital Based Urgent Care Facility	23 = Nursing Home/ LTC facility
4 = Hospital- Outpatient	14 = Fed. Qualified Community Health Clinic	24 = Occupational Health
5 = Hospital- Emergency Department	15 = Certified Rural Health Clinic	25 = Student/ School Health
6 = Hospital- Ambulatory Care Center	16 = Free Standing Surgery Center	26 = Faculty (College or Univ.)
7 = Other unit of hospital	17 = Spa/ Aesthetic/ Weight Loss Clinic	27 = Insurance company
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9 = Physician Practice Solo	19 = Birthing Center	29 = Nonprofit/Donation Facility
10 = Physician Single Specialty Group	20 = Pharmaceutical Company	30 = Other (specify)_____

24. Have you voluntarily switched employers/practices within the past five years? ☐ Yes ☐ No

a. If YES, please use the list of settings above to indicate the work setting you left and the work setting you moved to: Setting Code Left: _____ Setting Code Moved To: _____

b. If YES please check the reason(s) for this change of work setting

☐ Better Work/Education Fit ☐ Desire for Change ☐ Higher Pay ☐ More Challenging
☐ Moved Residence ☐ Personal/Family Reasons ☐ Preferred hours ☐ Professional Advancement
☐ Work Responsibilities ☐ Other _____

25. Which most accurately describes your primary practice setting?

☐ Independent CRNA (you practice without anesthesiologist oversight)
☐ Medically Supervised (anesthesiologist is available, but not necessarily in the same room)
☐ Medically Directed (seven TEFRA conditions apply)

a. If you answered Medically Directed, what percent of the time are the seven conditions of TEFRA met when providing anesthesia for Medicare patients?

☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Almost Always ☐ Always

26. Do you anticipate CRNA expansion within your group within the next three years? ☐ **Yes** ☐ **No**

27. Do you practice in a team setting with anesthesiologists? ☐ **Yes** ☐ **No** *(if YES, please answer a. and b.)*

a. How many full-time anesthesiologists are in your group? _____

b. Including yourself, how many full-time CRNAs are in your group? _____

If you answered YES to question 27 above, please answer the questions on the back of this page about the team that you work with.

28. **Would you say that the team works to establish shared goals that reflect patient and family priorities and can be clearly articulated, understood and supported by all team members?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

29. **Would you say that there are clear expectations for each team member's functions, responsibilities and accountabilities, which often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

30. **Would you say that team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

31. **Would you say that the team prioritizes and continuously refines its communication skills and has consistent channels for candid and complete communication, which are accessed and used by all team members across the setting?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

32. **Would you say that the team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals, and that these are used to track and improve performance immediately and over time?**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Thank you for your participation. Please return the survey in the enclosed envelope.

Utah Medical Education Council ● 230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102
Phone: (801)-526-4554/ Fax: (801)-526-4551 ● www.utahmec.org ● «LIC_7»

APRN/CNM Cover Letter and Survey

Utah Medical Education Council
230 South 500 East, Suite 210
Salt Lake City, Utah 84102

Utah Medical Education Council
APRN/CNM Workforce Survey, 2015

Dear Practitioner,

The Utah Medical Education Council, in conjunction with Utah nurse midwives, Utah nurse practitioners, Brigham Young University College of Nursing the University of Utah College of Nursing, and Intermountain Healthcare, requests your continued support and partnership in updating the status of Utah's advanced practice nursing workforce by completing the attached survey. Your participation in previous surveys has generated critical data for advanced practice workforce development and planning to meet the healthcare needs of Utah. For a free copy of the report, please visit our website www.utahmec.org.

The data collected through this survey will be used to measure the adequacy of Utah's certified nurse midwife workforce and to make estimates of capacity and projections of need. We recognize that some of the information requested is private in nature. **We assure your responses will remain strictly confidential. Only de-identified, aggregate data will be published.** For any questions regarding this survey please contact the UMEC at 801-526-4564. **Please return the completed survey to the UMEC within 30 days** in the enclosed postage paid envelope.

Sincerely,

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Utah Medical Education Council

Nurse Practitioner/ Certified Nurse Midwife/ Clinical Nurse Specialist Survey 2015

1. **Please indicate the advanced practice certification*(s)* you currently hold:** *(mark all that apply)*

Nurse Practitioner (NP)	Certified Nurse Midwife	Clinical Nurse Specialist (CNS)	
☐ Adult/ Gero Acute Care NP	☐ Family NP	☐ Acute Care CNS	☐ Geriatric CNS
☐ Adult/ Gero Primary Care NP	☐ Neonatal NP	☐ Adult Health CNS	☐ Pediatric CNS
☐ Pediatric Acute Care NP	☐ Psych/Mental Health NP	☐ Adult/Gero CNS	
☐ Pediatric Primary Care NP	☐ Women's Health NP	☐ Psych/ Mental Health CNS	
☐ Other NP (specify)_____		☐ Other CNS (specify)	

2. **Please indicate whether you are you currently practicing as a Nurse Practitioner, a Certified Nurse Midwife or a Clinical Nurse Specialist?**
   ☐ Nurse Practitioner ☐ Nurse Midwife ☐ Clinical Nurse Specialist

3. **If you indicated being certified as a CNS in question 1 but you are not practicing as a CNS please indicate the primary reason why you are not practicing as a CNS.** _____

4. **Do you provide any health care services in Utah? ☐ Yes ☐ No ☐ I live in Utah but don't provide services here**
   a. **If NO, please specify why you maintain a Utah license:** _____
   b. **If NO, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the individual factors that have influenced your choice to work outside of Utah:**

Family	_____	Wage/Pay scale	_____	Climate	_____
Lifestyle	_____	Work Environment	_____	Other (specify)	_____

IF YOU DO NOT PROVIDE SERVICES OR LIVE IN UTAH, PLEASE STOP HERE AND RETURN THE SURVEY. THANK YOU

5. **Are you of Hispanic ethnicity? ☐ Yes ☐ No**
6. **What is your racial background?** *(Please mark only one)*

☐ American Indian/Alaska Native	☐ African American	☐ Asian
☐ Native Hawaiian/Pacific Islander	☐ White/Caucasian	☐ Other (specify) _____

7. **Please describe the area where you spent the majority of your upbringing** *(when you lived there)*:
   ☐ Rural ☐ Suburban ☐ Urban/Metropolitan Area State:_____

8. **What type of NURSING degree/credential qualified you for your first U.S. nursing license?**

☐ Vocational/Practical Certificate	☐ Associate Degree	☐ Master's Degree
☐ Diploma	☐ Baccalaureate Degree	☐ Doctorate Degree

9. **How many years of experience as an RN did you have before STARTING an APRN program degree?** _____

10. **Please provide the following information regarding the institution from which you received your advanced practice education:** College/ University: _____ State:_____ Year graduated: _____ Degree: _____

11. **What is your highest level of education?**

☐ Master's Degree-Nursing	☐ Doctor of Nursing Practice (DNP)	☐ Doctoral Degree-Nursing Other
☐ Master's Degree-Non-Nursing	☐ Doctoral Degree-Nursing (PhD)	☐ Doctoral Degree- Non-Nursing

12. **Please indicate the type(s) of position(s) you currently hold:** *(please mark all that apply)*

☐ Full Time APRN	☐ Full Time Non- Nursing	☐ Faculty- APRN	☐ Single Employment Position
☐ Part Time APRN	☐ Part Time Non- Nursing	☐ Retired	☐ Multiple Employment Positions
☐ Contractor- APRN	☐ Temp./ Per Diem- APRN	☐ Volunteer as an APRN	☐ Working as an RN
☐ Unemployed-Seeking Work as an APRN		☐ Unemployed-Not Seeking Work as an APRN	

a. **If you marked above that you are a contractor, how many contracts do you provide services for per month?**
_____

b. **If you marked you were unemployed above, please indicate your reason for being so.** *(mark all that apply):*

☐ Taking Care of Home	☐ Taking Care of Family	☐ Disabled
☐ Inadequate Salary	☐ Attending School	☐ Difficulty Finding APRN Position

☐ Other *(please specify)* _____

13. **Please enter a code from the list of monetary ranges below indicating your <u>average annual gross compensation</u>? (Before taxes AND excluding benefits). Compensation:** _____

14. **Please enter a code from the list below indicating the amount of educational debt you CURRENTLY have from your training as an APRN, as well the TOTAL educational debt you had for your APRN training <u>at the time of your graduation</u>.** *(exclude any pre-APRN and non-education debt including relocation loans, cars and credit cards)* **Current Debt :**_____ **Total Debt :**_____

01= $0.00	04= $60,000-$69,999	07= $90,000-$99,999	10= $120,000-$129,999
02= > $0.00- $49,999	05= $70,000-$79,999	08= $100,000-$109,999	11= $130,000-$139,999
03= $50,000-$59,999	06= $80,000-$89,999	09= $110,000-$119,999	12= $140,000 or more

15. **Please indicate the Zip Code of your Primary & Secondary practice/contracting locations Also, Please estimate the total hours worked per week** *(not including on call)* **at each practice location.**
<u>Primary Practice</u> Zip:_____ Total hrs/wk:_____ **<u>Secondary Practice</u>** Zip:_____ Total hrs/wk:_____

16. **Please indicate the approximate number of hours you spend providing <u>DIRECT PATIENT CARE</u> each week, including charting, but excluding the hours spent providing patient care combined with teaching or training of other APRNs:** *(unless all of the hours you work each week are spent in direct patient care without any teaching or training of APRN students, this should be less than the number of total hours reported in the previous question).*
Primary Practice_____ hrs./wk Secondary Practice_____ hrs./wk

17. **In an average week, how many patients do you provide services for?** *(please write N/A if option doesn't apply)*
Outpatients _____ Inpatients _____

18. **Please estimate the <u>percentage (%)</u> of patients you see from each of the following age groups** *(total of all practice locations) (The sum for each patient category (row) should equal 100%)*

Outpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**
Inpatients:	0-19_____%	20-64_____%	65-84_____%	85+_____%	Total **(100%)**

19. **What percent of your patients at your primary/secondary practice/contracting location(s)** (if applicable) **have the following types of insurance coverage?** *(Estimates of all payers should equal 100% for each practice location. You may want to ask your billing office for assistance with these estimates):*

	Primary	Secondary		Primary	Secondary
Medicaid	_____%	_____%	Tri-Care (CHAMPUS)	_____%	_____%
Medicare	_____%	_____%	Workman's Comp	_____%	_____%
Private Insurance	_____%	_____%	Charity	_____%	_____%
Managed Care	_____%	_____%	Other	_____%	_____%
Self-Pay/ Uninsured	_____%	_____%	Total	**(100%)**	**(100%)**

20. **P**
lease indicate the average wait time for an appointment in your practice location(s):

	Appt. for New Patient (Days)	Appt. for Est. Patient (Days)	Average Office Wait Time *(minutes)*
Primary Practice	_____	_____	_____
Secondary Practice	_____	_____	_____

21. Please allocate the average hours per week you spend in the following non-patient care activities:

a. Teaching *(didactic and/or classroom teaching without patient care)* _____
b. Research *(academic, reports, applications, surveys, etc.)* _____
c. Admin/Management *(planning, budgeting, etc. not in direct support of patient care)* _____
d. Consulting *(Not directly related to pt. care)* _____
e. Policy/ Procedure Development _____
f. Volunteer/ Charity Care _____
g. Other: _____

22. Please indicate if your *(if applicable)* practice/ contract location(s) currently ACCEPT new patients from the following payer types:

	Medicaid	Medicare	Self-Pay/Uninsured	Other **Insured** Patients
Primary Practice	☐	☐	☐	☐
Secondary Practice	☐	☐	☐	☐

23. Please indicate if your practice/contract location(s) offer services to uninsured patients for Free, a Fixed Lower Fee, or on a Sliding-Fee scale based on income or family size?

	Free Services	Sliding Scale	Fixed Lower Fee	Not Offered
Primary Practice:	☐	☐	☐	☐
Secondary Practice:	☐	☐	☐	☐

24. Please enter the code from the list below which most closely resembles your:

Primary specialty: _____ **Secondary specialty:** _____

1 = No Patient Care
2 = Acute Care
3 = Aesthetics/ Medical Spa
4 = Allergy & Immunology
5 = Ambulatory Care
6 = Anesthesiology/General
7 = Behavioral/ Mental Health
8 = Cardiac Care
9 = Case Management
10 = Clinical Research
11 = Community/ Public Health
12 = Critical Care/ ICU
13 = Dermatology
14 = Developmental Disability
15 = Domestic Violence
16 = Emergency or Trauma Care
17 = Endocrinology & Metabolism
18 = Environmental Health
19 = Family Practice
20 = Family Planning
21 = Forensics
22 = Genetics
23 = Gastroenterology
24 = Geriatrics
25 = Obstetrics/ Gynecology
26 = HIV/AIDS
27 = Home Health
28 = Hospice / Palliative care
29 = Hospitalist
30 = Infectious Diseases
31 = Informatics
32 = Internal Medicine
33 = Legal Nursing
34 = Medical/Surgical
35 = Nephrology
36 = Neonatal
37 = Occupational Health
38 = Hematology/ Oncology
39 = Medical/Oncology
40 = Radiation Oncology
41 = Ophthalmology
42 = Ostomy/ Wound Care
43 = Pain Management
44 = Pathology
45 = Pediatrics
46 = Preventive/ Occupational Medicine
47 = Psychiatric/ Mental Health
48 = Pulmonary Disease/CCM
49 = Radiology
50 = Rehabilitation
51 = Renal/ Dialysis
52 = Rheumatology
53 = Risk Management
54 = School Health
55 = Sports Medicine
56 = Surgery/General
57 = Cardio-Thoracic Surgery
58 = Neurological Surgery
59 = Orthopedic Surgery
60 = Otolaryngology
61 = Plastic Surgery
62 = Other Surgical subspecialty
(Specify):_____
63 = Urology
64 = Other Specialty
(Specify):_____

25. Please enter codes from the list below for your Primary _____ and Secondary _____ practice setting:

1 = Self-Employed/ Contractor (solo)
2 = Group APRN Practice
3 = Hospital- Inpatient
4 = Hospital- Outpatient
5 = Hospital- Emergency Department
6 = Hospital- Ambulatory Care Center
7 = Other unit of hospital
8 = Federal Hospital (VA)
9 = Physician Practice Solo
10 = Physician Single Specialty Group
11 = Physician Multi- Specialty Group
12 = Non-hospital Based Outpatient Clinic
13 = Non-hospital Based Urgent Care Facility
14 = Fed. Qualified Community Health Clinic
15 = Certified Rural Health Clinic
16 = Free Standing Surgery Center
17 = Spa/ Aesthetic/ Weight Loss Clinic
18 = Gov't/ Planning Agency
19 = Birthing Center
20 = Pharmaceutical Company
21 = Hospice Care
22 = Home Health Agency
23 = Nursing Home/ LTC facility
24 = Occupational Health
25 = Student/ School Health
26 = Faculty (College or Univ.)
27 = Insurance company
28 = Corrections facility
29 = Nonprofit/Donation Facility
30 = Other (specify)_____

26. Have you voluntarily switched employers/practices within the past five years? ☐ Yes ☐ No

- **a. If YES, please use the list of settings above to indicate the work setting you left and the work setting you moved to:** Setting Code Left: _____ Setting Code Moved To: _____
- **b. If YES please check the reason(s) for this change of work setting**

☐ Better Work/Education Fit	☐ Desire for Change	☐ Higher Pay	☐ More Challenging
☐ Moved Residence	☐ Personal/Family Reasons	☐ Preferred hours	☐ Professional Advancement
☐ Work Responsibilities	☐ Other _____		

27. Tell us about your Consultation and Referral Plan *(this is a DOPL required agreement with a physician in order to prescribe schedule II-III controlled substances)* check all that apply:

- **a.** ☐ I do not prescribe schedule II-III controlled substances, so I do not have a plan in place – *(If so, please provide the One MAIN reason you do not prescribe these substances)* _____
- **b.** ☐ Patients being prescribed schedule II-III controlled substances are regularly discussed with a collaborating physician (e.g., through routine monitoring of a percentage of medical records on a regular basis).
- **c.** ☐ A fee must be paid to the collaborating physician.
- **d.** ☐ The collaborating physician works in the same office/location that I practice.
- **e.** ☐ I have had difficulty finding a collaborating physician to sign my Consultation and Referral Plan
- **f.** ☐ Other features (please specify) _____

28. If you are practicing as a CNM, on average, how many babies do you deliver in a year? _____

29. Do you precept/ mentor Advanced Practice (NP, NM, NA, NS) students? ☐ Yes ☐ No

- **a. If Yes, How many advanced practice students have you precepted in the last five years?** _____
- **b. If you answered No, would you like to precept in the future?** ☐ Yes ☐ No
  - **i. If No, please briefly explain why not?** _____
- **c. If you are not currently precepting, have you precepted in the last five years?** ☐ Yes ☐ No

30. In how many years do you plan to retire? ☐ <1 yrs. ☐ 1-5 yrs. ☐ 6-10 yrs. ☐ 11-15 yrs. ☐ 16-20 yrs. ☐ >20 yrs.

31. Prior to retirement, do you plan to reduce the number of hours per week you practice? ☐ Yes ☐ No

- **a.** If **Yes**, please indicate: **How many years FROM NOW** you plan to reduce your hours: _____

  How many hours/week you plan to work **AFTER THE REDUCTION**: _____

32. In providing direct patient care, what percent of your time is spent working in a team (collaborating or consulting with other professionals in an interprofesional context) **with each of the following health professionals?**

Other APRN	Care Coordinator	Mental Health Professional	PA	Pharmacist	Primary Care Physician	Sub-Specialist Physician	RN
_____%	_____%	_____%	_____%	_____%	_____%	_____%	_____%

33. Would you say that the team works to establish shared goals that reflect patient and family priorities and can be clearly articulated, understood and supported by all team members?
☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

34. Would you say that there are clear expectations for each team member's functions, responsibilities and accountabilities, which often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts?
☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

35. Would you say that team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement?
☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

36. Would you say that the team prioritizes and continuously refines its communication skills and has consistent channels for candid and complete communication, which are accessed and used by all team members across the setting?
☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

37. Would you say that the team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals, and that these are used to track and improve performance immediately and over time?
☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Thank you for your participation. Please return the survey in the enclosed envelope.

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