

Improving access to care in Virginia: Reaching nurse practitioner training capacity through  
preceptor incentives

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## **Access to Care**

The United States is experiencing an increasing need for access to high quality primary care. The Health Resources and Services Administration (HRSA) estimated that by 2020 the nation will face a shortage of primary care physicians and a potential surplus of nurse practitioners (NPs). Virginia's 2018 workforce study reports there are 10,000 licensed nurse practitioners in the state and the most common certification held by the nurse practitioner workforce is family practice. Comparatively, physician workforce data demonstrates that 15% of physicians are licensed as family practice providers (See Table One). Virginia's primary care workforce demographics align with the national trend of NPs increasingly being recognized as high quality primary care providers.

The presented workforce data reinforces the notion that educating nurse practitioners in Virginia is critical in helping to improve access to care in the Commonwealth, particularly in underserved communities. NPs are the most likely clinicians to practice in rural areas and to provide care to underserved populations, to provide care to disadvantaged groups including non-white, the poor and uninsured and those who are dual eligible. HRSA designates ten Virginian counties as health provider shortage areas; these localities have demonstrated persistent need for 3-5 decades. Many of these counties have a ratio of over 6,000 patients to one primary care provider. This aligns national data that reports the patient-to- primary care physician ratio in rural areas is 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas. It is forecasted that physicians practicing in rural areas will continue decreasing by as much as 35% by 2030. Yet, the number of non-rural physicians is projected to remain steady.

Research supports that clinicians are likely to practice in environments where they were trained and/or grew up. One-third of Virginia's NPs grew up in a rural area, and 20% of these

professionals currently work in non-Metro areas of the state. Of the 18% of physicians who grew up in rural areas, 13% report working in a non-Metro area. Along similar lines, over half of NPs earned their initial professional degree in Virginia while around 20% of Virginia's physicians were trained in Virginia. Six of Virginia's thirty-nine state funded colleges and universities offer nurse practitioner programs. All of these universities report their capacity to train nurse practitioners is not limited by qualified applicants but rather by a shortage of clinical preceptors.

### **Nurse Practitioner Education**

The challenge of finding qualified preceptors for nurse practitioner apprenticeships is not unique to Virginia. Accreditation standards require that nurse practitioner students complete a minimum of 500 hours of direct patient care experience as part of their training. Typically, these experiences are implemented in a one-to-one-preceptor-student training model. Sustainability of this training model is in jeopardy due to a shortage in qualified preceptors and lack of attractive incentives. The Multi-Discipline Clerkship/Clinical Training Site Survey (2013) was conducted by American Association of Colleges of Nursing (AACN), Association of American Colleges of Osteopathic Medicine (AACOM), Association of American Medical Colleges (AAMC), and Physician Assistant Education Association (PAEA), in this national survey, all disciplines reported significant concern about the availability of qualified preceptors. The results corroborate AACN's 2015 statement that competition for preceptors is becoming more intense between schools. Nursing schools have attempted to incentivize qualified preceptors by providing affiliate faculty status, granting library access and providing small tokens of appreciation. Financial incentivization is not feasible without raising the costs of student tuition and fees. However, this is not ideal given that nearly half of all NPs in Virginia report carrying educational debt. Leaders at state funded nurse practitioner programs report that if they could recruit additional preceptors,

they would be able to increase admissions and thereby grow the primary care workforce. Both the University of Virginia and Virginia Commonwealth University schools of nursing reported that with an adequate preceptor supply, they could increase enrollment in nurse practitioner programs by at least 20%.

### **Public Policy Solutions**

Incentivizing preceptors proved effective for increasing enrollment in nurse practitioner programs in the Centers for Medicare and Medicaid Service's 2017 Graduate Nursing Education demonstration project. This Federally funded program selected five schools of nursing and found increased enrollment in all programs. Unlike physicians, nurse practitioner apprenticeships are not supported by Graduate Medical Education funding. Precedent exists for state legislation to provide financial incentives for qualified nurse practitioner preceptors in Georgia, Maryland, Hawaii, South Carolina and Colorado. In all five states, preceptors are provided a tax credit, as opposed to a tax deduction. The amount of the credit and the cap varies per state (see Table 2). Maine's General Assembly passed preceptor tax credit legislation which is currently awaiting signature by Governor Mills. The impact of these incentives is not yet known as the majority were only recently passed.

Table 1: Virginia Department of Health Professions: 2018 Workforce Study Comparison

<b>Virginia Department of Health Professions: 2018 Workforce Study Comparison Table</b>		
	<b>Nurse Practitioner</b>	<b>Physician Workforce</b>
Report educational debt	46% (average amount 50-60K)	<33% (average amount 110-120K)
Primary practice: Family Practice	27%	15%
Educated in Virginia	56%	21%
Most common practice location (geographic)	Central Virginia	Northern Virginia
Report working in non-metro locale	10%	7%
Grew up in non-metro locale & subsequently practiced in non-metro locale	20%	13%
Predicted year that at least half of workforce will retire	2043	2038

Table 2: Individual state legislative initiatives on preceptor tax credits

	<b>Status</b>	<b>Monetary Credit</b>	<b>Conditions</b>
Colorado	Passed, 2013	\$1000/student	Rural or frontier area
Georgia	Passed, amended 2019 to include NPs	Physicians: \$500/student with \$8500 cap NPs: \$375/student with \$6375 cap	Has option for escalation of credit for subsequent rotations but cap remains constant
Hawaii	Passed, 2018	\$1000/student with \$5000 cap	State allocated 1.5 million annually
Maryland	Passed, 2016	\$1000/student with \$10000 cap	HPSA designation; state allocated \$100,000 annually per discipline
South Carolina	Passed, 2019	\$500/student with \$1500 cap	----

Kentucky	Failed, 2018		Only physicians are eligible
Maine	Awaiting Governor Signature	\$500/student with \$1500 cap	----
Minnesota	Referred, 2019	\$5000 annually	12 weeks of precepting
New York	In finance committee, 2019	\$1000/student with \$3000 cap	----

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