

Results of a National Survey Regarding Advanced Practitioners in Nephrology

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None Identified

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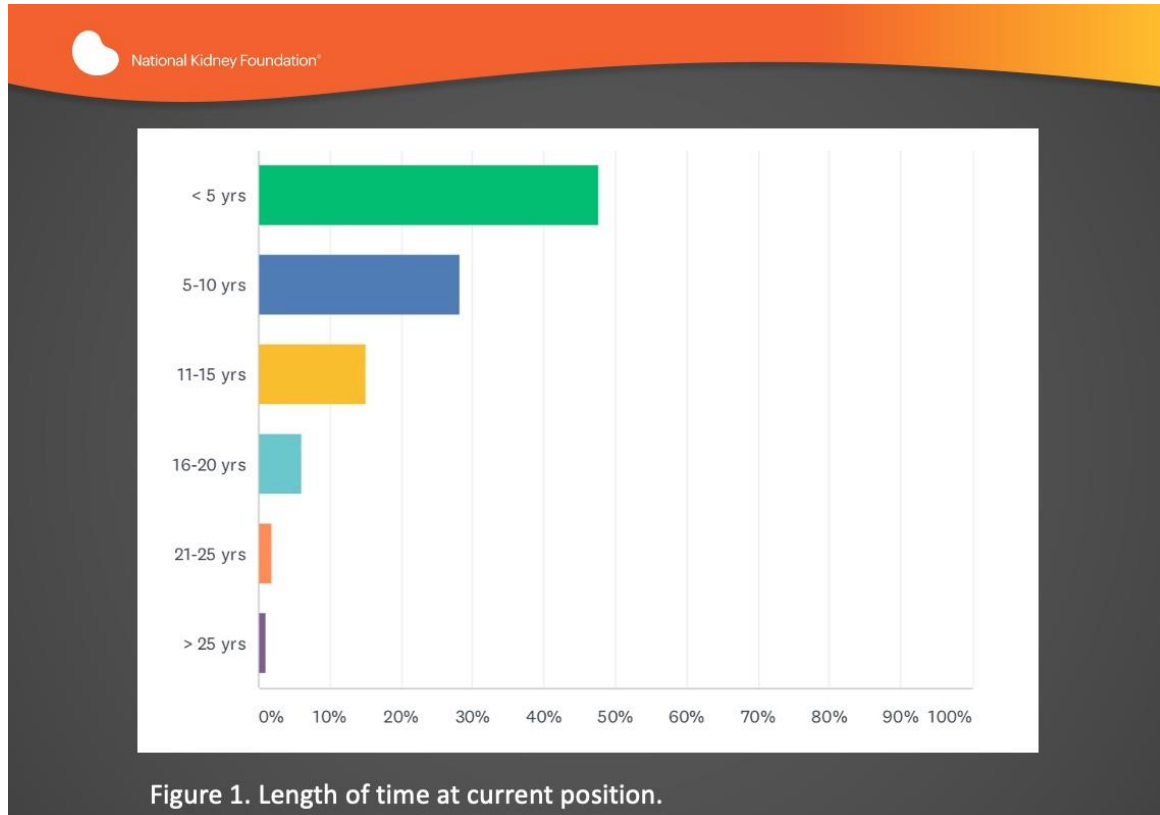
Introduction

The National Kidney Foundation's Council of Advanced Practitioners (NKF/CAP) conducts an online survey every two years to assess the workplace and functions of today's nephrology advanced practitioners (APs). Topics include work setting, demographics, duties and responsibilities, and pay and benefits. The 15-minute survey was conducted over Survey Monkey, and was open to all APs working in nephrology, regardless of their membership. The link was shared multiple times to the listserv from January to March, 2020 and encouraged sharing to other nephrology contacts.

Demographics

There were 322 participants in this year's survey, which is higher than previous years. While the APs remain predominantly female and Caucasian (6% each for the next highest categories of Asian and African American), there was diversity in ages as noted in the prior 2018 survey. Of respondents, 25.5% were in their 30s, 31% in their 40s, and 22.7% in their 50s. Nearly half report 5 years or less at their current position and roughly a third report 5 years or less as an AP. This could reflect the declining fellowship numbers and rising need for nephrology support from APs as well as a younger labor market overall. Nurse Practitioners (NP) still make up the majority of the AP workforce, followed by Physician Assistants (PA) and Clinical Nurse Specialists (CNS), and 86% of all APs reported that their highest degree obtained was at a master's level. All but three

states were represented in the data (Delaware, Rhode Island, and North Dakota), and the largest numbers of APs practice in the South and Midwest regions of the United States. The highest reporting states, with 20 or more AP respondents, were Illinois, Michigan, Missouri, and Texas. While APs are most common in the US, four did report working outside the country although this may be in US territories.



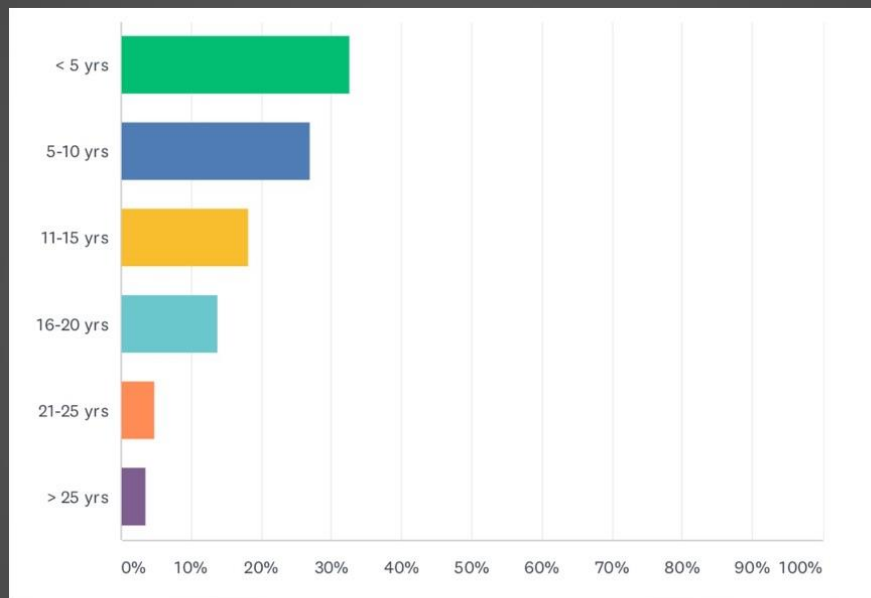


Figure 2. Years of experience as an advanced practitioner.

Workplace Setting

Practice size varies widely with anywhere from 1 to 60 nephrologists per practice, however the average is 10 physicians, 4 NPs, and 1 PA. Full time employment (92.5%) vastly outnumbers the few part time employees (7.5%). One fifth of all APs are in a single specialty physician group.

Dialysis remains the largest setting for APs at 82%, followed by outpatient clinic/office (66%), hospital inpatient coverage (37%), and ICU/critical care management (21%). Hospital duties cover the standard range of provider needs such as history and physicals, new consults and progress notes, discharges, and call coverage. Office clinics consist largely of chronic kidney disease and hospital follow up visits. Most APs (60%) take call for dialysis during the week, with 25% also taking call after hours and/or on weekends. About one-third take call for office clinic, but this is primarily during standard business hours.

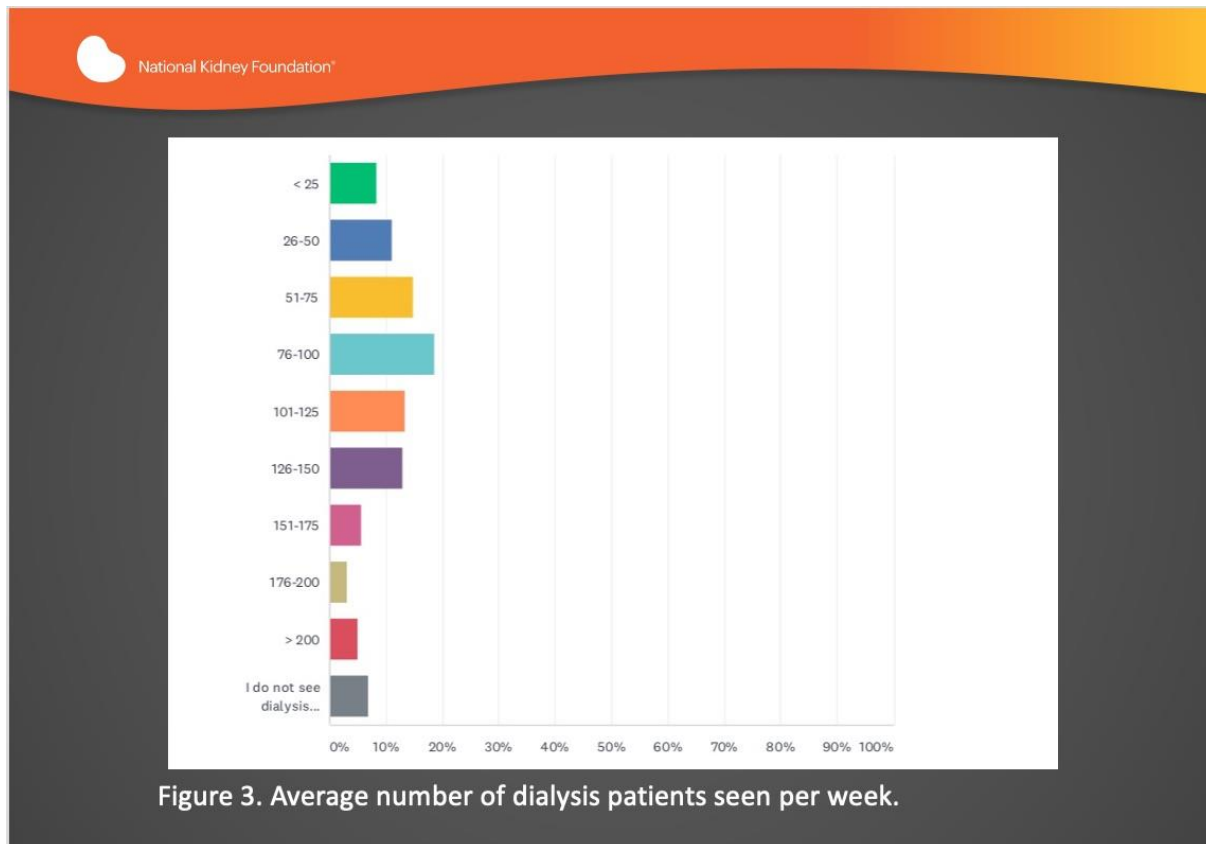
Fifteen percent of APs surveyed are involved in research, with one to two studies at any given time. This number has continued to decline over recent years. While most of these providers act as sub-investigator, 17% act as the primary investigator. Only 4% and 5% of APs surveyed are involved in pediatric nephrology or interventional nephrology respectively, with procedures largely including central lines or supporting with H&Ps, discharges, or first-assisting.

Education responsibilities were also reported in survey results, with 28% of APs involved both in mentoring AP students and new AP employees. Just under 20% of APs teach KDE classes, a decrease from the 2018 report of 33%. Roughly 10% provided lectures to local or state conferences, and 7% acted as a speaker at the national level.

Dialysis Duties

In dialysis, hemodialysis dominates AP time with little work on home therapies (maximum 18% work in peritoneal dialysis). Transplant duties are also minimal, and mainly involve immunosuppressive management or transplant education.

Dialysis inherently involves travel, and most APs reported visiting two to three units per week (40%), followed next by four to five units per week (22%). Travel time was equally spread at roughly 20% from groupings including <30 min, 30-60min, 1-2 hours, 3-4 hours and 4 hours or more. The average number of dialysis patients also varied significantly but the majority of APs saw 76-100 patients per week. While most of AP rounded weekly (55% of APs complete 3 out of 4 monthly visits), 46% reported responsibility for the monthly comprehensive visit, 43% for care plans, 40% for clerical duties such as medication lists, and 35% with paperwork such as insurance, disability or transport forms.





Weekly rounds	84.97%	260
CMP visits	46.08%	141
Annual H & P	60.13%	184
Protocol management of ESAs or Vitamin D	62.75%	192
Primary care issues	61.76%	189
QI	26.80%	82
Care Plan meetings	43.46%	133
Lead meetings	11.76%	36
Clerical duties, e.g., updating problem lists or medication lists	39.87%	122
Staff in-service	8.50%	26
2728s	9.15%	28
Complete Patient Insurance/Disability/transport forms	34.97%	107
Take call M-F business hours	60.46%	185
Take call after hours and/or weekends	25.82%	79

Table 1. Dialysis-related duties (percentage of respondents, absolute number)

Salary and Benefits

Slightly more than half of the respondents reported practicing under a written contract, which is largely requested by the employer. Over half of these contracts include a non-compete clause and only 12% include automatic salary increases. Over 50% of APs received a raise in the past year, usually within the range of 1-3% and based on productivity, merit/performance, and/or to maintain a competitive range. The largest salary range reported was \$101-110,000, and over half of survey participants reported a salary between \$96,000 and \$120,000. The overall average was \$109,800, with NPs receiving an average of \$109,200 and PAs \$113,100. The overall average has steadily risen by \$2-3000 annually since 2016. Pay for call coverage was predominantly for after-hours (79%). Nearly 30% of APs participated in profit sharing, mostly at a 1-3% rate.

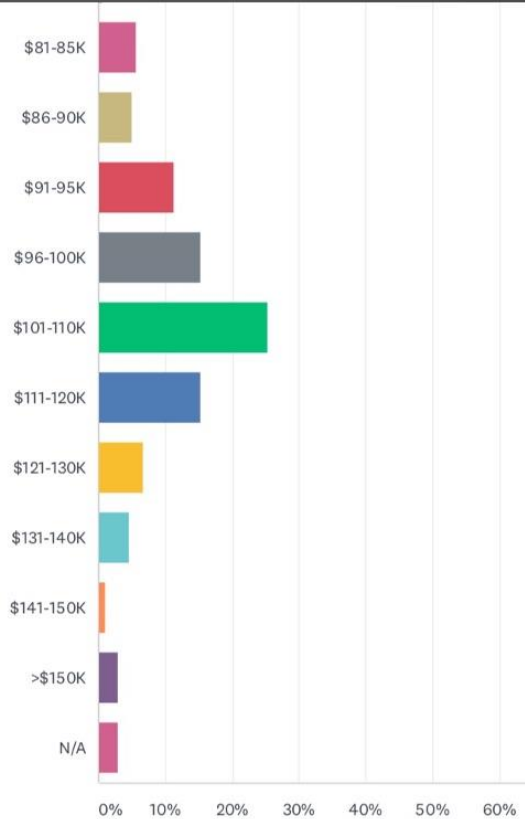


Figure 4. Advanced practitioner salary ranges.

Other benefits included continued education (CME) with a \$1725 annual budget on average and 4-5 days of paid time off for CME. Total paid time off (PTO) averaged 26 days, with 20 days of vacation. A majority receive health care insurance with varying premium coverage, and roughly a third reported vision and/or dental coverage. Employer-based malpractice coverage is reported by a vast number of respondents at 93%. Roughly two-thirds receive short term disability and 71% receive life insurance with full or partial premium coverage. Retirement plans are usually provided with a 2-4% match of contributions. Other benefits reported included a smattering of standard provisions such as mileage (64%), lab coats (66%), office computer and laptop for home (50% and 47% respectively), and recertification and licensure fee coverage (55 and 70% respectively).



Cell phone	26.53%	78
Cell phone allowance	29.25%	86
Mileage	64.63%	190
Automobile allowance	4.08%	12
Lab coat	66.33%	195
Laundered lab coat	28.57%	84
Journal subscription	18.71%	55
UpToDate subscription	51.70%	152
Office computer	50.34%	148
Laptop you can take home	47.28%	139
Nameplate on door	27.21%	80
Recertification exam fees	54.76%	161
DEA fee	71.77%	211
State dues	59.18%	174
National AP organization dues	36.05%	106
NKF dues	31.97%	94
I am listed on the practice website	57.82%	170
I am listed on the provider list	47.96%	141

Table 2. Other provided benefits (percentage of respondents, absolute number).

Conclusion

The National Kidney Foundation Council of Advanced Practitioner bi-annual survey allows for regular snapshot of the AP in nephrology. Bread-and-butter duties in nephrology continue to constitute most of the AP's daily duties, such as office management of chronic kidney disease and dialysis. The workforce is most strongly represented in regions with a high percentage of kidney disease. As provider demands rise, APs are branching out into more areas such as inpatient coverage, critical care, and other components of nephrology. Thank you again to the respondents who completed the survey.