

Breaking Barriers: Addressing Preceptor Challenges in Nurse Practitioner Education for Primary Care Solutions

Presented to:



Presented by:

Jay Prosser, DNP, RN, CCRN-K, NE-BC

*for*Health™ at UMass Chan
CONSULTING Medical School

NCWS 
Massachusetts Nursing Council
on Workforce Sustainability

June 17 – 19, 2024

No Disclosures or Conflicts of Interest

About Me

forHealth[™]
CONSULTING at UMass Chan
Medical School

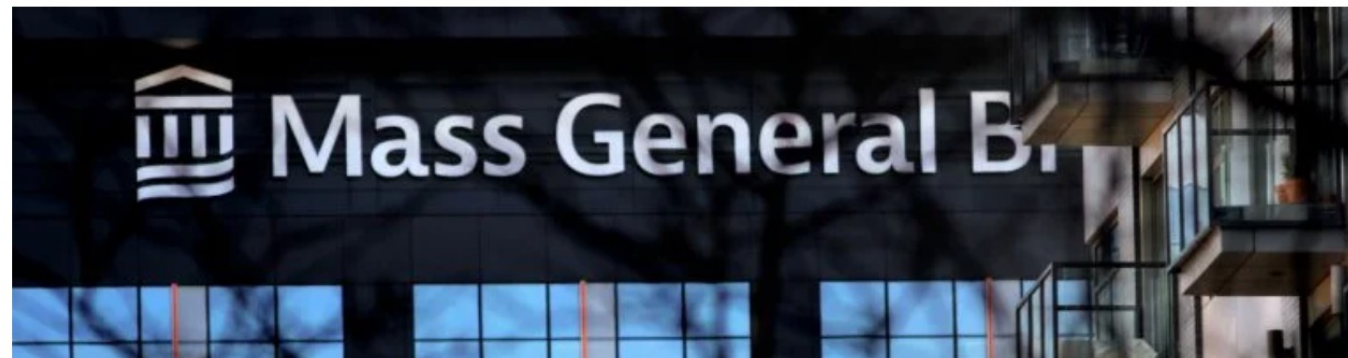
NCWS 

Massachusetts Nursing Council
on **Workforce Sustainability**

How Did We Get Here?

Mass. Medical Society: Shortage of primary care physicians ‘a major public health crisis’

A loss of primary care options spells trouble for health care costs and already-crowded ERs, according to Massachusetts Medical Society's Dr. Barbara Spivak.



What Does the Primary Care Crisis Look like in Massachusetts?

In 2020, Massachusetts **lost 3.6%** of the primary care physician workforce, compared to 3.3% nationally.

More than 33% of primary care physicians in Massachusetts are **over the age of 60**.

One-third of Massachusetts residents report having **no primary care physician** due to lack of availability.

A Patient's Perspective

- 81-year-old female
- Post acute myocardial infarction
- Has no PCP
- Currently on 12-month waiting list



The State of Medical Schools and Primary Care

Of all current medical school students in Massachusetts, **only 23.6%** of them plan to become primary care physicians.



What happens when there are no PCPs?

Population health declines

- Screenings go down
- No preventative care

Emergency Departments become default PCP offices

- Overcrowding

Perpetuates disparities

- Preventive care: 81% of whites; 64% of Hispanics
- Community disparities

The nurse practitioner field



Demand is projected to **grow by 28%** overall.



Massachusetts' projected growth is **16%**.



New York's projected growth is **41%**.



The number of NP graduates each year has risen anywhere from **6.5% to 14.2%** each year since 2015.

Nurse Practitioners as Primary Care Providers



70% of practicing NPs deliver primary care.



88% of NPs are educated and prepared in primary care delivery.

Nurses could help solve this problem!

Full practice authority in Massachusetts.

The quality of care provided by nurse practitioners is equal to or better than that provided by primary care physicians.

Roadblock!

Nothing in healthcare is that easy

Nurse Practitioner Education

The clinical component to NP education is paramount.

Massachusetts preceptor hours have ranged from 500-665. The new standards is 750 clinical hours.

Preceptor Challenge

Without preceptors, students cannot complete their education.

High Demand = Opportunity



Get Paid to be a Preceptor

We know in a perfect world, you'd gladly donate your time to precept nurse practitioner students. Nevertheless, in the real world, your time is at a premium and you need to make a living. That's why with Clinical Match Me, you can now get paid to be a preceptor. We created a platform that pays you for sharing your knowledge and experience with nurse practitioner students. We invite you to join our network as we redefine the concept of nurse practitioner precepting.

[SIGN UP FREE](#)

The Gentleman's Agreement



The traditional view of
precepting.

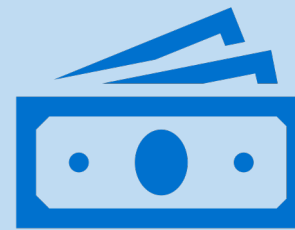


“We do not pay
preceptors.”

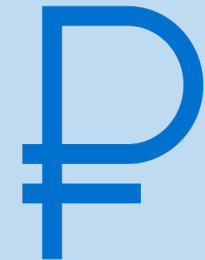
The Black Market



Not addressing a problem
always creates a black
market which offers solutions
as a high cost.



Demand for payment.



Soliciting students for
payment.

Potential Solutions

Pay Preceptors



Physician assistant programs **pay preceptors.**

Should we match this?



If each state sets standards, then **we decrease the influence of black markets.**

Challenges to Paying Preceptors



Who pays for this?



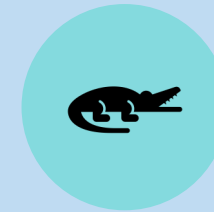
Schools do not have budgets.



The cost is passed on to students.



Are preceptors contract staff or are they issued 10-99?



Does this create a different predatory pathway?



Does this set a precedent that we do not get back from?

Tax Credit



Current program in other states with a credit ranging from \$1,000 per calendar year to a high of \$10,000 per calendar year.



\$2,150 for a full clinical rotation with a maximum of \$8,600 per calendar year.

Paying Institutions

- Hypothesis: If providers are paid off of productivity and precepting limits productivity then reimbursements are in turn negatively affected.
- Preceptor survey: protected time with students.
- Clinical reimbursement for precepting.
- Higher rate for clinics?
- State-awarded stipend?
- Block grant?

Health Care Organizations & Academic Institutions



Setting: Hospital systems with clinics



NP clinical instructor works for the clinic and is paid by the clinic



NP clinical instructor precepts the student

Preceptor Structure Re-evaluation

NP preceptor ratio is 1:1

Medical student ratio can be 1:3

Should we re-evaluate?

More Challenging Questions

Matching?

- Should the entire structure of how nurse practitioner students are placed in clinical change?
- Is it time to consider a matching process similar to what is done with medical students?

GME Funding



Graduate medical education is funded primary by Medicare



Medicare has funded GME since 1955



Should there be a platform for more equity between GME and NP training?

Limiting Admission Capabilities

If programs could guarantee preceptor slots,
they could admit more students.

We Must Address This

If we fail to address this formally and enact systems, we will create further inequities and ultimately fail our students and the healthcare system.



Questions & Discussion

Contact Information



Jay Prosser DNP, RN, CCRN-K, NE-BC

Executive Director, Nursing Council on Workforce
Sustainability

Jay.Prosser@umassmed.edu

774.622.1356

Thank You