

Is the RVU an Effective Measure of the Productivity of Nurse Practitioners?

Mahshid Roohi, MSN, APRN, CPRN

Nemours Children's Hospital, Florida
Volunteer Instructor, University of Central Florida



Introduction

- A growing global population and evolving healthcare landscape demand the expertise of specialized Nurse Practitioners (NPs). NPs, particularly in pediatrics and surgery, navigate complex healthcare needs and ensure high-quality care. However, the current system needs to value their diverse contributions accurately.
- In 2000, there were 38,550 NPs in the United States; by 2025 there are projected to be 244,000. (How many physicians (MDs), because we have strict limits on how many MDs can be produced by medical schools (Fig 1).
- If NPs are evaluated primarily based on productivity as measured by RVUs, we must consider how this might minimize or even invalidate the therapeutic relationship and holistic approach to patient care¹.

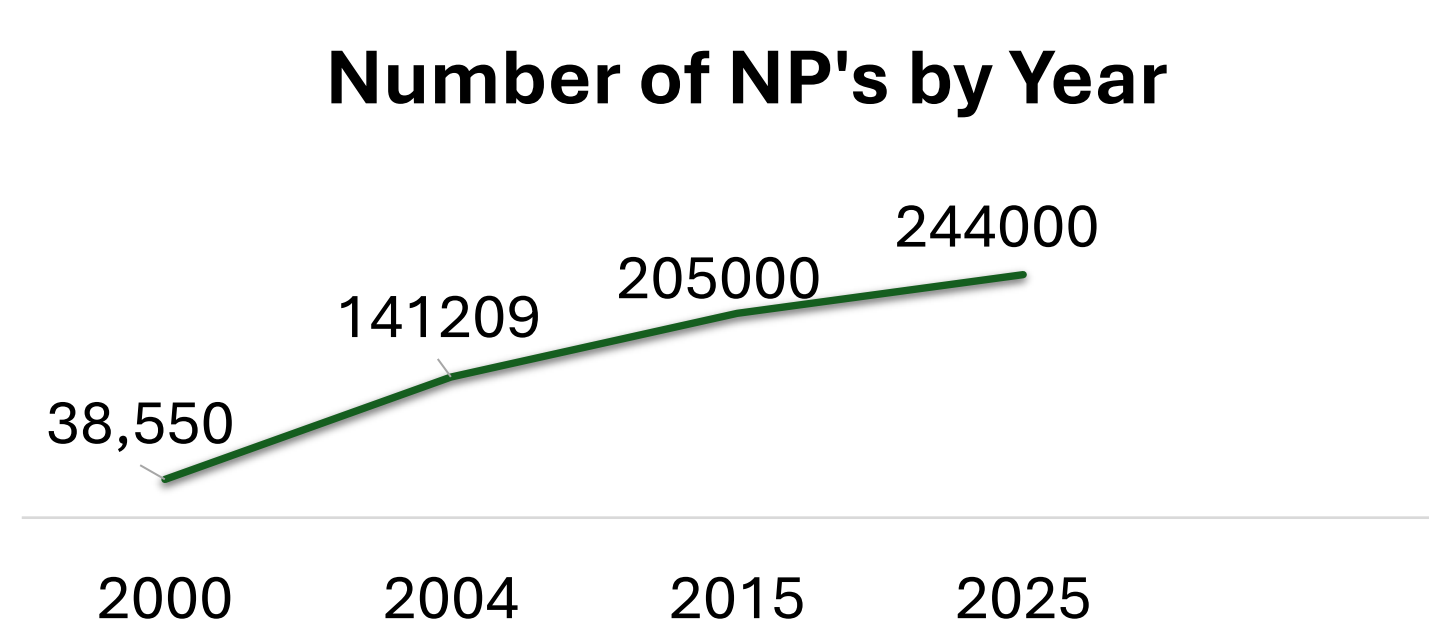
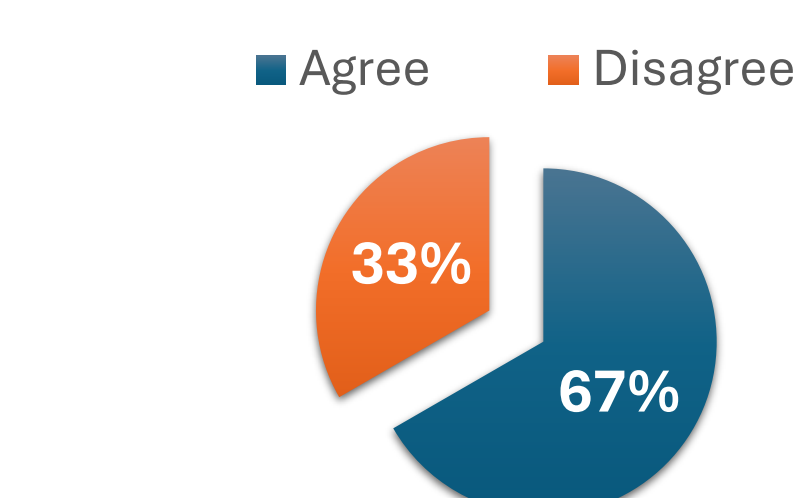


Figure 1. Will the NP workforce grow in the future??

- RVUs are not a perfect way of tracking and measuring productivity because they do not cover every aspect of clinical care, such as Administrative activities, Research activities, Teaching activities, and patient satisfaction³. This disparity disregards the full spectrum of NP responsibilities, impacting both professionals and patient care.

Oncologists who believe NPs or PA benefit their practice



Practice and productivity of Physician Assistants and nurse practitioners in Outpatient Oncology Clinics⁴.

It is clear that advanced practitioners can provide clinical services that generate RVUs, but it takes a deeper look to understand the true value that they bring⁵. This research focuses on addressing the issue of nurse practitioners (NPs) needing more recognition by developing a new reward system that represents their diverse roles. It will recommend fair compensation and emphasize their crucial contributions to specialized healthcare.

Method

This research is primarily based on a comprehensive literature review.

Search Engine: Three literature databases (PubMed, EBSCO, and Google) were used to ensure a comprehensive literature review.

Keywords:

- Nurse Practitioners (NPs)
- Relative Value Units (RVUs)
- Compensation Models
- Non RVU productivity

Defined NP Role:

- Analyzed duties in surgery & pediatrics to identify compensable activities.

Evaluated Existing Methods:

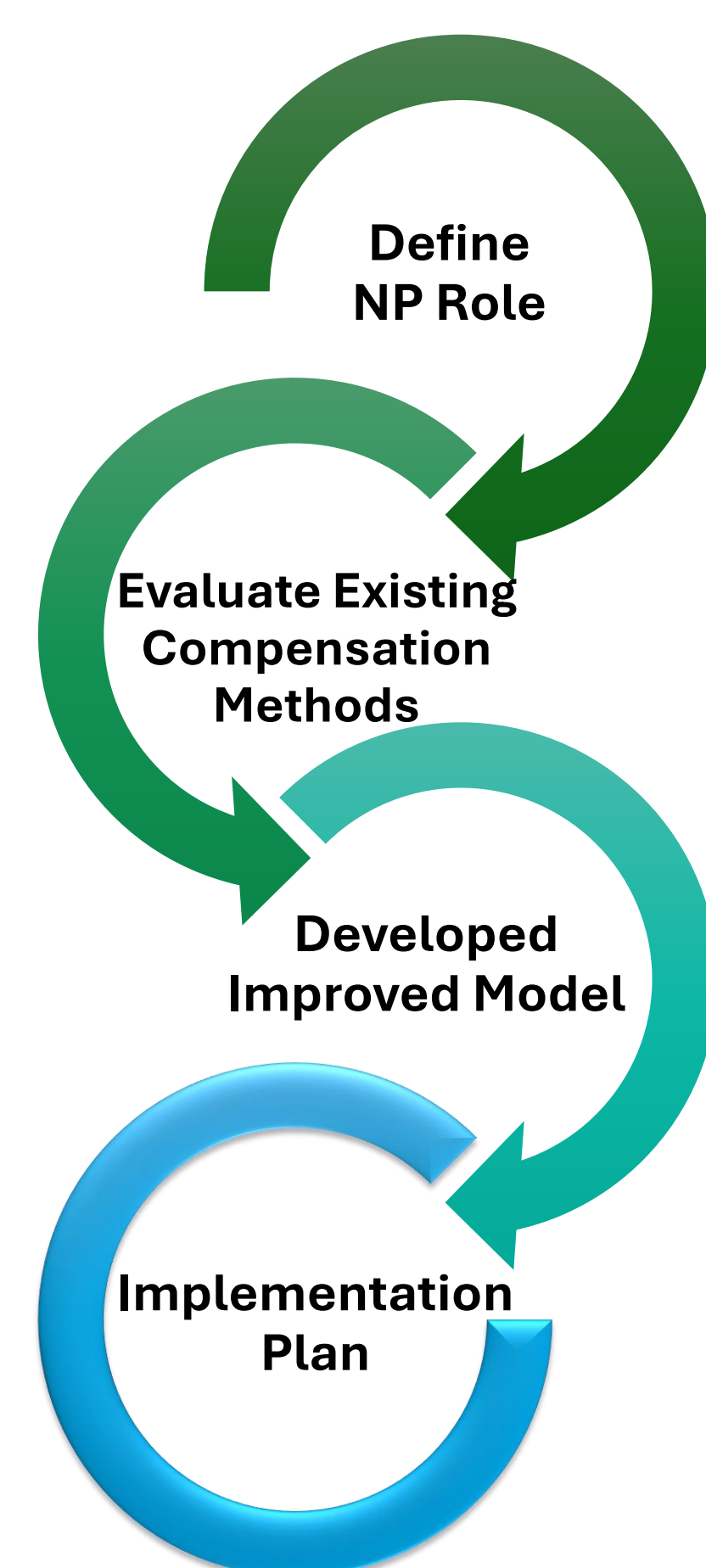
- RVU: Limited scope (misses admin & value-based contributions)
- Vanderbilt Model: Covers more duties but lacks value component

Developed Improved Model:

- Expanded Vanderbilt Model: Covers broader range of NP activities
- Value-Based Component: Recognizes contributions beyond RVUs

Implementation Steps:

- Identified key actions to put the model into practice



Results and Discussion

Discrepancies of Current Method

Administrative Oversight:

- RVUs fail to account for administrative duties like patient calls and teamwork.
- Teaching activities, research, community work, and good citizenship are not considered.
- Although some NPs may work in settings that support the RVU system, there are multiple examples of negative experiences with RVU use, including disparities in RVU use, reimbursement, and performance evaluations⁶.

Quality and Patient Satisfaction:

- RVUs lack inclusion of patient outcomes and satisfaction, it should be integral to NP compensation.

Comprehensive Compensation:

- Establish a uniform compensation method covering all NP day-to-day duties.
- Ensure adaptability for industry-specific adjustments, minimizing errors.

Data Need:

- Lack of comprehensive data on NP duties and compensation necessitates further research.
- Utilize interviews and observational studies to gather valuable information.

Value Measurement:

- Introduce value-based components in compensation methods.
- Recognize and reward quality services, emphasizing patient satisfaction and outcomes.

Documentation for Uniformity:

- Implement comprehensive documentation of processes and measurement methods.
- Facilitate a uniform compensation process adaptable to changes in the healthcare market.

Opportunities

Baseline for Future Methodology

Comparative Analysis:

- Establish NP pay baselines by comparing roles to similar medical personnel.

Outcome Identification:

- Identify important practice outcomes through interviews and data analysis.
- Evaluate NP contributions to these outcomes and set qualitative and quantitative goals.

Conclusion

The summary of the findings from this literature review is as follows: Healthcare organizations can assess the fit of Productivity Plus within their current system by following these steps:

❑ Pilot Testing:

Test the method on a small, representative group of NPs with strong data potential.

❑ Define Goals & Measurement:

Clearly define test goals and data collection methods for accurate evaluation.

❑ Implementation:

Implement the method consistently, recording all daily NP tasks and data changes.

❑ Centralized Database:

Create a single, accessible database for data analysis and goal setting.

❑ Utilization & Evaluation:

Use the data to inform compensation decisions and continuously evaluate the process for potential adjustments.

❑ The Future of NP Compensation:

While implementing Productivity Plus requires proactive effort, it offers a solution to the limitations of current RVU-based methods. This approach provides holistic compensation for the diverse and critical roles of Nurse Practitioners, ultimately promoting fair rewards and a more sustainable healthcare system.

Recommendation

For Long-Term Implementation following is recommended:

Data Expansion:

Establish a comprehensive NP data baseline through database development.

Data Dictionary:

Create a data dictionary to define key variables and their relationships for accurate calculations.

Value-Based Compensation:

Ensure future methodologies continue to consider value-based contributions.

NP Control:

Advocate for increased NP control over payment methods for greater ownership and satisfaction.

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