

State of Nevada

Board of Occupational Therapy



***Occupational Therapy Practice
Survey Data***

January 2020



STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

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The State of Nevada, Board of Occupational Therapy is pleased to provide the Occupational Therapy Practice Survey. The Survey is intended to provide the Board, Practitioners, Legislators, Educators and the Public relevant information and data on the practice of Occupational Therapy in Nevada.

The Board has undertaken a Strategic Direction in two specific areas to identify and address Workforce Development and Scope of Practice challenges to ensure Nevada provides adequate access to Occupational Therapy services throughout the State and creates access to a skilled and competent Occupational Therapy workforce.

The Occupational Therapy Practice Survey is comprised of four (4) sections:

- General Demographics
- Rural Nevada Services
- Practice Competencies
- Ethics

All licensees were requested to complete the Occupational Therapy Practice Survey; the licensee response rate was 14%. The information and data is reflective of the overall licensee demographics within the State.

Historical licensee numbers reflect the growth of Occupational Therapy within the State of Nevada since the Board's initial licensing began in 1992.

The Board of Occupational Therapy offers expedited licensing and reduced licensing fees for practitioners with military affiliations. As of December 31, 2019, practitioners with military affiliations comprise 8.5% of total licensees.

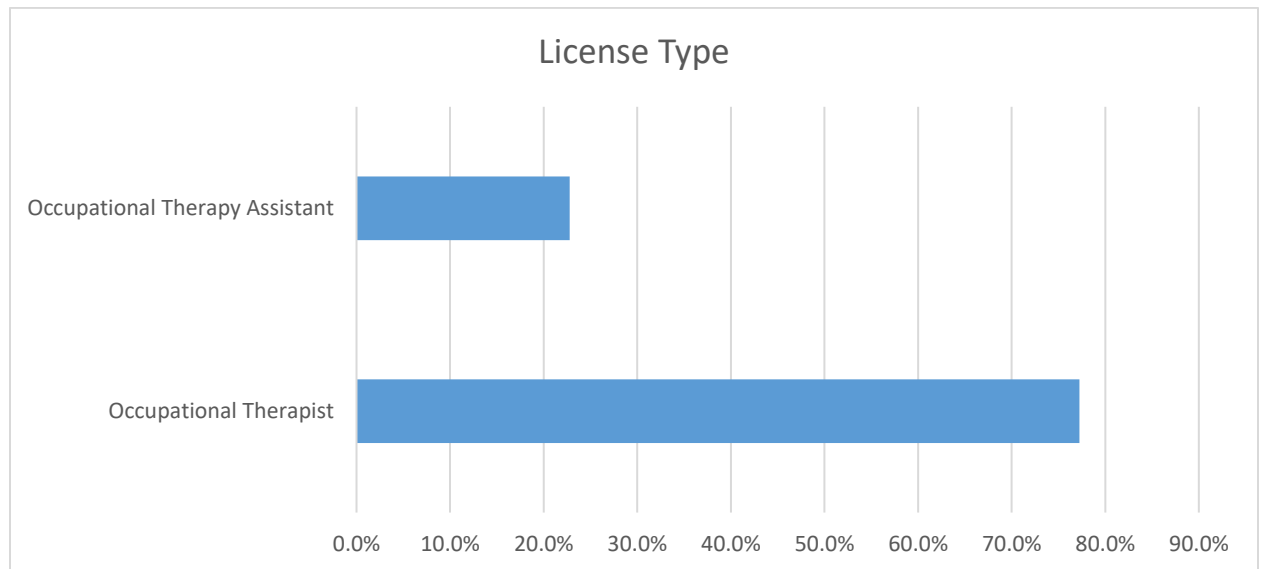
Elizabeth Straughan, OTR
Board Chair

OCCUPATIONAL THERAPY SURVEY DATA

GENERAL DEMOGRAPHICS

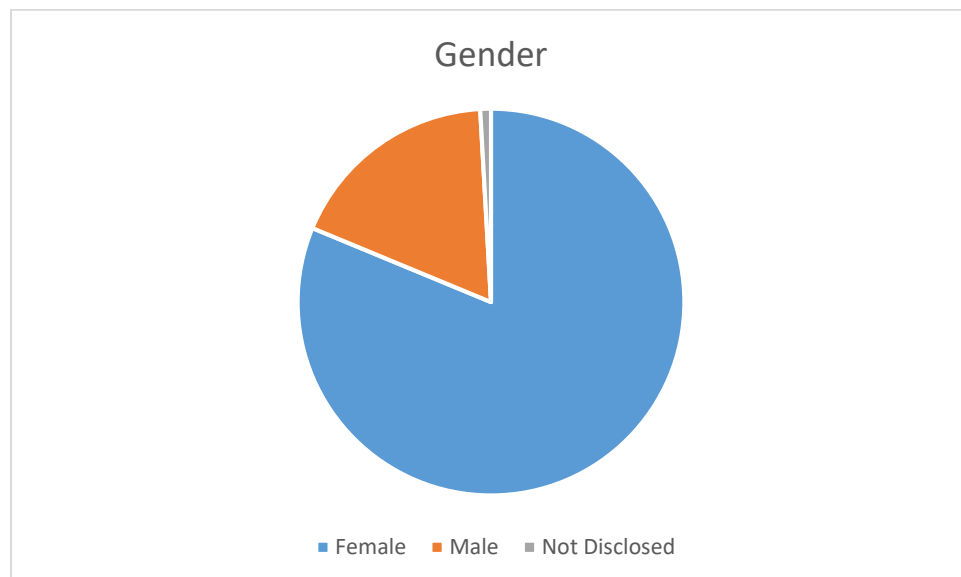
Licensure Type

Occupational Therapist 77.2% Occupational Therapy Assistant 22.8%



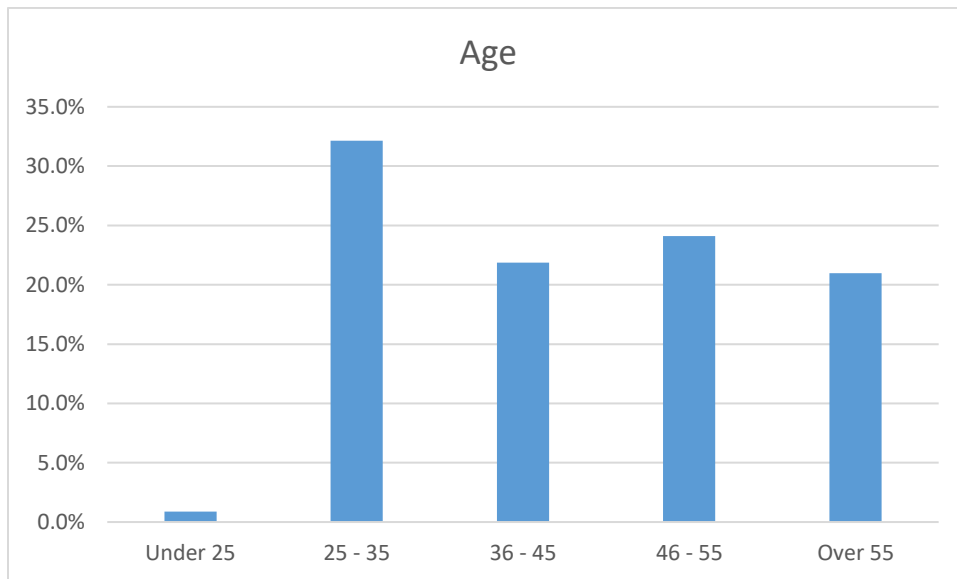
Gender

Female 81.3% Male 17.9%
Not Disclosed 0.9%



Age

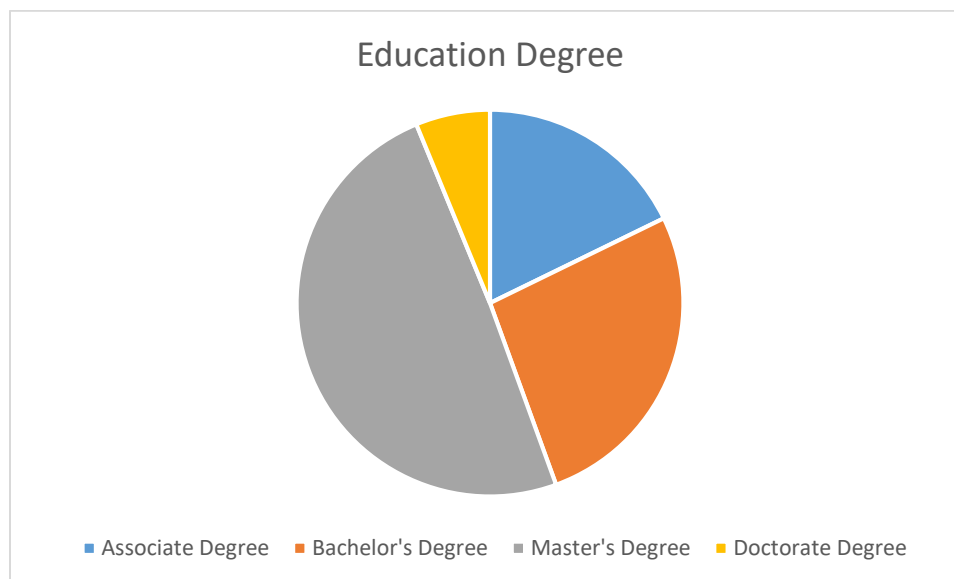
Under 25	0.9%
25 - 35	32.1%
36 - 45	21.9%
46 - 55	24.1%
Over 55	21.0%



Analysis: New Occupational Therapy practitioners, between the ages of 25 and 35 comprise the largest practitioner group, which drops by 10% for those 36 - 45, showing a potential loss in practitioners to the State over time. Practitioners over the age of 55 comprise 21% of the data.

Highest Educational Degree Achieved

Associate Degree	17.9%	Bachelor's Degree	26.8%
Master's Degree	49.6%	Doctorate Degree	6.3%



Minimum Educational Requirements for Licensure:

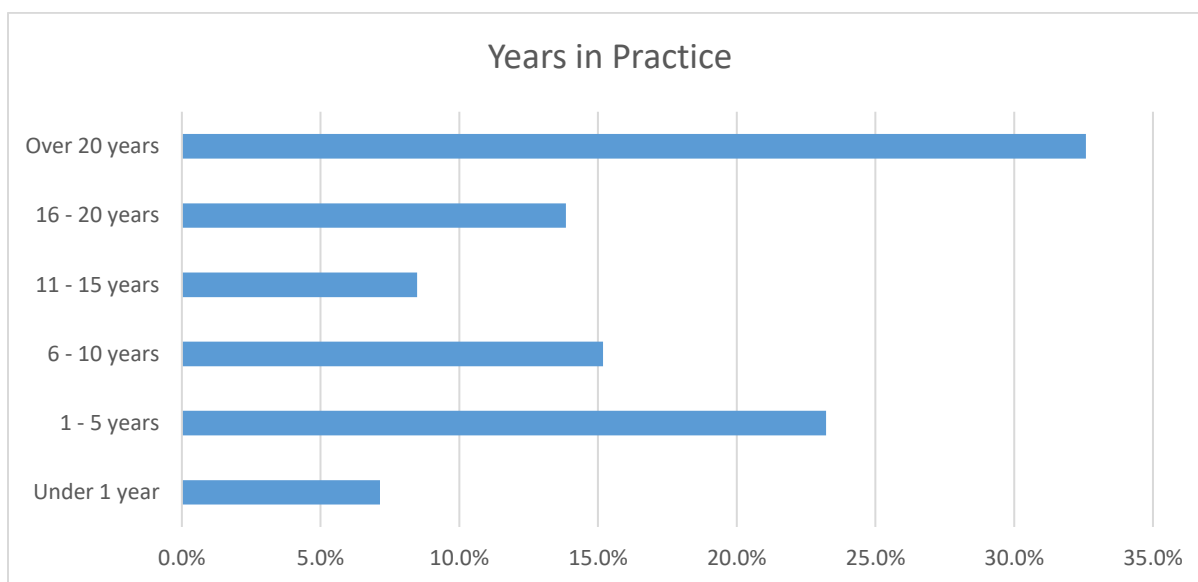
Occupational Therapy Assistant	Associate Degree
Occupational Therapist	Master's Degree

Analysis: 6.3 % of Occupational Therapists have obtained a Doctorate Degree.

Occupational Therapy Assistants represent 22.8% of the practitioners of which 17.9% have the minimum educational degree and 4.9% have obtained a Bachelor's Degree or higher.

Years in Practice

Under 1 Year	7.1%	1-5 Years	23.2%
6 - 10 Years	15.2%	11 - 15 Years	8.5%
16 - 20 Years	13.8%	Over 20 Years	32.6%

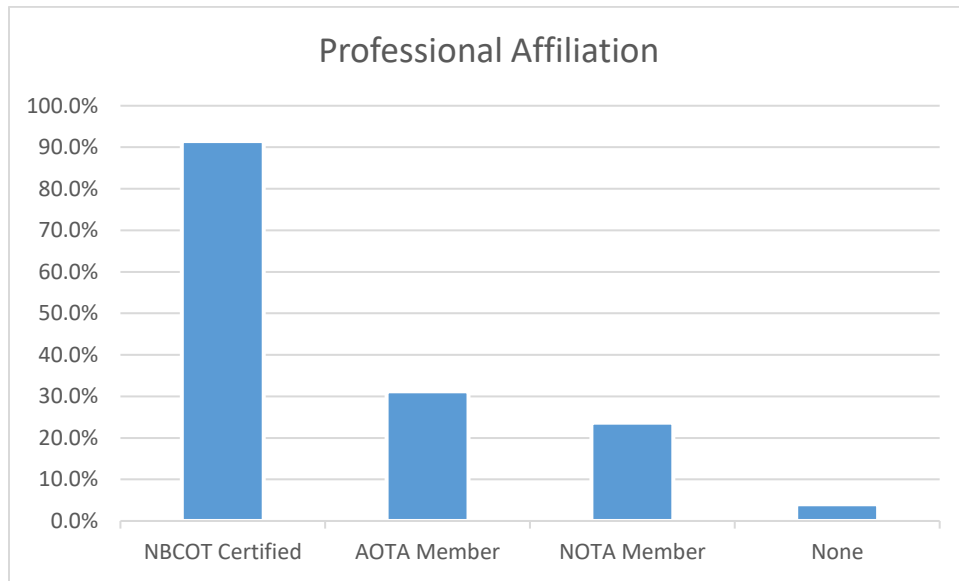


Analysis: The practitioner group of 1 - 5 years of practice correlates to the number of newer practitioners in the age group of under 35 years of age. Practitioners with over 16 years in practice are 46.4% of total practitioners. Practitioners with 20 years or more experience are the largest practitioner base; the 11 - 15 years in practice is the lowest at 8.3% and could possibly indicate a gap in available OT practitioners as the population ages and retires.

The significant drop in numbers identified in the 11 - 15 years category may be attributable to the effect of the 2008-2010 recession as the economy constricted, practitioners left the state and education was postponed due to financial concerns.

Professional Affiliations

NBCOT Certified (National Board)	91.5%
AOTA (National Association)	31.3%
NOTA (Nevada Association)	23.7%
None	4.0%

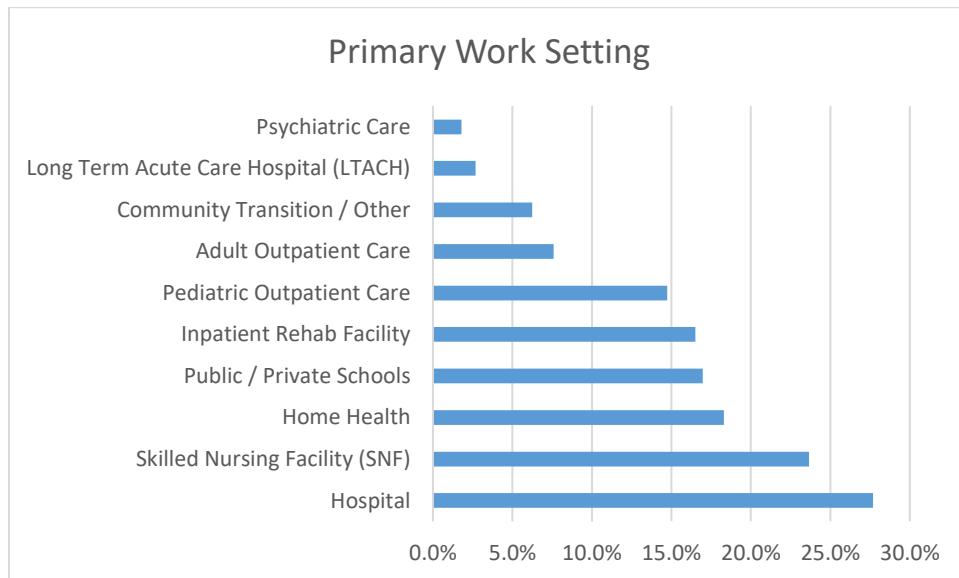


Analysis: 91.5% of licensees have retained National Certification by the National Board for Certification in Occupational Therapy, which is required for initial licensure in Nevada. AOTA and NOTA association membership are voluntary.

Primary Work Setting

Practitioner responses may include more than one work setting.

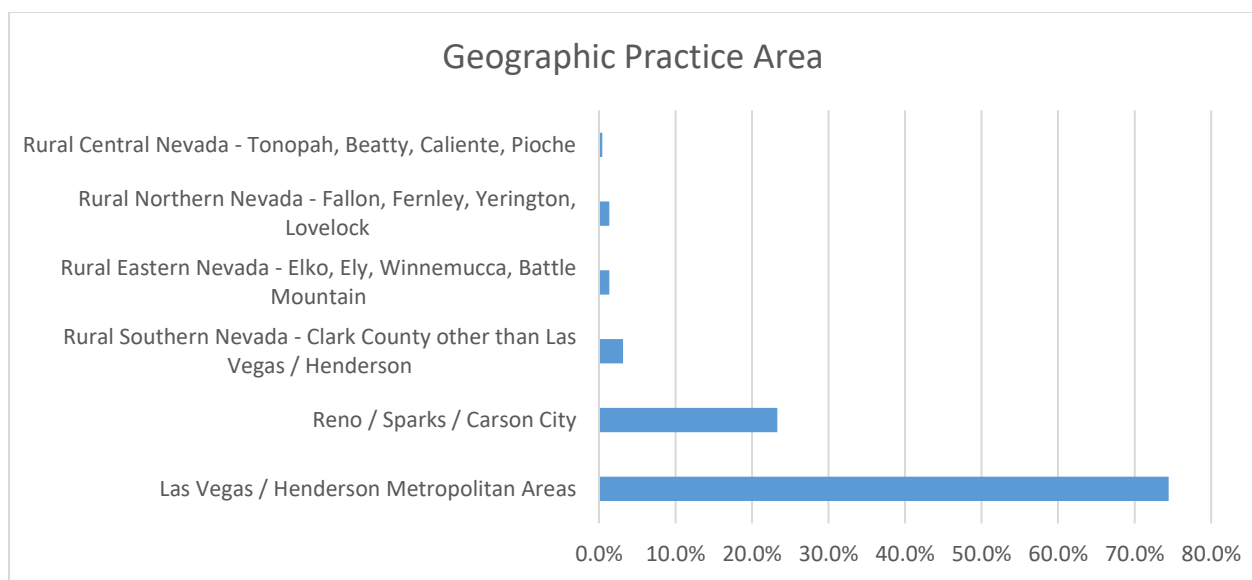
Psychiatric Care	1.8%
Long Term Acute Care Hospital	2.7%
Community Transition / Other	6.3%
Adult Outpatient Care	7.6%
Pediatric Outpatient Care	14.7%
Inpatient Rehab Facility	16.5%
Public / Private Schools	17.0%
Home Health	18.3%
Skilled Nursing Facility	23.7%
Hospital	27.7%



Analysis: Hospitals and Skilled Nursing Facilities employ 51.4% of licensees. Psychiatric Care has the lowest percentage of practitioners of all work settings.

Geographic Practice Area

Rural Central Nevada	0.4%
Rural Northern Nevada	1.3%
Rural Eastern Nevada	1.3%
Rural Southern Nevada	3.1%
Reno / Sparks / Carson City	23.3%
Las Vegas / Henderson Metropolitan	74.4%

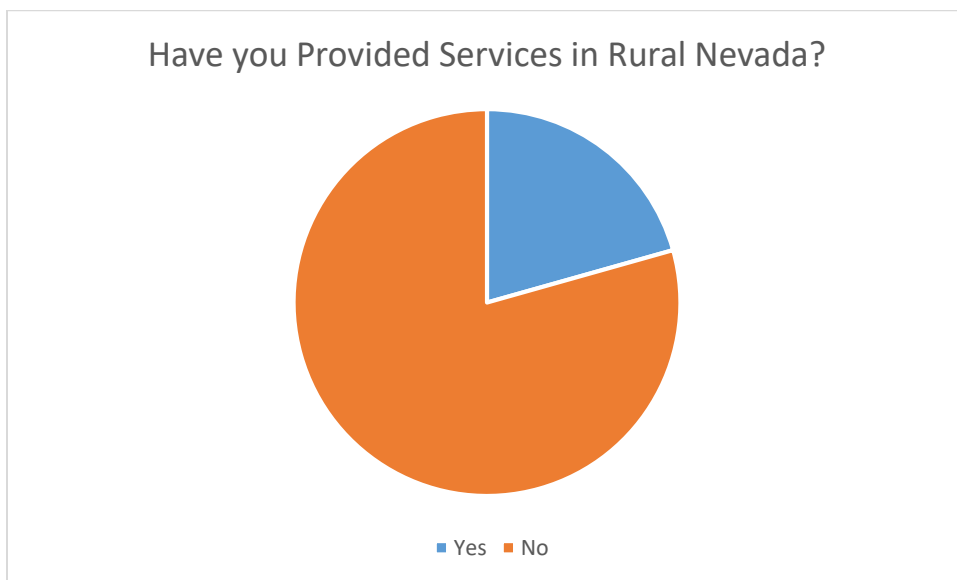


Analysis: Of the respondents, **6.1%** of practitioners work in a geographic practice area designated as “rural”.

RURAL NEVADA SERVICES

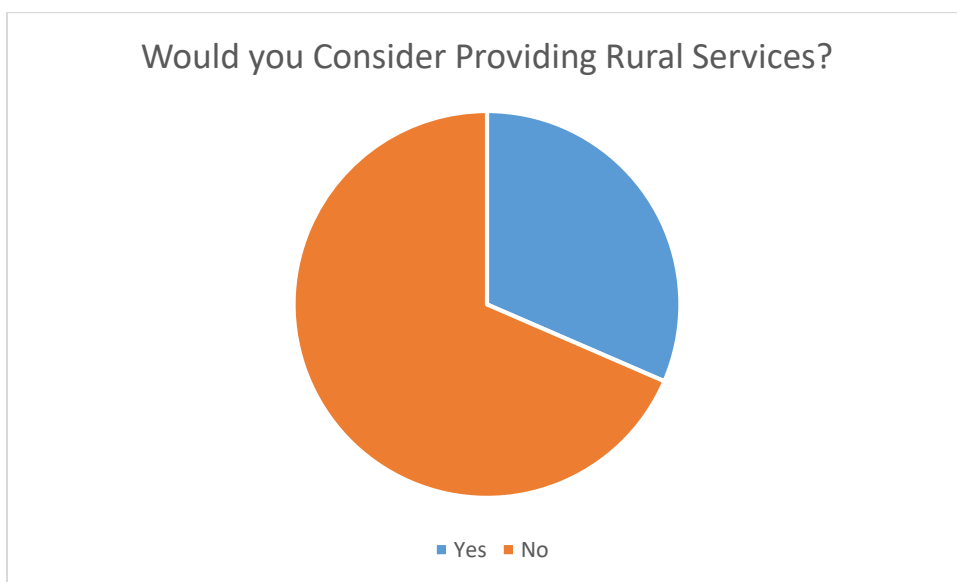
Have you provided services in Rural Nevada?

Yes 20.6% No 79.4%



Would you consider providing rural services?

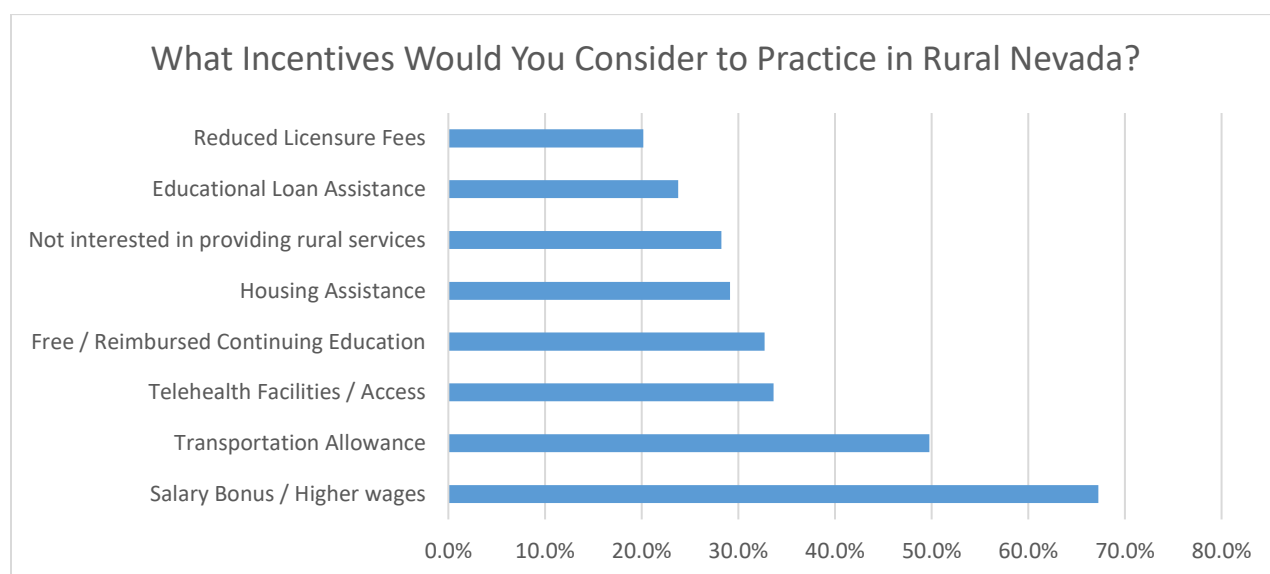
Yes 30.9% No 67.3%



Analysis: Of the 79.4% of practitioners who have not practiced in rural areas, 10.3% would consider working in rural areas. Practitioners working in rural settings represent 20.6% of licensees.

What Incentive Would You Consider to Practice in Rural Nevada?

Salary Bonus / Higher Wages	67.3%
Transportation Allowance	49.8%
Telehealth Facilities / Access	33.6%
Free / Reimbursed Continuing Education	32.7%
Housing Assistance	29.1%
Not Interested	28.3%
Educational Loan Assistance	23.8%
Reduced Licensure Fees	20.2%

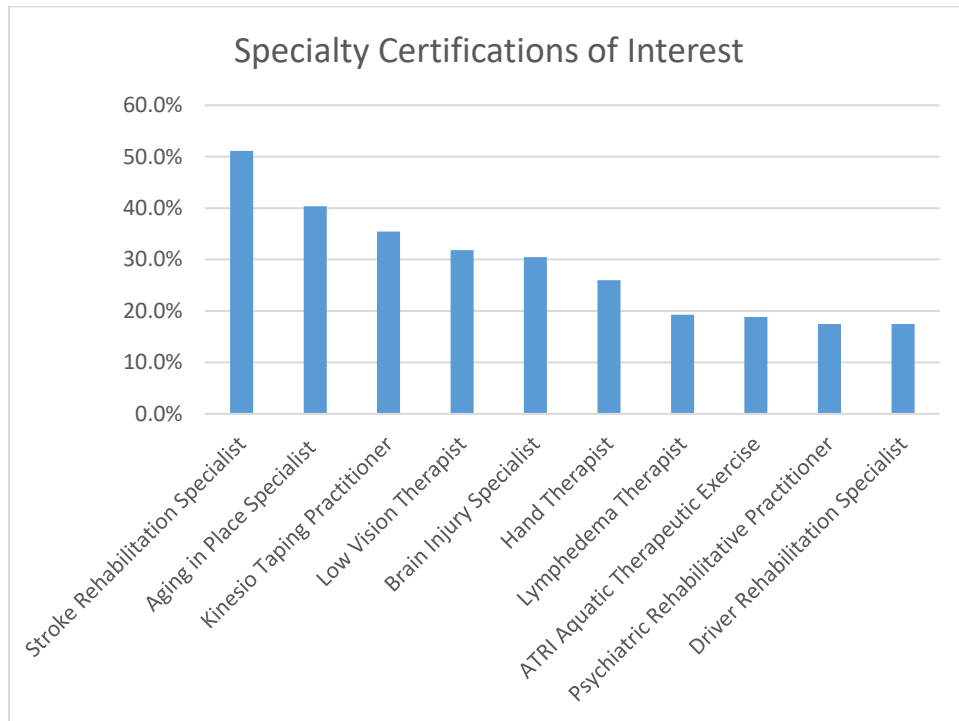


Analysis: Money is the biggest incentive to increase rural OT services, with transportation allowance and telehealth access as 2nd and 3rd. Reduced licensure fees represent the lowest incentive for increasing services in rural areas.

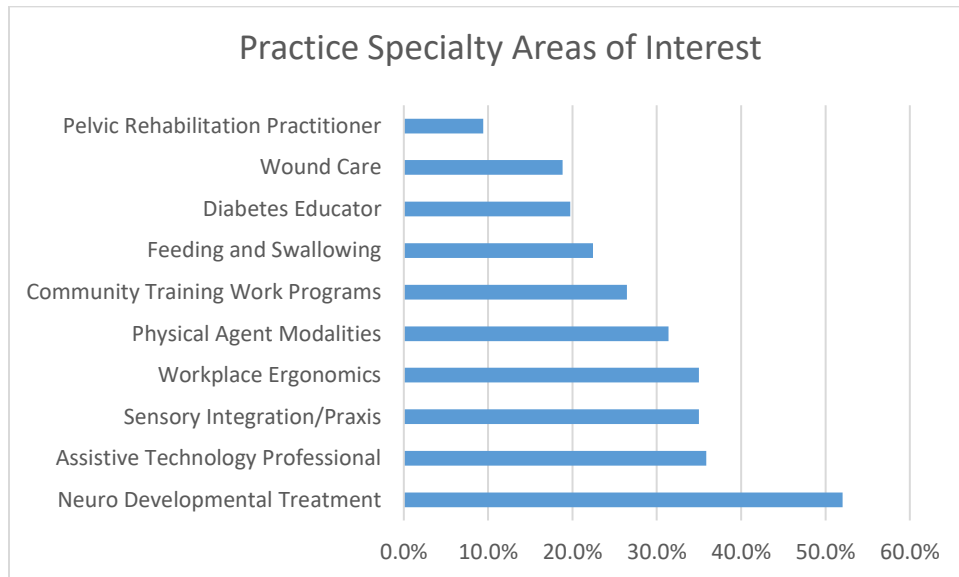
PRACTICE COMPETENCIES

The intent of this section is to identify practice competency availability and interest by practitioners in expanding their competency levels. The results do not correlate to actual specialties or competencies of individual practitioners.

Specialty Certifications of Interest - Certifications may be earned from various credentialing training providers and require extended specialized training with validated outcomes.



Practice Specialty Areas - Practice specialties may require specific education and training from credentialed training providers, which may or may not result in a specialty certification and are specific to an area of practice.

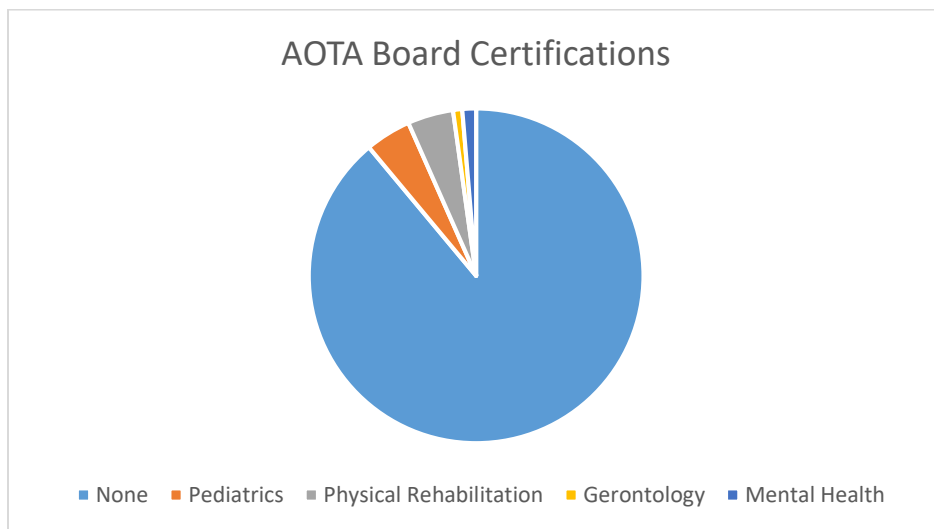


Specialty Trainings - Trainings may be comprised of one or more courses from specific training providers who may issue certificates of completion or competency.



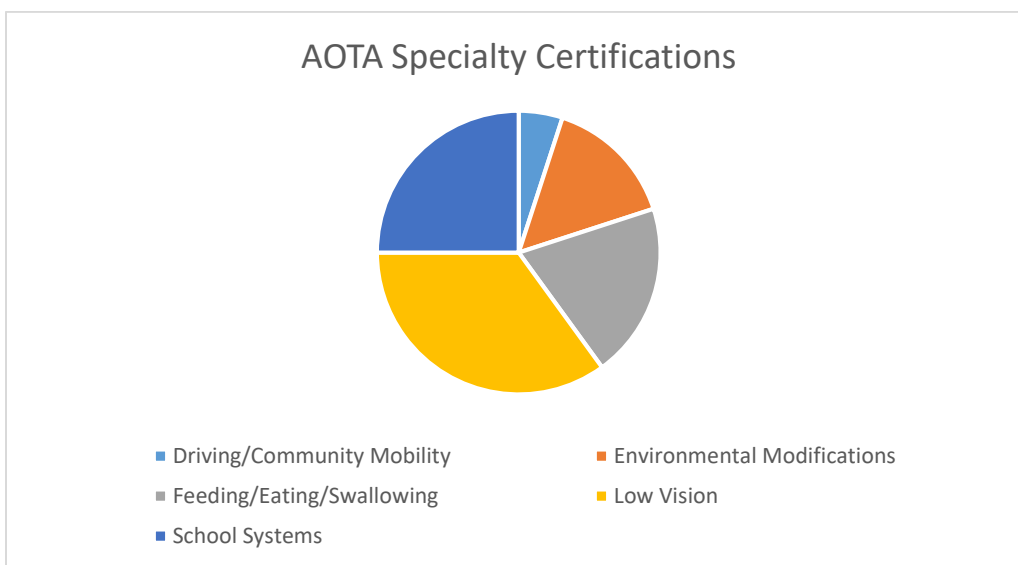
The American Occupational Therapy Association (AOTA) offers two types of credentials and/or certification levels to practitioner members. Beginning in 2020, both Board Certification and Specialty Certification will require passage of an examination.

AOTA Board Certifications - the national association provides practitioners the opportunity to become “Board Certified” in specific practice areas. Board Certifications require extended training and experience in the specific practice area of interest.



Analysis: 9.9% of Nevada Occupational Therapists have or are working toward an AOTA Board Certification

AOTA Specialty Certifications - Specialty Certifications are obtained through professional development in the specific specialty.

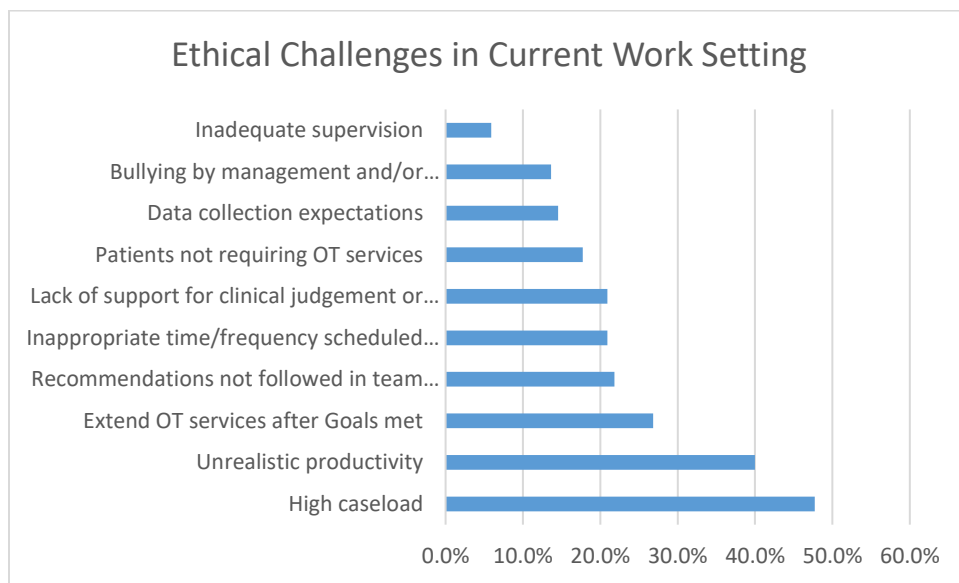


Analysis: 7.2% of Occupational Therapy practitioners have or are working toward an AOTA Specialty Certification.

ETHICS

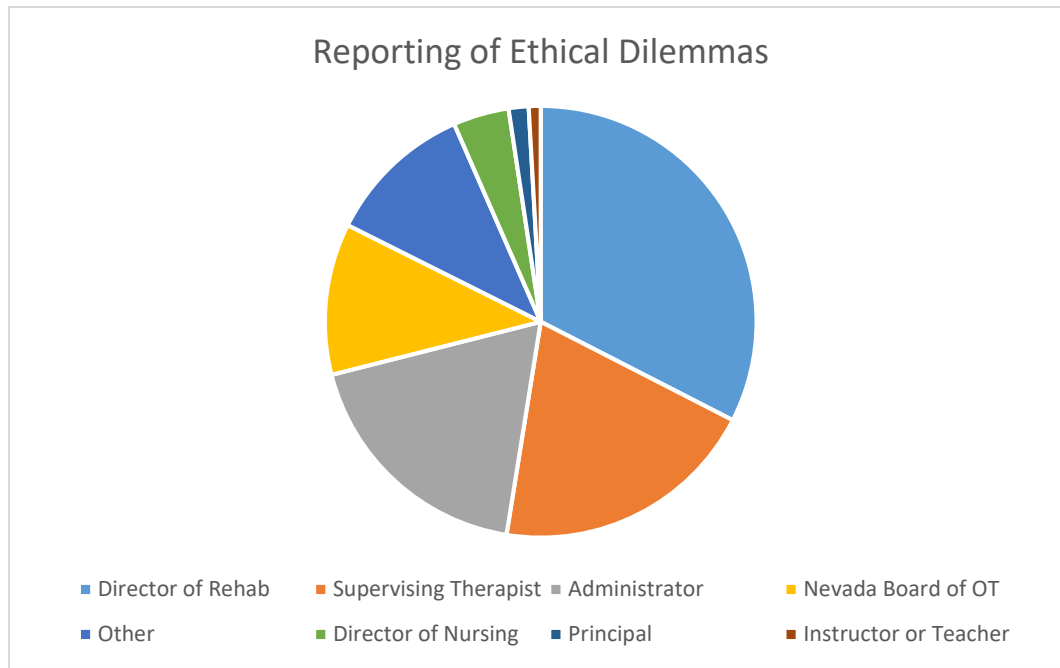
Ethical practice and challenges in a changing work environment have become of concern with emphasis by outside entities and employers on business outcomes and not patient care. The intent of this section is to identify the ethical challenges and concerns in providing adequate OT care for patients/clients.

What ethical challenges are being faced in the current work setting?



Analysis: High caseloads and unrealistic productivity are the most concerning challenges for practitioners in all settings.

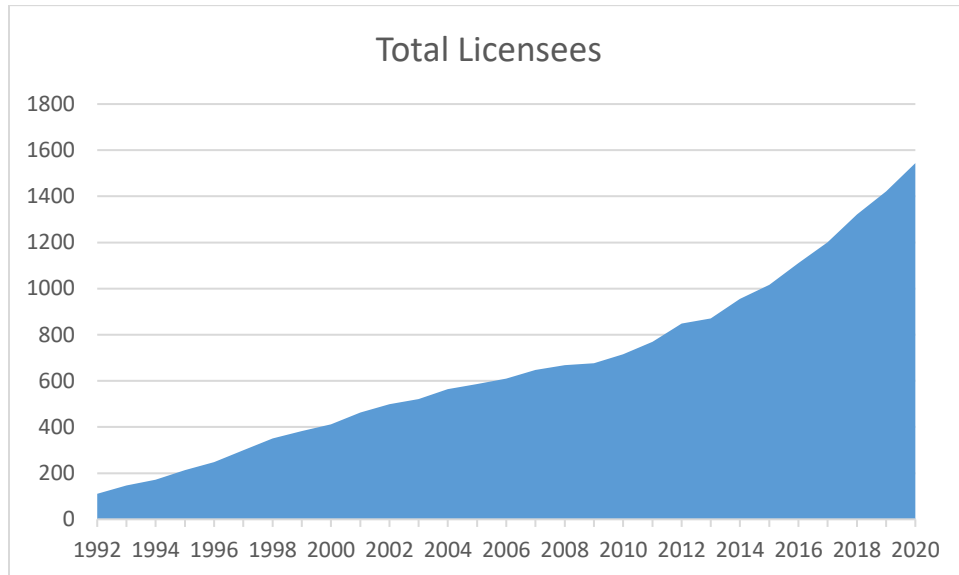
To whom are ethical dilemmas reported?



Director of Rehab	49.5%
Supervising Therapist	30.5%
Administrator	28.2%
Nevada Board of OT	17.3%

Analysis: In line with professional work settings, the reporting of ethical dilemmas is determined to be within professional guidelines.

Nevada Board of Occupational Therapy HISTORICAL LICENSING TRENDS



Fiscal Year	Total Licensees
1992	111
2000	412
2005	586
2010	716
2015	1017
Dec 31 2020	1544

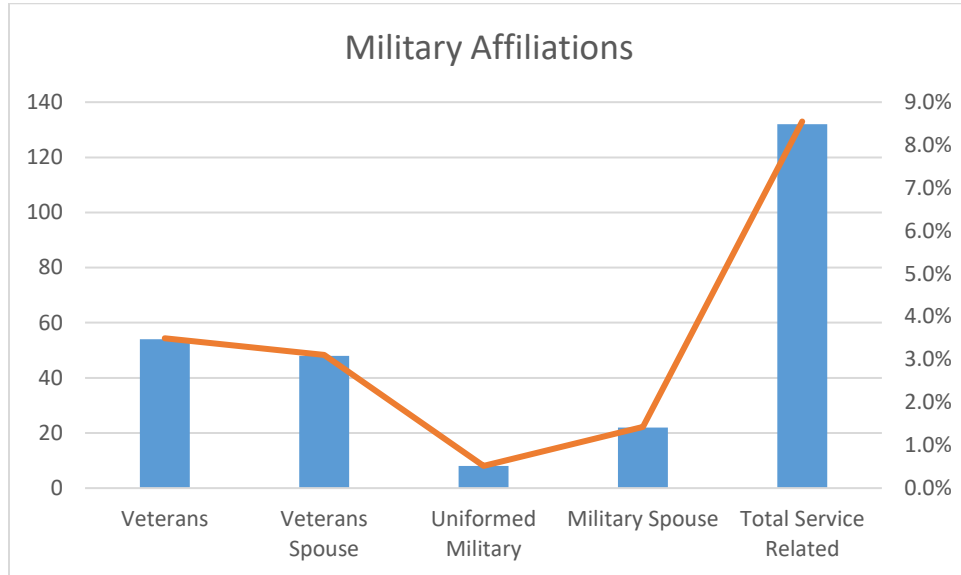
The Nevada Board of Occupational Therapy issued 111 initial licenses in 1992. In the 28 years since licensing began, the average annual increase in numbers is 10.1% and is projected to remain stable for the next biennium.

A shift to a decrease in percentage of new occupational therapist and increase in percentage of new occupational therapy assistant licenses is being projected due to the impact of employer response to the change in service reimbursement for therapy services at the federal level and in the insurance industry.

There was a slowdown in licensing activity from 2008 through 2010 due to the recession period. The slowdown is reflected in the small increase in total number of licensees during this period.

Fiscal Year	# Licensees	% Increase from Previous Year	Increase in Licensees from Previous Year
2008	668	3.2%	21
2009	677	1.3%	9
2010	716	5.8%	39

Current Licensees with Military Affiliations



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