

GPSC Summit Session - Nurses in Primary Care

Pre-Session Reading material



Background and Purpose of the session

- 🔍 **Nurses and BC Experiences:** Having a nurse in a practice is one of many team based care options. Introducing a nurse is an initial step that has been previously done to move towards team based care, improve access and attachment within many primary care systems. There is a lot of experience across jurisdictions, and locally in British Columbia (BC), with integrating nurses into primary care clinics at this time.
- 🔍 **Learning from each other:** There are some great and valuable experiences locally amongst communities in BC and this session is meant to highlight **some** of the four main different ways nurses have been integrated into primary care clinics especially within the predominant funding model (Fee For Service). The session is designed to allow attendees to be inspired, learn more about the different models and share key learnings and enabling principles to other communities in BC interested in integrating a nurse into primary care clinics. We acknowledge that there is more experience and knowledge out there than is potentially presented and captured in this session but we encourage participants to join in the lively conversations with the communities highlighting their experiences.
- 🔍 **Patients and providers perspective:** The session will highlight patients' and providers' perspective with having a nurse integrated into a primary care clinic. Hearing real life stories about the changes in experience of care from both perspectives is key in guiding these efforts.
- 🔍 **It's a Journey:** This session is also meant to help us navigate the growing experiences and developments in the journey of integrating nurses into primary care clinics happening in BC. We acknowledge that the different experiences and models highlighted at the session will be at a different stages in the implementation varying from development → transition → establishment → sustainability
- 🔍 **Current & future direction:** Working together with physicians and communities to further align practices with the Patient Medical home (PMH) model, adding a nurse to a practice moves the dial further along with respect to multiple attributes within the PMH model especially team based care. Moving towards the future of Primary care Networks (PCN) it's a good time to reflect on these experiences and learn from them collectively moving forward.

What do we already know about integrating nurses into primary care clinics?

The existing literature and local BC experiences suggest that integrating nurse roles in family practice can achieve a number of benefits including improvements in:



→ Chronic disease management particularly in diabetes and hypertension
→ Efficiency within practice



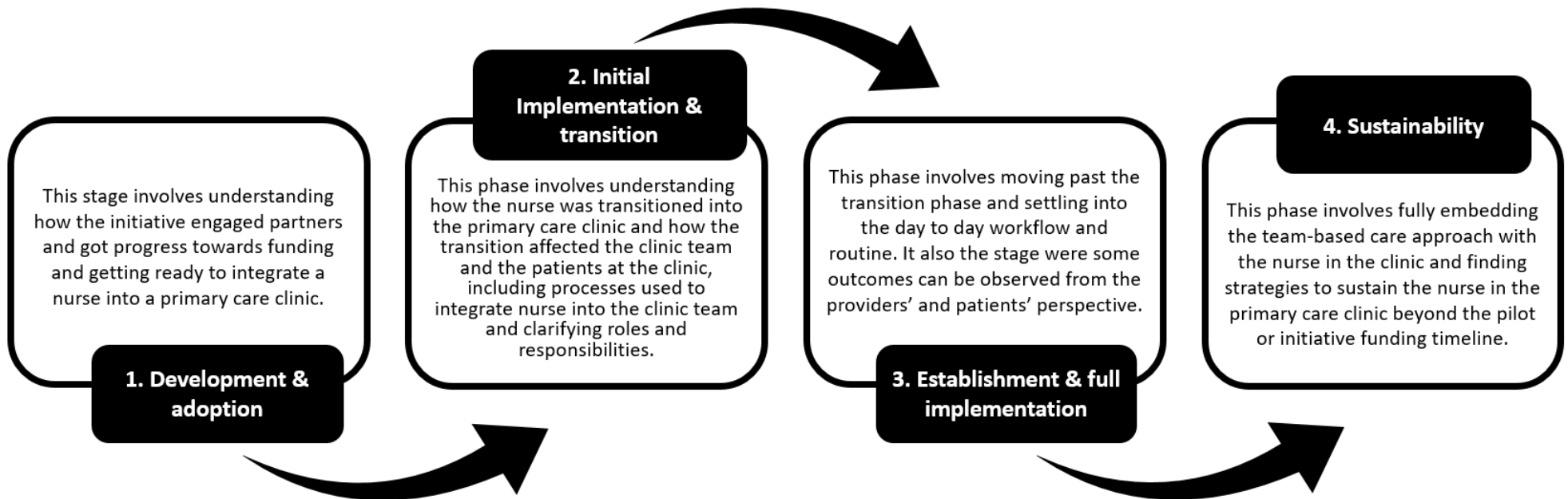
→ Relationships between physicians and patients
→ Patient attachment



→ Patient satisfaction and
→ Physician satisfaction.

Implementation stages

Initiatives that are striving to integrate nurses into primary care can evolve as they progress and therefore it is important to consider what stage they currently are in. The stages suggested below are meant to capture some of the key milestones in integrating a nurse into primary care.



Four models of integrating nurses in primary care in BC

| Central Okanagan (Development/Transition) – MOH (2017) | Kootenay Boundary (Transition/Established) – HA indirectly (2016) |
|---|---|
| <p>The Nurse in Practice (NiP) proof of concept in Central Okanagan (COK) Division of Family Practice represents a new way of funding primary care nurses compared to other models in the province. Funding will flow directly from the Ministry of Health to the individual practices, who will then employ the nurse directly.</p> <p>NiP in COK will be implemented over a two-year period and presents a changing step within primary care funding models. Whilst some physicians in Okanagan have experience working with a range of nurses, for most practices involved this represents a new approach in their clinic.</p> <p>The nurses hired by practices range from a Licensed practical Nurse (LPN), Registered nurses (RN) and Nurse practitioners (NP). All practices have hired the nurses and are in the process of integrating the nurses into the clinic team. An evaluation of the program is currently underway.</p> | <p>The Boundary Proof of Concept PMH/PCN is governed by a contract between Interior Health (IH) and a newly created Cooperative to provide annual core operational funding for a minimum of three years to support the implementation of PMHs in five clinics and an overall PCN for the Boundary region (Christina Lake, Grand Forks, Greenwood, Midway & Rock Creek).</p> <p>The IH funding has allowed for the hiring of four nurses and one social program officer (4 FTEs) to support the ten physicians and one nurse practitioner and establish team-based care. Since physicians have chosen that new staff to be employed by the physicians rather than IH, a physician cooperative was created to manage the funds and employ the PMH staff.</p> <p>The three nurses and social program officer were hired during the summer and fall of 2017 and the final nurse started in early December 2017. Efforts to foster greater integration of IH services and staff with the Boundary clinics to establish a PCN have started earlier this year.</p> |
| Powell River (Transition/Established) – HA directly (2015) | White-Rock South Surrey (Established/Sustained to-date) – Practice (2014) |
| <p>Through the <i>A GP for Me</i> project, the Powell River Division of Family Practice (PRDoFP), Vancouver Coastal Health (VCH) and the Family Tree Health clinic in Powell River, embarked on a pilot project to co-locate a Nurse Practitioner (NP) within a full-service clinic.</p> <p>The NP is an employee of the health authority (VCH), but was supported by the partners to change her work location to the Family Tree Health clinic. At the clinic, the NP had access to administrative support from the clinic staff and the NP worked alongside two full-service FP and one part-time FP specializing in youth health.</p> <p>This co-location resulted in improvements in patient access and attachment, provider satisfaction (FP & NP) and increased team-based care. The co-location also resulted in reduced ER visits to the clinic patients. The sustainability of this integration model is being explored by partners.</p> | <p>The Multidisciplinary Care Provider Grant Initiative (MDCPI) was one of the programs implemented under the Attachment Initiative of the White Rock-South Surrey (WRSS) Division. Small grants encouraged practices to hire registered nurses (RN) or licensed practical nurses (LPN) or increase hours of those already working in the practices.</p> <p>The RNs and LPNs provided complementary care including patient education and support, especially concerning chronic disease management (e.g. Diabetes), vaccinations, lab follow up, mental health support and coordination of community resources.</p> <p>Some of the practices have been able to sustain the nurse in the practice even without Division funds, while others, especially smaller ones, find it more difficult. Other mechanisms to sustain the grants have been leveraged to-date, but total sustainment has yet to be completely achieved.</p> |