

Case Study:

Central Okanagan Division of Family Practice

Integrating Nurses into Practice: Transition Stage

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Executive Summary

The GPSC undertakes in-depth case studies to learn about local primary care innovation in the context of Patient Medical Home implementation. This report is a product of an evaluation completed in partnership with the Central Okanagan Division of Family Practice (CODFP). The main purpose of the case study is to understand the experiences of participating clinics and to identify opportunities to enhance local and provincial supports for team-based care, particularly around the transition and successful integration of nurses into primary care practices. While the clinics included in this case study participated in the Ministry of Health-funded Nurse-in-Practice Program, this report covers themes that will be relevant to any clinic transitioning to team-based care.

About the initiative

In the Central Okanagan, the Ministry of Health funded eight nursing positions. The contracts between the Ministry and participating clinics included one-time start up funding, and one-year service terms to directly hire nurses for their practices. The purposes of the funding was to integrate nurses into primary care and expand the capacity of physician-run practices and attach patients. It is part of the greater vision for a Patient Medical Home (PMH). Through teamwork and shared responsibility, the CODFP supported the integration of nurses into practice to provide patients with a greater range of services, increased access to primary care, and reduced wait times, which, in turn, is expected to improve population health outcomes. Moreover, it is expected to contribute positively to the patient and provider experience, the quality of care, and the reduction of per capita costs over time.

About the Evaluation

The evaluation of the participating clinics used a case study design to report on the transition phase of the initiative (Figure 1), as well as some early findings related to the first-year outcomes. Note that at the time of the evaluation, only one of the eight nursing positions had been operating for more than one year.

Figure 1. CODFP Nurse-in-Practice Case Study Timeline

The current evaluation is examining the transition phase, as well as some preliminary outcomes based on first-year operations.



The following questions directed the evaluation:

1. How has the initiative developed?
2. What practical and contextual factors have facilitated success or challenged progress to the development and transition of bringing nurses into practice at the pilot sites?
3. To what extent are the intended outcomes of the initiative being achieved?

To answer these questions, the evaluation team worked closely with the CODFP, GPSC, and Ministry of Health, along with the project's working group to better understand the implementation of practice changes and to ensure that the findings are valuable for both local and provincial stakeholders

The evaluation collected both qualitative and quantitative data between December 2017 and November 2018 to provide information about the local program. Methods included a patient focus group (n=7), stakeholder interviews (n=30), an analysis of nurses' shadow billing data, and surveys of participating practice physicians, nurses, and other team members at the pilot sites.

Summary of Findings

The evaluation included an analysis of the transition phase for eight clinics integrating nurses into practice in Central Okanagan.¹ Both physicians and nurses who participated in interviews reported a range of motivations for taking part in the initiative—one common theme across providers was to better support patients. Readiness for practice change was found to be positively influenced by four key factors: having someone champion and be responsible for managing the change, physician buy-in within the clinic, dedicated space for the nurse to use, and start-up funding from Ministry of Health to cover costs of minor clinic modifications or supplies. Prior to implementing the nurse, each practice underwent a panel assessment with GPSC's Practice Support (PSP) program, which was found to be challenging by some clinics. With regards to the process of hiring the nurse, it was found that the Division played a valuable role in recruiting and screening nurse applicants.

Preliminary outcomes of the initiative point to alignment with the goals of PMH and progress towards the Quadruple Aim. Generally, the evaluation found that the integration of nurses into a primary care clinic team is adding value to the practices, with highlights including that the nurses are introducing new services to the practices, getting patients set up with community services, and freeing up physician time to see more patients in a day. Both physician and nurse respondents reported positive links between job satisfaction and team-based care, and patient respondents reported high satisfaction with the program.

About a third of the practices noted that a lack of clarity around the ministerial expectations of the program contributed to a feeling of over-regulation for the nurses, which negatively impacted their experience. Concerns included a perception that there was a restriction on same-day billing, and that the model could result in potential loss of clinic income with having the nurse complete tasks that can otherwise be billed by the practice. In addition, two of the clinics identified uncertainty around the program's longevity given the investment of time and resources that practices use to onboard the nurses. These concerns may be alleviated through further examination of physician billing patterns and revenue changes following the maturity of the program in future evaluations.

Next Steps

Included in the report are recommendations directed to decision makers at the clinic-level, Division level, and provincially. As the pilot sites continue to operate, these recommendations may be useful to enhance their processes and procedures. They may also be valuable for other Divisions or clinics interested in introducing a nurse into primary care practices.

¹The Ministry of Health funded 8 nursing positions in the Central Okanagan. Due to circumstances explored later in this report, a total of 9 clinics and 10 nurses were involved throughout the pilot, covering the 8 nurse positions.