General Practice Services Committee

Nurses and Nurse Practitioners of British Columbia

NP Infrastructure Funding for Divisions of Family Practice - Q&A

Contents

Introduction

In July, the General Practice Services Committee (GPSC) and Nurses and Nurse Practitioners of BC (NNPBC) jointly announced that additional infrastructure funding (known as "NP Infrastructure Funding") from the Ministry of Health (MoH) would be available to all Divisions of Family Practice (Divisions) that include nurse practitioners (NPs) who deliver primary and community-based care (eligible NPs) as full voting members.

The purpose of this investment is to strengthen the integrated system of team-based primary care envisioned by the GPSC. While this funding is available to any Division which includes eligible NPs as full voting members the decision to do so is not mandatory and remains at the discretion of each Division.

Questions & Answers

This Q&A summarizes all the questions the GPSC and NNPBC have received about the inclusion of NPs as full voting members in Divisions. These questions have been themed into three main categories:

- Impact on the Mandate of Divisions;
- Impact on the Governance of Divisions; and
- Impact on the Operations of Divisions.

If you have any additional questions or feedback, please contact your Division Engagement Partner and/or Nurse and Nurse Practitioners of BC (NNPBC) at NPpracticesupport@nnpbc.com.

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doctors of bc

Section 1: Impact on the Mandate of Divisions

Is it mandatory for Divisions to bring NPs into their membership?

- No, it is optional for Divisions to include eligible NPs as members. There are no plans to change this in the future.
- The new NP Infrastructure Funding will support all Divisions that choose to include eligible NPs as full voting members – including those which have previously done so.
- 15 Divisions have already included NPs as either voting or associate/non-voting members and involved them in Division activities (ex. CME events). All have reported positive outcomes.

Can NPs who provide inpatient care be offered memberships in Divisions?

- Yes. However, NP Infrastructure Funding is only available to those Divisions which include NPs *who deliver primary and community-based care* as full voting members.

Where is the shift coming from to have NPs as core (i.e. full voting) Division members? Has the GPSC made an arrangement with an NP governing body?

- The GPSC does not have a formal arrangement with an NP governing body.
- The decision to include NPs as full voting members remains at the discretion of each Division.
- NP Infrastructure Funding enables Divisions to be inclusive of NPs by offering a new funding source which compliments existing GPSC Infrastructure Funding.

Where is the NP Infrastructure Funding coming from?

- NP Infrastructure Funding is provided through a Shared Cost Arrangement (SCA) between the MoH and NNPBC. This is separate from the Physician Master Agreement between the MoH and Doctors of BC which funds the Joint Collaborative Committees, the GPSC, and the Divisions.

Does including NPs have implications for the mandate of Divisions, particularly with consideration of embedding NPs into Division governance and bylaws?

- Divisions of Family Practice were formed in 2009 under the umbrella of the GPSC with funding from the Physician Master Agreement (PMA). The intent, as originally stated, was that family physicians in the area would receive professional support and the ability to influence patient care in the region.
- Some Divisions of Family Practice included NPs in their membership early on in their formation or evolution, and others have included NPs more recently, recognizing their role as longitudinal primary care providers in their community.
- There is now funding available through NNPBC for Divisions who wish to include NPs as full members.
- Adding NPs to Divisions does not change the original intent for FPs to be able to influence patient care in the region but adds NPs to a collective voice to be able to influence the provision of primary care services.
- Further, NPs play a key role within Primary Care Network (PCN) service plans – particularly when it comes to providing attached, longitudinal care as well as providing care for vulnerable patients.
- If a Division is considering adding NPs as full voting members, it is recommended that they review their governance and bylaws with their legal counsel to assess if amendments are needed. NP Infrastructure Funding is available to cover any associated costs up to a maximum of $3,500 (as described in Section 3 of this document).

Divisions are physician-led, physician-centered, and represent the needs and views of physicians. How is this going to be affected by the inclusion of NPs?

- Physician leadership is essential, and physicians will remain the most prominent group in Divisions. Approximately 455 NPs currently work in primary and community care across BC (roughly 150 are already Division members). By contrast, there are approximately 7,000 family physicians (FPs) working in the province (roughly 6,000 are Division members). If a Division chooses to invite NPs to become members, physician voices and perspectives will remain well-represented and influential.
- While Divisions were developed as physician led organizations, the intent from the beginning was to have voice and influence in advocating for the health care needs of their communities rather than being exclusively focused on physician needs. Divisions were developed under a collaborative framework to work in partnership with health authorities, community, and other providers to have a positive impact on not only the provider (or physician) experience but also keeping in mind the patient experience and population health outcomes when developing supports or influencing clinical programs.
- In their role as hubs for integrating patient care at the community level, Divisions influence family practice clinical care and leadership at the local, regional, and provincial levels. As longitudinal primary care providers, NPs offer valuable insight into both the needs of their patients and how those needs can best be met.
- Including NPs as full voting members will provide Divisions with the opportunity to better work with NPs in a team-based care environment and collaboratively address practice concerns, including how patients are attached, panel size and composition, and the availability of coverage.

If a Division includes NPs as members and those NPs have different views than their FP colleagues on an aspect of primary care, whose views does the Division represent? Is the Division responsible for bringing both NP and FP perspectives to partners?

- The FPs who currently constitute the majority of Division members already represent a variety of perspectives, areas of focus, and priorities. Including NPs will simply add more diversity and will ensure that the primary healthcare needs of all community members are considered. This will strengthen Divisions' understanding of the populations they serve and result in better outcomes for patients.

Are there expectations about how Divisions will support NPs? For example, will the Division have a role in advocacy or providing practice support for NPs, as Divisions do with FPs?

- Divisions play an important role in supporting primary care practices in their communities. In working collaboratively with FPs as a primary care provider, NPs are part of primary care practice as are other allied health and clinic team members.
- As described above, the role of the Divisions is to support their members by providing a voice and influence in identifying community needs, improving primary care at the local and regional level, and influencing broader system integration. It is expected that Divisions will continue to focus on the needs of their communities, and the needs of primary care practices regardless of the composition of the Division's membership.
- NPs receive advocacy and practice support through NNPBC and the NP Council, which is similar to that provided to FPs through Doctors of BC and BC Family Doctors.

Would it be better for NPs to have their own Divisions?

- Divisions are critical partners in BC's healthcare system and play a vital role in addressing local issues, supporting the broader transformation of primary care, and developing and implementing PCNs. As community longitudinal primary care providers, establishing separate Divisions for NPs would be inefficient, ineffective, and at odds with the GPSC's vision of integrated, team-based care.
- Bringing primary care providers together will help support role clarity and cooperation, improve the provision of healthcare at the community-level, and strengthen the influence of Divisions over primary care. This will lead to a more cohesive healthcare system which will better reflect local needs.

Section 2: Impact on the Governance of Divisions

Will NPs need to be full voting members for Divisions to receive NP Infrastructure Funding?

- Yes. These NPs must also be working in primary or community-based care for Divisions to be eligible for NP Infrastructure funding.

Is there an option for NPs to join Divisions and not be voting members?

- Yes. However, Divisions who do not grant full voting membership to eligible NPs will not receive NP Infrastructure Funding.

For Divisions to incorporate NPs as full voting members does there need to be society or co-op bylaw amendments? Is funding available to support this?

- It is recommended that Divisions review their bylaws with their lawyer(s) to assess if bylaw amendments are needed.
- Divisions may use up to $3,500 of the NP Infrastructure Funding they receive to cover any associated legal costs.

Can NPs serve on Division boards?

- NPs who are full voting members may be eligible to serve on Division boards if permitted by Division bylaws. Divisions may amend their bylaws to allow NPs to do so.

If an NP is a full voting Division member and wants to be a board director, will this tip the balance of those eligible for remuneration and therefore affect our restriction under the BC Societies Act? What about Divisions that are co-ops?

- The Societies Act limits the number of Division directors who are able to receive remuneration under contracts of employment or contracts for services; the number of Division members and the disciplines of the directors are not relevant. For example, if there are 10 board directors, only four can receive remuneration for clinical services from the Division.
- Divisions that are co-ops are only permitted one class of members. The Division would therefore need to change its structure to allow NPs to join as equal members.

Are there examples of a governance structure that include NPs in Divisions?

- 15 Divisions currently include NPs as members and four have NPs serving on their boards. Please contact the GPSC if you are interested in learning more about this.

Would the Divisions be working with NPs and the MOAs in their offices? What if the NPs are not health authority employees, will the Division be expected to be their primary support organization as they are for many family physicians?

- Divisions play an important role in supporting primary care practices in their communities (for example providing access to Up to Date, coordinating initiatives around long term care, maternity care and in-patient care, facilitating supports requested by members, developing PCN service plans with clinics to meet community need, etc.). NPs are integrated into many of these practices.
- The GPSC Practice Support Program (PSP) works with physicians and their teams in practice. NPs are often part of these teams.
- NPs can access practice support services through their health authority and/or NNPBC.
    - For more information on how NNPBC provides support to NPs, please click here or email NPpracticesupport@nnpbc.com.
    - For more information on how health authorities provide support to employed NPs, please contact the Health Authority Nurse Practitioner leadership within that health region.

Section 3: Impact on the Operations of Divisions

How much funding are Divisions eligible to receive?

- Divisions will receive $2,000 annually for each NP that is a full voting member.
- The total NP Infrastructure Funding amount a Division receives will be based on the number of NPs who are full voting members.

How does a Division access the NP Infrastructure Funding?

- Divisions interested in receiving NP Infrastructure Funding should contact NNPBC at NPinvoicing@nnpbc.com for more information and to receive the relevant forms.

How can a Division find out how many NPs are practicing in the community? Is there a way the Division can contact the NPs?

- Divisions can contact NNPBC at NPpracticesupport@nnpbc.com to access this information and to be connected with the appropriate regional contacts.

How can Divisions use the NP Infrastructure Funding?

- NP Infrastructure Funding can be used by Divisions in the same way as their annual GPSC Infrastructure Funding. This includes:
    - Compensating NPs for actively participating in Division projects,
    - Governance structures such as boards and committees, and other related work,
    - Covering costs associated with operations.
- As noted previously, NP Infrastructure Funding can also be used for legal fees to amend Division bylaws to include NPs (up to a maximum of $3,500) and for any NP integration and engagement activities.
- Prohibited activities are outlined in the NP Infrastructure Funding Fund Transfer Agreement (FTA). Please contact NNPBC at NPpracticesupport@nnpbc.com for more information.

What is the non-clinical remuneration rate for NPs participating in Division activities?

- The non-clinical remuneration rate for NPs is $122/hour.

- This rate was determined through the SCA between the MoH and NNPBC. See Appendix A for more information.

Can a Division choose to compensate NPs at a higher or lower rate?

- No. The non-clinical rate has been set at $122/hr by the MoH. For more information about how this rate was determined, please see Appendix A.

Will other GPSC funding streams (e.g., PSP) be aligning with the new NP compensation rate? Will all the Joint Collaborative Committees be aligning with the new NP compensation rate?

- NP Infrastructure Funding is provided exclusively to support NP participation and integration in Division activities. Other funding streams are not impacted.
- Additional funding for NPs to participate in PSP Quality Improvement activities is provided through other MoH-funded NNPBC programs as outlined in the SCA.
- The GPSC, MoH, and NNPBC are all aware that this rate differs from how NPs are currently compensated (up to $75/hour) for participating in other JCC initiatives.

Will the NP funding amount for Divisions be pro-rated for the current fiscal year (i.e. April 1, 2021 to March 31, 2022)?

- Yes. Funding will be pro-rated to the date that the Division allows NPs to become full voting members.
- If the Division has included NPs as full voting members since the beginning of the fiscal year (April 1, 2021), they will be able to apply for funding retroactively.

How will Divisions be accountable for the funding?

- Divisions that receive NP Infrastructure Funding will sign an Infrastructure Funding Agreement with NNPBC which establishes accountability requirements.
- Funding can be rolled over each fiscal year until the SCA between the MoH and NNPBC expires on March 31, 2024.

How will Divisions report on the funding? Will the reporting be the same as to the GPSC?

- NNPBC will provide a reporting template to each Division that receives NP Infrastructure Funding.
- As this is a new initiative, Divisions will be requested to submit a completed reporting template quarterly. These submissions will become annual once projections are established.

Will language for all Division FTAs with Doctors of BC/GPSC change to include NPs wherever FPs are mentioned? For example, where Divisions need a physician lead for a project will an NP lead or a physician lead be sufficient? Or will Divisions need an NP and a physician lead on each project?

- It is not expected that Divisions will have an equal number of physician and NP leads. These appointments will be left to the discretion of the Division board.

Which NPs are eligible to become Division members?

- Any NP can become a Division member. However, in order to receive NP Infrastructure Funding these NPs must be:
    - Licensed to practice to their full scope (this includes provisionally licensed NPs);
    - Actively practicing in primary and community care with a valid MSP #; and
    - Registered and in good standing with the BC College of Nurses and Midwives (BCCNM).

- Any requests for exemptions to the above will be considered on a case-by-case basis by NNPBC. For more information, please contact NPpracticesupport@nnpbc.com.

If an NP becomes a Division member, will they be entitled to GPSC incentives (e.g., long term care or inpatient care)?

- No. NPs are not eligible for any GPSC incentives.

With this new funding, can health authority employed NPs be compensated for participating in Division activities?

- NPs who are employed by health authorities are only eligible for compensation if it is unavailable through their employer or other sources. See Appendix A for more information.

Is access to Pathways for NPs who are full Division members included in the NP Infrastructure Funding?

- No. An agreement to provide NPs with membership in Pathways is being developed by the MoH and NNPBC. More information will be shared when available.

If NPs are full Division members, can they access UpToDate?

- Yes. Divisions can use the same process used to grant access to FPs.

If there are additional questions, please contact your Engagement Partner and/or Nurse and Nurse Practitioners of BC (NNPBC) at NPpracticesupport@nnpbc.com.

Appendix A: Non-Clinical Rate for Nurse Practitioners as Division of Family Practice Members

Overview of the development of the non-clinical rate for Nurse Practitioners (NPs):

1. The non-clinical rate for NPs has been developed based on a review of various rates and salary averages for NPs and the non-clinical/committee rates for other providers (e.g. midwives);
2. Consideration was given to the non-clinical rate for family physicians and how that rate was derived, which for NPs resulted in a calculation of a percentage of the median compensation rate for contracted NPs;
3. Consideration was also given to the total compensation for employed NPs, which includes benefits, pension, sick time, vacation, etc.;
4. The non-clinical rate was the subject of consultations with select external stakeholders such as the Nurse and Nurse Practitioners of BC (NNPBC) prior to being finalized through internal Ministry of Health processes; and,
5. The Ministry of Health and NNPBC both feel that the non-clinical rate is reflective of fair and equitable compensation for similar work.

Applying the non-clinical rate for health authority employed and contracted NPs:

This document is intended to provide principles on the appropriate use of the non-clinical rate by NPs, regardless of whether they are working as contractors or as employees of a health authority. The following guidelines apply to all NPs who are accessing the non-clinical rate:

1. NPs can access the non-clinical rate of $122/hour when they participate in eligible Division of Family Practice activities;
2. NPs seeking to access the non-clinical rate for activities associated with their Division should follow existing processes or, if no processes exist, invoice their Division directly. *Please note: only NPs who are full voting members in their local division are eligible to do so*.
3. NPs cannot access the non-clinical rate if they are compensated for the above through other means – this includes wages provided by health authorities and other employers. No double-billing is permitted. If the NP is expected to participate in the above as a representative of their employer or another organization, they should be compensated by that party and not the Ministry of Health through NNPBC.

Any questions regarding eligibility criteria should be directed to NPpracticesupport@nnpbc.com.