

Document: Nurse practitioner (NP) overview document

Purpose: To provide updated information regarding the role and support of NPs as primary care providers in interdisciplinary teams and primary care networks (PCN)

Audience: All PCN communities

SUMMARY POINTS FROM THIS DOCUMENT (Messages drawn from the text that follows on page two)

- NPs are primary care providers and are a key members of many primary care teams.
- By increasing the availability of both NPs and physicians in the system, we are working to meet the needs of the approximately 750,000 British Columbians who need a primary care provider.
- Collaborating health-care professionals working together in teams helps enhance the delivery of care to patients.
- Family physicians (FPs), NPs and other members of the primary care team working to their full scope of practice improves capacity and enhances care for patients.
- While NPs provide a scope of outpatient primary care services similar to their FP colleagues, it is recognized that the depth of medical expertise is not the same and there are areas of practice that are not considered within their scope.
- NPs place a strong emphasis on holistic care, health promotion, disease prevention, community development, relationship building and the impact of social determinants of health. NP training ensures a high level of competency in leadership, change management, health policy, and program development.
- The Ministry of Health, Doctors of BC and Nurses and Nurse Practitioners of BC (NNPBC) are working together to ensure all practitioners have the supports they need to practice and to move our system forward in support of longitudinal primary care.
- The Ministry is partnering with the NP Council of the Nurses and NNPBC to ensure practice supports are developed and available for NPs working as independent contractors within all PCN primary care models. These supports are intended to work in conjunction with existing system supports through the General Practice Services Committee (GPSC).
- In addition, NNPBC has also been contracted to develop and deliver an NP Practice Leadership Program for each region of the province.

Nurse Practitioners and B.C.'s Primary and Community Care Strategy

This document provides useful information to assist FPs, NPs, health authorities and administrators with an overview of the role and support of nurse practitioners as primary care providers in interdisciplinary teams and primary care networks.

Everyone within B.C.'s primary and community care system, including collaborative partners and providers at local, regional and provincial levels, are working hard to shift the way primary and community care is delivered for British Columbians.

As a foundational piece, there is work underway to create patient medical homes (PMHs) as the cornerstone of PCNs, and to enhance interdisciplinary team-based care through PMHs and PCNs to make the system better for patients and providers alike.

NPs are important members of primary care teams and networks. They are not intended to replace family physicians. Instead, FPs and NPs will work together as part of an interdisciplinary team. As primary care providers with a broad scope, NPs can serve as most responsible provider (MRP), and by working with family physicians and other health-care providers as part of a collaborative team, help to create capacity and enhance access and services for patients.

There are approximately 750,000 residents in B.C. who need a primary care provider. Along with family physicians, nurse practitioners can help to fill this need to increase access, while providing patients with the wrap-around team-based care they require.

By working together in a collaborative way to enhance team-based care for patients, all health-care professionals working to their full scopes of practice improves capacity and enhances care for patients.

The Ministry of Health, Doctors of BC and Nurses and Nurse Practitioners of BC are working together to ensure that, as we make the shift to a team-based care environment, all practitioners have the supports they need to practice they way they want to practice and to move our system forward in support of longitudinal primary care.

Nurse practitioner role and scope

The ministry's team-based care policy outlines the importance of patient-centred, relationship-based care that includes active participation of the patient, their family and the entire primary care team and recognizes the value of the longitudinal care relationship for patients. The vision is for all health-care professionals to work to full scope to meet the needs of the patient population being served and for the right provider to be available at the right time.

NP education and training goes beyond nursing science to encompass a curriculum that blends elements of both nursing and medicine and places a strong emphasis on holistic care, health promotion, disease prevention, community development, relationship building and the impacts of social determinants of health. In addition, NP training also ensures a high level of competency in leadership, change management, health policy, and program development.

The BC College of Nursing Professionals (BCCNP) nurse practitioner scope of practice outlines the standards, limits and conditions in which an NP must practice. It can be found at [BCCNP](#) and the BC Medical Quality Initiative further defines requirements for privileging of NPs in “non-core” activities and can be found at [BC MQI](#).

A nursing lens provides NPs with skills in care coordination, to connect patients to community resources and ensure continuity of care as patients transition through the system. NPs also bring skills in program development and incorporation of team functioning into primary care. This foundational component of NP education can be leveraged in the system to maximize impact.

While the approach of the NP differs from their FP colleagues, NPs provide similar primary care services and the evidence on the role of the NP as a competent primary care provider is clear.^{1,2,3,4,5,6,7,8} It is recognized, however, that the depth of medical expertise is not the same and there are a few areas of practice that are not within scope or may require additional training:

1. **Obstetrical care:** NPs provide pre and post-natal care, but NP education and training does not prepare the NP to provide obstetrical care during delivery.
2. **Major surgery:** NP education and training does not include surgical training and NPs are not prepared to work in the operating room or perform major procedures. Please note that minor procedures are within scope, including basic suturing, basic casting, wound management, skin biopsy, IUD insertions, and other minor procedures.
3. **Emergency room:** NPs require further training to provide full emergency department services; however, they can provide urgent care coverage.
4. **Acute care-** NPs may require additional training to provide hospitalist care in rural and remote areas (dependant on previous training and work experience as a registered nurse in acute settings)

Practice supports for NPs

Health-care professionals require adequate professional support and continuing medical education to optimize their role and function within the primary health care team. NPs do not currently have full access to an existing practice support program, such as those offered through the GPSC for physicians. Additionally, independently contracted NPs will not have access to the health authority supports that are currently available for health authority-employed NPs.

To that end, the Ministry of Health is partnering with the NNPBC to ensure practice supports are developed and available for NPs working as independent contractors within all PCN primary care models. This will ensure there is alignment in available practice support programs and that both professions have access to appropriate practice supports.

The NP practice support program is intended to work in conjunction with, and add to existing system supports and collaborate with partners such as the GPSC and Doctors of BC, rather than create a siloed program specific to NPs.

In addition, funding will also be provided to NNPBC to develop and deliver an NP practice leadership program for each region of the province. This will include staffing for each health region with an NP practice lead who will provide clinical and professional coaching, mentoring and leadership to service contracted NPs within that region. The NP practice leads will also act as liaisons with regional PCN partners to assist with NP role clarity and support successful integration of NPs into team-based primary health care systems - whether NPs are working in patient medical homes, urgent and primary care centres, community health centres or other models.

This practice support and leadership program will help to address questions on the ground in communities as they arise and will work to support all PCN partners to ensure successful integration of NPs into a team-based primary healthcare system.

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1 Journal of Health Economics 58 (2018) 90–109. Nurse practitioner independence, health care utilization, and health outcomes. J. Traczynski, V. Udalova.

2 Swan, M., Ferguson, S., Chang, A., Larson, E. & Smaldone, A. Quality of primary care by advanced practice nurses: a systematic review. *Int J Qual Health Care*. 2015 Oct; 27(5): 396–404. Published online 2015 Aug 3.

3. Munding MO, Kane RL, Lenz ER, et al. Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians. A Randomized Trial. *JAMA*. 2000;283(1):59–68. doi:10.1001/jama.283.1.59

4 Stanik-Hutt, J., Newhouse, R.P., While, K.M., Johantgen, M., Bass, E.B., Zangaro, G., Wilson, R. Fountain, L., Steinwachs, D.M., Heindel, L, Weiner, J.P. (2013). The Quality and Effectiveness of Care Provided by Nurse Practitioners. *The Journal for Nurse Practitioners*, 9 (8): 492-500 e12

5 Mafi J.N., Wee, C.C., Davis, R.B. & Landon, B.E. (2016). Comparing Use of Low-Value Health Care Services Among U.S. Advanced Practice Clinicians and Physicians *Annals of Internal Medicine* 165 4

6 Norful, Marichal M, Cho H, & Poghosyan, L. Nurse practitioner – physician comanagement of primary care patients: The promise of a new delivery care model to improve quality of care. *Health Care Management Review* 2017.

7 Sangster-Gormley E, Martin-Misener R, Downe-Wamboldt B, DiCenso A. Factors affecting nurse practitioner role implementation in Canadian practice settings: An integrative review. *Journal of Advanced Nursing* 2011; 67(6): 1178-1190

8 Xue Y, Ye Z, Brewer C, Spetz J. Impact of state nurse practitioner scope-of-practice regulation on health care delivery: Systematic review. *Nursing Outlook* 2016; 64(1): 71-85.