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## **Nurse Practitioners on the Front Lines**

The mantra across the health care community in recent years has been to provide better primary care to keep people healthy and contain costs. By intervening early and sharing healthy living information, the goal is to keep people out of some of the more expensive areas of the system. “It can’t keep spiraling out of control in terms of costs and services,” Prince George nurse practitioner Linda Van Pelt said. “We all know that, we’re just trying to figure out how to work towards that.” By integrating nurse practitioners into front-line primary care, Van Pelt believes the system can do a better job of serving patients and help keep costs contained at the same time. Nurse practitioners hold a postgraduate degree in their field and are afforded more responsibilities than registered nurses. In some cases they work with physicians in traditional fee-for-service clinics, others work directly for health authorities and some provide services in the private sector. Northern Health employs 16 nurse practitioners at the moment and has secured funding for five more positions.

“Northern Health is focused on primary health care and nurse practitioners are a way to have another provider to help us increase access,” Northern Health regional director for primary health care Gayle Anton said, noting they’re a perfect fit for the goals of the health authority. Van Pelt, who works at the Blue Pine Primary Health Clinic, said her practice in many ways mirrors what general practitioners do at the clinic. She sees patients of all ages -from babies to the elderly – presenting with a variety of conditions from chronic diseases to high blood pressure to those with cold and flu symptoms. “In terms of the medical care staff, the [nurse practitioners] and [general practitioners] that do primary care, our practices probably on the surface look quite similar,” she said. “We see patients, we do assessments, we make treatment decisions, we order investigations, we order medications and then we plan follow up.” The doctors and nurses meet regularly to discuss complex cases and “cross-consult” with doctors seeking advice from nurse practitioners and vice-versa.

Among the challenges nurse practitioners face is educating people as to their role in the system and fitting into the current funding model. Anton said holding community meetings and talking to groups who will likely access the health care system like the Ministry of Children and Family Development is important to lay the ground work when nurse practitioners enter a community so that people know exactly what they do. When it comes to financing health care, Van Pelt said the current system can sometimes lead to tension, but said that’s not the case at her clinic because they don’t charge based on fee for service. “We have a well-established system of a fee for service, physician-centred primary care delivery in our health care system, but that’s been changing over many years,” Van Pelt said. “[The changes are] taking place at different rates

across the country.” In B.C., most nurse practitioner positions are funded through a proposal model. Health authorities, First Nations communities or nurse practitioners themselves must send a proposal to the provincial government explaining why a certain job would be useful.

The nurse practitioner program at UNBC currently has about 43 students taking the six semester program in two-, three-, or four-year streams. All of the students have had previous experience working as registered nurses and many of the courses are offered through distance education so that people working in rural and remote communities can access them. “We try to make it as doable for as many people as we can,” said Van Pelt, who in addition to her practice at Blue Pine also co-ordinates the program at UNBC. By encouraging distance education, UNBC is matching one of the major needs Northern Health is facing -delivering primary care to in rural and remote settings. For instance, Anton said in Prince Rupert that means having a nurse practitioner going by boat or plane to remote communities, in other cases its reaching out to local First Nations communities. “Almost all of our nurse practitioners provide care in the communities where they live, but often they also go to [nearby] First Nations communities and provide care to people on reserves,” she said.

First Nations outreach can include things like holding a women’s health day on a reserve to preventative care and education, but Anton stressed the importance of consulting with communities to identify needs. By providing care in under-served communities, Van Pelt said nurse practitioners aren’t trying to compete with physicians nor are they intended to be a stopgap measure until more doctors are located in rural areas. Instead she said the nurse practitioners are part of a permanent solution to providing primary care to more people. “We don’t look at ourselves as physician replacements,” Van Pelt said. “There’s lots of different types of health care providers and lots of different types of care people need.”