



## Opportunities to Integrate Nurse Practitioners into Primary Care Networks

### **Preamble**

Team-based care is at the foundation of British Columbia's vision for a more accessible system of primary and community care. In team-based care, interdisciplinary teams of General Practitioners (GPs) and Nurse Practitioners (NPs), social workers, dietitians, counsellors and other highly trained professionals work together, bringing their unique skills and expertise together to provide the best possible care for their patients.

As part of Phase 1 planning in the PCN Service Plan Template, communities are being asked to identify the providers they feel would be most effective in reducing their determined attachment gap while meeting the needs of their communities. NPs are listed as one of the options to be added for this purpose.

The Ministry of Health (the Ministry) recognizes NPs as an integral part of the primary and community care system. NPs approach their practices with an emphasis on health promotion, disease prevention, social determinants of health, health equity, and working as part of a team. They also facilitate system change through leadership and participate in research, education, and change management activities as health care leaders.

It is important to consider these aspects of the NPs' role, in addition to their expertise, when determining the most effective mix of health care providers for your community: depending on your community's needs, the NP can be an important element of your integrated team.

### **Options**

There are multiple options in the Service Plan for implementing NPs into the Primary Care Network.

1. Recruit an NP to join an existing GP or NP practice. This may be an option in cases where there is interest and space available in current practices.
2. Support NPs to open new team based practices in the community. This may be an option where there is interest, attachment need, and space in the community to support the creation of a new primary care clinic. Depending on the model, these new practices could become prototypes for team-based care.

For each of these options, there are two compensation models available:

- A. NPs are employed through the Health Authority (HA)
- B. NPs work under a Service Contract administered through the HA

Please note that these two options are the only two offered for NP practice. The Nurse in Primary Care Practice proof of concept arrangement that is currently in place in two communities in BC, will not be available more broadly for NPs at this time.

## Principles

The placement of new GPs and NPs in communities will be done collaboratively with the PCNs. The following principles should provide clarity regarding specific points of engagement moving forward.

### PLACEMENT

- NP roles will be based on the population needs as identified through PCN development in the community, and readiness.
- Role development prior to hiring NPs will be done to ensure proper fit for the existing team and patient population by the location of hire and will include consultation with local NP leadership if available.
- NPs will be added to practices where team-based care is encouraged and hierarchy is discouraged.

### COMPENSATION

- NPs will be added to existing clinics or new clinics as either independent contractors or employees depending on the needs in the community.
- NP compensation models will include the following options:
  - employment model: salary, benefits and overhead
  - contract model: contract rate (inclusive of benefits) and overhead

### ATTACHMENT

- It is expected that patients will be rostered to the NP.
- For NPs attaching patients, expectations for panel size will range from 500-1000 depending on the complexity of the patient population and years in clinic.

### COMMUNITY ENGAGEMENT

- NPs will have dedicated time to engage with the community, implement best practices and facilitate team-based care in both compensation models (service contract and HA employee).
- NPs will be members of the local Department of NPs and work to their optimal scope of practice as part of the team, including participating in call groups, and covering patients in hospital and residential care as appropriate.
- Divisions of Family Practice are encouraged to expand their membership to include NPs, providing them with the opportunity to participate in decisions about the primary care needs of the community. Where this has not occurred, communities must demonstrate how they are effectively engaging and collaborating with local NPs in the development of the primary care network service plan and for ongoing implementation of team based primary care services.

### Available Resources

1. NP Development and Implementation Toolkit (attached)
2. **Dr. Natasha Prodan-Bhalla**  
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3. Regional NP Leads/Department Heads
4. Local NPs