

Nurse practitioners can solve B.C. primary care woes, conference told

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Association calls for a patient-centred interprofessional approach in the province

Despite decades of government dollars directed to efforts such as A GP For Me—a Doctors of BC and provincial partnership—approximately 15% of British Columbians are still lacking a family physician. The solution? A greater role for nurse practitioners, according to their provincial association.

The key challenge is “making a culture shift. Our approach is different. It’s about an alternative provider,” Natasha Prodan-Bhalla told attendees at “Taking the Pulse of Primary Health Care Reform,” the recent annual health policy conference of the UBC Centre for Health Services and Policy Research.

Prodan-Bhalla is vice-president of the B.C. Nurse Practitioner Association and co-author of a BCNPA report released late last year titled “Primary Care Transformation in British Columbia: A New Model to Integrate Nurse Practitioners.”

She told the conference that the NP has been “the most studied role in health care” for over 40 years, with research showing that their care is cost-effective and equivalent in quality to that of their GP colleagues. Studies have shown similar outcomes to GPs in patient satisfaction, prescribing and chronic disease management, she said.

A recent U.K. study on after-hours primary care for more than 12,000 patients found no differences in health outcomes for patients cared for by NPs, but less resource consumption and fewer referrals to emergency departments.

A B.C. Interior Health Authority study found that 73% of patients were willing to see an NP and that viable funding was the main barrier. Resistance to change and territorial rhetoric are also persistent barriers, said Prodan-Bhalla. However, the BCNPA currently receives weekly requests from doctors, patients and communities seeking their services.

NPs have been working in B.C. for the past 10 years. Three B.C. universities each train up to 15 NPs per year. Of the province’s 450 NPs, 197 practise in primary care settings, 20 in rural areas. All are salaried by health authorities. However, funding has been frozen since 2011. The lack of long-term funding (distributed through health authorities rather than where most primary care is delivered), and a lack of recognition of NPs’ role in achieving similar outcomes to GPs, has made the profession an under-utilized resource for increasing access to care, said Prodan-Bhalla.

The BCNPA is proposing a two-pronged model to change primary care delivery, firstly introducing NPs into patient medical homes and existing practices to immediately attach more “orphan” patients to practices. The second phase would be a transformation of care delivery in interprofessional, patient-centred and community-based team practices throughout B.C.

Discussions should include all health professionals and not be restricted to the General Practice Services Committee, said Prodan-Bhalla. Interprofessional team-based practices would provide the right provider for the right cost, she said.

The NP model would focus on wellness and quality of care, rather than illness and volume of patients, she said. The salaried NP can “lead the way in moving primary care from a fee-for-service model to salaried and other effective funding models,” she said. Health authorities also need clear direction with organizational structures to create a standardized approach to NP practice, she said.

The BCNPA has recommended that the provincial government set up an NP advisory group and increase the numbers of university places for NPs. It also wants an interprofessional working group to oversee primary care reform and for government to "boldly move forward" with interprofessional collaborative models of care.
