Nurse Practitioners in Primary Health Care in Canada

PAHO/WHO Celebration of International Nurses Day

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Overview

• Describe universal health care in Canada
• Discuss the education, regulation and deployment of nurse practitioner (NPs) in primary health care (PHC) in Canada
• Discuss NPs’ contributions to advancing universal health coverage and sustainable development goals
Universal Health Care in Canada? Yes and No

• Universal access to hospital and physician care (independent business model) since Medicare in 1968
• Key principle: access based on need not ability to pay
• Medicare paid through taxation and federal provincial transfers
• Mix of public/private insurance (e.g. prescription drugs, home care) or only private insurance (e.g., dental care, physiotherapy)
• No national health care system; rather, separate provincial (10) & territorial (3) insurance plans and policies
• Has some common and some unique challenges

(Martin et al., 2018)
Population Density and Health Services
(Martin et al., 2018)
Indigenous Health Inequities
Primary Health Care-the Foundation of Health Systems

• People-centred

• First point of entry to overall health system

• Ongoing point of contact with overall health system

• Where most people get most of their health care

(Starfield et al., 2005; Shi, 2012; Freidburg et al., 2010; Kringos et al., 2013; McMurchy, 2009)
50+ Years of Improving Access to PHC

“Historically, nurses have worked in an expanded capacity in remote regions of northern Canada out of necessity, [...] and eventually, it just evolved that nurses had to take on many roles that were traditionally within the medical realm, and doing things like suturing and reading X-rays, and so we have evolved. We are almost, you could say, the first generation of the NP”

(Kaasalainen et al., 2010, p.38)
First Year of NP Regulation

Source: Canadian Institute for Health Information, 2011
Regulatory & Legislative Enablers

• Title protection
• Improved mobility
• Improved understanding of liability protection for NPs
• Leadership from the Canadian Nurses Association, Canadian Council of Registered Nurse Regulators and others have led to removal of provincial barriers to practice

(Martin-Misener & Bryant Lukosius, 2016)
NURSE PRACTITIONERS – Untapped Resource

NURSE PRACTITIONERS (NPs) IMPROVE TIMELY ACCESS TO HIGH-QUALITY, COST-EFFECTIVE CARE in a broad range of health-care models. Through their practice and collaboration with other health-care providers, NPs reduce pressure on the health-care system.

Education
- 6+ years of academic and clinical experience

- Bachelor’s degree in nursing
- RN licence/registration
- Graduate NP education
- NP licence/registration

AUTONOMOUS ROLES FOR NPs:
- Perform Physical Exams
- Order Tests
- Diagnose & Treat Illnesses
- Write Prescriptions
- Admit / Discharge
- Provide Referrals

IMPACT
- Improved Access to Care
- 20% reduction in emergency department admissions from long-term care
- 24% increase in family satisfaction with quality of care
- 55% reduction in the use of multiple medications

WHERE DO THEY WORK?

Number of Canadians receiving primary care from an NP:
3 million
Estimated 800 patients per NP

1960s
Begin practicing to increase the quality of health care in northern and underserved locations

1977
Becomes a regulated profession to address the increasing demand for primary health care

1997
Federal government passes laws allowing Nurse Practitioners to receive additional prescribing authority for controlled drugs

2006
1,142 NPs; Canadian Nurse Practitioner Initiative launched

2009
New regulations broaden scope of practice

2016
4,882 NPs
Models of NP Practice

(DiCenso et al., 2003)

Primary NP/MD Relationship | NP Practice Focus | Primary NP/MD Relationship
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Collaborative | Condition Based
NP practices to scope with a focus on a specific health/illness condition | Consultative

Key Characteristics:
Collaborating MD has a formal and ongoing relationship with the patient population along with the NP
MD and NP "share" care of patients
MD not directly remunerated for collaboration

Population Based
NP practices to scope with a focus on a specific population (age, sex, geography)
Scope Based
NP practices to scope with a focus on a general primary care population

Key Characteristics:
Consulting MD does not have a formal and ongoing relationship with the patient population served by the NP
Primary MD role is to consult with NP
MD remunerated for consultation

Degree of consultation is predetermined, negotiated

Degree of collaboration is opportunistic, ad hoc
Impact of NPs in PHC

• Improve health outcomes for disadvantaged, complex, and hard to reach patient populations
• Reduce the burden of chronic illness
• Achieve efficiencies in health care systems
• Improve quality of PHC services through development/uptake of best practices
• Improve patient healthcare experiences
• Strengthen the nursing profession

(Bryant-Lukosius & Martin-Misener, 2015; Martin-Misener et al., 2015)
NP Contributions to Sustainable Development Goals

- SDG 1 - No poverty
- SDG 3 - Good health and wellbeing
- SDG 5 - Gender equality
- SDG 8 - Decent work and economic growth
- SDG 10 - Reduce inequalities
- SDG 17 - Partnerships for the goals

(Bryant-Lukosius & Martin-Misener, 2015)
5 Key Challenges for NPs in Canada

• Optimizing team-based care
• Quality and productivity balance
• Funding models
• Equity
• Accountability and governance
Happy 2018 Nurses Week

*Much to Celebrate and Much Still to Do*

Thank you

Obrigada

Gracias