ADVANCED PRACTICE NURSING IN PRIMARY HEALTH CARE IN CANADA

PAHO ADVANCED PRACTICE NURSING SUMMIT FOR UNIVERSAL HEALTH COVERAGE

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Presentation Objectives

- Current context of APN in Canada
- Top 3 changes in nursing roles that increased access to primary health care (PHC)
- Barriers to the optimal use of APN roles in PHC
- Facilitators to the optimal use of APN roles in PHC

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Canada

- APN roles introduced in the mid 1960s
- APN roles exist in all 13 provinces and territories
- Two types of APN roles recognized in Canada:
  - Clinical Nurse Specialist (CNS)
  - Nurse Practitioner (NP)

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CNS Role in Canada (CNA, 2014)

- Master’s or doctoral degree in nursing

- Improve access to integrated and coordinated services through innovative nursing interventions

- Lead as clinicians, researchers, consultants and educators to address complex healthcare issues at multi levels: patients, providers, and organizations/health systems

- Develop clinical guidelines, promote the use of evidence, provide expert support and facilitate systems change

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CNS Role in Canada
(Kilpatrick, DiCenso, Bryant-Lukosius, Martin-Misener, & Carter, 2013)

- Same scope of practice as a registered nurse
- Work mostly in specialized acute care and ambulatory care settings
- Recent trends in shifting roles to community settings
- Few CNS roles in primary health care except in specialized roles such as for diabetes management
CNS Roles for Community-Based Aboriginal Health Care

- In 2005, Health Canada introduced CNS roles for 600 Indigenous (First Nations and Inuit) communities across the country (Veldhorst, 2006)

- To address unmet health needs, improve the recruitment and retention of nurses and improve the quality of nursing care in areas with high risk populations:
  - Maternal and Child Health
  - Mental Health and Addictions
  - Chronic Disease Management
  - Diabetes

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NPs in Canada (CNA, 2009)

- Family/All Ages (Primary Healthcare), Adult, Pediatric, Neonatal, and Anesthesia

- BScN or Master’s degree

- Autonomously diagnose, order/interpret diagnostic tests, prescribe pharmaceuticals, perform procedures

- Focus on individuals, families and communities

- Provide comprehensive clinical care: health promotion, disease prevention, illness management and supportive, curative, rehabilitative and palliative care

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Optimizing the Role of Nurses in Primary Care in Canada

Final Report

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Improved Access to PHC by NPs

Increasing numbers of NPs (CIHI, 2012 & 2013)

- In 2013, there were 3,655 NPs making up less than 1% of the nursing workforce in Canada.

- Between 2008 and 2012, the supply of NPs in Canada grew by 96.9% to a total of 3,286.

- NPs in all 13 provinces/territories. The majority (60%) of NPs are in Ontario.

- The majority (60%) are PHCNPs working outside of hospitals.

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Improved Access to PHC by NPs

Optimized NP Scope of Practice

- Almost all legislative and regulatory barriers to full scope of practice have or will soon been eliminated in most provinces.

- NPs are regulated roles with expanded scope of practice:
  - Must complete an accredited NP program and a registration examination.
  - Rigorous quality assurance requirements to maintain competency.

- Authority to diagnose, prescribe, treat, refer to other providers, admit and discharge patients from hospital in most but not all provinces.

- Federal restrictions to prescribing controlled drugs (e.g., opioids) have been addressed. Provincial legislation achieved in 5 of 13 provinces and territories.

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Improved Access to PHC by NPs

**Increased access to graduate level NP education**

- Shift from continuing education for an “expanded nurse” role to accredited NP specific education programs at the BScN and now almost all at the Master’s level

- NP curriculum based on national core competencies (CNPI, 2006).
Primary Healthcare NPs in Canada
(Donald, Martin-Misener, Bryant-Lukosius et al., 2010)

- Backbone of rural healthcare
Primary Healthcare NPs in Canada

(Donald, Martin-Misener, Bryant-Lukosius, et al., 2010)

.....and northern and remote regions
Primary Healthcare NPs in Canada

(Donald, Martin-Misener, Bryant-Lukosius et al., 2010)

Often introduced to address the healthcare needs of very complex and vulnerable populations in urban settings.
Recent Ontario–Based Research  
(Russell et al, 2009)

**Chronic Disease Management (CDM)**

- 137 randomly selected primary care practices involving 4 unique delivery models
  - Capitation, fee for service, blended model, Community Health Centre

- Evaluated evidence-based care delivery

- High quality CDM in primary care consistently associated with the presence of NP regardless of delivery model

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Recent Ontario–Based Research
(Ducharme et al, 2009)

Emergency Departments

- Patients were 1.6 (with PA care) and 2.1 (with NP care) times more likely to be seen within wait time benchmarks.

- Lengths of stay were 30.3% (PA) and 48.8% (NP) lower.

- When not on duty, 44% (PA) and 71% (NP) patients left without being seen.

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NP Led Family Health Teams (FHTs) - Ontario

- Comprehensive, patient focused primary health care to clients in the community from birth to senior years
- Health promotion and disease prevention
- Chronic disease management
- Support for persons with mental illness
- Care coordination and system navigation
- Integrated care through community

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Evaluation of Sudbury NP-Led FHT
(Heale & Pilon, 2012)

- High patient satisfaction

- Access, shorter wait times, same day appointments, avoiding walk in clinics and ED visits, better control of medical condition and life style counseling

- Almost 50% of patients received life style counseling
  - Most reported life style changes (smoking cessation, improved diet, increased exercise)
  - Health improvements (weight loss, lowered BP, improved CDM, stress management)

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Barriers to CNS and NP Role Integration in Canada
(DiCenso, Bryant-Lukosius, Martin-Misener, Donald, Abelson et al., 2010)

- Ad hoc role development and implementation
- Substitutive vs complementary roles
- Fragmented approach to integration
- Lack of role clarity and role awareness
- Mismatch between education and practice
- Restrictions on scope of practice and lack of protected titling
- Failure to address environmental barriers
- Intra and interprofessional tensions
- Funding
- Producing and using evidence
Barriers and Challenges to APN Role Integration

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Barriers and Challenges to APN Role Integration

- **Delivery of APN Education**
  - Challenged by Canada’s geographic size and diversity of population size, health needs, economics and health policies across jurisdictions
  - Shortages of faculty with APN expertise
  - High costs of delivering specialized programs
  - Need for better standardization/consistency of PHCNP education and to optimize non-clinical dimensions of advanced practice
  - Need for interprofessional education to improve collaboration and integration of APNs in healthcare teams

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Barriers and Challenges to APN Role Integration

- **Physician role acceptance and support**
  - Inadequate compensation to consult and collaborate with NPs
  - Fee-for-service funding models

- **NP remuneration**
  - High variability in NP salaries between primary and acute care
  - NPs cannot bill, salaries are supported by organization operating budgets and can be perceived as an added cost, making physician fee-for-service models more attractive
  - Reliance on specific government funding envelopes for new roles

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Requires targeted strategies at different levels of the health care system

- Federal, provincial, territorial, and organizational
- Pan-Canadian approaches
- Education, legislation and regulation, role planning
PHCNPs – Enablers
(DiCenso, Bryant-Lukosius, Martin-Misener, Donald, Abelson et al., 2010)

Provincial/Federal Policy Priorities for Primary Health Care Reform

- Federal government funding for pan-Canadian initiatives to define and develop PHCNP roles (CNPI, 2006)
- Federal/provincial receptivity to new legislation and regulation
- Provincial funding for education programs and new PHCNP roles deployed to varied community settings
- Emphasis on interprofessional collaboration and team-based models of care
- Shift away from fee-for-service physician reimbursement model
PHCNPs – Enablers and Opportunities

(DiCenso, Bryant-Lukosius, Martin-Misener, Donald, Abelson et al., 2010)

- Addressed physician concerns about liability by increasing NP liability coverage
- Actual or perceived shortages of physicians
- Growing emphasis on accountability in health care and pay for performance models focused on quality of care
- Indicators for evaluating the quality of NP services in primary health care
  (Carter, Bryant-Lukosius, Donald, Kilpatrick, Martin-Misener, et al., 2015).
Enabler: Determine NP Workforce Needs

- Benchmarking for NP caseload and comparative analysis of NP pay scales
  (Martin-Misener, Kilpatrick, Bryant-Lukosius, Carter, Donald, Harbman & Valaitis, 2013)

- Measuring factors that influence NP activities and the implications for optimizing NP panel size in primary health care
  (Donald, Martin-Misener, Kilpatrick, Bryant-Lukosius, Bourgeault, Carter et al., 2014)
 Enable Role Integration  

(DiCenso, Bryant-Lukosius, Martin-Misener, Donald, Abelson et al., 2010)

- Use systematic and patient-focused approaches to role planning and implementation
- Early stakeholder engagement in role planning to promote role understanding and acceptance
- Clearly define APN roles
- Promote public and health provider awareness

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The PEPPA Framework

1. Define patient population and describe current model of care
2. Identify stakeholders and recruit participants
3. Determine need for a new model of care
4. Identify priority problems and goals to improve model of care
5. Define new model of care and APN role
   - Stakeholder consensus about the “fit” between goals, new model of care, and APN roles
6. Plan implementation strategies
   - Identify outcomes, outline evaluation plan, and collect baseline data
   - Identify role facilitators and barriers (stakeholder awareness of role; APN education; administrative support and resources; regulatory mechanisms, policies and procedures)
7. Initiate APN Role Implementation Plan
8. Evaluate APN role and new model of care
9. Long-term monitoring of the APN role and model of care

ROLE OF NURSING PROFESSION AND APN COMMUNITY
- Define basic, expanded, specialized and advanced nursing roles and scope of practice
- Define standards of care and APN role competencies
- Define a model of advanced practice
- Establish APN education programs
- Evaluate APN outcomes

Provide education, resources and supports
Develop APN role policies and protocols
Begin role development and implementation

Uptake of the PEPPA Framework

(Carter & Boyko, 2014)

- 142 citations from the published and gray literature
- 60% from peer reviewed publications
- 14 countries, translated into different languages
- Government agencies, healthcare institutions, professional associations, universities
- APNs, researchers, educators, policy-makers, healthcare administrators, other advanced providers

Framework application
Framework Benefits

(Bakker et al., 2009; Ducharme et al., 2009; McAiney et al., 2008; McNamara et al., 2009; Robarts et al. 2008)

- Identifies and anticipates important steps in role planning, implementation and evaluation
- Improves team function through participation in role planning and decision-making
- Promotes APN role clarity and agreement about role priorities
- Promotes APN role understanding, acceptance and support through stakeholder engagement
- Improves care coordination and patient satisfaction with care through patient input in role design
- Minimizes barriers and maximizes facilitators for role implementation
Designing
Innovative Cancer Services and Advanced Practice Nursing Roles: Toolkit
ADVANCED PRACTICE NURSING (APN) Data Collection Toolkit

A compendium of common instruments to measure dimensions of APN for policy makers, managers, researchers, APNs and graduate students involved in APN role development, implementation and evaluation

WHAT IS IT?
A compendium of research instruments or tools used in APN related research. Since searching for instruments using electronic databases can be time consuming, we have developed a web-listing that gives you quick access to APN related data collection tools. The tools are organized to inform development, implementation, and evaluation of advanced practice nursing based on the PEPPA framework.

WHERE CAN I FIND THE TOOLKIT?
Via the APN Nursing Chair website, http://www.apnnursingchair.mcmaster.ca
Look for the red button that says “Click here to enter the APN Toolkit”.

WHO CAN I CONTACT FOR MORE INFORMATION?
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EXAMPLE OF A TOOL AS SUMMARIZED IN THE APN TOOLKIT

Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS)

Scale format: 44 items, each measured using a 6-point Likert scale. Response options: “Very Satisfied” = 6; “Satisfied” = 5; “Neutral” = 4; “Dissatisfied” = 3; “Very Dissatisfied” = 2; “Don’t Know” = 1.


Strengths: Easy to administer and score; covers a wide variety of previously published factors associated with job satisfaction.
In Summary

✓ Much progress has been made to increase access to high quality primary care services in Canada through improved integration of APN roles

✓ Continued efforts are required, especially to produce and better use evidence to support APN integration
  ✓ Improve our understanding of “HOW” APNs make a difference
  ✓ New APN roles and care delivery models (e.g. NP-Led FHT clinics)
  ✓ Cost effectiveness, productivity and quality of care

✓ Disseminate and publicize research on benefits of APN roles

(DiCenso, Bryant-Lukosius, Martin-Misener, Donald, Abelson et al., 2010)

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