International Lessons from Non-physician Primary Health Care Worker Integration

Purpose: To share my experience of working with Non-Physician Primary Care Workers, with various position titles throughout the world but for our intents here we use Nurse Practitioners (NPs) with similar scope of practise, since the early 1980’s and their cost efficient integration into primary care, and to make recommendations from these lessons for PEI Primary Care Reform.

Summary: Resource poor nations have used non-physician primary health care workers for years. Due to healthcare cost escalation, patient expectations, and changes in physician practise patterns and remuneration, we have similar strains on our healthcare resources (both financial and human). Too many Islanders remain without a family doctor and report difficulty with access to timely appointments, often ending in walk-in clinics or ER’s. There are lessons we can learn about more efficient integration of NPs into primary care practices. Health PEI’s current expectation of NP’s workload is three patients an hour, which based on my international experience is an inefficient use of NPs at their current salary and overhead costs. I will propose a different, and I believe more efficient, model for integration.

Recommendations:
1. Move well child care under one roof and have NPs and Public Health collaborate and involve family physicians (FPs) only if problems.
2. Have NPs do all health maintenance and disease screening (suggest booked AM appointments).
3. Have NPs see, triage, and treat where able, all same day urgent visits (including those presenting in the ER). Afternoon slots should all be left open for same day urgent visits.
4. FP’s in collaboration with LPNs and BNs do chronic disease management.
5. FPs see referred diagnostic and management problems referred on by NPs, who in turn do specialist referrals if needed.
6. FPs will learn and do procedures outside scope of NP, and currently often referred to specialists.
7. Primary Health Care Clinics should be physician led.
8. Consider rostered practises and blended physician remuneration schemes.
9. Integrated EMR to facilitate true collaboration and avoid duplication.

Submitted by:
Hendrik Visser, MD
Wholeness Family Clinic
Crapaud, PEI
havisser@wholenessfc.com