

## **Nurse Practitioner.**

The Cardiometabolic collaborative clinic is seeking a NP to assist in the primary care needs of our unattached patients as it pertains to optimizing the management of their metabolic health. The current climate which lacks primary care practitioners undermines the optimization of the health of patients with chronic disease. In order to address this health care gap we are seeking a suitable candidate to work collaboratively with a team of physicians and allied health care professionals, who will provide training and mentorship. The team comprises, GP, endocrinologists, cardiologists and hepatologists.

**The successful candidate should have a background in primary care and an interest in optimizing the health of patients with chronic medical conditions specific to cardiometabolic health and adiposity related disease.**

**Details of the cardiometabolic clinic can be found at the website [www.victoriacmcc.ca](http://www.victoriacmcc.ca)**

**The need in the current care system that you would address:**

- Bring *continuity* and primary care services to individuals who are unattached and presenting with multiple comorbidities in which the incorporation of a full team approach would help to lessen their illness state,
- Work within an interdisciplinary care team to *expand* programs/services offered to patients and facilitate new interdisciplinary team services. This means all members of the team working both as an educators and facilitators within the clinic. The expanded services would include programs such as primary care for patients of the specialist providers who need close monitoring/continued management of comorbid concerns and who are not currently assigned a primary care provider. The integration of educational teaching sessions for patients regarding metabolic health, hepatic illness, primary health prevention and development of virtual care programs for those patients not from within the geographical area,
- Continuity for follow up of patient illness, ready access to treating specialists, integrated biweekly care coordination rounds, liaise with further integrated specialists who are current participants within the care collective,
- Ensuring continuous care for those individuals who are at greatest risk of comorbid health developments and impact for health. This would include access to a hepatologist, endocrinologist, internal medicine specialists and cardiologist who can help provide rapid collaborative input into the shared patients.

**What are opportunities for NP?**

- Develop patient roster of at-risk clients who have multiple comorbidities and are currently unattached
- Ability to actively collaborate with a specialist team that is readily accessible to the NP and those specialists are also care providers for the client, thus ceasing fractured care,
- prescribes, orders/interprets labs and ancillary testing as required, provides health promotion and screening as per BC Guidelines, refers to specialists as indicated for further investigation,

- participates in educational opportunities to include both team members, patients, and students.

### **What would this look like?**

- Full day clinics under the provision of a 1.0 FTE. This may be provided through both in person and virtual platforms.
- The Nurse Practitioner would be responsible for the provision of primary care services within the multidisciplinary setting. The specialist staff would not be responsible for provision of primary care.
- Provide orientation to the clinic for the Nurse Practitioner
- Building of a sustainable roster of patients who have complex health needs and are not currently attached to a primary care provider. The initiation of the contract as outlined through the current community NP contracts being funded under the creation of patient medical homes (PMH),
- Vacation coverage would be provided by the general practitioner who will also be employed in the clinic and vice versa for family practice patients,
- Patients would have a complex health concern, would be unattached, and need monitoring for both chronic and acute health conditions with overall optimization of chronic health comorbidities and minimization of strain on walk-in clinics, urgent care centers and local emergency services as able.

### **What we will provide**

- Suitable clinic space for NP to work out of, standard equipment/supplies applicable to the provision of primary care, MOA support, access to EMR and related services such as Pharmanet and funding to provide the NP wage, overhead cost to clinic and possible funding for further MOA position support as the NP integrates into the clinic,
- Role responsibilities clearly stated and introduction to fellow members of the health care team, so all are informed of both the capabilities and limitations of the NP role.