

NP Primary Care Role Summary

Moving Toward Team-Based Care

The Interdisciplinary Team Based Care Policy outlines the importance of patient-centred, relationship-based care that includes active participation of the patient, their family and the entire primary care team. The vision is for all health care professionals to work to full scope to meet the needs of the patient population being served and for interdisciplinary teams to be supported by effective on-site clinical leadership and effective change management strategies to ensure optimization of the team. The Nurse Practitioner (NP) role is a key component of this strategy.

Nurse Practitioners are independent primary care providers who bring a unique skill set and lens to patients in the primary care setting. Rather than thinking of the role as “replacing” the role of a Family Physician (FP), or only being a cost-effective alternative, the NP role should be thought of as complementary in addressing needs in the system and increasing access to primary care.

Nurse Practitioner Education and Training

NP education/training goes beyond nursing science to include medical training as well as a holistic approach to primary care delivery. This approach places a strong emphasis on health promotion, disease prevention, community development, relationship building and a focus on the impact of social determinants of health.

In addition, NPs achieve additional competencies via Masters level education in leadership, change management, health policy, and program development. The nursing lens provides NPs with expertise in care coordination, connecting patients to community resources and ensuring continuity of care as the patient transitions through the system. NPs bring skills in program development and incorporating team functioning into primary care. While each discipline maintains its own unique approach to patient care, clinical outcomes and competencies for both NP and FP roles are similar.^{1,2,3,4,5}

Nurse Practitioner Scope of Practice

The BC College of Nursing Professionals (BCCNP) Nurse Practitioner Scope of Practice outlines the Standards, Limits and Conditions within which an NP must practice. It can be found at https://www.bccnp.ca/Standards/RN_NP/StandardResources/NP_ScopeofPractice.pdf

The BC Medical Quality Initiative (BC MQI) further defines requirements for privileging of NPs in “non-core” activities and can be found at [http://bcmqi.ca/Published%20Dictionaries/NursePractitioner\(2017-09\).pdf](http://bcmqi.ca/Published%20Dictionaries/NursePractitioner(2017-09).pdf)

¹ *Journal of Health Economics* 58 (2018) 90–109. “Nurse practitioner independence, health care utilization, and health outcomes.” J. Traczynski, V. Udalova.

² Swan, M., Ferguson, S., Chang, A., Larson, E. & Smaldone, A. *Quality of primary care by advanced practice nurses: a systematic review. Int J Qual Health Care.* 2015 Oct; 27(5): 396–404. Published online 2015 Aug 3.

³ Munding MO, Kane RL, Lenz ER, et al. *Primary Care Outcomes in Patients Treated by Nurse Practitioners or Physicians A Randomized Trial. JAMA.* 2000;283(1):59–68. doi:10.1001/jama.283.1.59

⁴ Stanik-Hutt, J., Newhouse, R.P., While, K.M., Johantgen, M., Bass, E.B., Zangaro, G., Wilson, R. Fountain, L., Steinwachs, D.M., Heindel, L, Weiner, J.P. (2013). *The Quality and Effectiveness of Care Provided by Nurse Practitioners. The Journal for Nurse Practitioners, 9 (8): 492-500 e12*

⁵ Mafi J.N., Wee, C.C., Davis, R.B, & Landon, B.E. (2016). *Comparing Use of Low-Value Health Care Services Among U.S. Advanced Practice Clinicians and Physicians Annals of Internal Medicine* 165 4

While NPs provide the same primary care “basket of services” as their FP colleagues, they also provide additional services in terms of program development, community engagement, expertise in care coordination, patient education and health promotion. However, it is recognized that the depth of medical expertise is not the same and there are a few areas of practice that are not considered within their scope:

1. Obstetrical Care: NPs provide pre and post-natal care, but NP education/training does not prepare the NP to provide obstetrical care during delivery.
2. Major Surgery: NP education/training does not include surgical training, and NPs are not prepared to work in the operating room or perform major procedures, however, minor procedures *are* within scope: basic suturing, basic casting, wound management, skin biopsy, IUD insertions, and other minor procedures).
3. Emergency Room: NPs require further training to provide full Emergency Department services; however, they can provide urgent care coverage.

One final note when considering where best to place an NP, one of the largest barriers in day to day practice that is often misunderstood to be a scope of practice issue is that many of the forms and legislation required to support the practice of a NP have not kept up with their scope of practice. The Mental Health Act is just one example that does not list NPs as providers who can involuntarily admit a patient, despite the NP having the competencies to care for patients with these needs. The Persons with Multiple Persistent Barriers form is another example. These and other legislative barriers often create confusion and must also be taken into consideration when implementing the role.

In summary, there are many patient needs to be filled and over 500,000 patients in BC looking for a primary care provider who have asked for options and teams when seeking primary care. Working together in teams is the most effective and efficient way to achieve this. With multiple options available, patients are more likely to find a primary care provider and a team that is right for them. Working in teams optimizes the approach to primary care and working together provides a synergy appreciated by patients.