Improving Access and Delivery of Primary Health Care Services in New Brunswick

Brief submitted by
The New Brunswick Nurses Union
September 2011
Background

The New Brunswick Nurses Union, a labour organization, represents over 6000 registered nurses in the Province of New Brunswick.

The nurses we represent practice in acute care facilities, long term care facilities, correctional facilities and the community. As an organization, we acknowledge the direction the government is taking on this very important matter and we thank the Primary Health Care Advisory Committee for this opportunity to participate in this consultation process and provide our views from the perspective of public health policy. We are pleased that this review will allow input and discussion around all provisions of the program. We look forward to playing an active role in the ongoing process of improving primary health care in New Brunswick.

The NBNU welcomes the government’s initiative to bring about this improvement by moving towards a model of collaborative care focused on keeping the population healthy in addition to healing the sick. We agree that this will require a fundamental shift in philosophy for all New Brunswickers.

As stated by Health Minister Madeleine Dubé in her March 29th, 2011 press release: “We need to put a stronger focus on primary health care if we are to keep our system sustainable for future generations …New Brunswickers need timely access to quality health care with a greater focus on healthy living. Our goal is that, by 2015, more New Brunswickers will have access to a family doctor than patients in any other provinces”.

We commend the New Brunswick government for embarking on a review and consultation process on how to improve primary health care in New Brunswick.

Reasons to support primary health care

Primary health care is typically the first point of contact for New Brunswickers seeking health care. As such, it is often described as the foundation of our health care system. New Brunswickers look to primary health care workers for many of their basic health care needs and for management of most chronic conditions. For some time, New Brunswickers have been asking for better access to primary health care services, better quality of care, and more health promotion and disease prevention services.

NBNU believes that the core building blocks of an effective primary health care system are improved continuity and coordination of care, early detection and action, better information on
needs and outcomes, and new and stronger incentives to ensure that new approaches to care are swiftly adopted and here to stay.

NBNU supports the concept of collaborative care: the majority of New Brunswickers would prefer that their family doctor work as part of a team. The idea of primary health care teams would not only provide more coordinated, cost effective care, but also would have a greater incentive to focus on wellness, prevention and patient education.

New Brunswick’s health care system needs a vision of community primary health care that will improve the health of specific geographically defined populations and that contributes to community development by providing a set of required medical, health, social and community services.

NBNU is of the opinion that a strong primary health care sector is necessary to address the needs of an aging population and of the increasing number of people who experience chronic disease, complex co-morbidity and/or functional disability.

A network of primary health care practices that provide comprehensive and coordinated care would confer the most benefits to patients. What characterizes these practices is that they: have a sound knowledge of their patients and community; use clinical guidelines and provide evidence-based care; use and share information through electronic medical records; and have effective patient flow processes.

We further are of the opinion that achieving the above attributes is facilitated by: 1) governance and organizational effectiveness including a clear mission and vision, strong leadership and change management strategies; 2) accountability – whether to funders, managers, professional colleges, unions or the public, supported by a culture of continuous quality improvement and ongoing performance measurement and monitoring; and 3) patients given the tools, like education, shared decision making, and access to their medical records, to make a significant contribution toward maintaining and improving their own health and well-being.

General Recommendations

NBNU believes that there is no single organizational model for delivering primary health care that can meet all the anticipated effects of primary healthcare: effectiveness, quality, access, continuity, productivity and responsiveness.
NBNU strongly believes that various measures should be taken in order to ensure the efficient integration of a primary health care model that minimizes any effect on human resources and patient care.

NBNU supports the recommendations made by the government in its report on Improving Access and Delivery of Primary Health Care Services in New Brunswick, but certain questions remain unclear:

Recommendations on Funding

Before a primary health care model is proposed, the issue of how it is to be funded must be resolved. NBNU recommends that the following questions be considered in the implementation of the Primary Health Care Model:

- How will the collaborative practice model be funded?
- Will the practicing doctors have billing numbers and a fee schedule or will they be on a community health care model where everyone is on a salary?
- Who will determine what population they serve?
- Will the new PHC model mesh with its current care delivery model or are they to be adjacent?
- Will there be a change of organizational structure? Who will be the employers for nurses and other employees? Who shall lead the PHC program?

NBNU further recommends

a) The addition to primary care staff: (physicians, nurses, nurse practitioners), of dieticians, mental health workers, occupational and physiotherapist and social workers forming the collaborative care team that offers integrated services;

b) Breaking down barriers to care for high needs patients, without regular access to primary care;

c) Developing a strong primary care work force by expanding education opportunities, and attracting and retaining providers in communities that need them;

d) Introduce nurse practitioner led quick care clinics.
1. **Pillar 1: Access**

Access to care is one the most discussed issues facing the NB health care system.

NBNU concurs that access to care is recognized as a key issue facing our health care system. We further agree that they are defined in three primary foci of concern for patients which include finding a family doctor; getting an appointment with a family doctor; and being referred, when needed by the family doctor for more highly specialized investigations or consultations.

Starfield (1998) reports that those with a regular source of primary care tend to receive more appropriate preventative care will be more likely to have their health problems recognized, have fewer diagnostic tests and prescriptions, receive more accurate diagnoses, and have lower costs of care than individuals without a regular source of care. We are also of the belief that the physician and the nurse practitioner should be that first point of contact as they support the continuum of care, linking community and hospital. Therefore, access to a family physician or an NP has to be a priority.

Starfield further advances that individuals who do not have a regular source of primary care are also more likely to receive care in emergency departments and to be hospitalized that those with a regular provider. There is evidence of an inverse relationship between adequate access to primary care and hospital admission rates for ambulatory, care-sensitive conditions, particularly for complications related to diabetes, asthma, hypertension, diabetes and pelvic inflammatory disease (Brown 2001).

Access is also linked to wait times. NBNU is of the opinion that waits times (either to access primary care or for diagnostic tests or consultations) that exceed clinically reasonable waits for services can impact negatively on patient quality of life and outcomes, and increase cost. As well, where there is no after-hours care, long office waits, and long travel times, there is a reduced chance of a first contact visit with a primary care physician for acute health problems.

Long waits for care are often viewed as a symptom of inadequate funding in the healthcare system, but we also believe they are also a reflection of inefficiencies.

We note that reforms in Canada and internationally as it relates to access have included:

- Setting wait time standards based on the clinical judgment of experts;
- Ensuring referrals are based on set criteria;
- Standardized patient assessment and prioritization;
- Ensuring the systems work effectively together, including centralized wait lists rather than multiple queue;
• Wait time guarantees. (Western Canada Waiting List Project 2001, Deber, 2006)

**CHC, Health Services Centers and Tele-Care**

NBNU recognizes that CHC, Health Service Centers and Tele-care exist to provide and sustain universally accessible and comprehensive primary health care and community support services in the promotion and building of a healthier community. For these reasons, NBNU endorses the continuation of those initiatives.

**Nurse Practitioners (NP) and Primary Health Care**

NBNU strongly agrees that NPs become integral team members. NPs who are specialists in primary health care provide accessible, comprehensive and effective care to clients of all ages. They are experienced nurses with additional nursing education which enables them to provide individuals, families, groups and communities with health services in health promotion, disease and injury prevention, cure, rehabilitation and support. The NP is an advanced practice nurse, functioning within the full scope of nursing practice.

NPs are authorized to diagnose and assess disease, disorder or condition, and communicate the diagnosis or assessment to the client; order and interpret screening and diagnostic tests; select, prescribe and monitor the effectiveness of drugs; and order the application of forms of energy (*Nurses Act, 1984, amended July 2002*)

**Recommendation on access:**

NBNU recommends:

a) Adopt a same day scheduling to ensure timely appointments with the patient’s personal family physician, nurse practitioner and/or other appropriate members of the team;

b) Ensure the ability to access primary care outside of regular hours;

c) Increase the number of walk-in clinics and provide access to basic services 24/7;

d) Improve coordination of referrals to other health care services, diagnostic services and tertiary services;

e) Improve referrals to primary care services by hospitals and emergency services; and

f) Increase funding and support for continuing care/home care spaces in the community.

2. **Pillar 2: Teams**

NBNU believes that innovative approaches that involve teams, alternative funding mechanisms and technology are needed to build a sustainable primary health care network that is accessible, available, appropriate and affordable for New Brunswickers.
We further believe that whenever individuals are brought together in teams, questions inevitably arise concerning the coordination of care and team leadership. Effective and efficient communication between all team members is essential; NBNU believes that a single professional needs to be responsible for all clinical decisions and actions. This team leader could be the physician, the nurse practitioner, the nurse manager, or even the nurse.

The issue of accountability pertaining to direction of care must also be considered. How will we delegate and supervise medico-nursing acts? What about the issue of accountability and liability and patient understanding of the team’s approach to care? NBNU believes clear responsibilities and accountabilities among professionals in a collaborative care team are essential to promote patient safety, reduce the risk of medico-nursing issues, and provide a record for consideration should problems arise in the future. Agreement must exist among the members of the team regarding their relationships, roles and responsibilities.

NBNU considers that a policy and procedural framework that defines and describes the collaborative team functions is required. We strongly believe that we need to ensure that human resources and nursing resources in particular, are used in a collaborative manner that maximizes their utilization and is in keeping with their applicable scope of practice. Clarity is needed as to what constitutes the team; how the team forms the relative value of onsite team versus virtual teams, governance and management of daily operations. But one important question remains: what exactly does this model mean for the role, number and practice for nurses?

**Recommendation on Teams:**

NBNU recommends:

a) The Primary Health Team (PHCT) should include: family, physicians, nurses practitioners, and nurses;

b) The PHCT should offer patients enhanced access and a broad scope of services carried out by teams or networks of providers; and

c) Team members should provide services that are only within their professional scopes of practice and personally acquired competencies

**3. Pillar 3: Timely Information**

Information is a key enabler to support patients, families and providers to make decisions about care that is safe, and helps ensure coordination of care is effective, efficient and appropriate.
NBNU highly commends the province’s commitment to delivering a provincial electronic repository of patient information that would be accessible regardless of where the patient presents for care.

In our view, the “One Patient-One Record” is a system that provides empowerment to the patients and will lead to earlier recognition of problems and more timely diagnosis resulting in faster and more effective treatment – thereby better overall health outcomes.

Electronic medical records form an information backbone for health care workers and are fundamental to the ability of a team of health professionals to collaborate. This system will also empower healthcare workers by providing them with all the tools necessary to process, complete and view medical charts on a single workstation, without relying on multiple manuals or automated systems.

Moving to electronic medical records is an important step in order to improve quality and timeliness in healthcare delivery. Moving from paper to electronic records is essential to modernizing and transforming our healthcare system. We feel that continuity of information between and among healthcare providers correlates with improved quality of care, administrative processes and patient safety.

**Recommendation on timely information**

NBNU recommends:

a) **System supports, including funding to support the transition from paper records be placed to enable every practice area to introduce and maintain the electronic medical record;**

b) **Electronic medical records are needed to facilitate day to day patient care, sharing of information in the referral-consultation process, teaching, carrying out practice-based research, and evaluating the effectiveness of care and services.**

**4. Pillar 4: Healthy Living**

NBNU is encouraged by the government’s promotion of healthy living and the support of this initiative through a number of departments, programs and services. We believe that an increase in those programs will be necessary to meet the demands of a primary health care program that focuses on prevention and promotion.
Recommendation on healthy living:

NBNU recommends:
   a) Primary health care focus on wellness and work with individuals to improve health outcomes;
   b) Care should always address health promotion and disease prevention.

Conclusion

Collaborative care has significant potential to greatly enhance the delivery of health care in New Brunswick. By making the best use of all health care professionals, including nurses and nurse practitioners, collaborative care practices should be able to improve patient access to care and deliver that care in a more efficient manner. However, as with any major change, it should be approached with prudent combination of enthusiasm and caution.

For their part, health professionals must ensure that they have done all that they can do to mitigate risks and reduce concerns about accountability and liability. A key element must be to ensure that the roles and functions of each member of the team are clearly understood by all, including the patient, and supported by a robust policy and procedural framework. This will not only reduce liability risk, but will reduce the likelihood of adverse events caused by confusion or ambiguity. As team members, those providers also have a responsibility to each other.

NBNU believes that the people of New Brunswick are entitled to a health care system that has the capacity to help them meet both their physical and mental needs – whether those needs are illness prevention, early detection, treatment, rehabilitation, recovery and long term care.

We further believe that the responsiveness of the NB healthcare system can be strengthened through effective collaboration among health professionals.

Finally, NBNU is committed to working with stakeholders to support the advancement of collaborative care.